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Caring for an Ageing Denmark



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Executive Summary

Canada faces growing challenges in improving care for its ageing population while containing rapidly expanding health care expenditures. Like many countries, more of its older population is living longer than ever before, often with more complex, interrelated health and social needs. While Canada has made many efforts to strengthen its health and long-term care systems, challenges like uneven access, system fragmentation, and workforce shortages remain. Denmark has faced similar demographic changes but has developed a more coordinated, prevention-focused approach to health and long-term care services that offers useful lessons for Canada.

This report is intended to inform policymakers, health system leaders, planners, researchers, and organizations involved in designing and delivering health, long-term care, and housing services for older adults in Canada. By examining Denmark's experience, the report identifies lessons and policy considerations to guide future planning and reform efforts in Canada's health and long-term care systems.

Denmark's current approach is the product of more than a century of policy developments and care reforms that have progressively shifted its focus away from the provision of institutional care towards prevention, rehabilitation, home and community-based care, and supporting older adults to remain healthy and independent in their own homes for as long as possible. Denmark's experience also shows the value of long-term policy planning and implementation, with many of its successes built through decades of continual reforms and refinements. As a result, Denmark is frequently recognized as an international leader in promoting healthy ageing and supporting older adults to age in the right place.

This report examines how Denmark organizes and delivers health, long-term care and housing services for its ageing population. Like Canada, its systems are built on the principle of universal access, meaning services are available based on need rather than income, and they have also fostered strong care coordination and integration across its three levels of government. In Denmark, its 98 municipalities have long played a key role as the main providers and coordinators of housing, preventative, rehabilitative and long-term care services, especially those delivered at home and in the community. While national legislative, policy and funding frameworks help ensure consistency across the country, local responsibility has enabled Danish municipalities to tailor services to best meet local needs. This demonstrates that strong national policy directions can equally co-exist with strong localized service delivery models.

A key strength of Denmark's approach has been its longstanding focus on helping people stay healthy, independent and living in their own homes and communities for as long as possible. Compared to Canada, Denmark has long invested more in its provision of home and community-based care services, which allows for earlier proactive support, a reduced need for hospital-based care, or care in long-term care homes and less strain on unpaid caregivers.

This commitment to "ageing in the right place" has guided many of Denmark's major reforms over the past five decades and has helped most older Danes continue to live in their own homes rather than in institutional care settings. A key feature of this approach is its strong focus on prevention and rehabilitation.

Rather than focusing solely on responding to illness and disability after they occur, Denmark has increasingly invested in initiatives that help older adults maintain or regain functional abilities, preserve independence, and delay or avoid the need for more intensive, institutional care. In

Denmark, prevention is built into its care systems and is reflected across its policies, services and care pathways.

Denmark's health and long-term care systems are also supported by strong digital frameworks and tools that help providers share information more easily, improve care coordination and outcomes, and reduce administrative burdens. A highly developed digital infrastructure supports these efforts. Shared electronic health records, e-prescribing systems, and national digital health platforms facilitate communication across sectors, while digital and assistive technologies increasingly support independent living, safety, and ageing at home. Built incrementally since the mid-1990s on common standards rather than a single system, Denmark's digital health infrastructure is now widely used: 97% of adults hold a national digital identity, the national health portal receives close to four million visits a month and more than 3.5 million Danes use the Min Læge ("My Doctor") app to communicate with their primary care provider. A shared medication record is also available across hospitals, municipal and primary care providers, and pharmacies.

Denmark has also introduced policies to better coordinate care across the continuum, especially when care recipients move between hospitals and community settings. Financial incentives, discharge planning, and follow-up support help ensure smoother transitions and prevent unnecessary hospital stays. These efforts highlight the importance of integrating the work of care providers and organizations across both the regional and municipal levels to provide more effective and coordinated care. Recent reforms, including the 2024 Elderly Act (*Ældreloven*), further aim to improve coordination, reduce paperwork, and create more integrated care pathways for older adults.

The 2024 Elderly Act and broader health reforms also reflect Denmark's ongoing efforts to strengthen person-centred care, simplify care pathways, increase local flexibility, and improve coordination between municipalities, hospitals, and primary care providers.

These efforts also shape Denmark's approach to dementia care. Through investments in specialist memory clinics, dementia-specific workforce training, municipal dementia coordinators, post-diagnostic support services, and dementia-friendly communities, Denmark has sought to improve access to services, strengthen care coordination, and enhance quality of life for people living with dementia, their families, and caregivers.

Despite these strengths, Denmark still faces challenges. Like Canada, it faces workforce shortages and rising demand for various forms of care and support as its population ages. Care needs are becoming more complex, especially as its older population is also living with higher rates of chronic illness and dementia. While Denmark's workforce strategy is more coordinated than Canada's, care provider shortages remain a major ongoing concern. Although Denmark relies less on unpaid caregivers than Canada, families still play a growing role in providing care. As Denmark continues to expand services that enable older adults to age in place and remain connected to their homes and communities, supporting unpaid caregivers is becoming increasingly necessary. Existing supports for caregivers—such as financial benefits and counselling—are available but can vary by municipality. This has highlighted the need for stronger and more consistent supports for Danish caregivers. At the same time, Denmark's experience shows that support for unpaid caregivers cannot replace the need for the adequate provision of formal care services and the workforce capacity to deliver them.

Comparing Denmark and Canada shows both similarities and important differences. Both countries have public health systems, but Denmark's health, long-term care and housing systems are more coordinated, with clearer roles and stronger national direction. Canada's systems are more decentralized, leading to differences in access and service quality across and even within

its provinces and territories. Canada also faces additional challenges due to its size, geography, and diversity, which can make delivering consistent care more difficult.

Importantly, Denmark demonstrates that sustained investment in long-term care, prevention, rehabilitation, and home- and community-based services and the digital infrastructure, systems and tools that enable them, can support positive health outcomes while helping to manage overall system pressures. While Denmark has allocated more than twice the share of its overall health expenditures to the provision of long-term care than Canada, its overall health care expenditures account for significantly less of its GDP compared to Canada, by building a system that places a strong emphasis on maintaining independence, preventing decline, and supporting care closer to home.

Overall, Denmark's experience shows the value of long-term policy planning and implementation, clear governance, strong investments in home and community-based care, and better coordination across services. It also demonstrates how strong national direction, local flexibility, preventative and integrated care can work together to support healthy ageing. At the same time, it shows that even well-developed systems must keep adapting to changing needs. The lessons from Denmark highlight the importance of improving integration, supporting its care provider workforce, developing and using digital tools effectively, and better recognizing the role of unpaid caregivers. These insights can help guide both Denmark and Canada as they work to build more sustainable, person-centred care systems that support healthy ageing and enable more older persons to age in the right place.

A Proposed Strategic Roadmap for Strengthening Canada's Health, Long-Term Care and Housing Systems to Support its Ageing Population

Building on Denmark's strong foundation in universal access, municipal responsibility, home and community-based care as well as preventative and rehabilitative-focused care, and informed by the NIA's 2022 report [*Ageing in the Right Place: Supporting Older Canadians to Live Where They Want*](#) and 2023 report, [*Enabling a More Promising Future for Long-Term Care in Canada*](#), the following roadmap outlines strategies to strengthen the long-term sustainability, quality, and equity of Canada's health, long-term care and housing systems in the context of population ageing. It brings together key themes identified in both this and the previously mentioned NIA reports, including ageing in the right place, integrated care, workforce sustainability, caregiver support, housing, and system accountability. Together, these proposed strategies seek to support healthy ageing, strengthen the capacity and sustainability of health, long-term care and housing systems, and improve outcomes for older adults and their caregivers.

Changing the System: Strengthening Community-Based and Integrated Care

Make Home-Based and Community Care the First Option

Canada should continue shifting the provision of care, whenever appropriate, away from institutional settings and towards integrated home and community-based care models that support older adults to age in the right place. Therefore, Canada's health and long-term care systems should consider implementing the following elements of Denmark's approach by:

- Prioritizing policies and investments that enable older adults to remain safely and independently in their homes for as long as possible.
- Expanding access to home care, community supports, adult day programs, and supportive housing services.
- Improving coordination between hospitals, primary care providers, home care and long-term care services to ensure smoother transitions between care settings.
- Clearly defining responsibilities across the care system to reduce care gaps and confusion.

Expand Access to Affordable and Accessible Housing Options for Older Adults

Canada should strengthen the availability of affordable, accessible, and age-friendly housing options that enable older adults to age in the right place and remain active and connected members within their communities for as long as possible. Therefore, Canada's jurisdictions should consider implementing the following elements of Denmark's approach by:

- Increasing the supply of affordable and accessible housing designed to meet the changing needs of older adults.
- Supporting a wider range of housing choices, such as age-friendly housing, supportive housing, co-housing, home sharing and other community-based living options that help people stay healthy, independent and connected to others.
- Encouraging housing designs that are accessible, easy-to-use and can be adapted as people's mobility or functional and care needs change over time.
- Expanding programs that help older adults modify or upgrade their homes to support safe and independent living.
- Improving coordination between housing, health care, home care and community services providers so older adults can safely remain in their own homes and communities as long as possible.
- Treating affordable and accessible housing as a key public service and strengthening government involvement in planning, funding and developing age-friendly housing similar to its role in developing LTC housing options.

Prioritize Reablement and Everyday Independence

Canada should place greater emphasis on helping older adults maintain and regain their functional independence. Therefore, Canada's health and long-term care systems should consider implementing the following elements of Denmark's approach by:

- Focusing care and support services on helping older adults regain skills, maintain their independence, and delay the need for more institutional forms of long-term care.
- Focusing on prevention and early support to delay the need for more intensive care.
- Making reablement a key starting point for people receiving home care services.
- Expanding access to rehabilitation and support services that help people stay active and independent in their own homes and communities for as long as possible.
- Focusing on prevention and early support to delay the need for more intensive care.

Ensure Dementia-Responsive Care is Provided Across the Care Continuum

Canada should ensure the provision of dementia care becomes a core component of both its health and long-term care services and planning as the number of Canadians living with dementia is expected to double over the coming decades. Therefore, Canada's health and long-term care systems should consider implementing the following elements of Denmark's approach by:

- Improving access to early assessment and diagnosis.
- Expanding access to post-diagnosis supports and dementia services.
- Improving care coordination for people living with dementia and their families.
- Improving supports for family caregivers of people living with dementia.

- Providing dementia-specific training for staff across health and long-term care settings.
- Promoting the creation of dementia-friendly communities and care settings that support dignity and quality of life.

Supporting the Workforce: Caring for the Care Providers

Build a Strong and Skilled Care Workforce

Canada should build and maintain a workforce that is adequately trained, supported, and recognized in ways that enable its ability to meet the needs of its ageing population. Canada's health and long-term care systems should consider implementing the following elements of Denmark's approach by:

- Strengthening recruitment efforts to properly meet growing workforce needs.
- Improving training in areas such as geriatrics, dementia care, rehabilitation and team-based care.
- Reducing administrative burden, such as redundant paperwork, through simplified documentation and better use of shared digital tools, so staff can focus on providing direct care.
- Involving the professions and their technology vendors in co-designing and even owning the digital tools they are expected to use.

Improve Working Conditions and Care Provider Retention

Canada should invest in the health, safety, and wellbeing, and overall working conditions of its care providers to enable it to meet the care needs of its ageing population. Canada's health and long-term care systems should consider implementing the following elements of Denmark's approach by:

- Reducing workload pressures through better staffing, flexible scheduling, appropriate pay and supportive workplaces.
- Creating opportunities for career growth and professional development.
- Using digital tools to reduce physical strain and administrative tasks without compromising care quality or substituting for less care or less qualified care
- Monitoring staffing shortages and turnover, particularly in rural and long-term care settings.

Building a Strong Foundation: Governance, Accountability, and Sustainability

Ensure Role Clarity and Accountability

Canada should improve care system performance, strengthen accountability mechanisms, and clarify roles across all sectors involved in providing care and support for its ageing population. Canada's health and long-term care systems should consider implementing the following elements of Denmark's approach by:

- Clarifying roles and responsibilities across sectors to reduce fragmentation and duplication, particularly during care transitions.
- Strengthening inspections and follow-up so problems are identified and addressed quickly.

Ensure Equity and Consistency in Care Quality

Canada should provide equitable access to safe and high-quality care regardless of where anyone lives. Canada's health and long-term care systems should consider implementing the following elements of Denmark's approach by:

- Strengthening and upholding national standards for home and community care and long-term care homes.
- Improving transparency so people understand what services and standards of care and support they can expect.

Enhancing Excellence Through Data; Digitalization and System Learning

Canada should support the development of digital infrastructure that lets information follow the older person throughout the care system to better enable their care, not through the development of a single national system, but rather through a set of mutually reinforcing mechanisms that suit its federal systems of governance of care provision. Canada's jurisdictions and care systems should consider implementing the following elements of Denmark's approach by:

- Legislating a statutory basis for sharing information for treatment, for the development of national registers such as medication and vaccination records, and for mandating common care standards on public and private providers alike, as Denmark did through its Health Act and as the proposed Connected Care for Canadians Act begins to do.
- Putting care standards before care systems by establishing a permanent, jointly owned standards and certification body, like Denmark's MedCom organization, so that any information technology vendor's system can be certified to exchange information and no jurisdiction becomes dependent on a single supplier, and IT services can be re-tendered and moved between suppliers without disrupting care.
- Building incrementally in the development of shared national services starting, as Denmark did, with the highest-value use cases (a shared medication record, a vaccination register, standardized discharge and referral messages) and a single lifelong identifier and digital identity.
- Linking financing to deadlines by writing digital milestones and shared funding into federal/provincial/territorial agreements with dates, as Denmark does in its annual economic agreements.
- Extending the same care standards throughout the provision of long-term care services by adopting a common national documentation standard for both assessments and the delivery of services that feeds a national register, as Canada could do by completing and linking the implementation of interRAI assessment systems across all of Canada's provinces and territories⁴³⁸.
- Designing health information systems to promote trust and inclusion by giving Canadians transparency over who has viewed their record, the right to block access, a non-digital alternative and a right to exemption, and a digital power of attorney for relatives, so that a digital-first system does not exclude the oldest adults it most needs to serve.
- Linking health with income, housing and social data where it serves the citizen the way Denmark uses one identifier, shared basic registers and a national income register to calculate pensions and housing benefits automatically and to show citizens all their cases

and payments in one place, removing the administrative burden that older adults, their care providers and caregivers would otherwise carry.

- Expanding interoperability, shared information systems and digital records that allow care providers to access timely, accurate information and reduce administrative work to better support the provision of care.
- Including digital skills training in health and workforce entry to practice and continuing education programs.
- Ensuring digital solutions are accessible in rural, remote, and underserved communities by eliminating connectivity barriers, and ensuring training and support is available for older care recipients and their caregivers.

Use Data to Monitor Outcomes and Improve System Performance

Canada should support strengthening the overall quality and use of its health data to better monitor outcomes and improve care quality, accountability and overall system performance. Canada's jurisdictions and care systems should consider implementing the following elements of Denmark's approach by:

- Collecting and using data consistently across regions to track quality and outcomes.
- Using evidence to identify gaps, improve care and guide funding decisions.
- Developing and enforcing data standards across public and private as well as between provinces and health systems, particularly for staffing
- Standardizing how care assessments, services and user satisfaction are documented and feeding that data into secure national registers that create comparable data on who receives care services and how they experience them.

Supporting Caregivers and Families as Care Partners

Canada should support and recognize unpaid caregivers as essential care partners given the critical role they play in supporting the overall health and wellbeing of older persons. Canada's jurisdictions and care systems should consider implementing the following elements of Denmark's approach by:

- Acknowledging unpaid caregivers as essential members of care systems.
- Including the needs of caregivers in care planning decisions, especially for the provision of dementia care.
- Expanding access to training, practical supports and respite care to better enable caregivers and prevent caregiver burnout.
- Giving caregivers formal, secure digital access to act on behalf of the person they care for, so that caregiving does not require sharing passwords or excluding the older person from the provision of digital services.

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