NATIONAL INSTITUTE ON AGEING

JULY 21, 2026

Experiences of Older Women in Canada: Findings from the NIA's 2025 Ageing in Canada Survey

National Institute on Ageing

Suggested Citation:

Smith, E., Qureshi, T. Bronstein, T., (2026). Experiences of Older Women in Canada: Findings from the NIA's 2025 Ageing in Canada Survey. Toronto, ON: National Institute on Ageing, Toronto Metropolitan University.

ISBN:

978-1-77417-112-7

Mailing Address:

National Institute on Ageing
Ted Rogers School of Management
350 Victoria St.
Toronto, Ontario
M5B 2K3
Canada

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 a 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.

This report is presented in partnership with:

The International Longevity Centre for Canada (ILCC), a Canadian human rights based, registered not-for-profit organization with ECOSOC consultative status with the United Nations. ILCC seeks to respond to demographic shifts in Canada and across the world; its mandate is to protect the rights of older persons and to eliminate ageism in all its forms. ILCC works to embrace population aging through education & knowledge exchange / learning events, international and domestic research agendas and a policy to program framework. ILCC intentionally and specifically ensures the inclusion of older persons in all their diversities and celebrates the intrinsic intersectionality of ageing and longevity.

Funding for this report was provided by:

Women and Gender Equality Canada
Femmes et Égalité des genres Canada

Canada

Funding for the 2025 Ageing in Canada Survey was provided by:

Manulife

WALTONS TRUST

Authors

Emily Smith, M.Ed
Senior Policy Analyst
National Institute on Ageing,
Toronto Metropolitan University

Tazeen Qureshi, MA
Researcher
National Institute on Ageing,
Toronto Metropolitan University

Talia Bronstein, MPH
Director of Policy
National Institute on Ageing,
Toronto Metropolitan University

Reviewers

Alyssa Brierley
Executive Director
National Institute on Ageing,
Toronto Metropolitan University

Dr. Satya Brink
ILC Associate
Research and Strategic Policy,
Adjunct Professor, Gerontology,
Simon Fraser University, Vancouver

Safiya Dina, MSc
Programs and Projects Lead
International Longevity Centre Canada

Mark Hazelden
Interim Executive Director
National Institute on Ageing,
Toronto Metropolitan University

Kahir Lalji, MA, CPG
Incoming President, ILC Canada
CEO, HelpAge Canada

Dr. Rachel Savage
Interim Director, Women's Age Lab
Scientist, Women's College Hospital Research and Innovation Institute
Assistant Professor, Institute of Health Policy, Management and Evaluation, University of Toronto
Adjunct Scientist, ICES
Canada Research Chair (Tier 2) in Canada Research Chair in Sex, Gender, and Loneliness in Aging

Zena Simces
ILC Ambassador
Zena Simces & Associates

Dr. Samir K. Sinha, MD, DPhil, FRCPC, FRSM, FCAHS, AGSF
Director of Health Policy Research,
National Institute on Ageing,
Toronto Metropolitan University
Professor of Medicine, Family and Community Medicine, Health Policy, Management and Evaluation, University of Toronto and Toronto Metropolitan University
Geriatrician and Clinician Scientist, Sinai Health System and University Health Network

Acknowledgements

We are grateful for the input and guidance of the International Longevity Centre Canada's Partnership Advisory Committee.

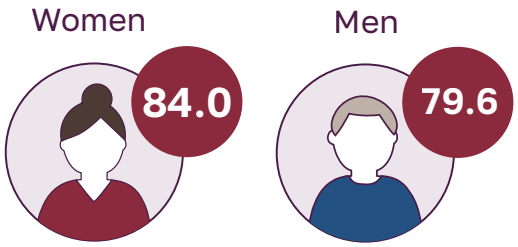
Table of Contents

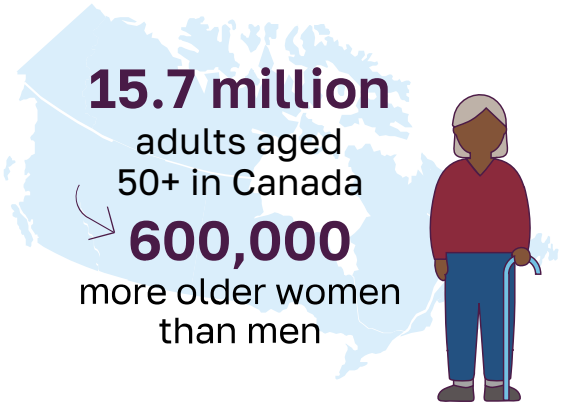
At a Glance

Insights from the 2025 Ageing in Canada Survey

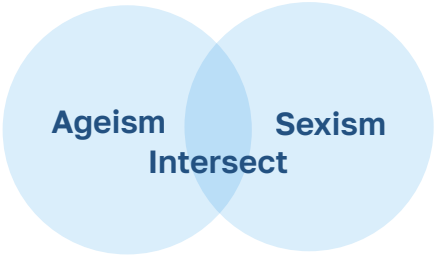
Women are living longer, but inequalities persist.

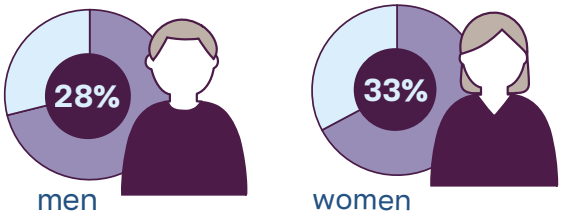
Life Expectancy at Birth (in years)





Ageism and Sexism





Older women experience frequent forms of everyday ageism

Gender Income Gap

	Women	Men
Self-reported Inadequate income	24%	19%
Less than $5,000 saved for retirement	26%	19%
Able to afford to retire at their desired time	25%	33%
Experience material deprivation	23%	16%

Causes: Gender pay gap, gender pension gap, unpaid caregiving

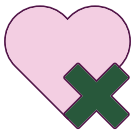
Inadequate Incomes

Inadequate incomes lead to poorer outcomes for older women

Social Isolation

Inadequate Income 53%

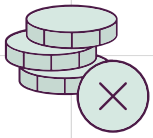
Adequate Income 37%



Poorer Health

Inadequate Income 49%

Adequate Income 21%



Poorer Mental Health

Inadequate Income 41%

Adequate Income 13%

Negative Perceptions of Ageing

Inadequate Income 54%

Adequate Income 36%

Racial Barriers

Older racialized women face barriers to social engagement and access to healthcare

	Racialized	Non-racialized
Currently working	46%	28%
Participate in regular social activities	27%	34%
Access to a regular primary care provider	64%	71%
Able to access health care services when needed	57%	70%

Introduction

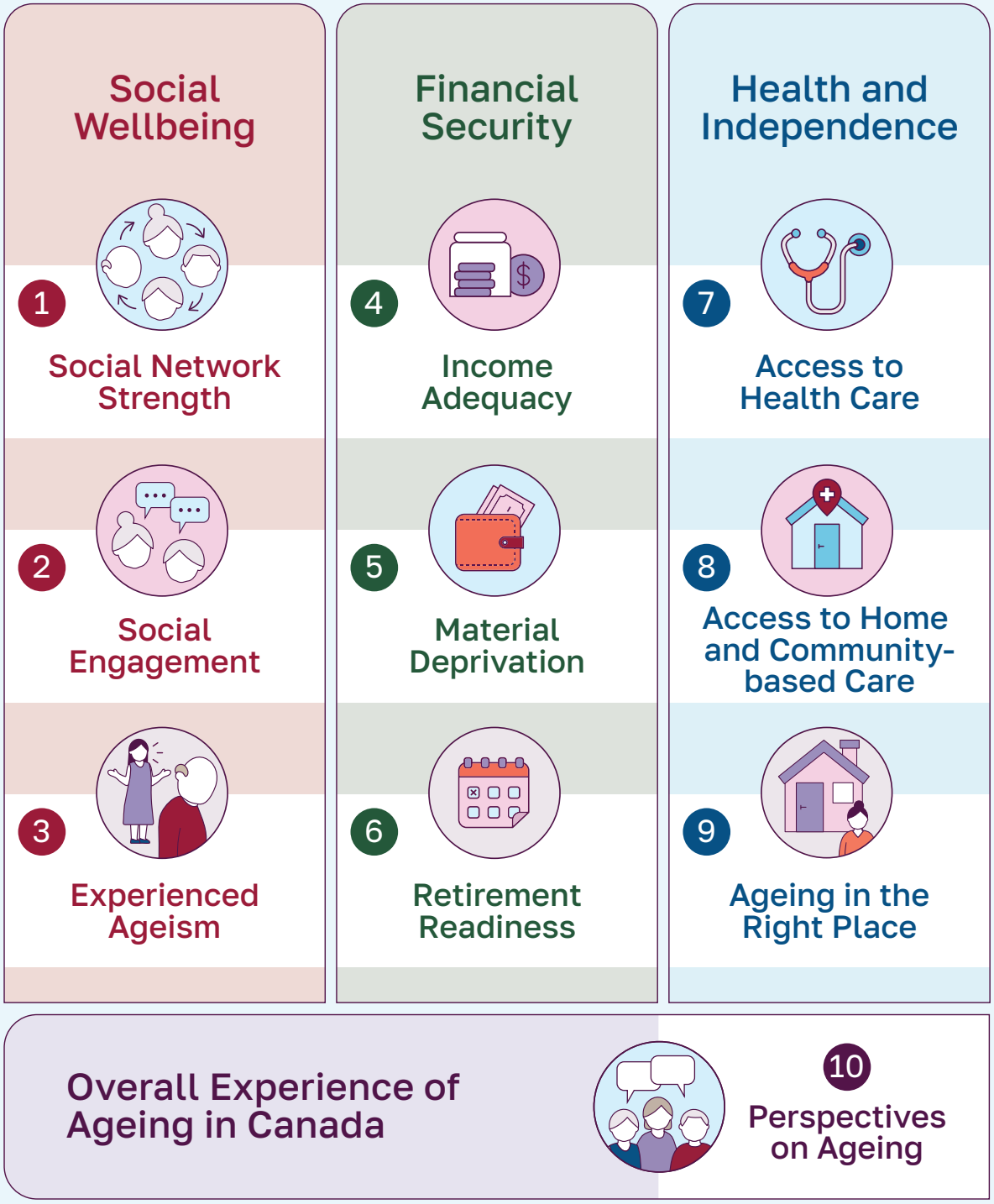
Gender profoundly shapes the experience of growing older. While Canada's entire population continues to age, women are more likely to outlive men. As of 2023, the life expectancy at birth for women is 84.0, compared to 79.6 for men.[1] While this gap has narrowed over time,[2] women aged 65 in 2023 can expect to live an additional 22.3 years on average, compared to 19.7 years for men.[3]

As a result of this greater longevity being experienced by women, there are close to 600,000 more women aged 50 and older than men in Canada,[4] yet older women's experiences of ageing are often overlooked. Women are at risk of facing a cumulative economic disadvantage over their lifespans, stemming from gender pay gaps, career interruptions for caregiving, and a higher likelihood of part-time work which can translate into lower lifelong earnings and reduced retirement savings resulting in them experiencing less financial security as they age.[5] Due to life events such as widowhood, women are twice as likely to live alone than men,[6] and experience higher rates of certain chronic diseases,[7] both of which can lead to distinct challenges from experiencing greater social isolation and loneliness to requiring specific supports to enable ageing in the right place.[8] Older women may also experience discrimination based on both their age and gender (i.e., gendered ageism), further embedding and reinforcing inequalities.[9]

This paper examines the unique experiences of women aged 50 and older through the National Institute on Ageing (NIA)'s 2025 Ageing in Canada Survey. This survey is part of a decade-long annual research program measuring older Canadians' experiences, perspectives and expectations of ageing through 10 indicators (Figure 1). Using an intersectional lens, this report delves into the distinct experiences of older women with inadequate incomes and racialized older women to better understand the depth of inequality facing older women.

In shedding light on the perspectives of older women in Canada, this report identifies where current systems are supporting older women effectively, and more importantly, where they are failing those facing overlapping inequalities. By uncovering some of these structural and economic barriers that disproportionately affect older women, we can move beyond generalized solutions to create targeted policy interventions that target the root causes of gendered inequities.

Figure 1: NIA's 10 Indicators of Ageing Well in Canada



Methodology

This paper analyzes the 10 indicators of the NIA's 2025 Ageing in Canada Survey by gender. We then compare outcomes of women with self-perceived inadequate incomes to those with adequate incomes, and racialized women to non-racialized women. Despite ample evidence of the impact of income and race on health, financial and social wellbeing in the broader population,[10,11,12] this report aims to increase understanding on how these factors shape the unique experiences of women in the context of ageing.

The NIA's 2025 Ageing in Canada Survey was conducted by Abacus Data. The online survey was available in English and French and took place June 27 to July 24, 2025 with a sample of 6,001 Canadians aged 50 years and older in all provinces and territories. The final dataset was weighted to the 2021 Census of Population by age, gender, region and educational attainment, to ensure that it represents Canada's ageing population. See the Appendix for a breakdown of respondents and weightings.

The 2025 survey asked participants which gender best described them, in order to understand how their gender identity impacted their experiences and perspectives on ageing. The sample consisted of 3,108 women (51.8%), 2,874 men (47.9%), 12 who identify as "another gender identity," (0.2%) and 6 respondents who opted not to provide their gender (0.1%). While this aligns with the 2021 Census of Population, the sample size for those who selected "another gender identity," was too small to enable data analysis of this population and these respondents were therefore excluded. The experiences of transgender, non-binary, and gender fluid older adults are critically important for understanding the gendered dimensions of ageing and further research is required in this area.[13]

The data set includes 2,283 women with adequate incomes (73.4%), and 757 women with inadequate incomes (24.3%) (see Population Definitions for further details).

Population Definitions

Adequate income: Survey respondents who self-reported their incomes as "good enough for you and you can save from it" and "just enough for you, so that you do not have major problems"

Inadequate Income: Survey respondents who self-reported their incomes as "not enough for you and you are stretched" and "not enough for you and you are having a hard time."

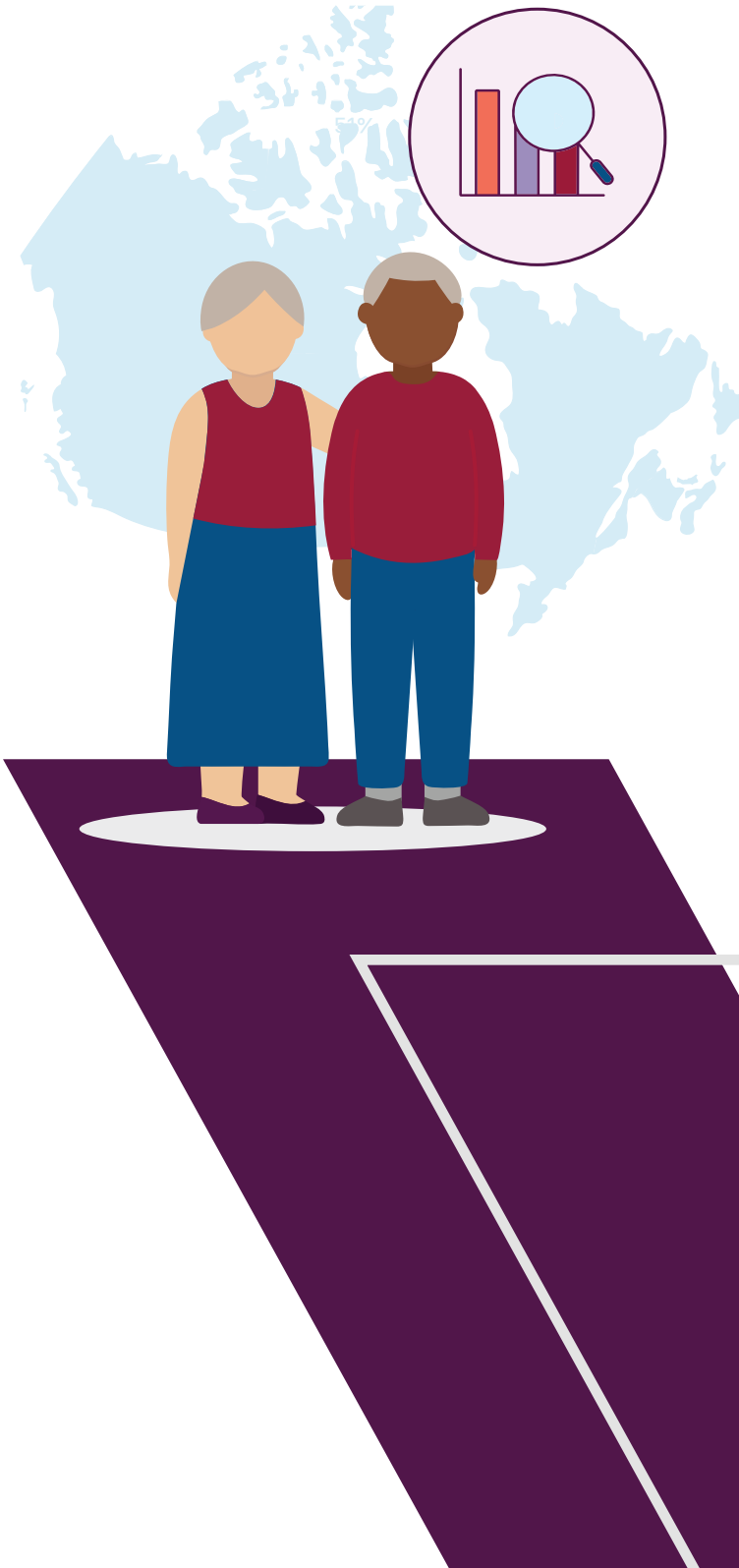
Racialized: Survey respondents who reported their ethnicity/race as any racial background other than white, including those who identified as Indigenous.

Non-Racialized: Survey respondents who reported their ethnicity/race as white.

In alignment with the Canadian Census of Population, the Ageing in Canada Survey asks respondents whether they self-identify as an Indigenous person (First Nations, Métis, or Inuk (Inuit)), and then non-Indigenous respondents are asked about their ancestral originals or cultural background. While Indigenous women in Canada have distinct experiences stemming from historic, legal, socio-economic and political realities,[14] due to sample size limitations, these individuals have been grouped under racialized women. Likewise, there are also different experiences among the various racial identities, but sample size was insufficient to disaggregate by each racial group. In order to reduce the margin of error and prevent data suppression from low response counts, we define racialized for the purpose of this report as those who responded as being of any racial background other than white, including Indigenous respondents. Under this definition, 390 respondents were categorized as racialized women (13%) and 2,703 as non-racialized (87%).

The focus of the Ageing in Canada Survey is on community-dwelling older adults and therefore excludes those in long-term care homes and other institutional settings. As a result, the data underrepresents older adults who are facing significant and complex health challenges requiring intensive care.

In addition to the data analysis, a literature review was conducted to understand how the survey data are situated within broader trends in Canada.



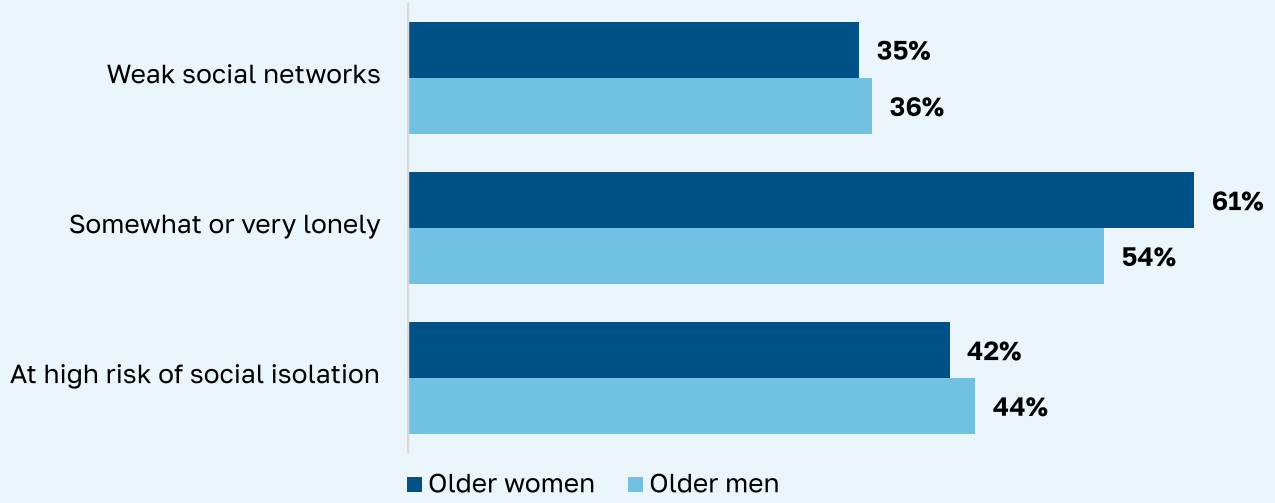
Social Network Strength

Over the past decade, there has been growing attention on the impacts of social isolation and loneliness on health and well-being. In 2023, the World Health Organization (WHO) declared loneliness a global public health concern.[15] Research has found that social isolation and loneliness can result in premature mortality, reduced health outcomes, and diminished quality of life.[16,17,18,19]

The NIA's Ageing in Canada Survey measures social network strength through a Social Isolation-Loneliness Index that combines the measures of social isolation[a] and loneliness[b] to capture the overall strength of social networks. Social Isolation is an objective measurement of the number of social connections and does not always mean an individual feels lonely (an individual may enjoy solitude), whereas loneliness is the subjective feeling of being disconnected or alone, regardless of the frequency of social interactions. The NIA's Index of Social Network Strength sorts Canadians 50 and older into five groups, ranging from weak to strong social networks, with the results for those indicating weak social networks shown below for the purpose of comparison.

Comparing Outcomes Among Men and Women

Figure 2. Social Network Strength Measures by Gender



[a] 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."

[b] 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."

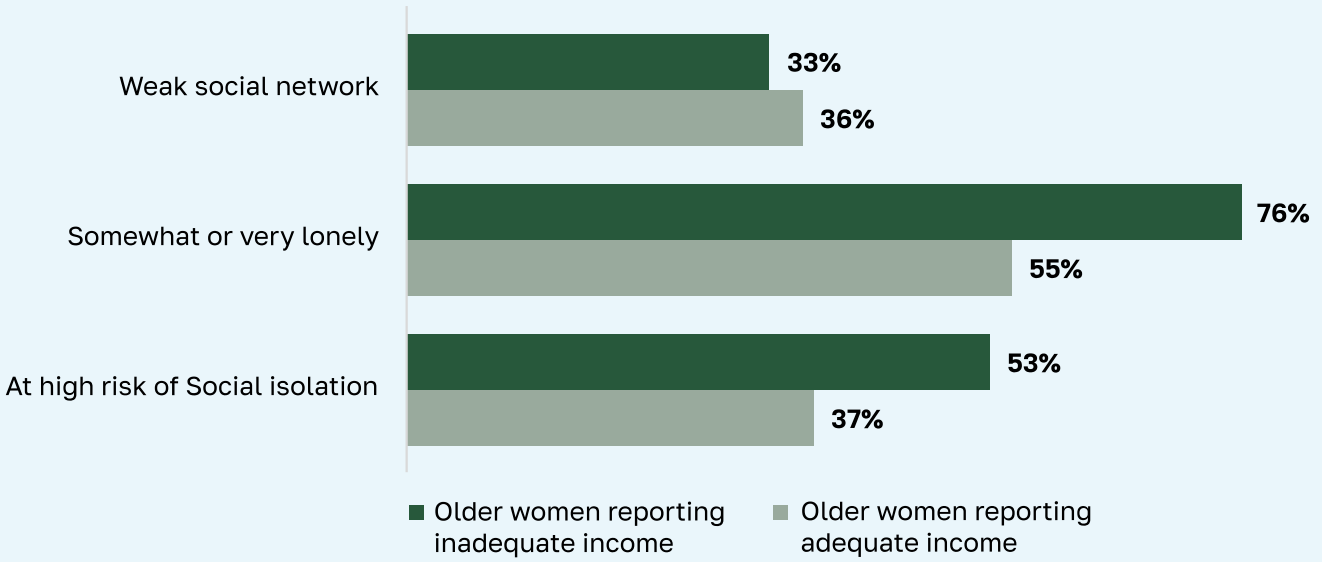
According to the NIA's 2025 Ageing in Canada Survey, among adults in Canada aged 50 and older, 43% are at high risk of social isolation, 57% experience loneliness, and 36% have weak social networks.

When the results are broken down by gender, similar rates of social isolation risk among older men and women are observed (42% and 44% respectively). In addition, men and women report similar rates of weak social networks (36% and 35% respectively).

However, a larger difference is observed with respect to loneliness, where 61% of women experienced loneliness compared to 54% of men. This aligns with broader research about gendered differences in experiencing loneliness in Canada.[20] Women may be more likely to acknowledge feelings of loneliness,[21] but are also more likely to experience certain risk factors for loneliness such as widowhood,[22,23] relocation,[24] and acting in caregiving roles.[25] In addition, older women are more prone to poverty due to the gender pay inequity, pension gaps, and unpaid caregiving responsibilities,[26] which is a strong determinant of social isolation and loneliness, as will be discussed in further detail below.

Comparing Outcomes Among Women Reporting Adequate and Inadequate Income

Figure 3. Social Network Strength Measures by Income Adequacy



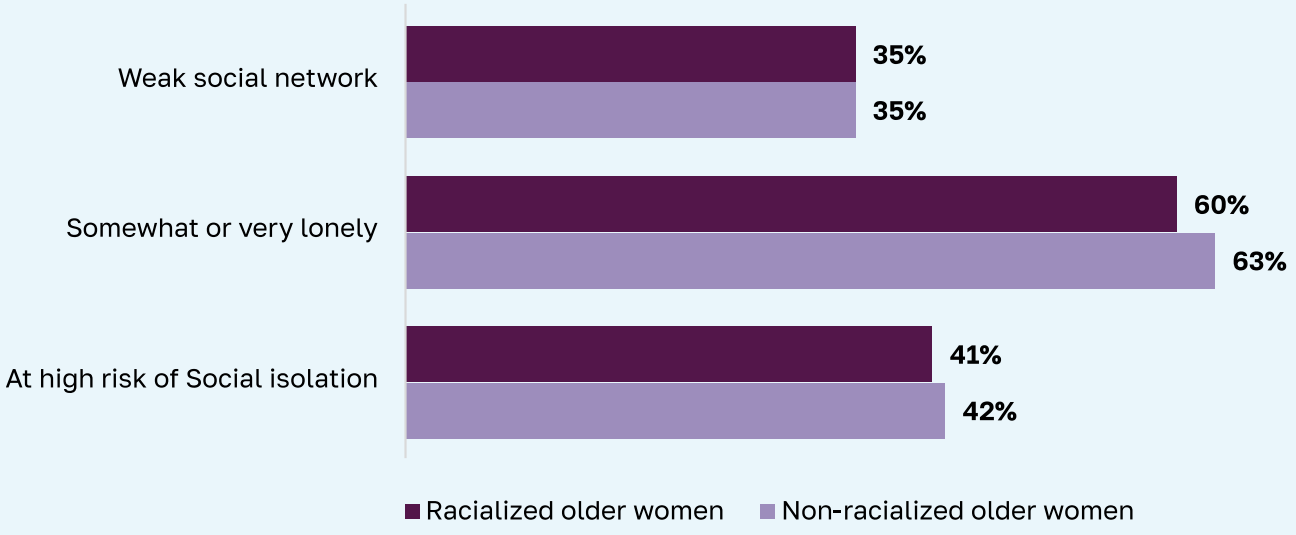
Based on the NIA's 2025 Ageing in Canada Survey, income inadequacy appears to be a strong determinant of social isolation risk and loneliness for women. Over half (53%) of women with inadequate income are at high risk of experiencing social isolation, compared to 37% among those with adequate income, a difference of 16 percentage points. Similarly, there is a difference of 21% in experiencing loneliness between women with inadequate income (76%) and those with adequate income (55%).

Research has consistently demonstrated that socioeconomically disadvantaged adults have higher probabilities of becoming isolated or becoming less socially active.[27,28,29]

Older adults could be unable to participate in social activities due to a number of reasons including: being financially unable to engage in social activities, experiencing stress associated with being unable to afford one's basic needs or being unable to manage changes in one's health. Maintaining social connections can be dependent on having the financial resources to address and support other needs, such as mobility, vision and hearing, which in turn can impact capacity to engage socially. In NIA's 2025 Ageing in Canada Survey, the top barrier to social engagement identified by all survey participants was cost. Understanding these disparities is crucial for tackling social isolation and loneliness, as targeted financial support systems and accessible community programs can help bridge the gap between economic hardship and meaningful connection.

Comparing Outcomes Among Racialized and Non-Racialized Women

Figure 4. Social Network Strength Measures by Race



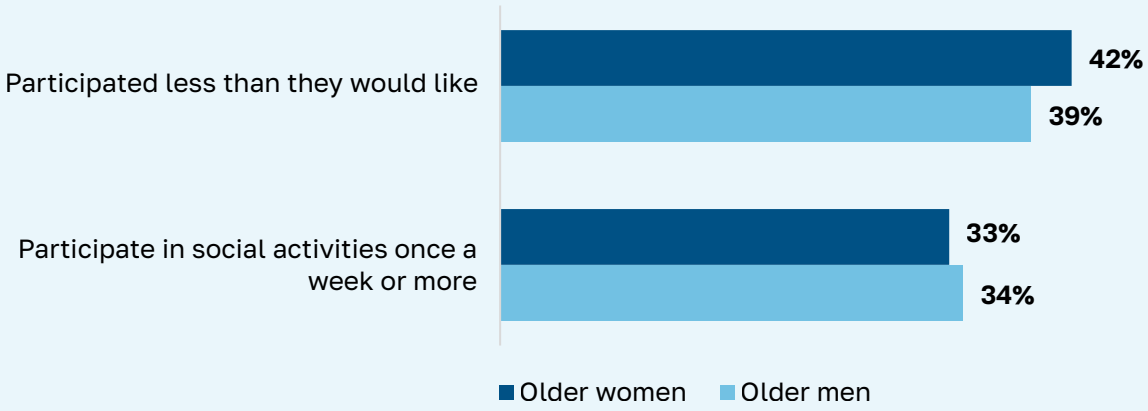
Differences in rates of experiencing social isolation, loneliness and social network strength among racialized and non-racialized women were not as pronounced when compared to income adequacy. While several studies noted that experiences of racism, ageism, and other challenges navigating the health care system can contribute to feelings of loneliness among older adults,[30,31,32] there is very little research that explores the experiences of loneliness of older racialized women specifically. Some research suggests loneliness varies between different racial groups of women, suggesting more nuanced research is needed to consider different cultural backgrounds to loneliness.[33] Another study echoed this and found that the prevalence of loneliness in Ontario varied by region of birth with higher prevalence in older adults born in Asia.[34]

Social Engagement

Social engagement involves actively participating in social activities through frequent, regular, and meaningful interactions with people in one's social networks and communities. For older adults, being socially active and staying engaged is associated with better physical and mental health.[35]

Comparing Outcomes Among Men and Women

Figure 5. Social Participation by Gender

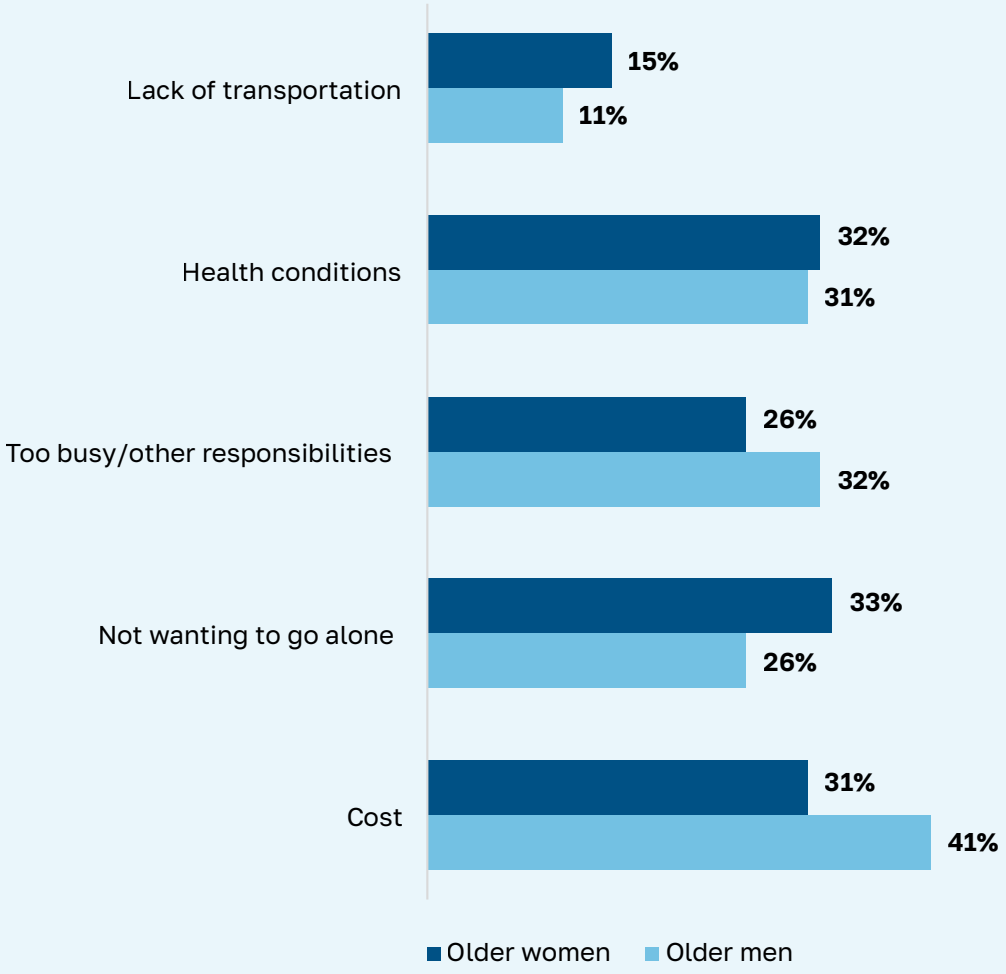


The proportion of those who participate in social, recreational, and group activities at least once per week was similar between genders (34% and 33% respectively).

However, notable differences emerge when looking at the barriers to participation. Among all older adults in Canada, the biggest barrier identified was cost. However, when broken down by gender, women were more likely to cite this as a challenge than men (41% vs. 31% respectively). This is unsurprising given that women in Canada receive 17% less retirement income than men on average.[36] A lack of transportation was a slightly higher reported barrier for women than men (15% compared to 11%).

Women were more likely than men to report not wanting to go to social activities alone (33% vs. 26% respectively). This could be due to older women being more likely to live alone[37] and not having a companion to attend with them. Research also suggests it could be due to safety concerns and reliance on companionship for confidence in public settings.[38]

Figure 6. Barriers to Social Participation by Gender



Women were less likely than men to report being too busy/having other responsibilities as a barrier to social engagement (26% vs. 32% respectively). This was surprising, given that women are more likely to be caregivers, which can result in having less time available for other activities. According to a national survey by the Canadian Centre for Caregiving Excellence, 57% of caregivers in Canada are women.[39]

On the other hand, more older men are actively working in the labour market[40] which could reduce time outside of working hours to engage in social activities.

Comparing Outcomes Among Women Reporting Adequate and Inadequate Income

Figure 7. Social Participation by Income Adequacy

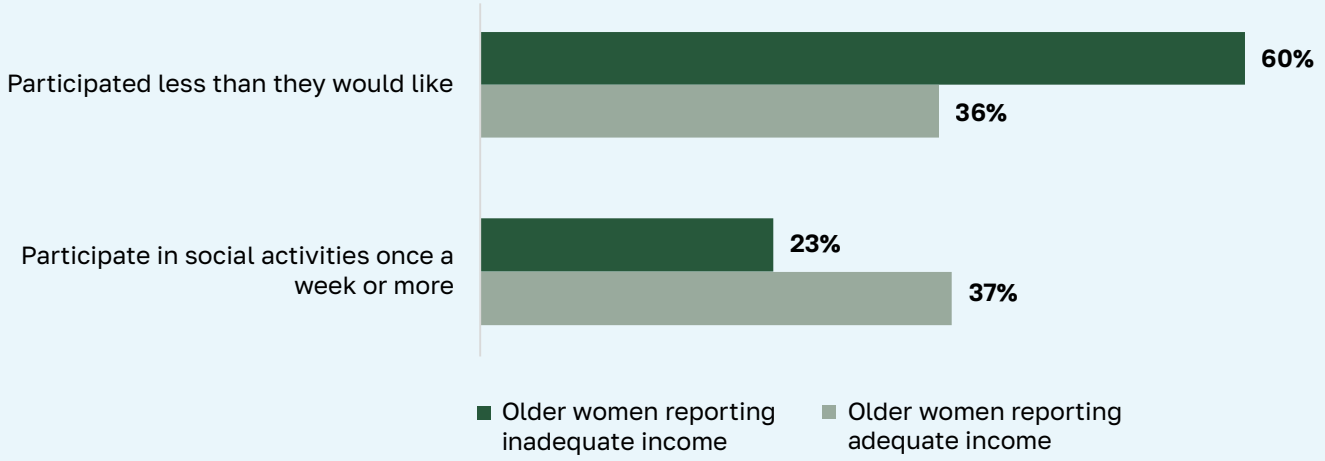
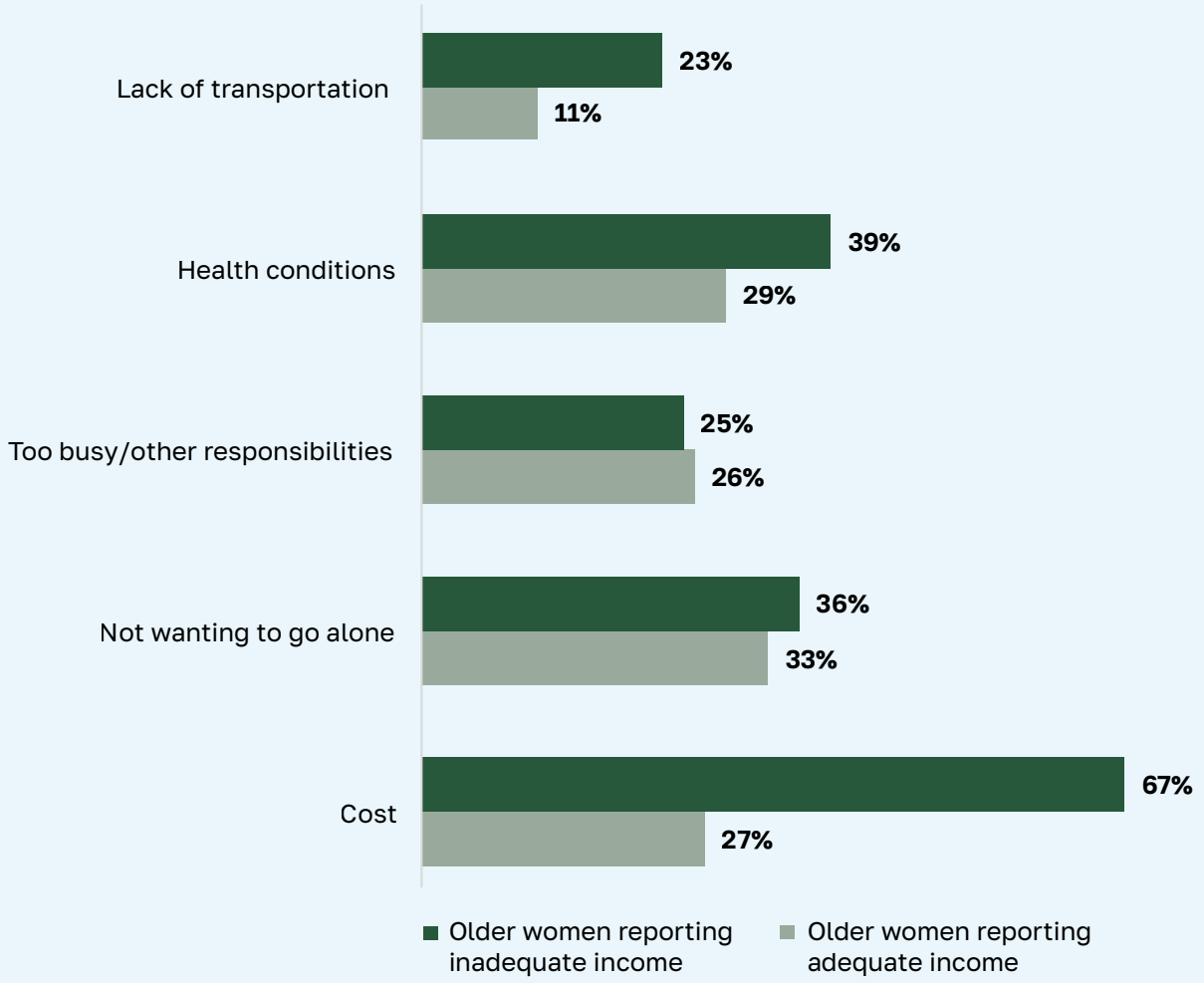


Figure 8. Barriers to Social Participation by Income Adequacy



Similar to social network strength, there are large reported discrepancies between women with adequate and inadequate income when it comes to social engagement.

Women who reported having adequate income were more likely to participate in social recreation and group activities at least once per week than those who reported having inadequate income (37% vs. 23% respectively).

The majority of women who reported having inadequate income were not satisfied with their current levels of participation, with 60% saying they were participating less than they would like. This is nearly double the 36% of women with adequate income who would like to participate more. Unsurprisingly, the greatest barrier for participation is cost among older women who report inadequate income (67% compared to 27% among women with adequate income, a difference of 40 percentage points). Several other studies have also shown income inequality as a barrier to participation and social engagement. [41,42,43] Having poor health and lacking transportation were more prominent barriers to social participation among women with inadequate income.

Comparing Outcomes Among Racialized and Non-Racialized Women

Figure 9. Social Participation by Race

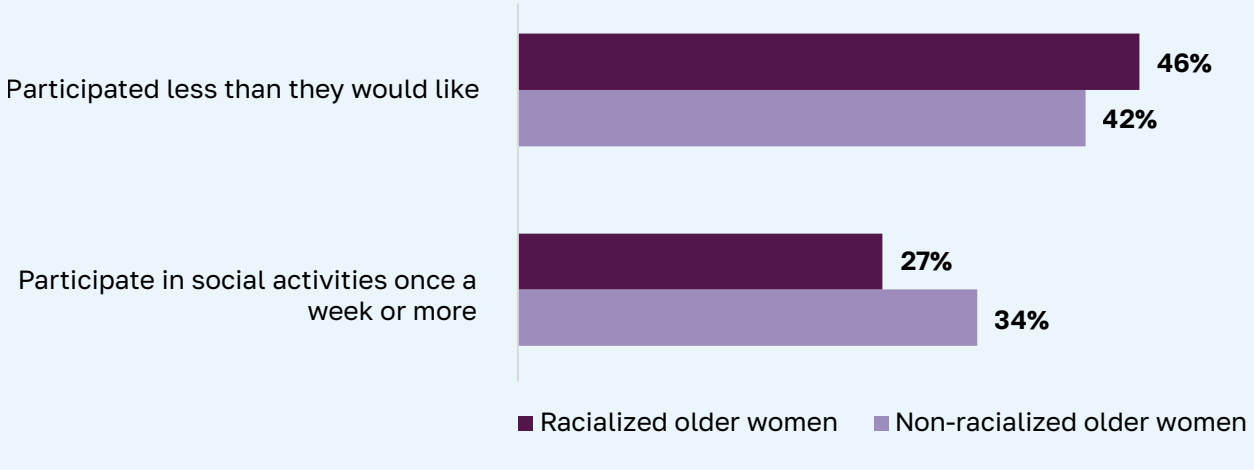
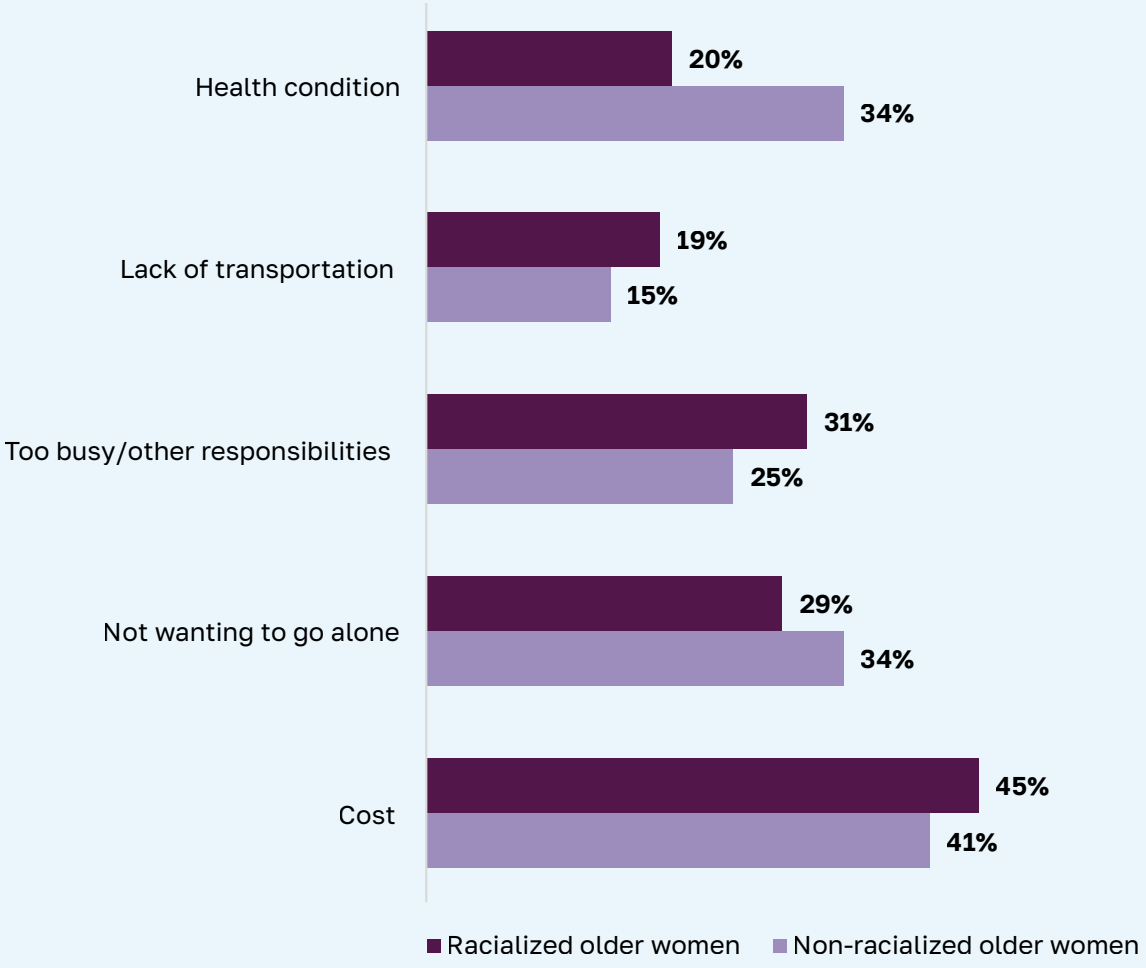


Figure 10. Barriers to Social Participation by Race



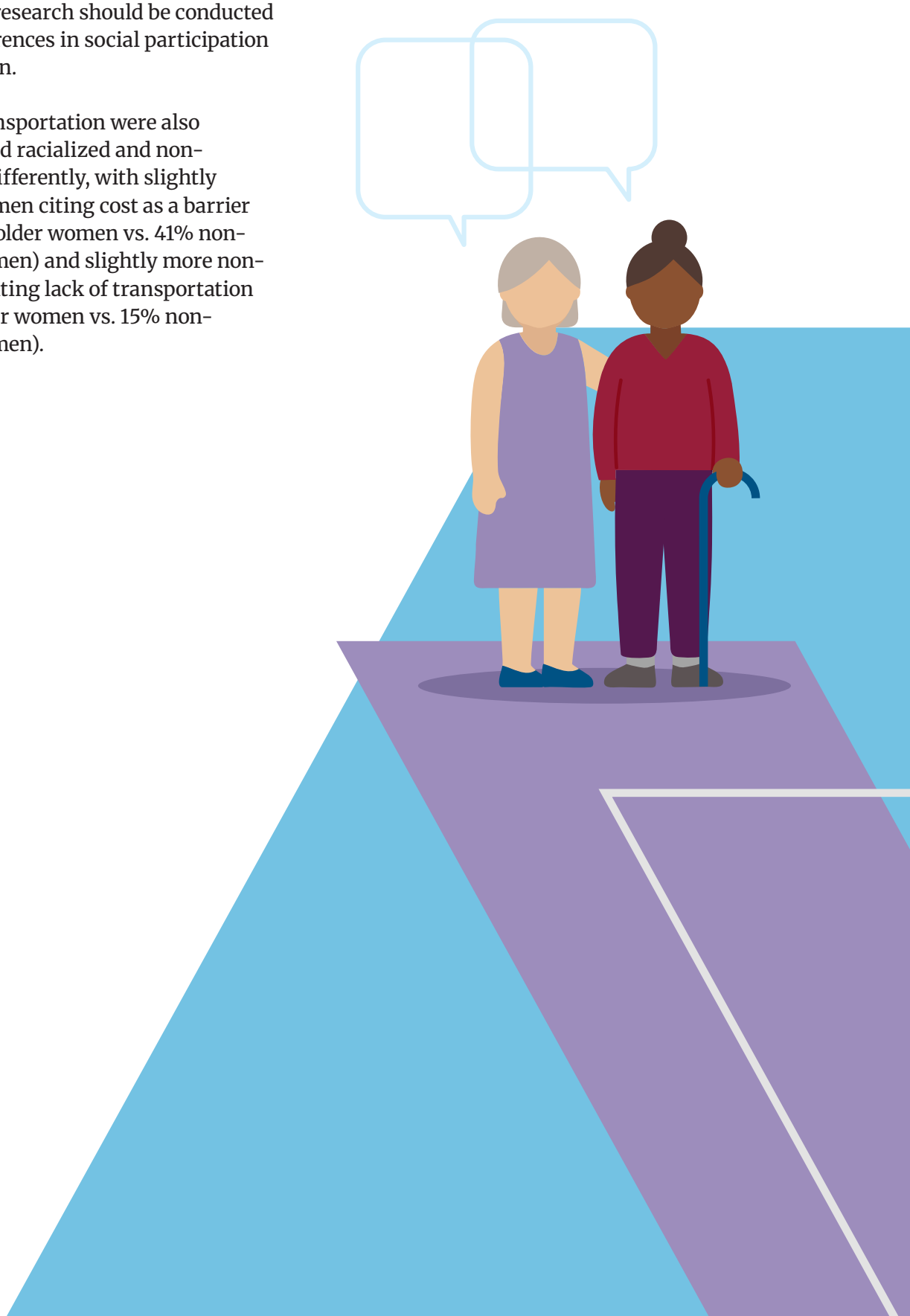
Racialized women were less likely than non-racialized women to participate in social, recreational or group activities at least once a week than non-racialized women (27% vs. 34% respectively). However, both groups of women would like to participate more than they currently do, at 46% for racialized women and 42% for non-racialized women.

Non-racialized women were more likely to report health conditions as a barrier to social participation than racialized women (34% vs. 20% respectively). Research suggests that racialized adults are less likely to be diagnosed with health conditions;[44,45] racialized women may be more likely to experience certain types of health conditions such as hypertension and diabetes as they age that could impact their day-to-day activities,[46,47] though further research is required to understand the factors driving these differences.

Non-racialized women are also less likely to participate if they have to go alone (34% compared to 29% for racialized women) whereas racialized women are more likely to be too busy or have other responsibilities (31% compared to 25% for non-racialized women). Studies of immigrant and racialized older adults show that family-centred roles

and responsibilities (housework, childcare, supporting adult children) absorb time and energy, limiting participation in social activities.[48,49] More research should be conducted to understand differences in social participation for racialized women.

Cost and lack of transportation were also barriers that affected racialized and non-racialized women differently, with slightly more racialized women citing cost as a barrier (45% for racialized older women vs. 41% non-racialized older women) and slightly more non-racialized women citing lack of transportation (19% racialized older women vs. 15% non-racialized older women).



Experiences of Ageism

Ageism refers to the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or oneself based on age.[50] According to the World Health Organization, countries with high rates of ageism are associated with earlier death (by 7.5 years), poorer physical and mental health, and slower recovery from disability in older age.[51]

The NIA's Ageing in Canada Survey measures ageism through the NIA's Everyday Ageism Index, which combines seven forms of commonplace ageism. In 2025, the survey found that 70% of Canadians 50 and older have experienced at least one form of everyday ageism. Forms of everyday ageism include:

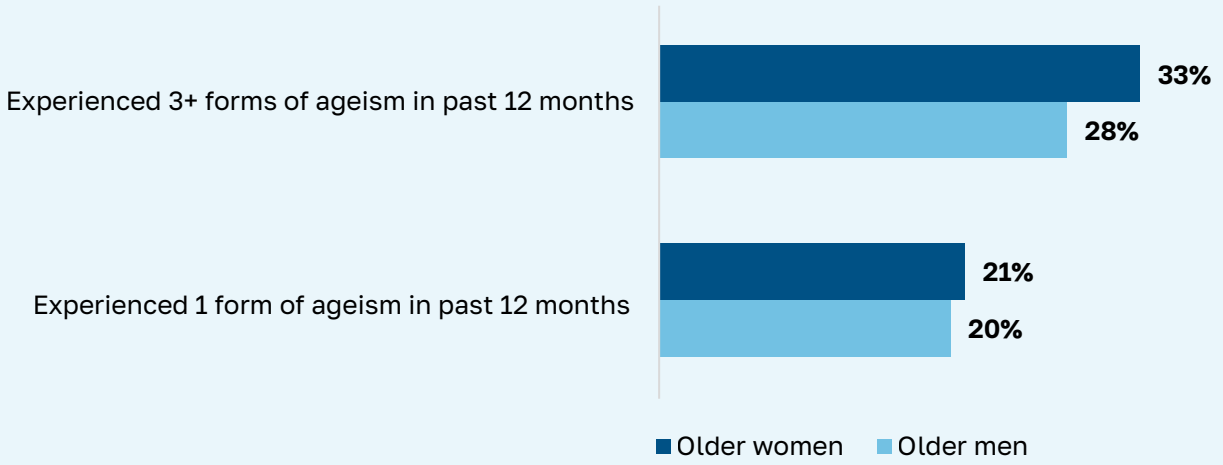
- jokes about old age, ageing or older people
- suggestions that older adults and ageing are unattractive or undesirable
- people insisting on helping older adults with things
- people assuming older adults have difficulty hearing and/or seeing things
- people assuming older adults have difficulty with cell phones and computers
- people assuming older adults do not do anything, and
- people assuming older adults have difficulty remembering and/or understanding things.

70%

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

Comparing Outcomes Among Men and Women

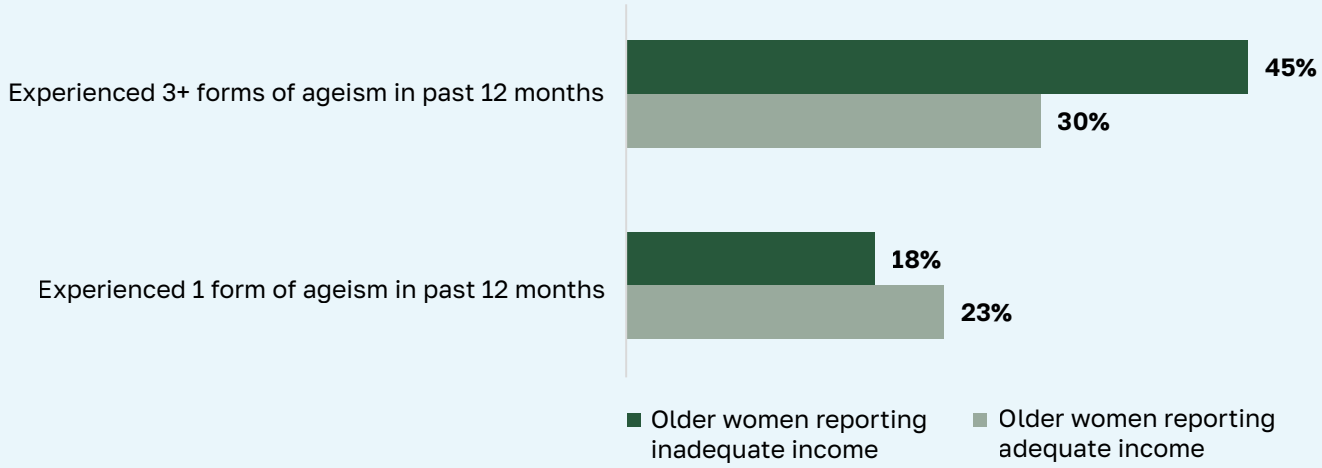
Figure 11. Everyday Forms of Ageism by Gender



While women and men were equally likely to have experienced any form of everyday ageism, women were more likely than men to have experienced multiple forms of everyday ageism within a 12 month span (33% vs. 28% respectively). Gendered ageism impacts the health and well-being of older women, and this impact accumulates over one's life course.[52] For older adults still in the workforce, a 2024 examination on the impacts of ageism led by the Government of Canada found that the compounded effects of age-based, gender-based and ethnicity-based discrimination put older women and visible minorities at the front of workplace ageism.[53] The intersectionality of ageism and sexism also plays a role, with the literature finding that there is a double standard between men and women in many areas related to ageing such as change in appearance and perceived attractiveness.[54,55]

Comparing Outcomes Among Women Reporting Adequate and Inadequate Income

Figure 12. Everyday Forms of Ageism by Income Adequacy



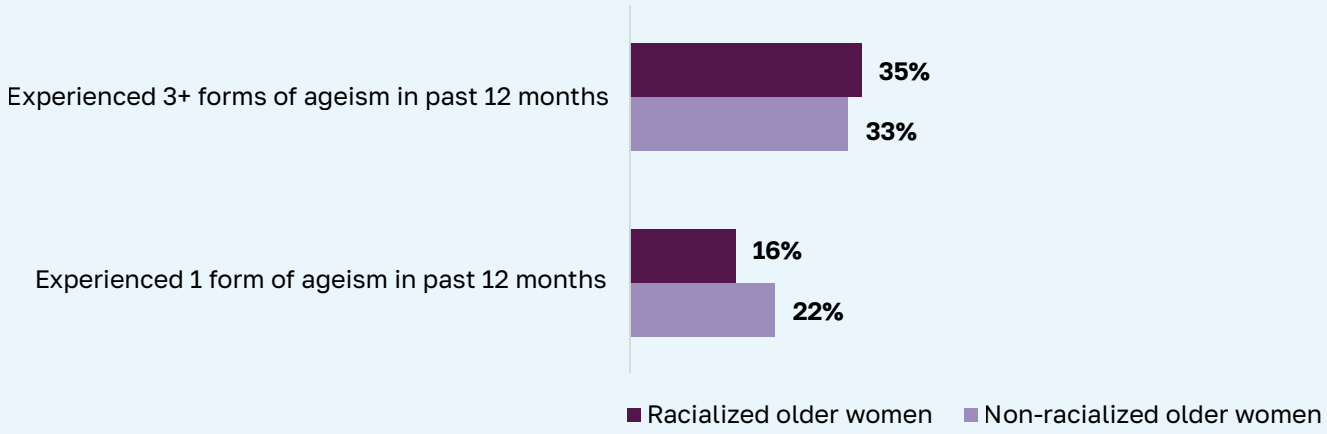
Concerningly, 45% of women reporting inadequate incomes experienced 3 or more forms of ageism within a span of 12 months: 15% more than women reporting having adequate income (30%). However, when looking at the reported amount of experiences of one form of ageism, the inverse occurs: women with adequate income report experiencing ageism more than women with inadequate incomes.

45%

of women reporting inadequate incomes experienced 3 or more forms of ageism within the past 12 months

Comparing Outcomes Among Racialized and Non-Racialized Women

Figure 13. Everyday Forms of Ageism by Race



Among racialized and non-racialized women, the difference in experiencing 3 or more forms of ageism is not very pronounced, with 35% and 33% reporting 3 or more experiences respectively. When looking at those who have only experienced one form of ageism, non-racialized women report higher instances than racialized women (22% compared to 16%).

Income Adequacy

Income is a key factor shaping how well Canadians age. The NIA Ageing in Canada Survey measures income adequacy in two ways: by asking older adults about their total annual household income and by asking whether their income meets their needs. Together, these measures offer different but complementary perspectives: one captures the amount of money older Canadians receive and the other reflects whether they believe it is sufficient. For this section the focus will be on self-reported adequacy.

Adequate income is identified by survey respondents as "good enough for you and you can save from it" or "just enough for you, so that you do not have major problems." Inadequate income is identified as combining "not enough for you and you are stretched" with "not enough for you and you are having a hard time."

Comparing Outcomes Among Men and Women

Figure 14. Income Adequacy by Gender

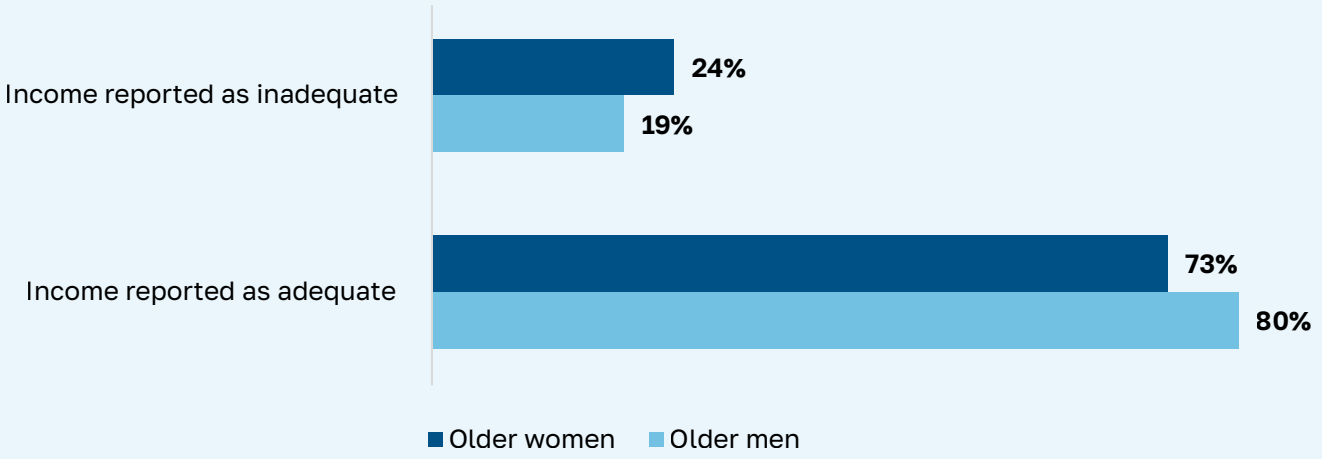
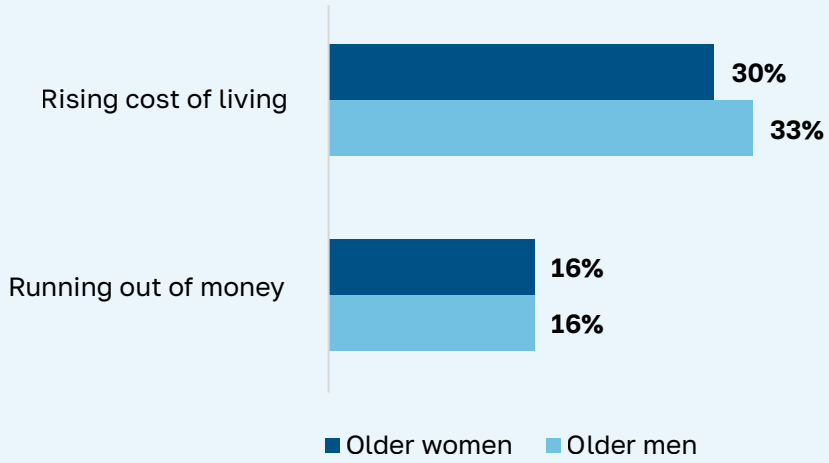


Figure 15. Top Financial Concerns by Gender



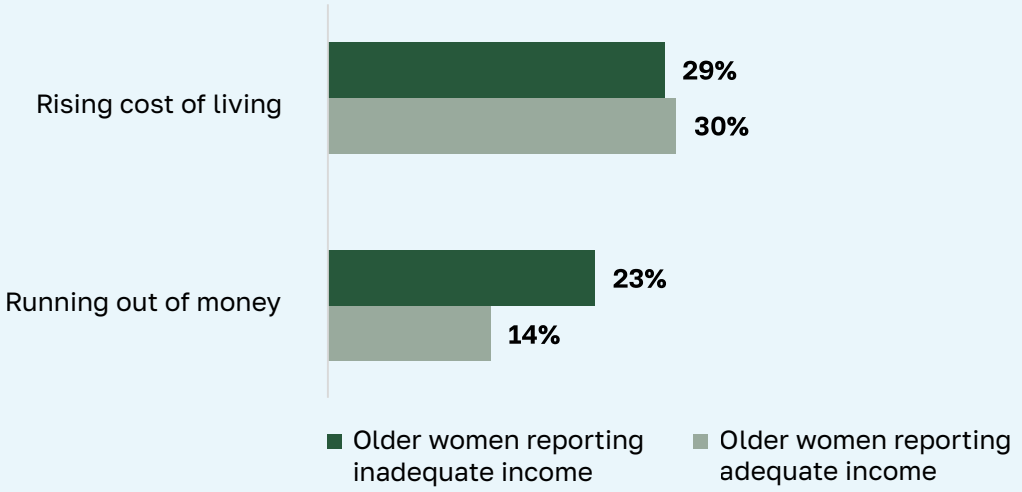
Based on the responses to the NIA's 2025 Ageing in Canada Survey, women are more likely to report having inadequate income compared to men (24% compared to 19% respectively) and less likely to report adequate income than men (73% compared to 80% respectively). Despite this, women and men are equally concerned with running out of money as they age (16%). Women on average earn less income in their working years, which negatively impacts their pensions and savings into retirement.[56]

Women in Canada have consistently faced a gender pay gap. In 1998, women earned 18.8% less than men on average,[57] which has impacted the retirement savings of older women in Canada today. By 2024 in Ontario, this gap had dropped to 13%.[58] While this narrowing of the gender pay gap has been promising, women will continue to face lower lifelong employment earnings and overall lower levels of retirement savings until this gap is closed.

Comparing Outcomes Among Women Reporting Adequate and Inadequate Income

Women who reported having inadequate incomes were unsurprisingly more concerned with running out of money as they age (23%) compared to women reporting having adequate income (14%). This is understandable as women reporting having inadequate income are likely to already be facing financial struggles or hardships due to their income. Both groups were nearly equally most concerned with the rising cost of living as they age (women with inadequate income at 29% and women with adequate incomes at 30%).

Figure 16. Top Financial Concerns by Income Adequacy



Comparing Outcomes Among Racialized and Non-Racialized Women

Figure 17. Income Adequacy by Race

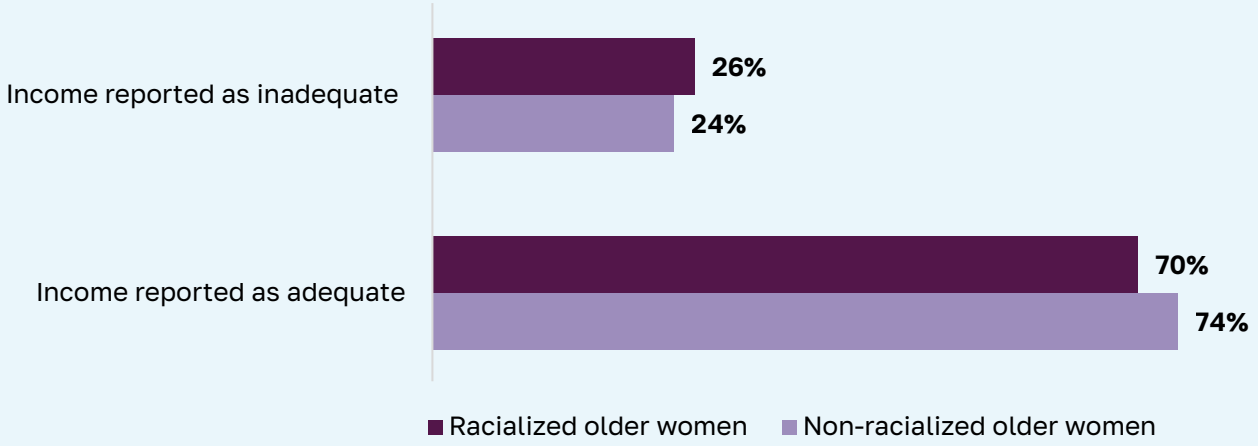
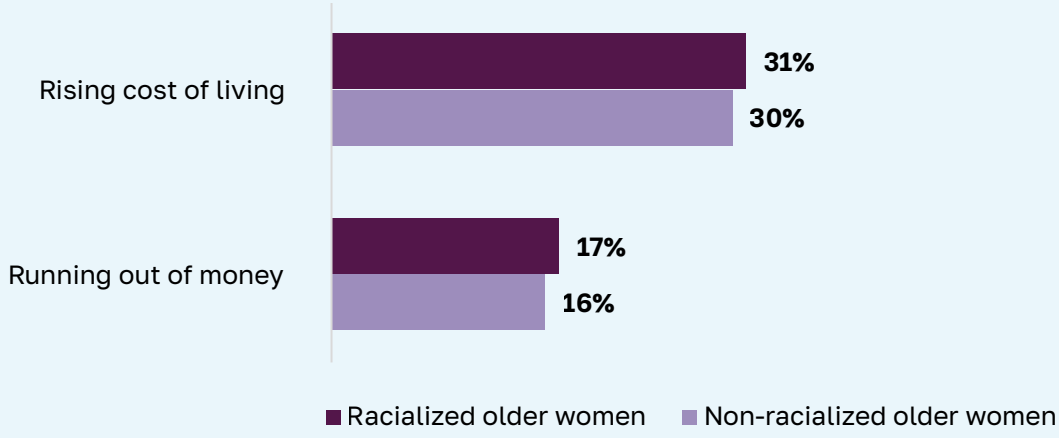


Figure 18. Top Financial Concerns by Race

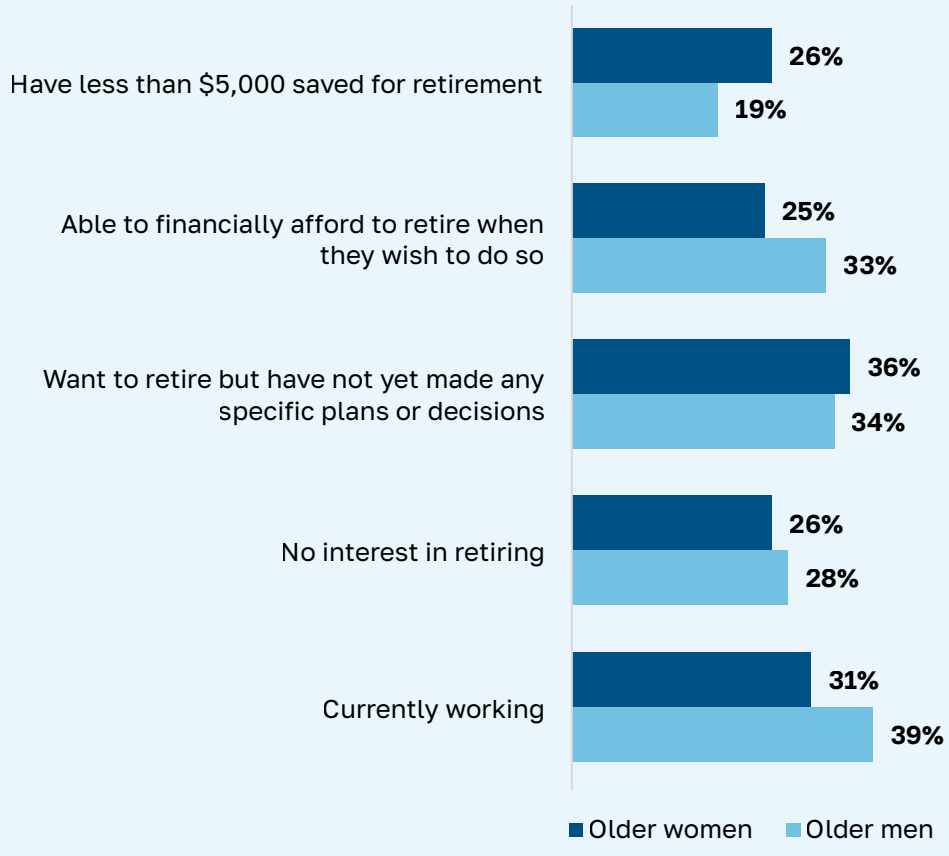


Non-racialized older women were slightly more likely to report having adequate income than racialized women (74% vs. 70% respectively). Rates of inadequate income and concerns about running out of money and rising cost of living were comparable between the two groups. However, in broader research, racialized women have been shown to consistently earn less than non-racialized women during their working years.[59] When it comes to retirement savings, the Canadian Centre for Policy Alternatives finds that racialized older persons have significantly lower retirement income than non-racialized older persons, and that the gender gap persists within all groups: racialized older women have lower incomes than racialized men and white women.[60] According to Statistics Canada, racialized and immigrant older women experience the highest rates of low income.[61]

Retirement Readiness

Recent reports from OMERS and Entente Education Canada indicate that many older adults are viewing retirement as a gradual shift rather than an abrupt end.[62,63] The NIA's 2025 Ageing in Canada Survey measures retirement readiness by asking: Are you in a position to financially afford to retire when you want to do so? The survey reveals that many Canadians 50 and older are postponing retirement due to inadequate financial readiness and roughly one in five have saved $5,000 or less, putting a significant portion of the population at risk of financial insecurity in their later years.

Figure 19. Retirement Readiness Measures by Gender



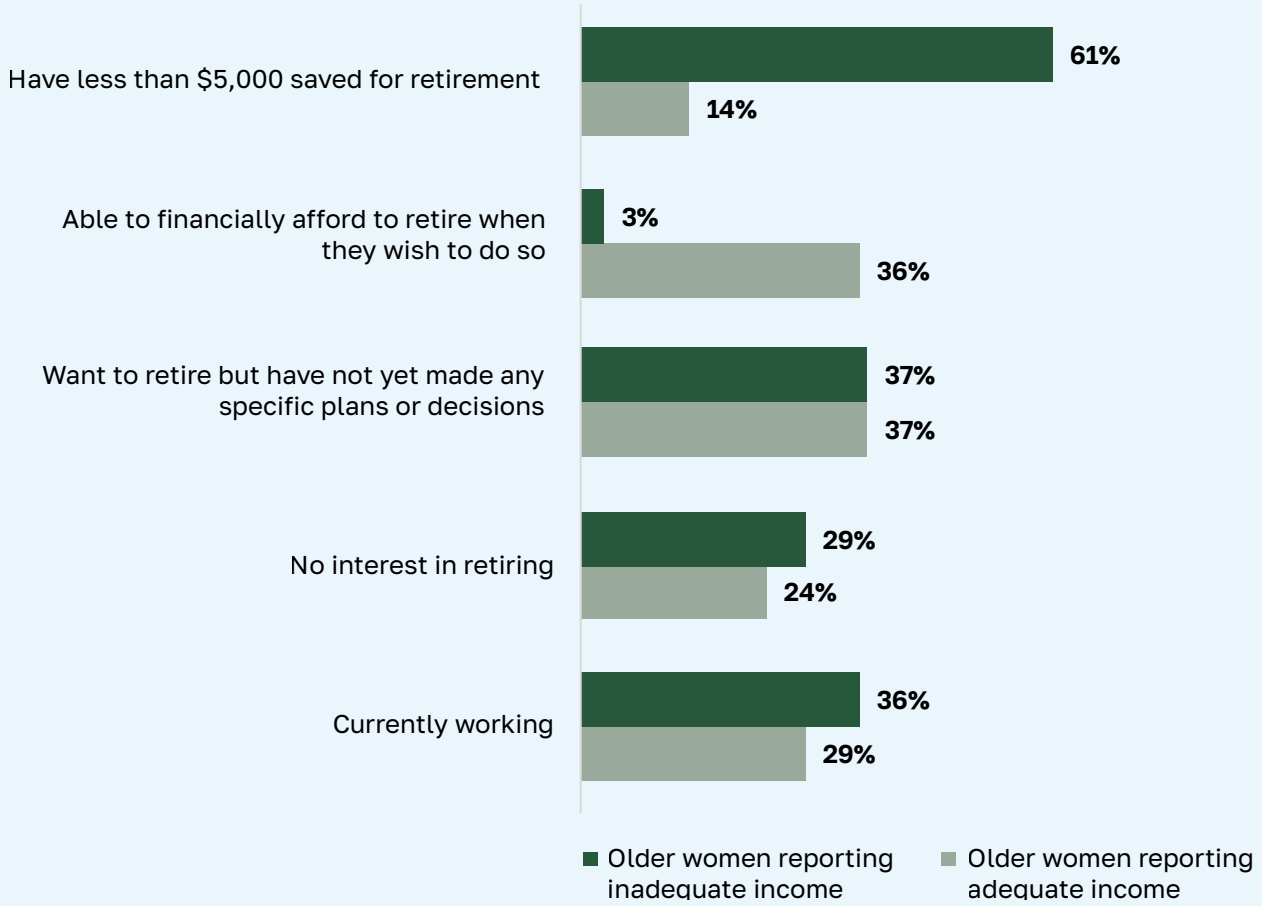
Comparing Outcomes Among Men and Women

The survey finds more older men are currently working (39%) than older women (31%) and more are able to financially afford to retire when they wish to do so (33% compared to 25% of women). Older women were also more likely to have less than $5,000 saved for retirement compared to men (26% vs. 19% respectively). In 2024, the Healthcare of Ontario Pension Plan (HOOPP) conducted a Canadian Retirement Survey and found more concerning results that roughly half of Canadian women reported having less than $5,000 in savings, compared to only one third of men.[64]

In terms of being financially able to retire, this echoes research that has demonstrated the gender pay gap with women typically extends into the later years, with women accruing less retirement savings, impacting their financial ability to retire. [65,66,67,68] The difference in retirement savings echoes the lifelong wage gap and financial disadvantage between men and women.

Comparing Outcomes Among Women Reporting Adequate and Inadequate Income

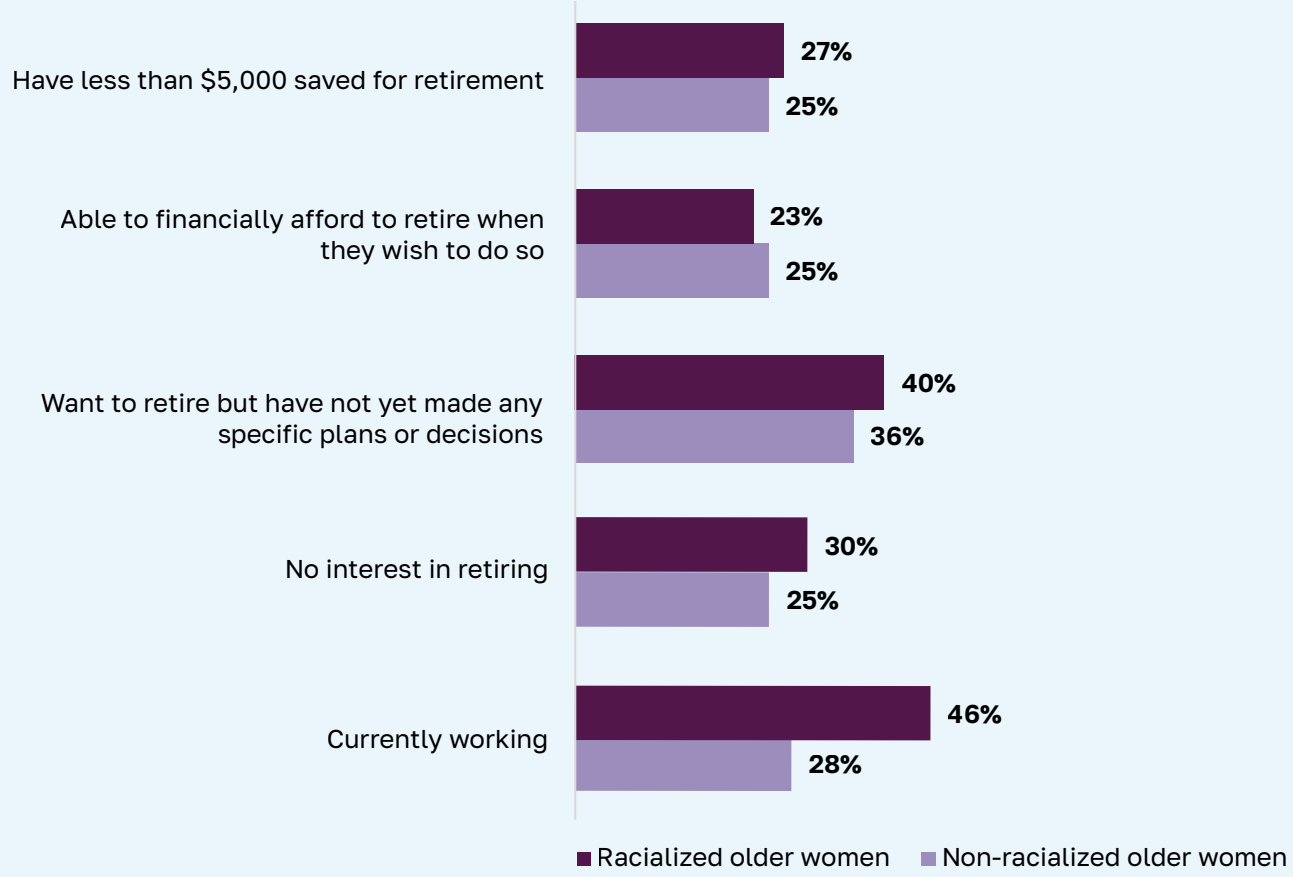
Figure 20. Retirement Readiness Measures by Income Adequacy



Unsurprisingly, women who report adequate income feel more able to financially afford to retire when they wish (36%) compared to just 3% of women reporting inadequate incomes. The majority (61%) of women reporting inadequate income have less than $5,000 saved for retirement. Due to lack of retirement savings and inability to afford retirement, it is likely that women with inadequate income are working out of financial necessity.[69,70]

Comparing Outcomes Among Racialized and Non-Racialized Women

Figure 21. Retirement Readiness Measures by Race



Retirement readiness among racialized and non-racialized women shows a notable difference in those currently working. Nearly half (46%) of racialized older adult women are currently working compared to 28% of non-racialized older adult women. Racialized women were more likely to report a lack of interest in retiring (30% compared to 25% of non-racialized women). When looking deeper into employment among racialized and non-racialized women, we see that among racialized women who are employed, 77% report an adequate income and 18% report an inadequate income. Among non-racialized women who are employed, 68% report an adequate income and 30% report an inadequate income. For those that continue to work, they may do so out of financial necessity, or for fulfillment from employment, but more research is needed to understand the rationale for continuing to work.

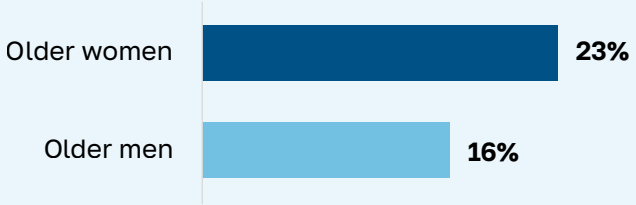
Material Deprivation Index

Material deprivation is a defined way of measuring poverty based on material living conditions. A new Material Deprivation Index (MDI) for the Canadian context 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.[71] It looks at whether people can afford essential items (like adequate food, housing, medications, and social participation), rather than assessing their income level against a prescribed poverty line. Material deprivation is an important measure for older adults in Canada because it captures real-life hardship that income-based poverty measures alone can miss. Nationally, 20% of Canadians 50 and older are living at a poverty-level standard of living, meaning they cannot afford at least two items from a list of eleven essential items listed under the Material Deprivation Index.

In 2021, the Canadian Income Survey showed the poverty rate for older women was higher than for older men (6.1% vs 4.9% respectively), based on the Market Basket Measure, an income-based poverty measure.[74] In 2025, BC Policy Solutions noted that single older women who live alone in BC experienced a rate of poverty at 34.9%, higher than the 15.5% average among all older adults in BC and much higher than the 8.9% average among older persons not living alone.[75]

Comparing Outcomes Among Men and Women

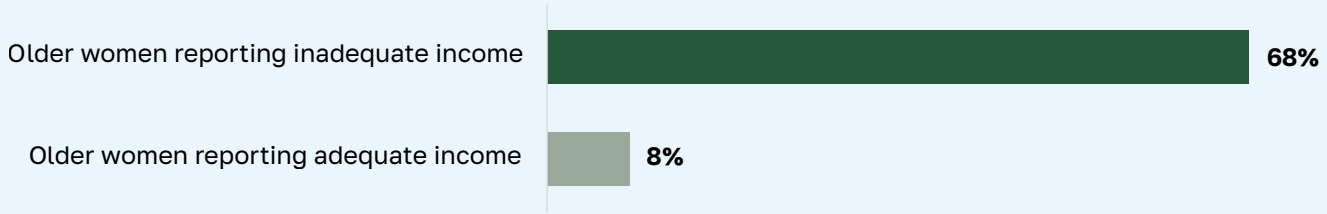
Figure 22. Material Deprivation by Gender



More women experience material deprivation than men (23% compared to 16% men). This is likely an effect of women having lower earnings overall and less income than men during retirement,[72,73] and points to the importance of ensuring adequate income support over the life course and into old age.

Comparing Outcomes Among Women Reporting Adequate and Inadequate Income

Figure 23. Material Deprivation by Income Adequacy



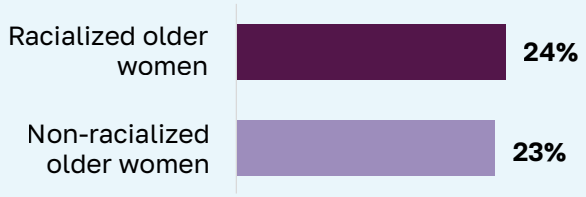
Income adequacy is directly linked to material deprivation. A large portion (68%) of women who report having an inadequate income have a poverty-level standard of living. In contrast, only 8% of women who report having an adequate income fall into this category. It is important to note that some respondents may feel their income is adequate despite not being able to afford a basic standard of living as measured by the Material Deprivation Index. This is a limitation of self-reported income adequacy but also points to the fact that older adults may normalize "going without" as part of their day-to-day existence.

Comparing Outcomes Among Racialized and Non-Racialized Women

The NIA's survey doesn't appear to show any notable difference between material deprivation rates experienced by racialized and non-racialized older women (24% and 23% respectively). Very little research has looked at the material deprivation of older racialized and non-racialized women in Canada.

However, Statistics Canada data demonstrates that according to the low-income measure after tax (LIM-AT) and the Market Basket Measure (MBM), older racialized women have the highest rates of low-income and poverty among women at 18.9% and 9.1% respectively. They were also the most likely of all groups of women studied to live with low income in 2020, followed by older immigrant women (17.6% under LIM-AT and 7.3% under MBM). In comparison, older Canadian-born women had the lowest low-income (LIM-AT) (16.7%) and poverty (MBM) (3.8%) rates.[76]

Figure 24. Material Deprivation by Race

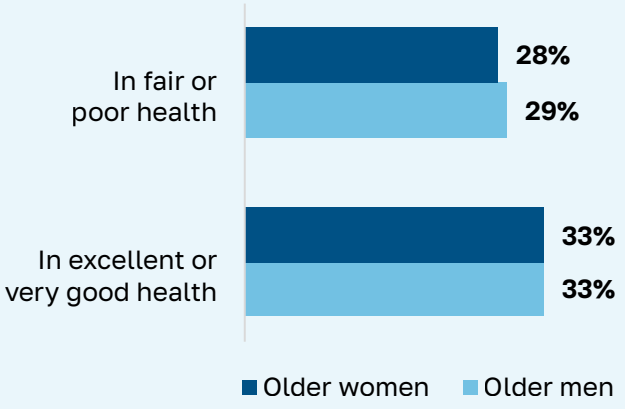


Access to Health Care

For older adults, reliable access to health care services is essential to maintaining their health, wellbeing, independence and dignity throughout later life. Achieving equitable access to health care involves more than simply offering services — it means older adults are able to locate, afford, and effectively use care at the time and place they need it. With Canada's older adult population growing, the demand for care has intensified across the country.[77]

Comparing Outcomes Among Men and Women

Figure 25. Health Status by Gender



When comparing the health of men and women, the NIA Ageing in Canada Survey results reveal that virtually the same proportion consider themselves in excellent or very good health (33% for both) or in fair or poor health (29% for men and 28% for women). This aligns with Statistics Canada documented self-reported levels of health by older adults.[78]

However, recent research by the McKinsey Health Institute (MHI) has found that Canadian women spend 24% more time than men in a status of poor health and with varying degrees of disability.[79]

When it comes to mental health, the results start to deviate, with more men reporting their mental health is excellent or very good (57% compared to 50% of women) and about the same proportion of men and women (19% and 20% respectively) reporting their mental health as being fair or poor. Reasons for this divergence in reporting could be due to the increased financial strain on women, which has been documented as increasing psychological stress and anxiety.[80,81] Historically, men have also under-reported mental health issues. [82,83,84]

While there is a discrepancy in fewer men having primary care providers than women, men were more likely to be able to access health care services all or most of the time when needed within the span of 12 months. Little research speaks to why this difference exists but some suggest that men are more likely to access specialist services and non-emergency tests. They may engage care more reactively, presenting with greater need that prompts specialist referral.[85] More research is needed to understand the gendered differences in how older adults engage with the health care system.

Figure 26. Mental Health Status by Gender

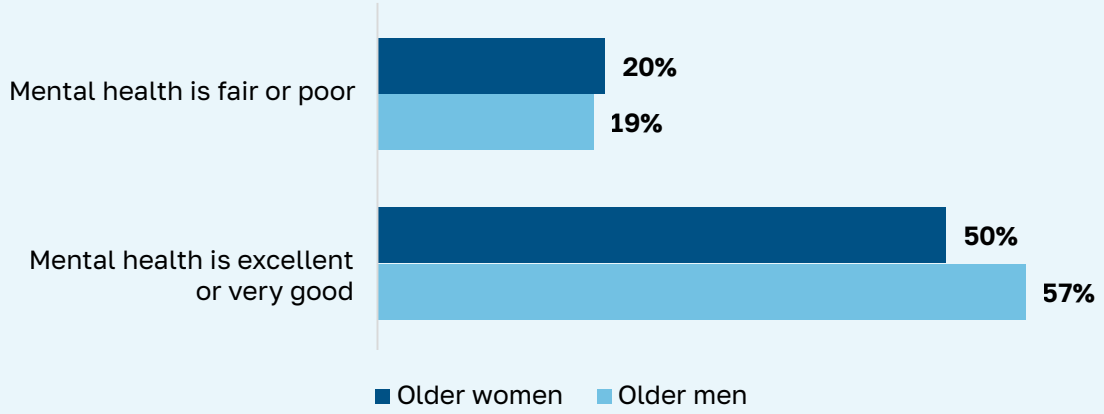
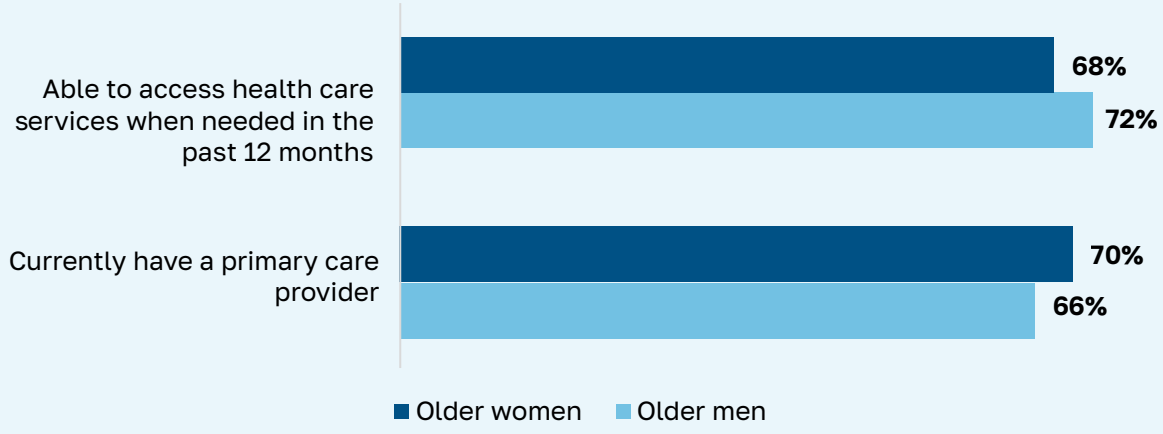


Figure 27. Health Care Access by Gender



Comparing Outcomes Among Women Reporting Adequate and Inadequate Income

Figure 28. Health Status by Income Adequacy

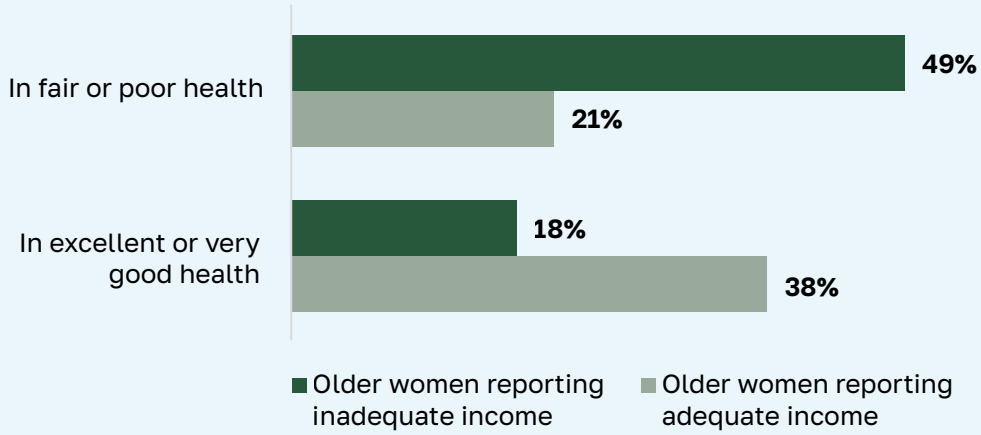
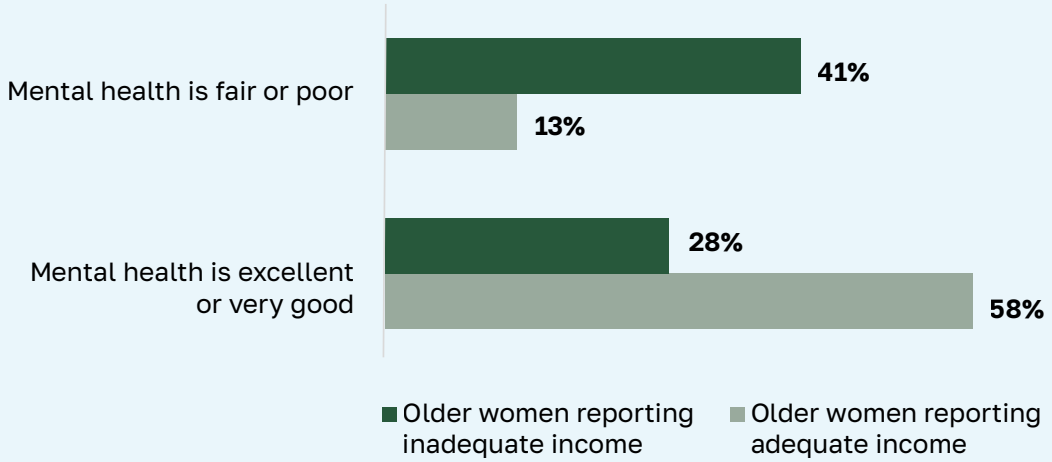


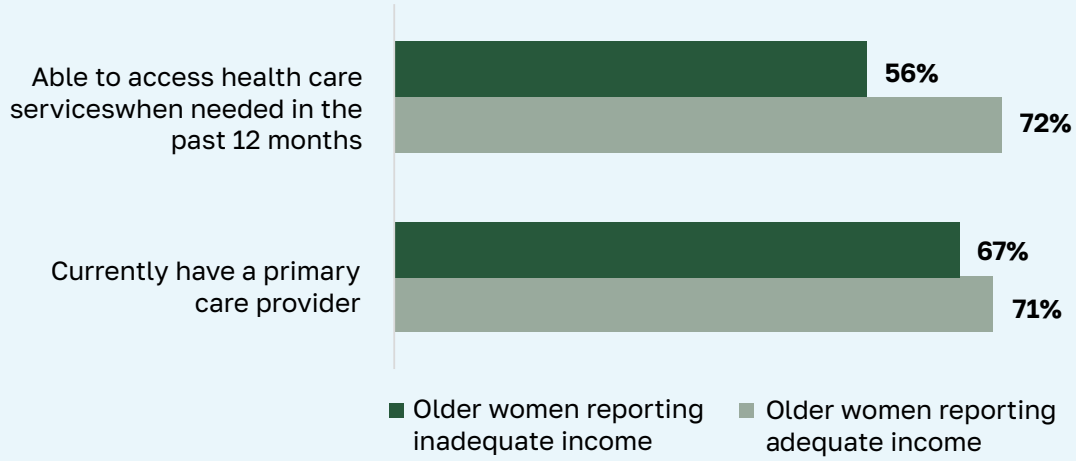
Figure 29. Mental Health Status by Income Adequacy



Income adequacy appears to impact almost all dimensions of health status and health care access. Twice as many older women who report having adequate incomes noted that they were in excellent or very good health (38%) compared to those with inadequate incomes (18%), a 20 percentage point gap. Similarly, more than double the proportion of older women reporting inadequate income shared that their health was fair or poor (49% vs. 21%), a 28 percentage point gap. These results mirror Canadian research showing that lower income is one of the strongest predictors of poor self-rated health and higher rates of chronic conditions among older adults.[86]

The pattern is similar for mental health. Older women who reported adequate income were more likely to say their mental health was excellent/very good compared to those who identified as having inadequate income (58% vs. 41% respectively).

Figure 30. Health Care Access by Income Adequacy

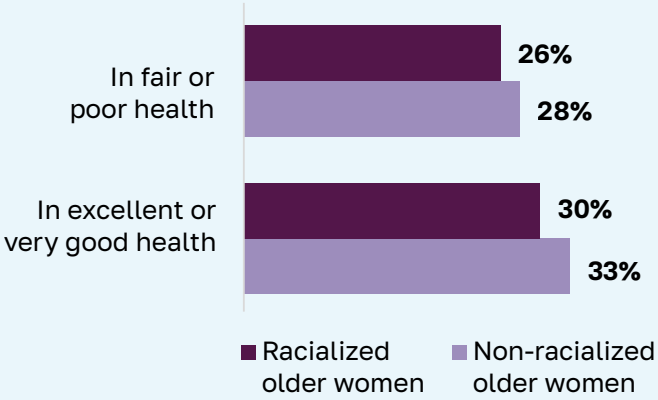


The inverse was also true: women who reported inadequate income had higher rates of poor/fair mental health compared to those with adequate incomes (41% vs. 13% respectively).

Both groups report having a primary care provider at a similar rate, but it is slightly lower for women with inadequate income compared to older women with adequate income (67% to 71%). The difference is larger for timely access: 72% of older women who reported having adequate income indicated that they were able to get health care all or most of the time when they needed it in the past year, compared with 56% of women reporting having inadequate income.

Comparing Outcomes Among Racialized and Non-Racialized Women

Figure 31. Health Status by Race



Among racialized and non-racialized older women, health status was comparable although non-racialized women reported being in poorer health slightly more than racialized women (28% compared to 26%). There were also similar reported rates of poor mental health, but non-racialized women were more likely to report having very good or excellent mental health compared to racialized women (51% vs. 46% respectively).

Figure 32. Health Status by Race

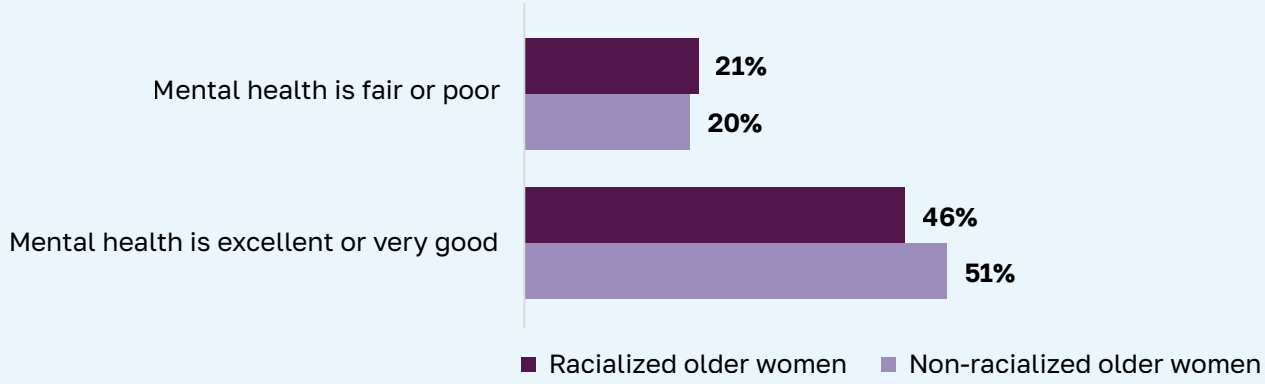
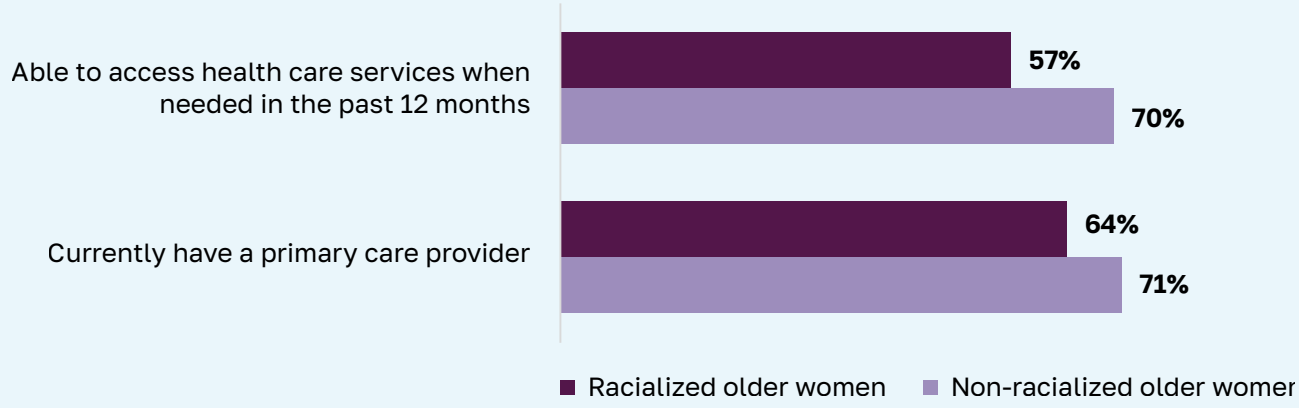


Figure 33. Mental Health Status by Race



In terms of health care access, large differences emerged. The biggest gap was in the ability to access health care services when needed all or most of the time in a 12 month span, with only 57% of racialized women responding they were able to do so, compared to 70% of non-racialized women — a 13% difference. More research is needed to understand this disparity in health care access.

There is also a gap between racialized women who have a primary care provider (64%) compared with non-racialized women (71%). This reflects broader evidence that racialized and immigrant Canadians are less likely to be rostered with a family physician or nurse practitioner, often relying more on walk-in clinics or emergency departments.[87]

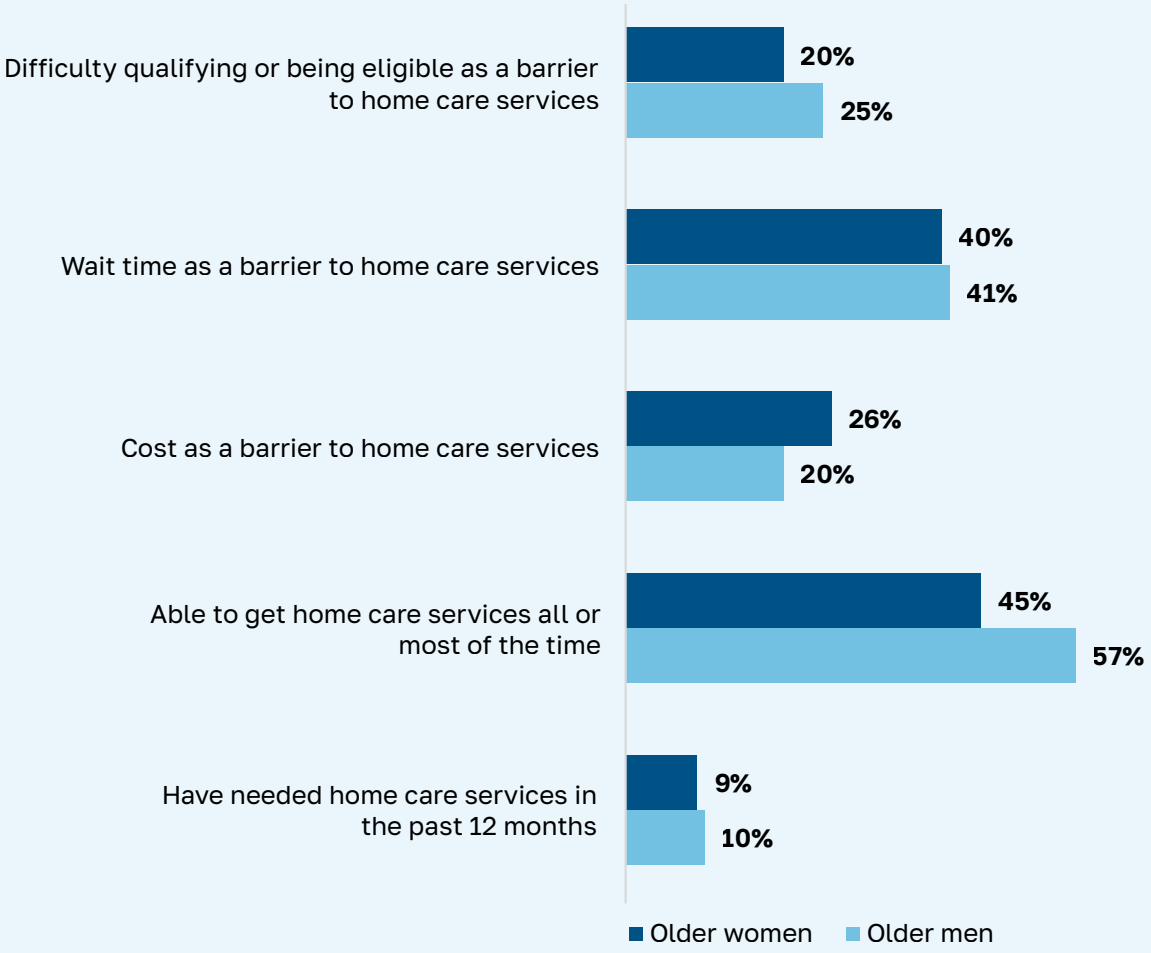
Access to Home Care and Community Support Services

Timely access to home and community-based care is essential for enabling older Canadians to stay independent, healthy, and engaged in daily life. Services like home support, meal programs, transportation, and exercise classes help them remain at home and connected to their communities while reducing reliance on costlier institutional options.

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." Community support services are defined 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, learning opportunities, or recreational and adult day care programs.

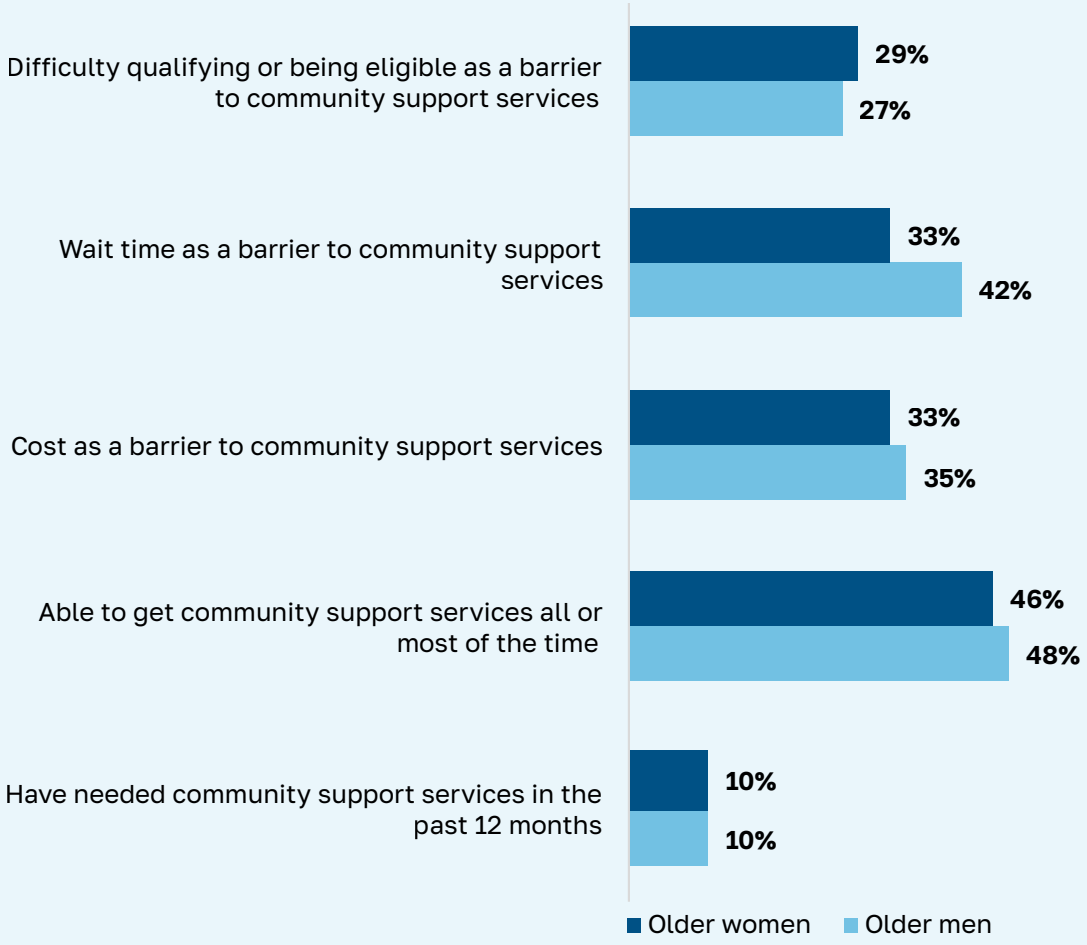
Comparing Outcomes Among Men and Women

Figure 34. Home Care Measures by Gender



Consistent with previous years of the Ageing in Canada Survey, only 1 in 10 survey respondents identified that they had needed home care in the past 12 months, and this was true for both men and women. However, men were more likely to report being able to access home care all or most of the time when needed compared to women (57% vs. 45% for women). This gender gap may stem from women's greater tendency to live alone and have lower incomes later in life, which can complicate coordinating and paying for formal support services.[88,89]

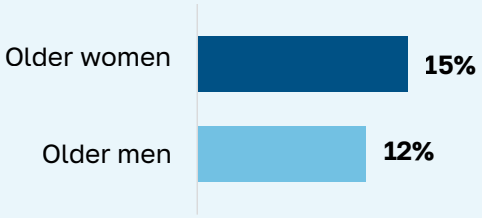
Figure 35. Community Support Services Measures by Gender



Wait times were a reported barrier for both groups at high levels (41% of men vs. 40% of women), suggesting widespread supply constraints. Cost was reported as a greater barrier for women (26% compared to 20% for men) which may stem from women having lower pensions and less income than men due to the gender wage gap. The results from the NIA's 2025 Ageing in Canada survey support this, with older women being more likely than older men to report inadequate income (24% compared to 19%) and less likely to report adequate income (73% compared to 80% for men). Fewer older women reported eligibility access as a barrier than older men (20% compared to 25%).

Interestingly when it comes to community support services, women reported that wait times were less of a barrier than men (33% vs. 42% respectively). Older women were also more likely to seek out and engage with health care services and supports.[90] Cost and difficulty qualifying were also more evenly indicated as barriers for both men and women.

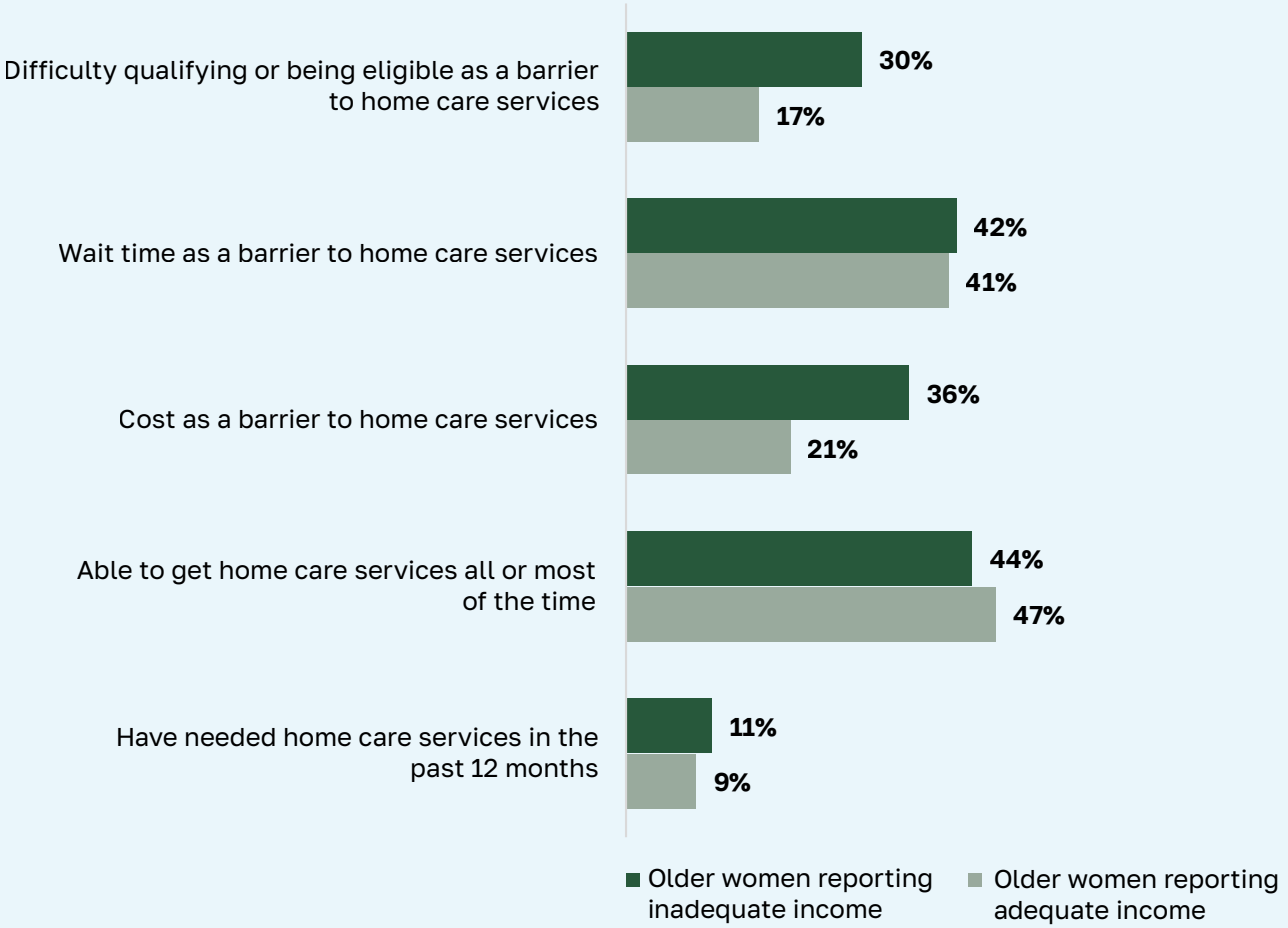
Figure 36. Currently a Caregiver by Gender



While there was only a small difference observed in the rate of caregiving among women compared to men in the 2025 Ageing in Canada Survey (15% vs. 12% respectively), there is ample evidence to suggest gendered differences in caregiving in Canada.[91] Women are more likely to spend a greater number of hours on caregiving duties than men,[92] and the Canadian Centre for Caregiving Excellence highlights that women often perform roles such as meal preparation, emotional support and care coordination more often than men, and that this emotional labour can be particularly mentally taxing.[93] Women caregivers may also feel their contributions are less valued and respected because of gendered stereotypes.[94]

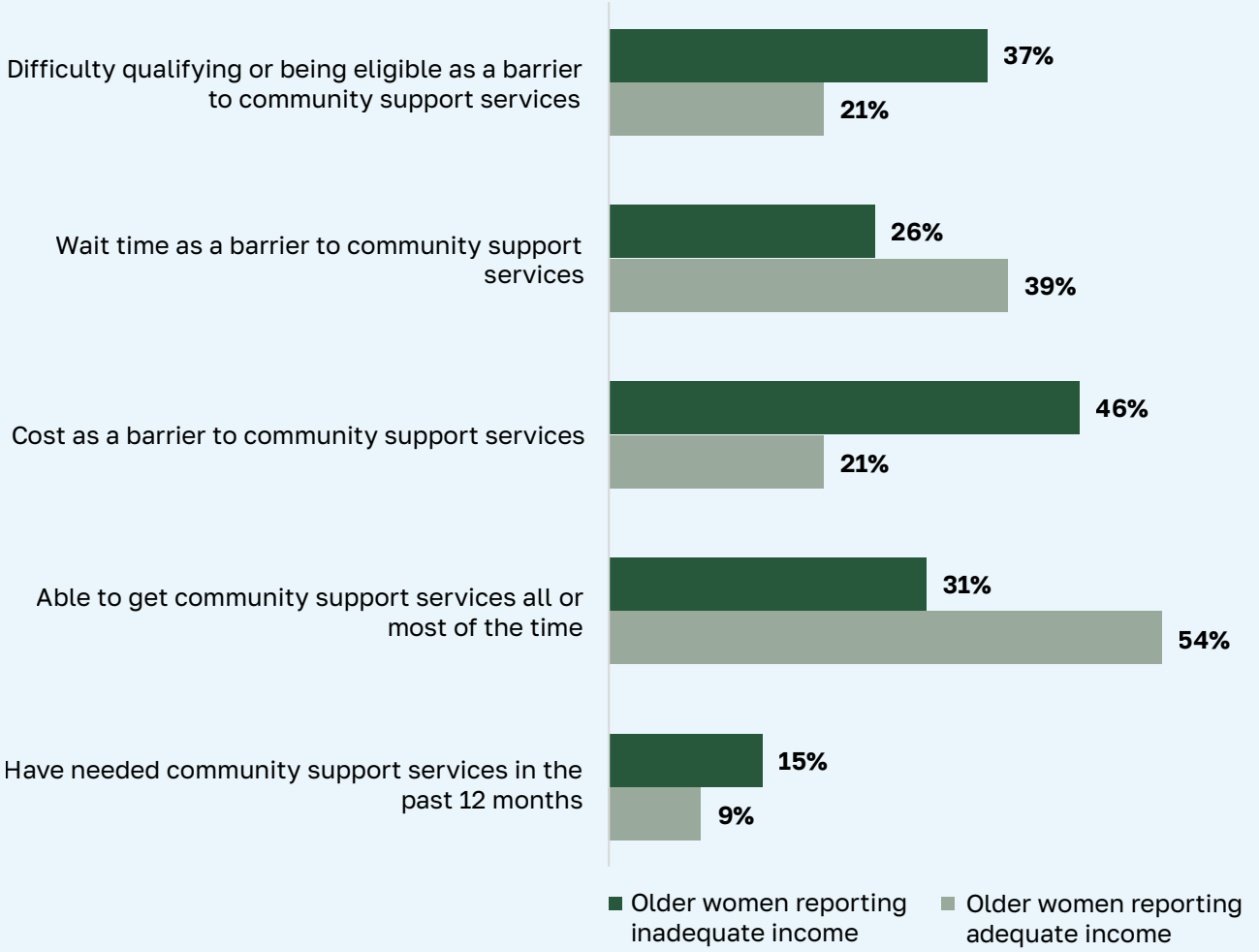
Comparing Outcomes Among Women Reporting Adequate and Inadequate Income

Figure 37. Home Care Measures by Income Adequacy



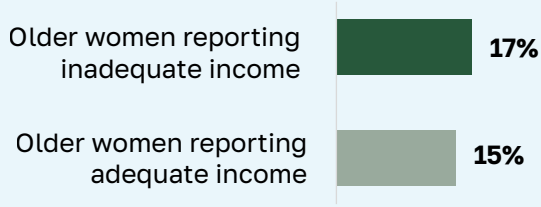
Understandably, the most noticeable differences between older women reporting having adequate and inadequate incomes were cost as a barrier to accessing home care services (21% compared to 36%) and cost as a barrier to accessing community support services (21% compared to 46%). The Canadian Longitudinal Study on Aging echoes these findings, citing low-income older persons (especially women) report unmet needs due to out-of-pocket expenses for private services, deductibles, or transportation.[95] While wait times were indicated as a barrier at roughly the same rate, eligibility was much more of a barrier for women with inadequate income, compared to those with adequate incomes (30% compared to 17%). Because we use self-reported income adequacy, it is possible that some of the respondents reporting adequate income have actual incomes just outside of the eligibility criteria for services.

Figure 38. Community Support Services Measures by Income Adequacy



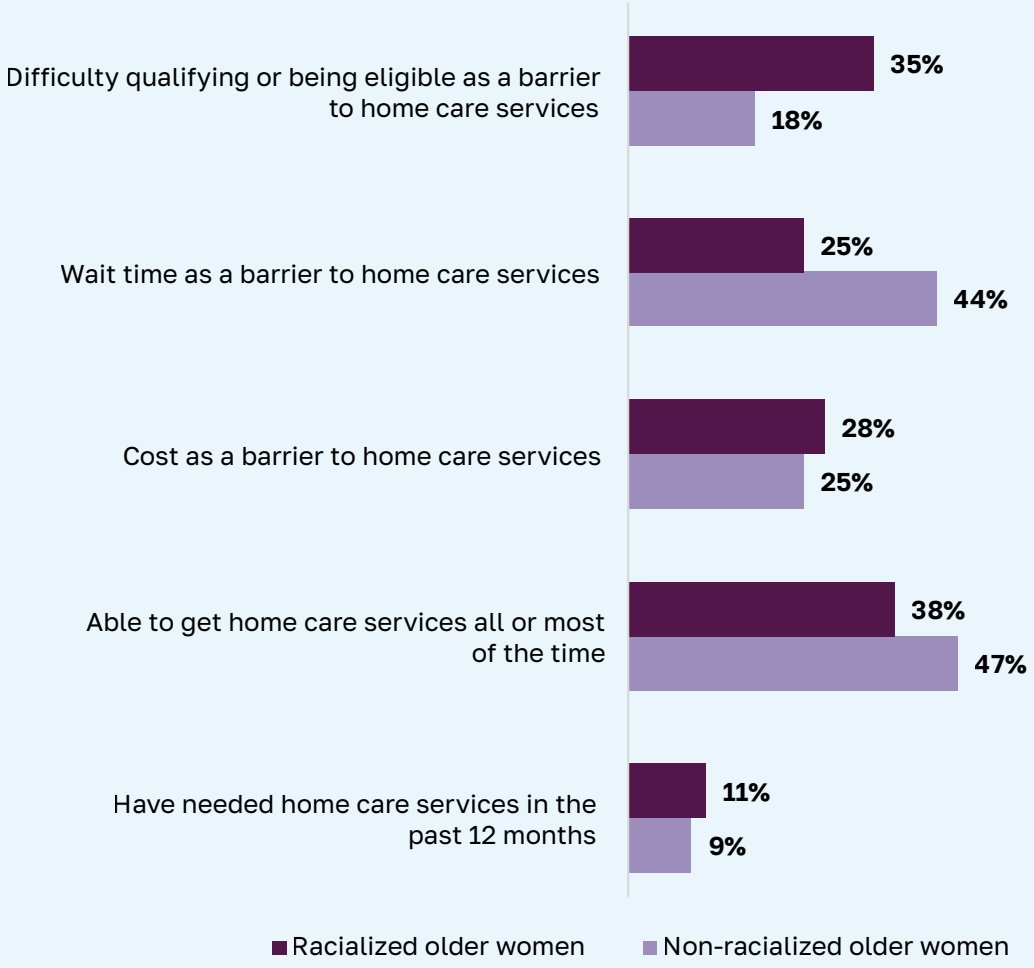
More than half of older women who reported having adequate income (54%) were able to access community support services all or most of the time compared to only 31% of women reporting having inadequate incomes. Women reporting inadequate income cited qualifying for services as a barrier (37%) more than women with adequate incomes (21%). This may be due to higher-income groups being financially able to pay out of pocket for services, which enables greater access to community support services which are administered publicly, privately or on a sliding scale depending on the province and municipality.[96] Access to private services may also be quicker, hence the discrepancy in wait times being a barrier for those reporting having inadequate income women more than women reporting having adequate income.

Figure 39. Currently a Caregiver by Income Adequacy



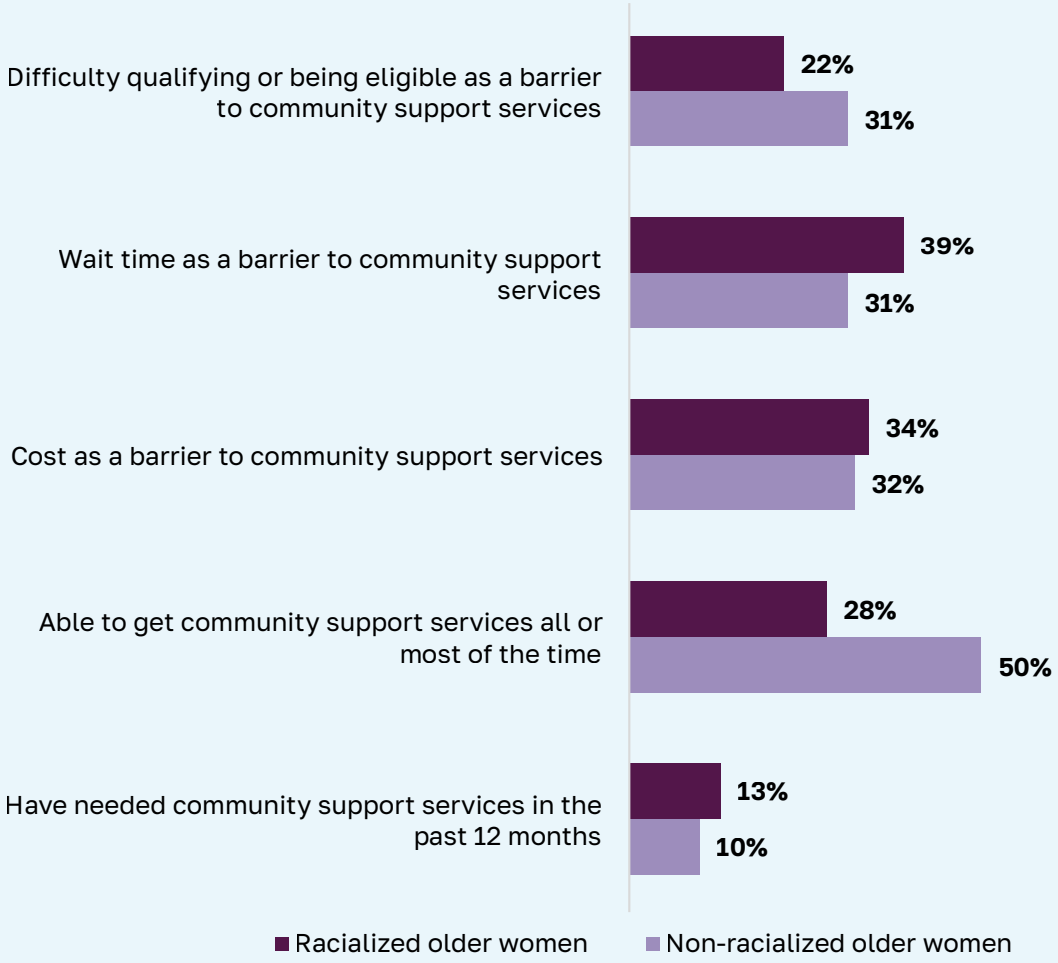
Comparing Outcomes Among Racialized and Non-Racialized Women

Figure 40. Home Care Measures by Race



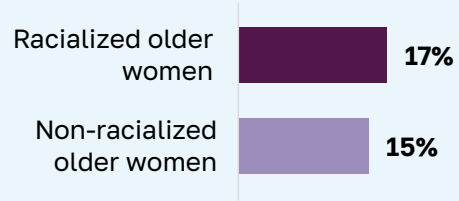
When looking at home and community care services between older racialized and non-racialized women we see different barriers emerge. For non-racialized women the biggest barrier to home care services were wait times (44%), but this barrier was reported by only 25% of racialized women as affecting their ability to access home care services. For racialized women, the biggest reported barrier was difficulty qualifying or being eligible for home care (35% compared to 18% for non-racialized women).

Figure 41. Community Support Services Measures by Race



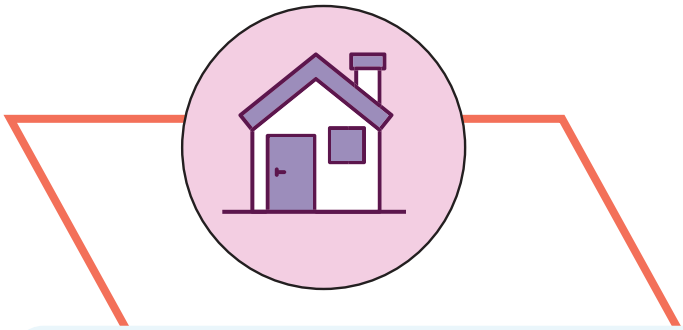
There were reported differences in the ability of racialized and non-racialized women to access services, with non-racialized women consistently reporting having greater access (47% for home care and 50% for community support services) compared to racialized women (38% for home care and only 28% for community support services). Cost was not a highly distinguishable barrier between racialized and non-racialized women in home care or community support services. More research is needed to understand why racialized women were not qualifying or being deemed eligible for services and to look cross-culturally to see if there are even larger discrepancies among different racialized groups.

Figure 42. Currently a Caregiver by Race



Ageing in the Right Place

According to the NIA's Ageing in Canada Survey, more than two-thirds (67%) of Canadians 50 and older own their own home, while 31% rent. For most Canadians, ageing well means ageing in their home, with 81% of total NIA Ageing in Canada Survey respondents wishing to remain in their own home or downsize to a smaller home as they age.



Comparing Outcomes Among Men and Women

There is a 4% difference between older men and women who are homeowners (69% of men compared to 65% of women) and those who are renters (29% of men compared to 34% of women. While these differences are small, they may be explained by older women having lower savings due to the gender wage gap, and smaller pensions and retirement income compared to men, as this reduces their ability to afford homes.[97] Older women are also more likely to be widowed, with all household expenses falling to a single individual instead of being shared, which again reduces their ability to afford more suitable housing.[98,99]

Figure 43. Housing Type by Gender

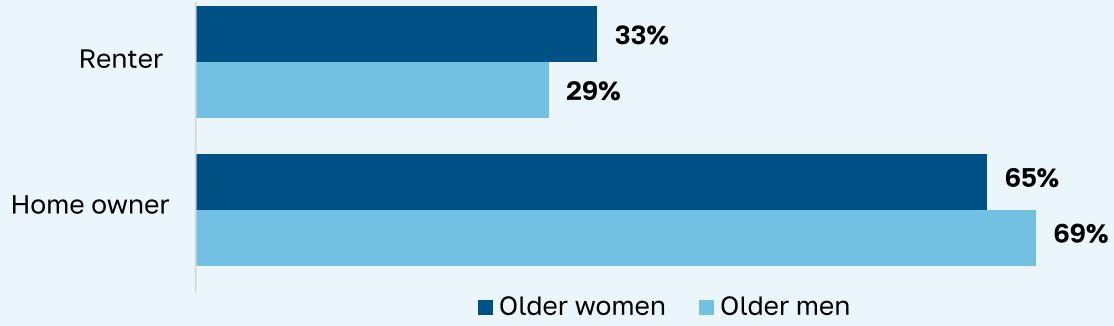
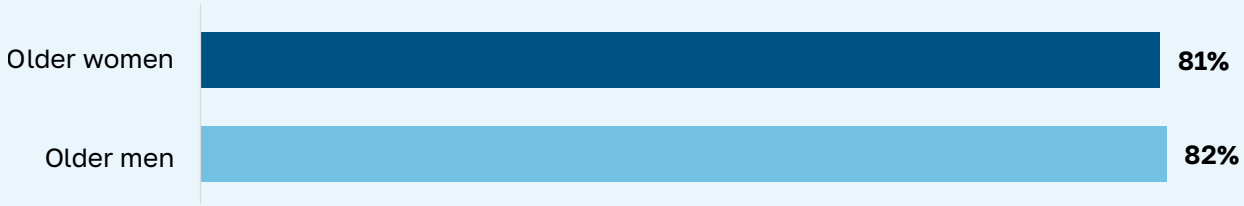


Figure 44. Desire to Age in Current or Smaller Home by Gender



Comparing Outcomes Among Women Reporting Adequate and Inadequate Income

Figure 45. Housing Type by Income Adequacy

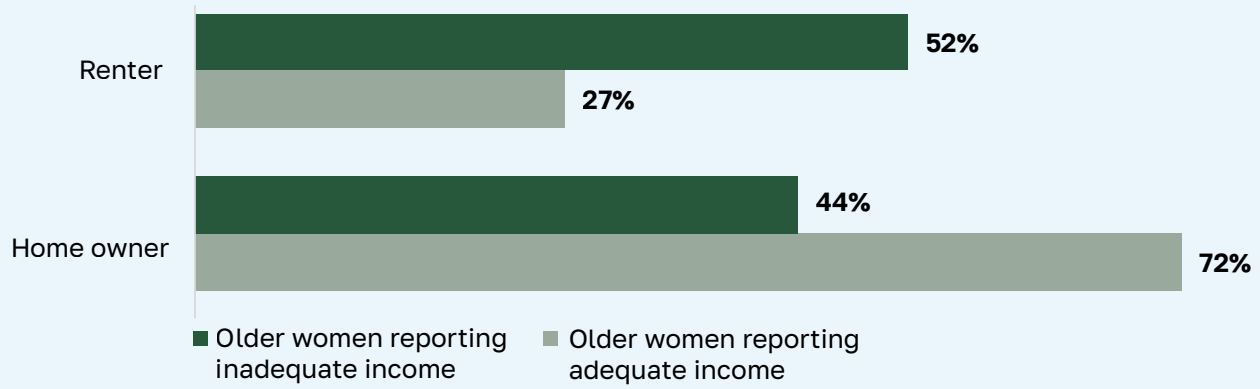
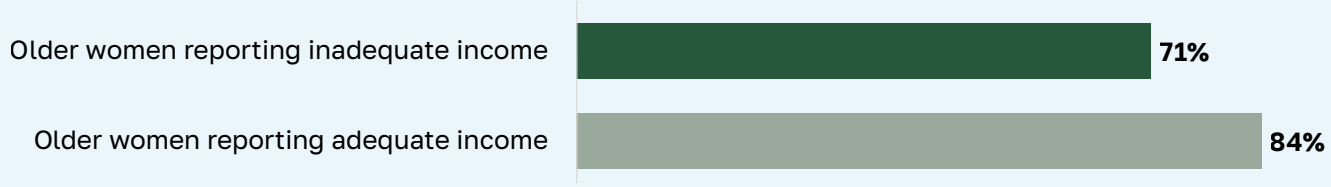
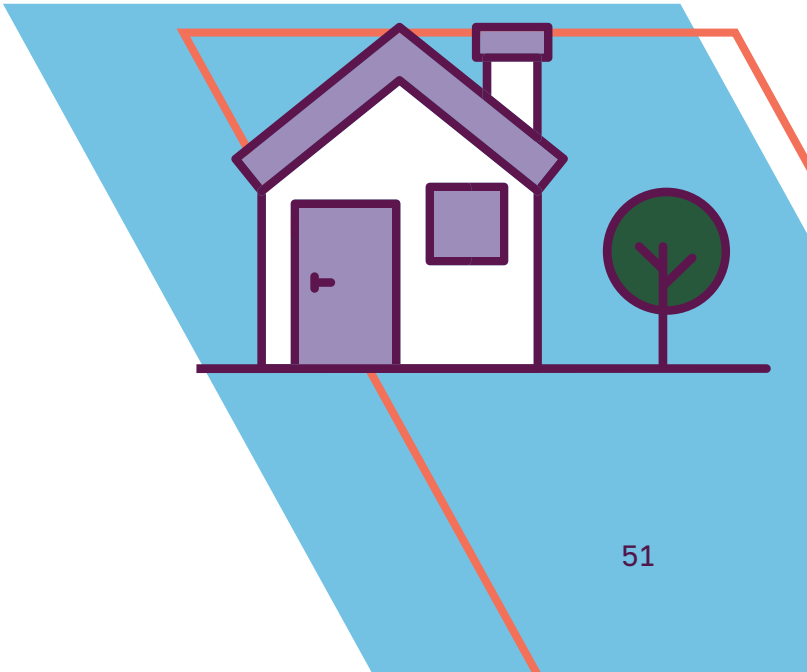


Figure 46. Desire to Age in Current or Smaller Home by Income Adequacy



Income adequacy is the most powerful predictor of housing status. More women who report having adequate incomes own their homes (72%) than those with inadequate incomes (44%). Inversely women who report having inadequate incomes were much more likely to report to be renters (52%) than women with adequate income (27%). Overall, the majority would like to remain in their own homes or downsize to a smaller home but women with adequate income show a stronger preference than those with inadequate income (84% compared to 71%) for doing so. The research shows that higher-income older adults are generally better positioned to age at home because they can more easily afford home care and home modifications than those with lower incomes.[100][101]

For renters, research also suggests that they must rely on their landlords to decide whether modifications can be made to their homes to support them as they age, adding an additional barrier.[102]



Comparing Outcomes Among Racialized and Non-Racialized Women

Figure 47. Housing Type by Race

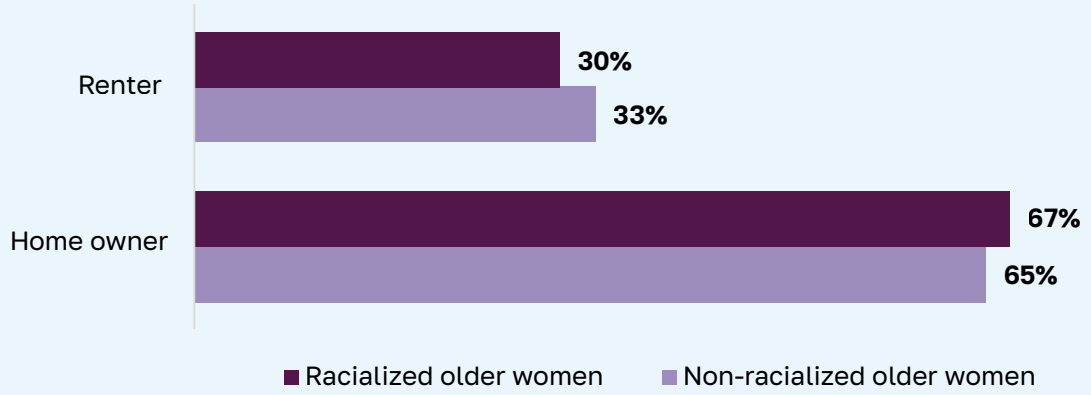
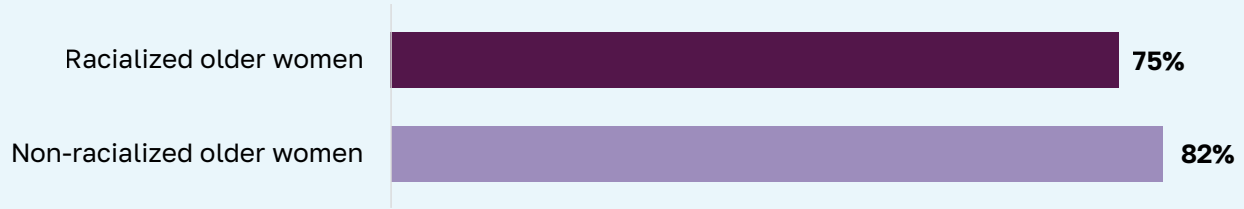


Figure 48. Desire to Age in Current or Smaller Home by Race



There aren't stark differences between racialized and non-racialized women when it comes to home ownership and renting. There is a larger difference between racialized and non-racialized women when it comes to remaining in their own home or downsizing to a smaller home (82% among non-racialized women vs. 75% among racialized women). There is very limited research as to why racialized women would be less inclined than non-racialized women to remain in or downsize their homes as they age. There is some research that suggests it could be due to different cultural values in regards to moving in with family members and multi-generational living situations.[103] But this would not account for all racialized women, therefore more research is needed to understand where racialized women want to age and how that can be supported.

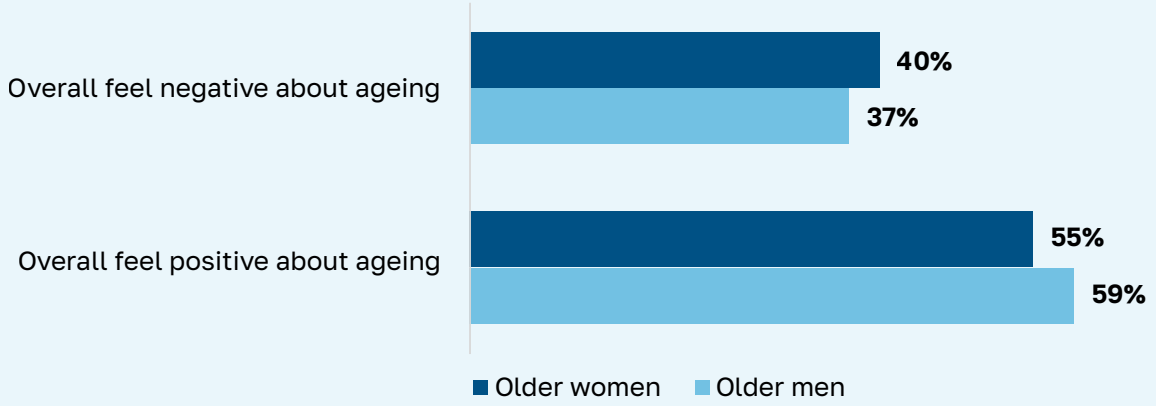
Overall Perspectives on Ageing

Positive perspectives on ageing have been shown to extend life expectancy by about seven years.[104] According to the NIA's Ageing in Canada survey, a majority (57%) of Canadians aged 50+ feel positive about the prospect of getting older, while nearly four-in-ten (39%) view the prospect or experience negatively. Although many older adults continue to feel positive about ageing, levels of positivity and optimism reported in the NIA's Ageing in Canada survey have declined considerably since 2024.

Comparing Outcomes Among Men and Women

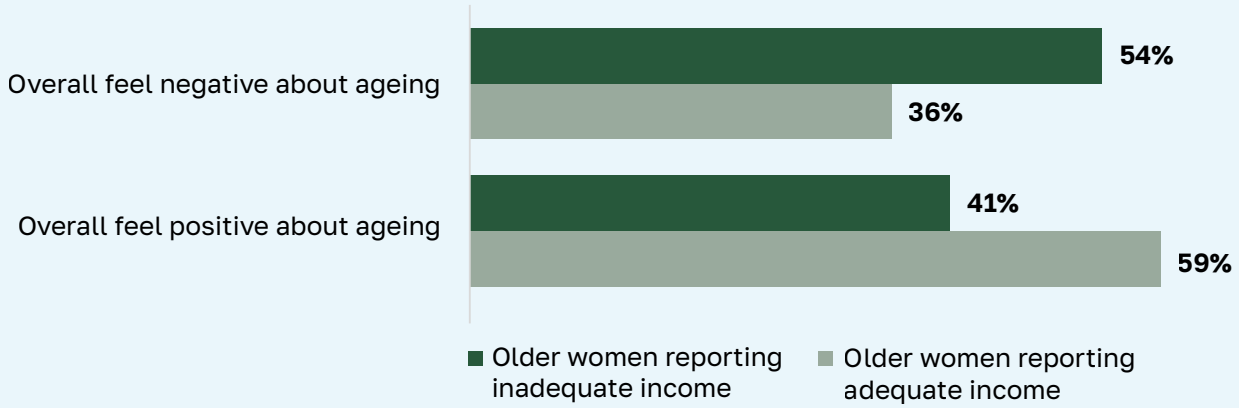
A slight gender gap in outlook exists, with more men feeling positive about ageing (59%) than women (55%). Conversely, 40% of women report negative feelings compared to 37% of men. This slight difference could be a result of gendered ageism, where the negative views of society towards ageing and women compound into a more negative outlook.[105] It could also be a result of material circumstances, as the following section will explore further.

Figure 49. Perspectives on Ageing by Gender



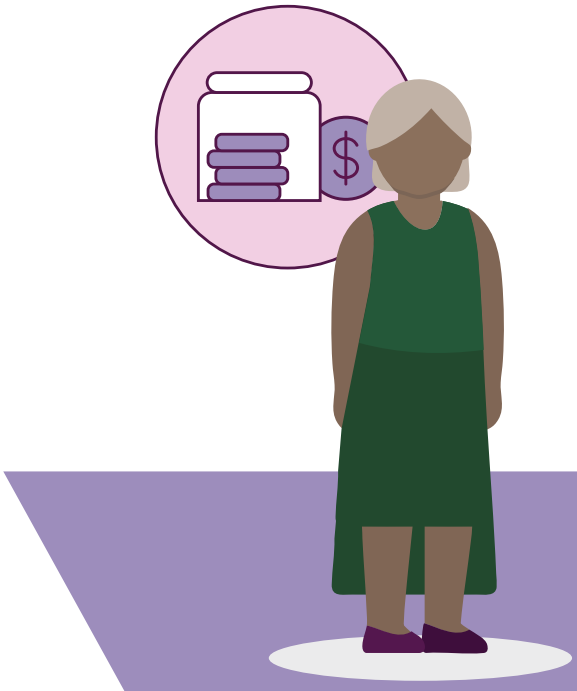
Comparing Outcomes Among Adequate and Inadequate Income

Figure 50. Perspectives on Ageing by Income Adequacy



There is a notable difference in perceptions of ageing with respect to income adequacy. Women who report adequate income were more likely to feel positively about ageing than women who report inadequate income (59% compared to 41% respectively). That 18 percentage point difference also exists when asked about their overall negative feeling about ageing, with more women who reported having an inadequate income feeling negatively about ageing than women who reported having an adequate income (54% to 36%).

Women who report inadequate incomes were the only demographic group featured in this report where a majority (54%) feel negative about the experience of getting older.



Comparing Outcomes Among Racialized and Non-Racialized Women

Figure 51. Perspectives on Ageing by Race

Non-racialized women report feeling more negatively about ageing than racialized women (41% to 35% respectively) but overall more than half of racialized and non-racialized women feel positively about ageing (58% and 54%).

Conclusion and Policy Implications

Women continue to live longer than men on average in Canada, yet inequalities persist. Older Canadian women, especially those with inadequate incomes and those who are racialized, face systemic barriers that demand targeted, cross-cutting and evidence-based policy responses.

Women experience financial inequalities across the life course, including gender pay gaps, pension gaps and financial penalties associated with caregiving duties.[106] The NIA's 2025 Ageing in Canada Survey findings reveal stark disparities in financial security for older women, with higher reported rates of inadequate income, material deprivation, and with women more likely to be renters and unable to afford to retire compared to men.

This greater risk of financial insecurity directly affects the wellbeing of older women in Canada. This survey data reveals that older women who have inadequate incomes have worse health and mental health outcomes, are more likely to experience loneliness, and have more negative perceptions about ageing. To address this, all orders of government in Canada should prioritize income security across the life course and especially into later life. Efforts made to close the gender wage gap have not yet been fully realized, and the ramifications continue to be felt in the retirement income landscape for older women. Ensuring low-income older women in particular have access to adequate income support as they age is an essential step to reduce material deprivation and financial insecurity in later life.

Social participation and strong social networks are also important aspects of ageing well. Public policy has a role to play in addressing cost, barriers to access, and easing the constraints associated with caregiving. Based on the NIA's 2025 Ageing in Canada Survey, older women with inadequate incomes are more likely to be socially isolated, experience loneliness, and to participate less often in social and recreational activities, with cost and transportation being cited as the greatest barriers. For racialized older women, additional constraints linked to family-centred roles, racism, and navigation of barriers further limit time and opportunity for community engagement. [107,108] Investments in low or no-cost programs, transportation supports, culturally safe spaces and caregiver respite can mitigate isolation and strengthen social connectedness for those at risk.

Ageing well also requires equitable access to health care, home care, and community support services. Older women who report having inadequate incomes also report worse physical and mental health, less timely access to needed care and higher rates of cost as a barrier to services. Racialized older women are less likely than non-racialized women to have a regular primary care provider, face barriers accessing needed services, and more likely to report eligibility barriers in home and community care. Policy measures should therefore focus on ensuring seamless access to health care services, reducing or eliminating user fees and out-of-pocket costs for home and community care supports and understanding committing to reducing barriers for racialized applicants to home and community care eligibility.

Older women also report experiencing more forms of everyday ageism, especially those with inadequate incomes. This overt discrimination, coupled with the distinct disparities older women face with respect to financial security,

social wellbeing, and health in Canada, points to a clear need to address gaps in the protection and promotion of the human rights of older women, both in Canada and internationally. There is currently no comprehensive, legally binding instrument that protects the rights of older adults specifically. Canada has the opportunity to show leadership in advancing a UN Convention on the Rights of Older Persons that prohibits age discrimination while recognizing the intersection of age and gender.

This report reveals areas that warrant further investigation. To better understand the particularities of how older, racialized women experience ageing and ageism, additional research is needed to understand the complexities of how race, disability, sexuality, geography, immigration, and Indigenous identity also impact their experience. Given the large gap identified in financial security among women in Canada, further policy analysis is required to understand how to close the retirement income gap for women today as well as for future generations. Deeper analysis is also necessary to understand the barriers and opportunities women face in terms of ageing in the right place, as well as addressing the issue of social isolation and loneliness.

All older adults deserve to age with dignity. Understanding the unique challenges and experiences older women face from an intersectional perspective is critical in planning for programs, supports, services, and policies that shape ageing.

Appendix

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

	2025 Weighted Survey Sample (%)		
Key Characteristics	**Total**	**Men**	**Women**
Sample Size (# of respondents)	6,001	2,880	3,121
Total (%)	100	47.9	51.8
Gender (%)			
Man	47.9	-	-
Woman	51.8	-	-
Another gender identity	0.2	-	-
Prefer not to say	0.1	-	-
Indigenous Status (First Nations, Metis or Inuk (Inuit) (%)			
Yes	3.0	2.5	3.4
No	96.6	97.1	96.1
Cannot say	0.4	0.4	0.5
Ethnic/Racial Background (%)			
White	88.4	87.5	89.3
Chinese	3.6	4.0	3.2
Black	2.3	2.4	2.3
South Asian (e.g., East Indian, Pakistani, Sri Lankan)	2.1	2.6	1.6
Filipino	0.7	0.7	0.8
Japanese	0.5	0.3	0.8
Latin American	0.5	0.4	0.6
Southeast Asian (e.g., Vietnamese, Cambodian, Thai)	0.5	0.5	0.4
Arab	0.4	0.3	0.5
West Asian (e.g., Iranian, Afghan)	0.2	0.2	0.2

Korean	0.1	0.1	0.1
Other	2.6	2.3	3.0
Cannot say	0.5	0.7	0.4
Total - Non-racialized[1]	88.4	86.5	87.4
Total - Racialized (Includes Indigenous respondents)	13.1	13.5	12.6
Income Adequacy (%)			
Total - Adequate income	76.5	79.9	73.4
Good enough to save	37.7	42.7	33.2
Just enough to avoid major problems	38.8	37.2	40.2
Total - Inadequate income	21.6	18.5	24.3
Not enough and stretched	14.8	13.2	16.2
Not enough and having a hard time	6.8	5.4	8.1
Cannot say	2.0	1.6	2.3
Province (%)			
Alberta	10.2	10.2	10.2
British Columbia	14.1	14.1	14.1
Manitoba	3.4	3.6	3.2
New Brunswick	2.4	2.5	2.2
Newfoundland and Labrador	1.5	1.8	1.2
Nova Scotia	3.2	2.9	3.4
Ontario	38.5	38.5	38.5
Prince Edward Island	0.5	0.2	0.7
Quebec	23.4	23.4	23.4
Saskatchewan	2.7	2.5	2.9
Territories	0.2	0.2	0.2

[1] Note: Totals for racialized and non-racialized respondents do not add up to 100% due to combining two separate questions: ethnicity/race and Indigenous identity. See methodology section for more details.

Community Size (%)			
City	68.0	69.6	66.6
Town or village	19.0	18.8	19.2
Rural area	13.0	11.6	14.3
Cannot say	0.0	0.0	0.0
Health Status (%)			
Excellent or very good health	32.9	33.1	32.8
Good health	38.3	37.4	39.1
Fair or poor health	28.7	29.4	28.1
Cannot say	0.1	0.1	0.1
Educational Attainment (%)			
Some high school or less	7.3	6.8	7.7
High school	35.0	29.4	39.4
College or some university	33.0	33.4	32.7
University degree	25.7	30.4	20.0
Cannot say	0.1	0.0	0.1
Employment Status (%)			
Working (full-time, part-time or self-employed)	34.8	39.4	30.6
Unemployed or looking for a job	3.7	4.6	2.9
Stay at home full-time	2.9	0.7	4.9
Retired	52.3	50.5	54.0
On a disability pension	4.3	3.6	4.9
Other	1.7	1.1	2.2
Cannot say	0.4	0.2	0.5
Household Income (%)			
Less than $30,000	17.6	13.4	21.4
$30,000 - $60,000	29.8	27.6	31.8
$60,000 - $80,000	13.6	14.5	12.9
$80,000 - $100,000	11.9	13.9	10.1

$100,000 - $150,000	13.9	16.4	11.6
$150,000 and over	8.2	10.3	6.0
Cannot say	5.1	3.8	6.3
Marital Status (%)			
Married	47.0	53.9	40.5
Common law	9.4	9.1	9.7
Partnered but living separately	1.2	0.8	1.4
Single and never married	16.2	18.1	14.5
Divorced or separated	15.6	13.1	18.0
Widowed	10.4	4.8	15.6
Cannot say	0.2	0.1	0.3
Have Children (%)			
Yes	68.4	65.0	71.6
No	31.1	34.8	27.6
Cannot say	0.5	0.2	0.8
Live Alone (%)			
Yes	30.4	26.3	34.1
No	67.7	71.6	64.2
Cannot say	1.9	2.1	1.7
Immigration Status (%)			
First-generation immigrant	16.3	18.7	14.0
Second-generation immigrant	18.8	18.2	19.4
Third-generation plus	64.5	62.5	66.4
Cannot say	0.4	0.5	0.2

References

1 Statistics Canada. (2026, January 9). Health-adjusted life expectancy, by sex and income quintile. Government of Canada, Statistics Canada. https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1310097101

2 Bushnik, T., Tjepkema, M., & Martel, L. (2018, April 18). Health-adjusted life expectancy in Canada. Government of Canada, Statistics Canada. https://www150.statcan.gc.ca/n1/pub/82-003-x/2018004/article/54950-eng.htm

3 Statistics Canada. (2026, January 9). Health-adjusted life expectancy, by sex and income quintile. Statcan.gc.ca; Government of Canada, Statistics Canada. https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1310097101

4 Statistics Canada. (2025). Population estimates on July 1st, by age and sex. https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1710000501

5 Leclerc, K. (2024, December 4). The poverty rate and low-income situation of older persons in Canada: An intersectional analysis. Government of Canada, Statistics Canada. https://www150.statcan.gc.ca/n1/pub/45-20-0002/452000022024002-eng.htm

6 Women's Age Lab. (2021). Academics at Women's College Hospital. https://www.womensacademics.ca/womens-age-lab/

7 Public Health Agency of Canada. (2020). Aging and chronic diseases: A profile of Canadian seniors. www.canada.ca. https://www.canada.ca/en/public-health/services/publications/diseases-conditions/aging-chronic-diseases-profile-canadian-seniors-report.html

8 National Institute on Ageing (2022). Ageing in the Right Place: Supporting Older Canadians to Live Where They Want. Toronto, ON: National Institute on Ageing, Toronto Metropolitan University. https://rdo.iks.mybluehost.me/website_8ba3989f/wp-content/uploads/2025/10/October-27-2022_Ageing-in-the-Right-Place_Report.pdf

9 Women's Age Lab. (2021). Academics at Women's College Hospital. https://www.womensacademics.ca/womens-age-lab/

10 Public Health Agency of Canada. (2022, July 7). Racialized adults and inequalities in Canada. https://www.canada.ca/en/public-health/services/publications/science-research-data/inequalities-health-racialized-adults-18-plus-canada.html

11 Government of Canada. (2024, July 18). Social determinants of health and health inequalities. Government of Canada. https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html

12 Martin, S. (2018, July 24). In sickness and in health: The association between health and household income. Government of Canada, Statistics Canada. https://www150.statcan.gc.ca/n1/pub/89-648-x/89-648-x2018001-eng.htm

[13] Kia, H. Pang, C., Göncü, K., Jakubiec, B., Ross MacKinnon, K., Handlovsky, I., Ross, L. E. (2024). "I Needed to be That Voice": A Multi-Party Study of the Healthcare and Social Service Experiences and Needs of Transgender and Gender-diverse Older Adults in Canada. https://2slgbtqi-aging.ca/research/i-needed-to-be-that-voice-a-multi-party-study-of-the-healthcare-and-social-service-experiences-and-needs-of-transgender-and-gender-diverse-older-adults-in-canada/

[14] Hillier, S., & Al-Shammaa, H. (2020). Indigenous Peoples Experiences with Aging. Canadian Journal of Disability Studies, 9(4), 146–179. https://doi.org/10.15353/cjds.v9i4.674

[15] Johnson, S. (2023, November 16). WHO declares loneliness a "global public health concern." The Guardian. https://www.theguardian.com/global-development/2023/nov/16/who-declares-loneliness-a-global-public-health-concern

[16] Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: a meta-analytic review. Perspectives on psychological science, 10(2), 227-237.

[17] Valtorta N. K., Kanaan M., Gilbody S., et al. (2016). Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies. Heart, 2016; 102:1009-1016.

[18] Cacioppo, J. T., Hughes, M. E., Waite, L. J., Hawkley, L. C., & Thisted, R. A. (2006). Loneliness as a specific risk factor for depressive symptoms: cross-sectional and longitudinal analyses. Psychology and aging, 21(1), 140. doi: 10.1037/a0017216

[19] Cacioppo, J. T., Hawkley, L. C., & Thisted, R. A. (2010). Perceived social isolation makes me sad: 5-year cross-lagged analyses of loneliness and depressive symptomatology in the Chicago Health, Aging, and Social Relations Study. Psychology and aging, 25(2), 453. doi: 10.1037/a0017216

[20] Savage, R. D., Wu, W., Li, J., Lawson, A., Bronskill, S. E., Chamberlain, S. A., Grieve, J., Gruneir, A., Reppas-Rindlisbacher, C., Stall, N. M., & Rochon, P. A. (2021). Loneliness among older adults in the community during COVID-19: a cross-sectional survey in Canada. BMJ Open, 11(4), e044517. https://doi.org/10.1136/bmjopen-2020-044517

[21] Pinquart, M., & Sorensen, S. (2001). Influences on Loneliness in Older Adults: A Meta-Analysis. Basic and Applied Social Psychology, 23(4), 245–266. https://doi.org/10.1207/s15324834basp2304_2

[22] Cohen-Mansfield, J., Hazan, H., Lerman, Y., & Shalom, V. (2016). Correlates and Predictors of Loneliness in older-adults: a Review of Quantitative Results Informed by Qualitative Insights. International Psychogeriatrics, 28(4), 557–576. https://doi.org/10.1017/s1041610215001532

[23] World Health Organization. (2021). Social Isolation and Loneliness Among Older People: Advocacy Brief. https://www.who.int/publications/i/item/9789240030749

[24] World Health Organization. (2021). Social Isolation and Loneliness Among Older People: Advocacy Brief. https://www.who.int/publications/i/item/9789240030749

[25] Canadian Longitudinal Study on Aging. (2023). The Canadian Longitudinal Study on Aging (CLSA) Report on Health and Aging in Canada. Findings from Baseline Data Collection 2010-2015. ttps://www.clsa-elcv.ca/wp-content/uploads/2023/06/clsa_report_en_final2_web.pdf

[26] Allen, I., Williams, S. (n.d.). Status of Women Brief: Older Women/Poverty/Vulnerability. https://www.ourcommons.ca/Content/Committee/421/FEWO/Brief/BR10425376/br-external/TheInteriorBCCouncilOnAging-e.pdf

[27] Ceolin, G., Veenstra, G., Mehranfar, S., Civi, R. M., Khan, N. A., & Conklin, A. I. (2025). Trends, transitions and patterning in social activity over time among aging women and men: A secondary analysis of the Canadian Longitudinal Study on Aging (CLSA). Archives of Gerontology and Geriatrics, 128, 105618.

[28] Cudjoe, T. K., Roth, D. L., Szanton, S. L., Wolff, J. L., Boyd, C. M., & Thorpe Jr, R. J. (2020). The epidemiology of social isolation: National health and aging trends study. The Journals of Gerontology: Series B, 75(1), 107-113.

[29] Dobarrio-Sanz, I., Chica-Pérez, A., Martínez-Linares, J. M., López-Entrambasaguas, O. M., Fernández-Sola, C., & Hernández-Padilla, J. M. (2023). Experiences of poverty amongst low-income older adults living in a high-income country: A qualitative study. Journal of Advanced Nursing, 79(11), 4304-4317.

[30] Ojembe, B. (2023). Aging Black and Lonely: A Narrative Experience of Black Older Adults in Canada (Doctoral dissertation).

[31] Ojembe, B. Kapiriri, L., Griffin, M., & Ann Fudge Schormans. (2023). "You're Not Understood, and You're Isolated": A Narrative Account of Loneliness by Black Older Adults in Ontario, Canada. Canadian Journal on Aging, 1–14. https://doi.org/10.1017/s0714980823000594

[32] Ojembe, B. U., Oyinlola, O., Kalu, M., Eugene, E., & Aninma, A. (2025). Loneliness, Family Devotion, Care Provision, and Gendered Façades Among Black Older Adults in Canada: A Narrative Qualitative Study. Research on Aging. https://doi.org/10.1177/01640275251357848

[33] Batista-Malat, E., Brown, L., & Wilber, K. H. (2025). Racial and ethnic differences in loneliness among older adults: evidence from California. Aging & mental health, 29(9), 1641–1650. https://doi.org/10.1080/13607863.2025.2495284

[34] Lu, M., Bronskill, S. E., Strauss, R., Boblitz, A., Guan, J., Im, J., Rochon, P. A., Gruneir, A., & Savage, R. (2023). Factors associated with loneliness in immigrant and Canadian-born older adults in Ontario, Canada: a population-based study. BMC Geriatrics, 23(1). https://doi.org/10.1186/s12877-023-04092-w

[35] Centers for Disease Control and Prevention. (2024, May 15). Social Connection [Web page]. https://www.cdc. gov/social-connectedness/about/index.

[36] Pay Equity Office. (2024). Understanding the Gender Pension Gap in Canada. https://payequity.gov.on.ca/wp-content/uploads/2024/06/PEO_Understanding-the-Gender-Pension-Gap-in-Canada-EN-1.pdf

[37] Lee, S. M., & Edmonston, B. (2019). Living Alone Among Older Adults in Canada and the U.S. Healthcare (Basel, Switzerland), 7(2), 68. https://doi.org/10.3390/healthcare7020068

[38] Naud, D., Généreux, M., Bruneau, J. F., Alauzet, A., & Levasseur, M. (2019). Social participation in older women and men: differences in community activities and barriers according to region and population size in Canada. BMC public health, 19(1), 1124. https://doi.org/10.1186/s12889-019-7462-1

[39] Canadian Centre for Caregiving Excellence. (2024). Caring in Canada Survey Insights from Caregivers and Care Providers Across Canada.

[40] Statistics Canada. (2026). Labour force characteristics by gender and detailed age group, annual. https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1410032701

[41] Agarwal, G., Pirrie, M., Gao, A., Angeles, R., & Marzanek, F. (2021). Subjective social isolation or loneliness in older adults residing in social housing in Ontario: A cross-sectional study. CMAJ Open, 9(3), E915-E925. DOI: 10.9778/cmajo.20200205

[42] Guruge, S., Sidani, S., Hanley, J., & The Icoi Team (2025). Social Participation Among Older Immigrants: A Cross-Sectional Study in Nine Cities in Canada. Healthcare (Basel, Switzerland), 13(13), 1478. https://doi.org/10.3390/healthcare13131478

[43] National Seniors Council. (2017). Who's at risk and what can be done about it? A review of the literature on the social isolation of different groups of seniors. Employment and Social Development Canada. https://www.canada.ca/en/national-seniors-council/programs/publications-reports/2017/review-social-isolation-seniors.html

[44] Public Health Agency of Canada. (2022, July 7). Racialized adults and inequalities in Canada. https://www.canada.ca/en/public-health/services/publications/science-research-data/inequalities-health-racialized-adults-18-plus-canada.html

[45] Lin, S. (2022). Access to health care among racialised immigrants to Canada in later life: a theoretical and empirical synthesis. Ageing and Society, 42(8), 1735–1759. doi:10.1017/S0144686X20001841

[46] Patterson, A. C., & Veenstra, G. (2016). Black-White health inequalities in Canada at the intersection of gender and immigration. Canadian journal of public health = Revue canadienne de sante publique, 107(3), e278–e284. https://doi.org/10.17269/cjph.107.5336

[47] Marrie, R. A., Fakolade, A., Linton, J., Maxwell, C. J., Rotstein, D., Schindell, B., Tremlett, H., Yeh, A., & Finlayson, M. (2025). Characterizing the diversity of the multiple sclerosis population in Canada: A scoping review. Multiple sclerosis journal - experimental, translational and clinical, 11(1), 20552173251321814. https://doi.org/10.1177/20552173251321814

[48] Puplampu, V. A., Ho, A. H. Y., Kazi, M., Baffour-Awuah, A., Dalidowicz, M., Bushi, J., Salma, J., Osuji, J., Moasun, F. Y., Chipanshi, M., Luhanga, F., Falihi, A., Nsaliwa, C., Pierson, J., Mambu, L. M., & Salami, B. (2026). A Scoping Review on the Impact of the Environment on Racialized Immigrant Older Adults' Social Connectedness and Sense of Belonging. Journal of aging research, 2026, 1089194. https://doi.org/10.1155/jare/1089194[49] Guruge, S., Sidani, S., Hanley, J., & The Icoi Team (2025). Social Participation Among Older Immigrants: A Cross-Sectional Study in Nine Cities in Canada. Healthcare (Basel, Switzerland), 13(13), 1478. https://doi.org/10.3390/healthcare13131478

[50] World Health Organization. (2025, April 28). Ageing: Ageism [Questions & answers]. https://www.who.int/newsroom/questions-and-answers/item/ageing-ageism

[51] World Health Organization. (2025, April 28). Ageing: Ageism [Questions & answers]. https://www.who.int/newsroom/questions-and-answers/item/ageing-ageism

[52] Women's Age Lab, Women's College Hospital. (2024). Women at the forefront of aging in Canada: Challenging the status quo for older women [Report]. https://www.womensacademics.ca/wp-content/uploads/2024/06/Women-at-the-Forefront-of-Aging-in-Canada.pdf

[53] Government of Canada. Employment Social Development Canada. (2022). An examination of the social and economic impacts of ageism. Canada.ca. https://www.canada.ca/en/employment-social-development/corporate/seniors-forum-federal-provincial-territorial/reports/ageism-social-economic-impacts.html

[54] Koehn, S. (2020). Ageing at the intersections: A literature review. https://www.researchgate.net/publication/341713922_Ageing_at_the_intersections_A_literature_review

[55] Women's Age Lab, Women's College Hospital. (2024). Women at the forefront of aging in Canada: Challenging the status quo for older women [Report]. https://www.womensacademics.ca/wp-content/uploads/2024/06/Women-at-the-Forefront-of-Aging-in-Canada.pdf

[56] White, A., & Gill, Y. (2025). Seniors' poverty in Canada: Why it exists and why it doesn't have to. https://maytree.com/wp-content/uploads/Seniors-Poverty-in-Canada.pdf

[57] Pelletier, R., Patterson, M., & Moyer, M. (2019, October 7). The gender wage gap in Canada: 1998 to 2018. Government of Canada, Statistics Canada. https://www150.statcan.gc.ca/n1/pub/75-004-m/75-004-m2019004-eng.htm

[58] Canadian Human Rights Commission. (2025). The pay equity commissioner's 2024-2025 annual report: Canadian Human Rights Commission. https://www.chrc-ccdp.gc.ca/resources/publications/pay-equity-commissioners-2024-2025-annual-report#:~:text=In%202024%2C%20women%20in%20Canada%20earned%2087%C2%A2,other%20racialized%20women%2C%20and%20women%20with%20disabilities.

[59] King, H., Galabuzi, G.-E., & Block, S. (2021). Colour-coded retirement: An intersectional analysis of retirement income and savings in Canada. https://www.policyalternatives.ca/wp-content/uploads/attachments/Colour%20coded%20retirement.pdf

[60] King, H., Galabuzi, G.-E., & Block, S. (2021). Colour-coded Retirement An intersectional analysis of retirement income and savings in Canada. https://www.policyalternatives.ca/wp-content/uploads/attachments/Colour%20coded%20retirement.pdf

[61] Statistics Canada. (2024). The Daily — Overview of the Economic Situation of Older Persons in Canada, 1976 to 2022. https://www150.statcan.gc.ca/n1/daily-quotidien/241204/dq241204b-eng.htm

[62] OMERS. (2025, May 13). OMERS Retire Ready Impact Report Highlights the Importance of Holistic Retirement Planning. https://www.omers.com/news/omers-retire-readyimpact-report-release#

[63] RTOERO. (2025, April 3). 2025 retirement insights: The appeal of early retirement persists. Retrieved from https://rtoero.ca/2025-future-retirees/

[64] International Centre for Pension Management. Gender Equality in Pensions and Retirement . (2025, March 7). ICPM. https://www.icpmnetwork.com/research-insights/gender-equality-in-pensions-and-retirement/

[65] Pay Equity Office. Understanding the Gender Pension Gap in Canada. (2024). https://payequity.gov.on.ca/wp-content/uploads/2024/06/PEO_Understanding-the-Gender-Pension-Gap-in-Canada-EN-1.pdf

[66] Canadian Women's Foundation. (2024, April 5). The facts about the gender pay gap. Canadian Women's Foundation. https://canadianwomen.org/the-facts/the-gender-pay-gap/

[67] Loriggio, T., & Morris, T. (2024). POLICY PAPER SERIES - IZA Policy Paper No. 207: The Gender Wealth Gap near Retirement in Canada. https://docs.iza.org/pp207.pdf

[68] White, A., & Gill, Y. (2025). Seniors' poverty in Canada: Why it exists and why it doesn't have to. https://maytree.com/wp-content/uploads/Seniors-Poverty-in-Canada.pdf

[69] Morissette, R., & Hou, F. (2024, April 24). Employment by choice and necessity among Canadian-born and immigrant seniors. Statcan.gc.ca; Government of Canada, Statistics Canada. https://www150.statcan.gc.ca/n1/pub/36-28-0001/2024004/article/00002-eng.htm

[70] Uppal, S., Etmanski, B., Hardy, V., & Larochelle-Côté, S. (2026, April 9). Retirement and post-retirement employment among older Canadians. Government of Canada, Statistics Canada. https://www150.statcan.gc.ca/n1/pub/75-006-x/2026002/article/00004-eng.htm

[71] Food Banks Canada. (2024, June 17). Measuring poverty with a material deprivation index (MDI): An updated index for Canada [Report]. https://fbcblobstorage.blob.core.windows.net/wordpress/2024/06/FBC_2024_MeasuringPovertywithMDI_v20240327_ FINAL-June-17-002.pdf

[72] Canadian Women's Foundation. (2024, April 5). The facts about the gender pay gap. Canadian Women's Foundation. https://canadianwomen.org/the-facts/the-gender-pay-gap/

[73] Pay Equity Office. Understanding the Gender Pension Gap in Canada. (2024). https://payequity.gov.on.ca/wp-content/uploads/2024/06/PEO_Understanding-the-Gender-Pension-Gap-in-Canada-EN-1.pdf

[74] Statistics Canada. (2023, May 2). The Daily — Canadian Income Survey, 2021. https://www150.statcan.gc.ca/n1/daily-quotidien/230502/dq230502a-eng.htm

[75] Ivanova, I. (2025, December 5). Rising poverty and economic insecurity among BC seniors. BC Policy Solutions. https://bcpolicy.ca/2025/11/27/seniors-poverty/

[76] Statistics Canada. (2022). The Daily — Overview of the Economic Situation of Older Persons in Canada, 1976 to 2022. https://www150.statcan.gc.ca/n1/daily-quotidien/241204/dq241204b-eng.htm

[77] Canadian Institute for Health Informatics. (2025, June 26). Survey shows how health care experiences of older adults in Canada compare internationally [Report]. https://www.cihi.ca/en/survey-shows-howhealth-care-experiences-of-older-adultsin-canada-compare-internationally

[78] Statistics Canada. (2025). Health outcomes. https://www150.statcan.gc.ca/n1/pub/82-570-x/2024001/section2-eng.htm

[79] Lanoue, L., Pérez, L., Devillard, S., B-Lajoie, M., & Vityuk, L. (2025, October 22). Closing the women's health gap: Canada's $37 billion opportunity. McKinsey & Company. https://www.mckinsey.com/mhi/our-insights/closing-the-womens-health-gap-canadas-37-billion-dollars-opportunity

[80] Bierman, A., Upenieks, L., Lee, Y., & Harmon, M. (2023). Consequences of Financial Strain for Psychological Distress among Older Adults: Examining the Explanatory Role of Multiple Components of the Self-Concept. Socius: Sociological Research for a Dynamic World, 9.

[81] Mental Health Commission of Canada. (2024, February 13). Mental Health and the High Cost of living: Policy Brief. https://mentalhealthcommission.ca/resource/mental-health-and-the-high-cost-of-living-policy-brief/

[82] Change to HOOPP. (2024). Rising expenses hurting Canadian Women's Retirement Security. https://hoopp.com/news-and-insights/newsroom/newsroom-details/rising-expenses-hurting-canadian-women-s-retirement-security

[83] Canadian Men's Health Foundation. (2025, May 29). New study shows significant decline in men's mental health; half lack sufficient social support. https://menshealthfoundation.ca/press/2025-study-stress-depression-canadian-men/

[84] Movember. (2025). The Real Face of Men's Health Report. https://ca.movember.com/movember-institute/the-real-face-of-mens-health-report

[85] Statistics Canada. (2024, March 20). Access to specialized health care services among older Canadians. https://www150.statcan.gc.ca/n1/pub/82-003-x/2024003/article/00002-eng.htm

[86] Leclerc, K. (2024, December 4). The poverty rate and low-income situation of older persons in Canada: An intersectional analysis. Government of Canada, Statistics Canada. https://www150.statcan.gc.ca/n1/pub/45-20-0002/452000022024002-eng.htm

[87] Government of Canada. (2019). An examination of the social and economic impacts of ageism. https://www.canada.ca/en/employment-social-development/corporate/seniors-forum-federal-provincial-territorial/reports/ageism-social-economic-impacts.html

[88] Canadian Labour Congress. (n.d.). Did you know senior women are twice as likely to live in poverty as men? https://canadianlabour.ca/research/issues-research-did-you-know-senior-women-are-twice-likely-live-poverty-men/

[89] Lee, J., Watt, J. A., Mayhew, A., Sinn, C. L., Schumacher, C. L., Costa, A. P., & Jones, A. (2024). Equity in home care use in Canada: a cross-sectional analysis of the Canadian longitudinal study on ageing. BMJ public health, 2(2), e000812. https://doi.org/10.1136/bmjph-2023-000812

[90] Lee J, Watt JA, Mayhew A, Sinn C, Schumacher CL, Costa AP, et al. Equity in home care use in Canada: a cross-sectional analysis of the Canadian longitudinal study on ageing. BMJ Public Health. 2024;2:e000812. https://doi.org/10.1136/bmjph-2023-000812

[91] Government of Canada, Statistics Canada. (2024, April 2). Sandwiched between unpaid care for children and care-dependent adults: A gender-based study. https://www150.statcan.gc.ca/n1/pub/89-652-x/89-652-x2024002-eng.htm

[92] Government of Canada, Statistics Canada. (2023, January 4). More than half of women in Canada are caregivers. https://www.statcan.gc.ca/o1/en/plus/2649-more-half-women-canada-are-caregivers

[93] Caring in Canada: Survey insights from caregivers and care providers across Canada. (2024). Canadian Centre for Caregiving Excellence. https://canadiancaregiving.org/caring-in-canada/

[94] Caring in Canada: Survey insights from caregivers and care providers across Canada. (2024). Canadian Centre for Caregiving Excellence. https://canadiancaregiving.org/caring-in-canada/

[95] Canadian Longitudinal Study on Aging. (2023). The Canadian Longitudinal Study on Aging (CLSA) Report on Health and Aging in Canada. Findings from Baseline Data Collection 2010-2015. ttps://www.clsa-elcv.ca/wp-content/uploads/2023/06/clsa_report_en_final2_web.pdf

[96] Vafaei, A., Rodrigues, R., Ilinca, S., Fors, S., Kadi, S., Zolyomi, E., & Phillips, S. P. (2023). Inequities in home care use among older Canadian adults: Are they corrected by public funding?. Plos one, 18(2), e0280961.

[97] CMHC. (2024). Core housing need and gender. https://www.cmhc-schl.gc.ca/observer/2025/core-housing-need-gender

[98] CMHC. (2024). Core housing need and gender. https://www.cmhc-schl.gc.ca/observer/2025/core-housing-need-gender

[99] Government of Canada. (2024). Report on housing needs of seniors. https://www.canada.ca/en/employment-social-development/corporate/seniors-forum-federal-provincial-territorial/report-seniors-housing-needs.html

[100] Office of the Seniors' Advocate Newfoundland and Labrador. (2025, April). An Ounce of Prevention is Worth a Pound of Cure. https://www.seniorsadvocatenl.ca/pdfs/AnOunceOfPreventionIsWorthAPoundOfCure-April15-2025.pdf

[101]Robinson-Lane, S., Singer, D., Kirch, M., Solway, E., Smith, E., Kullgren, J., & Malani, P. (2022). Older Adults' Preparedness to Age in Place. University of Michigan National Poll on Healthy Aging. https://dx.doi.org/10.7302/4278

[102] Aclan, R., George, S., Block, H., Lane, R., & Laver, K. (2023). Middle aged and older adult's perspectives of their own home environment: a review of qualitative studies and metasynthesis. BMC Geriatrics, 23(707). https://doi.org/10.1186/s12877-023-04279-1

[103] Mitchell, B. A., & Teichman, S. (2025). Aging parents and the ties that bind: Intergenerational relationship quality among culturally diverse Canadian families. The International Journal of Aging and Human Development, 100(1), 103-130.

[104] Levy, B. R., Slade, M. D., Kunkel, S. R., & Kasl, S. V. (2002). Longevity increased by positive self-perceptions of aging. Journal of personality and social psychology, 83(2), 261.

[105] Women's Age Lab (2024). Women at the forefront of aging in Canada: Challenging the status quo. Toronto, ON: Women's Age Lab, Women's College Hospital. https://www.womensacademics.ca/womens-age-lab/newspublications/wal2024report/

[106] Equal Pay International Coalition. (2022, December 16). Ontario Pay Equity Office: Canada's Gender Wage Gap has Narrowed by Gender Pension Gap Has Not. https://www.equalpayinternationalcoalition.org/en/whats_new/ontario-pay-equity-office-canadas-gender-wage-gap-has-narrowed-but-the-gender-pension-gap-has-not

[107] Guruge, S. (2024). Aging Well: The Critical Issues of Concern for Older Immigrants in Canada. Intersections of Aging and Immigration: The Promise and Paradox of a Better Life.

[108] Ojembe, B. U., Oyinlola, O., Kalu, M., Eugene, E., & Aninma, A. (2026). Loneliness, Family Devotion, Care Provision, and Gendered Façades Among Black Older Adults in Canada: A Narrative Qualitative Study. Research on Aging, 48(3-4), 240-252.

STAY CONNECTED

To learn more about the NIA, visit our website at www.NIAgeing.ca and follow us on X, LinkedIn, Facebook, and BlueSky.

NATIONAL INSTITUTE ON AGEING