

Insights on How We Can Better Meet the Needs of Our Ageing Population

Dr. Samir Sinha MD, DPhil, FRCPC, FCAHS, AGSF

Director of Health Policy Research, National Institute on Ageing

Director of Geriatrics, Sinai Health and University Health Network

Professor of Medicine, Family and Community Medicine, Health Policy, Management and Evaluation, University of Toronto

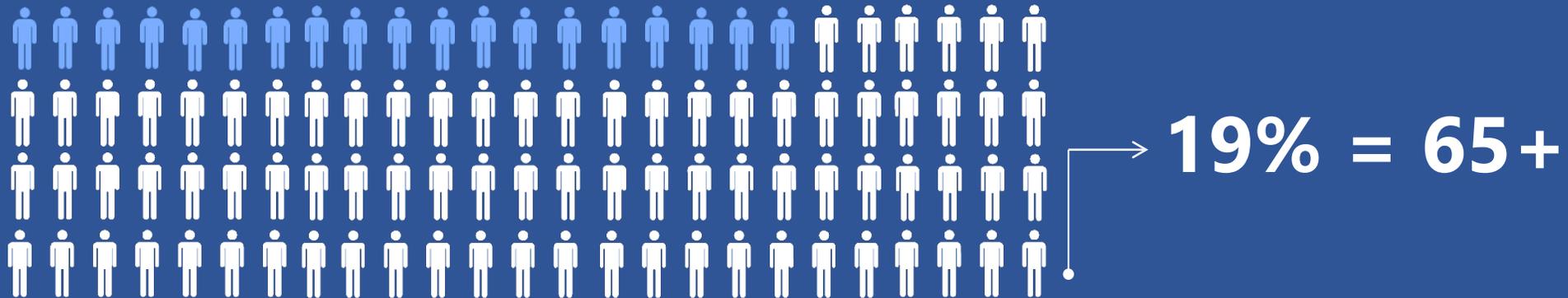
York Region Special Council Meeting on Planning to Support Seniors – October 5, 2023



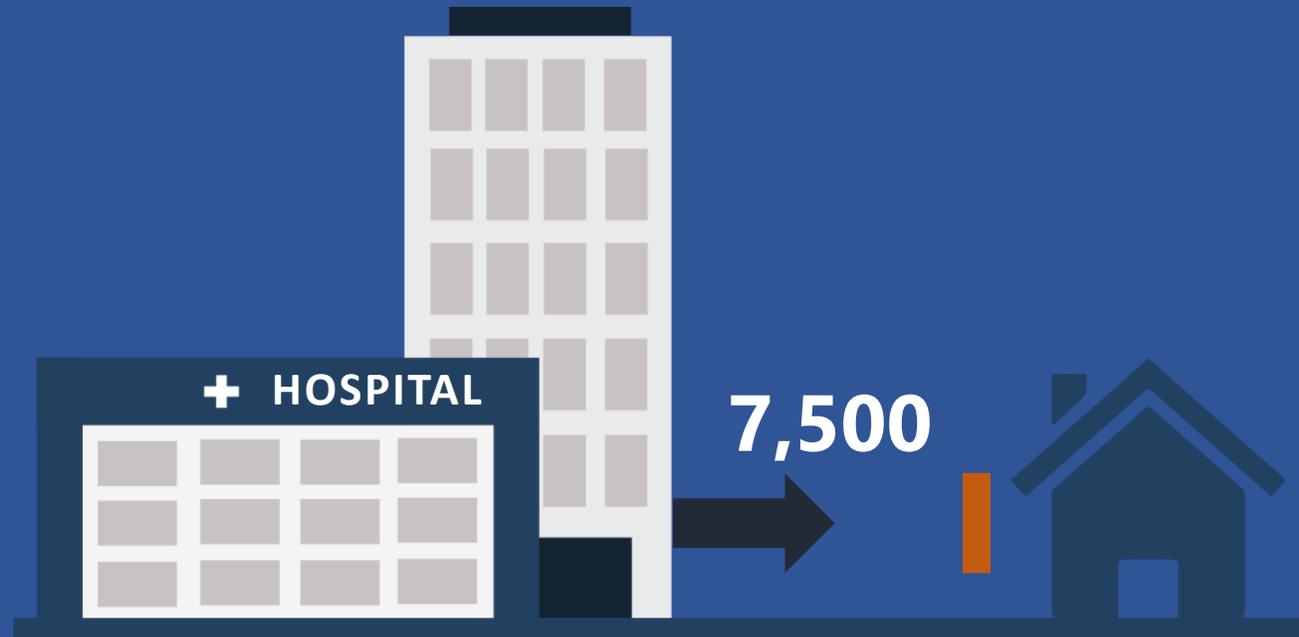
Presentation Objectives

1. Understand that older Canadians are clear on where they want to age.
2. Appreciate how Ageing-In-the-*Right-Place* needs to begin with the development of more innovative and flexible models of home and community-based care.
3. Understand how some other countries, notably Denmark are actually enabling Ageing-In-the-*Right-Place*.

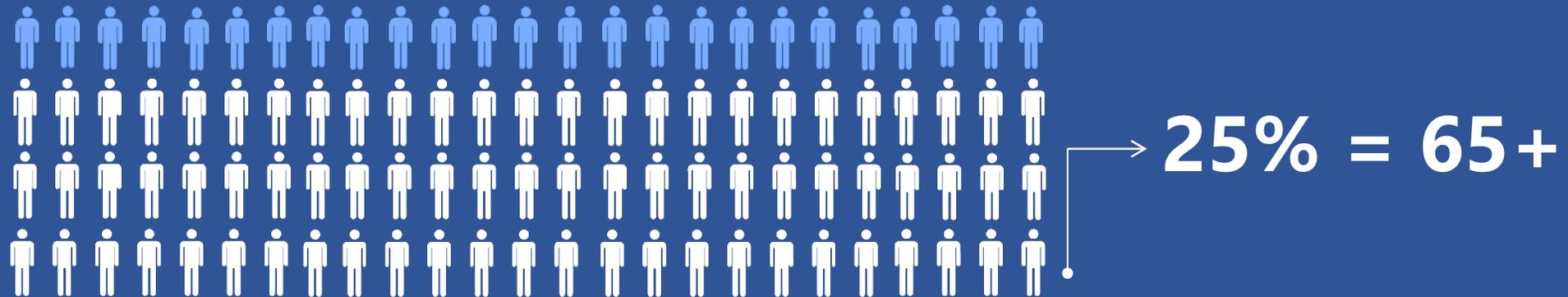
CANADA'S POPULATION | 2023



CANADIANS STUCK EACH DAY IN HOSPITAL | +



CANADA'S POPULATION | 2033





How Ready Are We?

COVID-19 Has Shifted Our Perspectives

91% of Canadians of all ages, and almost **100%** of Canadians 65 years of age and older report that they plan on supporting themselves to live safely and independently in their own homes for as long as possible.

(National Institute on Ageing, 2020)



The NIA defines **Ageing in the *Right Place*** as “the process of enabling healthy ageing in the most appropriate setting based on an older person’s personal preferences, circumstances and care needs.”

Not only do Canadians overwhelmingly prefer to age and receive care in their homes and communities for as long as possible — it’s often far less expensive than care in continuing care homes.

With its rapidly ageing population,
Canada must do more to enable older
adults to age in the *right* place by:



**AGEING IN THE
RIGHT PLACE**

1 Promoting preventive health
and better chronic disease
management

2 Strengthening home and
community-based care and
supports for unpaid
caregivers

3 Developing more accessible
and safer living environments

4 Improving social connections
to reduce loneliness and social
isolation

Over **430,000** Canadians currently have unmet home care needs, while **40,000** are on nursing home wait lists.



(Gilmour, 2018b)



In Ontario, there are more older adults living in Naturally Occurring Retirement Communities (NORCs) than in long-term care and retirement homes combined:



Older adults living in NORCs*: **217,000**

*NORC criteria: at least 30 per cent of residents aged 65 years and older, with at least 50 older people per building



LTC home residents: **75,500**

(Advantage Ontario, 2022)

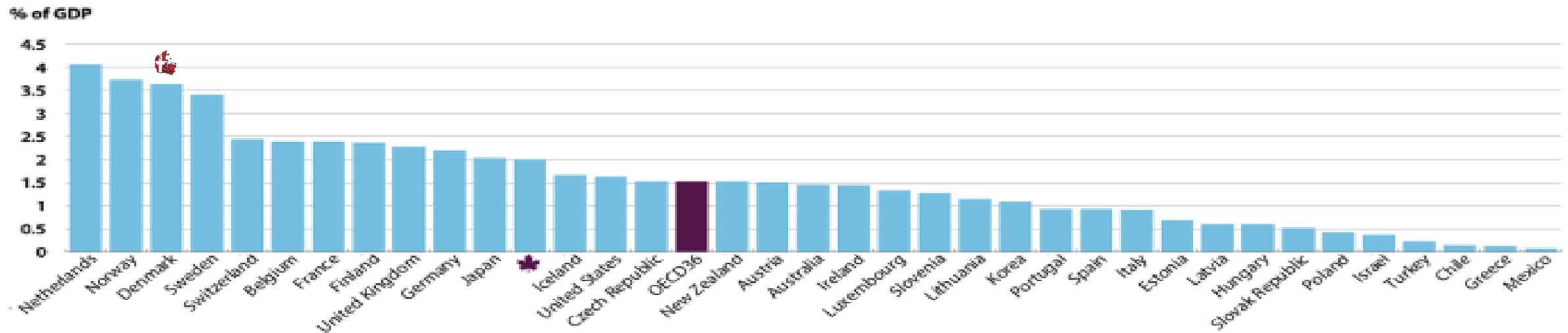


Retirement home residents: **56,500**

(Costa et al, 2021)

Canada Spends less on Average of its GDP on the Provision of Long-Term Care

Figure 1. Total LTC Spending as a Share of GDP, 2019 (or Nearest Year) Across OECD Countries



Source: OECD. (2021). Health at a Glance 2021: OECD indicators. OECD iLibrary. Retrieved August 1, 2022, from: https://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-2021_ae3016b9-en

Between 2019 and 2050, there will be approximately **30%** fewer close family members available to provide unpaid care.



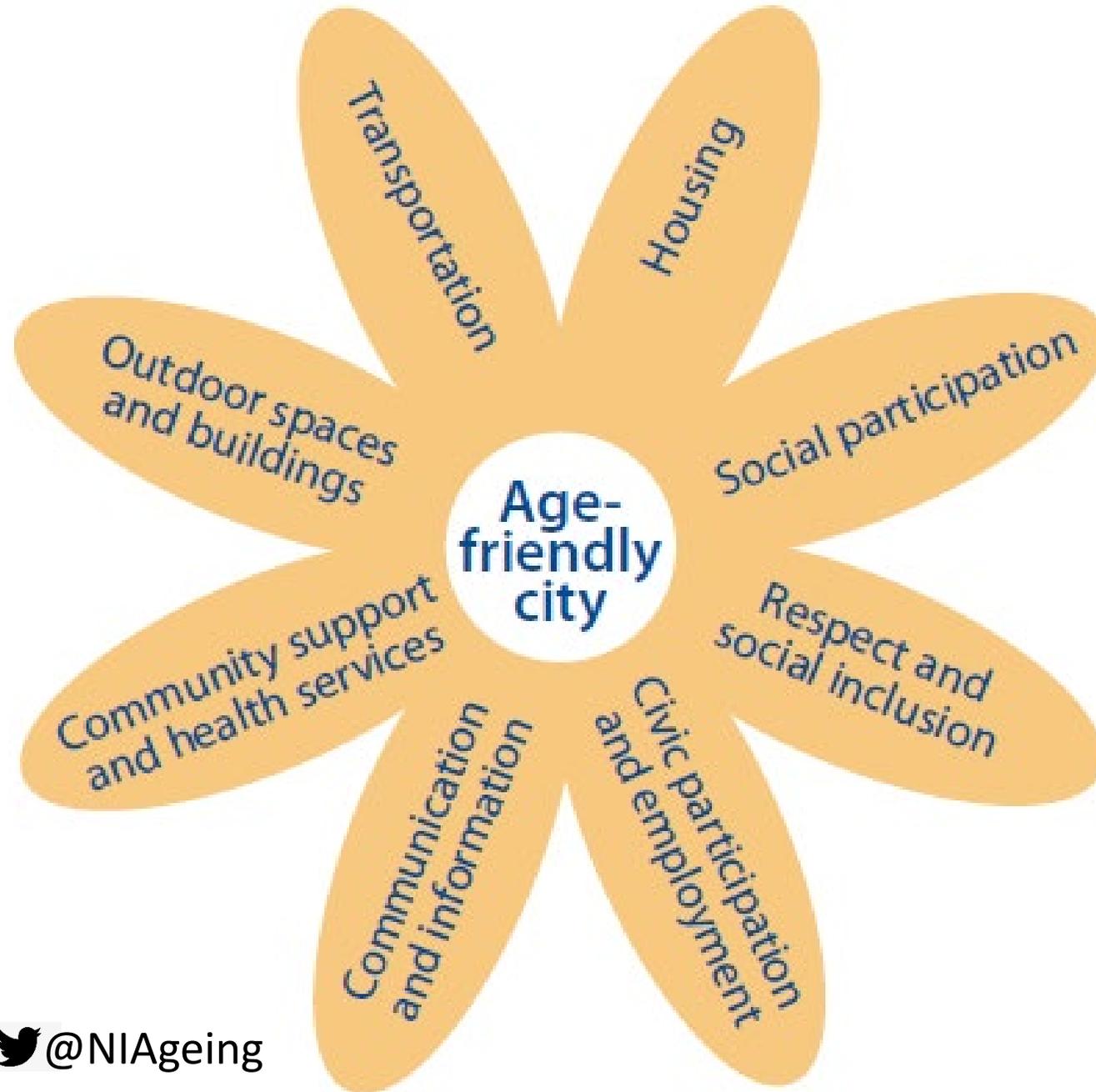


Enabling Ageing in the Right Place

What Defines an Age Friendly City?

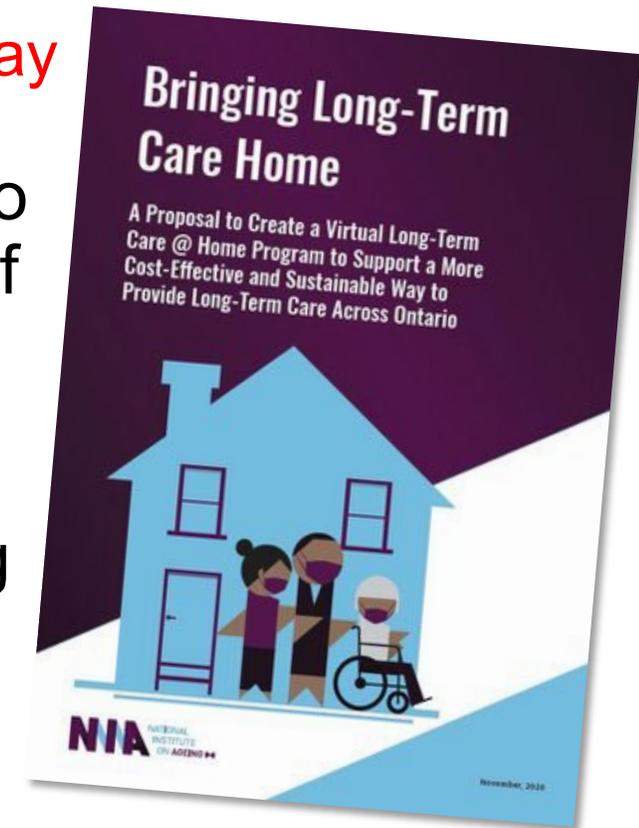
A community that **recognizes** the great diversity amongst older persons, **promotes** their inclusion and contributions in all areas of community life, **respects** their decisions and lifestyle choices, and **anticipates** and **responds** flexibly to aging-related needs and preferences.

(Aging and Life Course (ALC) World Health Organization, 2009)



We Have Choices and Options

- Waiting in Hospital to Go Elsewhere (ALC) Costs ~ **\$750/Day**
- Long-Term Care (LTC) Costs ~ **\$200/Day**
- Home Care for an LTC Equivalent Person Costs ~ **\$103/Day**
- Denmark avoided building any new LTC beds over two decades, and actually saw the closure of thousands of hospital beds, by strategically investing more in its home and community care services.
- Medical and technological advancements are allowing more people to be able to receive complex care in their own homes



The Danish Approach to Eldercare

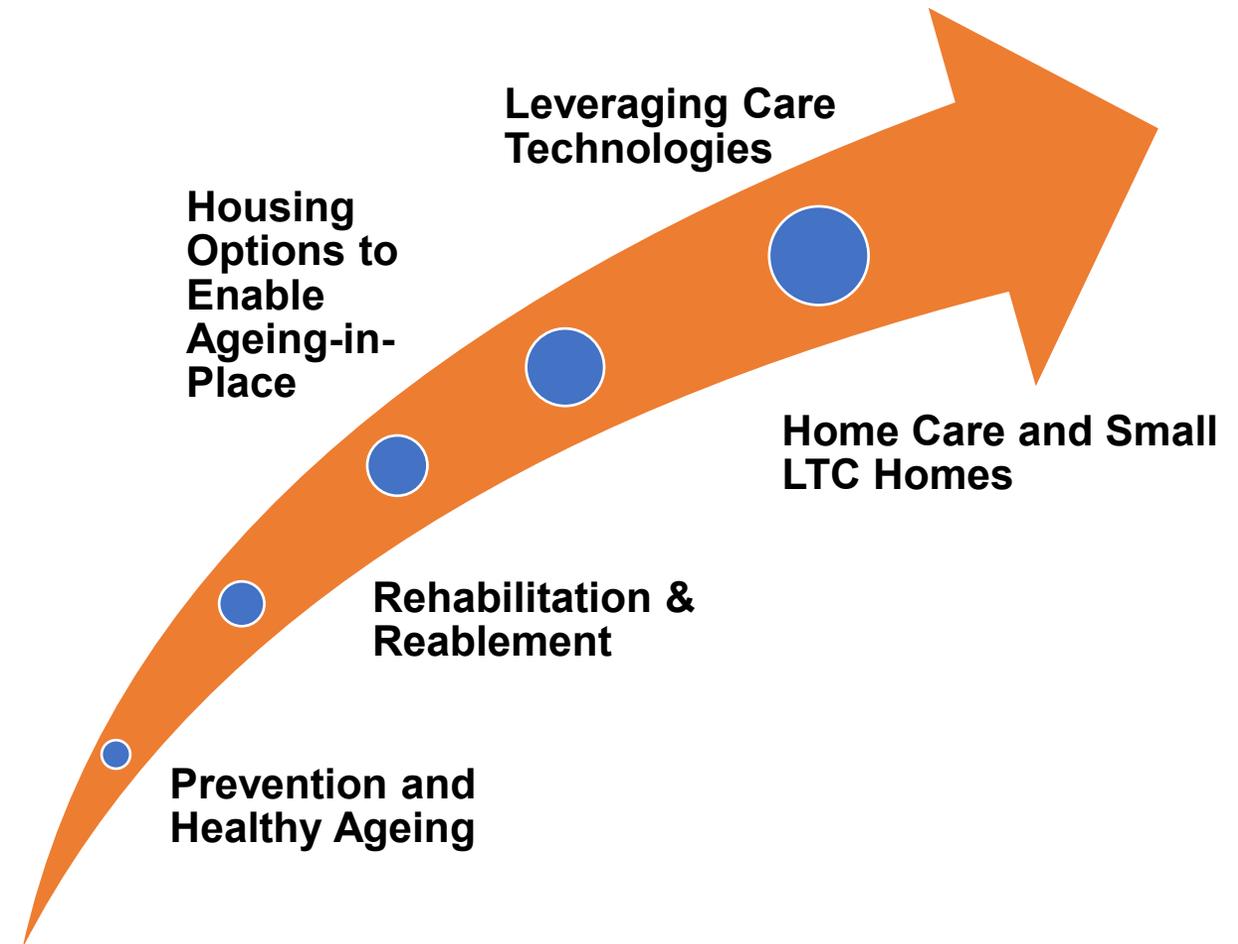
Danish Eldercare Policy Aims:

- Promoting and extending the independence of older citizens
- Ensuring continued self-sufficiency and well-being

Dignity and Autonomy as Guiding Principles:

- As long as possible in your own home
- A person-centered approach to rehabilitation and care
- Older Danes are 'citizens', not clients or patients

Enabling Policy Approaches



Key Services for Older Citizens offered by Danish Municipalities

Preventive
Initiatives and
Home Visits

Home Care
Services

Rehabilitation
Services

Supportive
Housing
and
LTC Homes



Preventive Initiatives and Home Visits

- **Preventive Initiatives** aim to help people maintain their health and quality of life.
 - Include community based social activities, physical training activities, etc.
 - Increasingly include innovative technologies to empower citizens to live independent life.
- **Preventive Home Visits** aim to identify the need for individual assistance and discuss wellbeing and current life situation.
 - Nurses/therapists offer to visit senior citizens at age 75, 80 and once a year from 82+.



Supportive Housing Options

- Each municipality provides access to purpose built small houses or apartments for older Danes to enable them to age-in-place. This accommodation is owned and operated by either the municipalities or private non-profit or for-profit providers
- Housing is organized in building or neighbourhood communities that have offer communal spaces and allow for care delivery to be more efficiently clustered.
- Municipalities determine access to these dwellings and set the rental rates.
- Each resident gets their own accessible housing unit with a living room, kitchenette, bathroom and bedroom.





We Can Enable Ageing in the Right Place

We CAN Enable Healthy Ageing

- Enabling Ageing in the Right Place requires a **shift** in traditional thinking.
- From enabling Age Friendly Communities to *Ageing-in-the-Right-Place* can create alternative housing options that can better promote **independence, dignity and respect**
- Innovative continuing care strategies can only succeed through collaborations and partnerships and **can** ensure the **sustainability** of our health and continuing care systems for years to come.



Thank You!

Samir K. Sinha MD, DPhil, FRCPC, FCAHS, AGSF

Professor of Medicine, Family and Community Medicine Health Policy, Management and Evaluation, University of Toronto

Director of Geriatrics, Sinai Health System and the University Health Network

Director of Health Policy Research, National Institute on Ageing

✉ samir.sinha@sinaihealth.ca