

Written Submission for the Pre-Budget Consultations in Advance of the Upcoming Federal Budget

By: Canadian Home Care Association

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Canadian
Home Care
Association

Association canadienne
de soins et services
à domicile

Investing in Home and Community Care to Strengthen Canada's Economy and Health System

The Canadian Home Care Association (CHCA) is a national non-profit membership association dedicated to ensuring the availability of accessible, responsive home care to enable people to safely stay in their homes with dignity, independence, and quality of life.

Through our diverse membership base, the CHCA represents public and private organizations that fund, manage, and provide services and products in the home and community. In partnership with our members, the CHCA advances initiatives that address national priorities in home and community care. As a recognized authority, the CHCA facilitates knowledge sharing, creates connections, informs policy and practices, and advocates for integrated home and community care for all Canadians.

Home care provides essential health and support services in homes and community settings for individuals with acute, chronic, palliative, or rehabilitative needs. Canadians prefer home over hospitals or long-term care for recovery, managing conditions, and end-of-life care.

Our vision is an integrated health and social care system where home and community care are essential components—one that provides seamless person- and family-centered care that is accessible, accountable, evidence-informed, and sustainable.

Home care is a strategic investment that delivers clear economic returns and social value. It lowers healthcare costs, supports caregivers, reduces system pressure, and strengthens the long-term sustainability of Canada's health system.

By 2046, the number of Canadians aged 85+ will nearly triple to 2.5 million (Statistics Canada, 2022). 91% of Canadians of all ages, and almost 100% of Canadians 65+ want to age at home (Sinha, 2020). Meeting this demand requires urgent action to increase investment in home care.

Investing in home care reduces hospital pressure, improves outcomes, lowers emissions, promotes equity, and supports independent aging.

This 2025 pre-budget submission outlines four federal investment priorities. Currently, home care makes up just 5-6% of provincial/territorial health spending—well below what's needed. The federal government should help raise this to 10%.

To progress, home care investment from the federal government must be sustained beyond the current 2027 commitment, ensuring funding keeps up with inflation and demographic shifts.

Summary of Recommendations

Recommendation 1

Invest **\$300 million annually for five years** to address home care workforce shortages through improved recruitment, training, retention, and working conditions. The sector faces critical shortages—especially among non-regulated providers—and high turnover, burnout, and reliance on unpaid caregivers. Investments should prioritize wage and non-wage incentives, safety, and training. Implementation includes expanded funding for Health Workforce Canada, renewed bilateral agreements, and the use of digital tools for training.

Recommendation 2

Invest **\$800 million annually for five years** to expand access to home and community care and strengthen accountability through improved data and reporting. Home care is more cost-effective than hospitals or long-term care, with potential savings of up to \$2.3 billion annually. Funding will reduce hospital stays, support seniors' independence, and enhance quality of life. Implementation includes renewed bilateral agreements and direct support for The Canadian Institute for Health Information (CIHI).

Recommendation 3

Create a **\$750 million, three-year Integrated People-Centered Care Transition Fund** to advance integrated care models that better connect home care, community services, and primary health care. Integration improves outcomes for people with complex chronic needs, reduces duplication, and supports sustainability. Canada lags behind peers in care coordination and lacks structured training for team-based care. This fund would support both implementation of integrated models and workforce development.

Recommendation 4

Invest **\$400 million over five years** to improve digital health literacy, expand virtual care access, and advance remote monitoring technologies and AI-driven decision making. This will improve access, especially for seniors, rural and remote residents, and marginalized groups. Most older Canadians are not using virtual health tools due to lack of digital health literacy. Expanding and extending programs like the Digital Literacy Exchange Program and Connecting Families Initiative, alongside investments in ethical and equitable technology advancement, will reduce hospital use, enhance primary care access, and support a low-emission, sustainable system.

Recommendation 1: Strengthen the Home Care Workforce

The federal government should invest \$300 million annually over five years to build a strong, resilient home care workforce by addressing labour shortages, workplace safety, and supporting recruitment, training, and retention. This investment is essential to ensuring continued access to care, advancing gender and racial equity, supporting caregiver participation in the workforce, and aligning with immigration and newcomer integration efforts. Zagrodney et al. (2024) emphasized that the anticipated increase in home and community care personal support worker retention would generate home and community care capacity for roughly 160,000 individuals, cut annual health system expenses by about \$7 billion, and deliver an 88% return on investment. Revising wage structures to lower turnover and support home and community care capacity growth represents a cost-efficient approach to expanding health system capacity.

Justification

- **Labour Shortages:** In 2021, approximately 475,000 Canadians who accessed home care services reported unmet needs, with significant variation across provinces (Statistics Canada, 2023). Looking ahead, occupational forecasts indicate that home support workers, caregivers, and related roles are at high risk of shortage nationally between 2024 and 2033 (Employment and Social Development Canada, 2025). Nurses—essential professionals within the home care sector—face a similar outlook. By 2043, Canada’s home care sector is projected to require around 39,000 new personal support workers (PSWs), with demand concentrated before 2030 due to demographic shifts and a growing senior population (Sweetman & Kralj, 2024). Replacement needs will account for 90% of job openings, with retirements representing 79% of that demand (Employment and Social Development Canada, 2025). For nurses, both the number of job vacancies and the vacancy rate have more than doubled, with the rate consistently twice the national average (Registered nurses and registered psychiatric nurses, 2025). Notably, two out of three vacancies remain unfilled after 90 days, and there is consistently less than one unemployed worker available per vacancy, further constraining employers’ ability to fill positions (Registered nurses and registered psychiatric nurses, 2025).
- **Working Conditions:** High turnover and burnout are major challenges in the home care sector. Denton et al. (2022) found that 50% of home care workers described their job as somewhat stressful, while 29% rated it as stressful or very stressful. Additionally, 75% reported feeling exhausted at the end of the day, 51% had no energy while on the job, 36% experienced burnout, 36% experienced irritability and tension, 35% struggled to sleep through the night, and 31% felt they had nothing more to give. These pressures contribute directly to workforce turnover, with one manager in the study noting that “home care workers are leaving in droves because of incredible stress levels and inadequate pay” (p. 349). Implementing strategies to strengthen workforce stability—such as tax-based retention programs and rebates—can help sustain a stable and effective home care workforce.

- **Caregiver Burnout:** By 2050, the number of older adults relying on home care is expected to increase by approximately 120%. However, the availability of family members to provide unpaid care is projected to decline by nearly 30% (MacDonald et al., 2019). Currently, over 95% of individuals receiving home care depend on unpaid family caregivers (CIHI, 2020). Among older Canadians who report difficulty with daily activities, only 30% receive assistance from a relative, friend or community member, while 16% receive assistance from a health care professional (CIHI, 2025). As demand grows, the average hours of care provided by unpaid caregivers is expected to rise by 43%, from 290 hours per year in 2019 to 415 hours per year in 2050 (MacDonald et al., 2019). More than one-third of unpaid caregivers already experience distress due to lack of support (CIHI, 2020), which often leads to reduced workforce participation and productivity (Carers Canada, 2022). Every \$1 invested in home care helps mitigate these economic losses by supporting caregivers to remain employed and engaged.
- **International Workers:** New immigrants make up a large part of the non-regulated home care workforce, they account for 1 in 4 health care sector workers (Immigration, Refugees and Citizenship Canada, 2025). In Canada, immigrants make up 25% of registered nurses and 42% of nurse aides and related occupations (Immigration, Refugees and Citizenship Canada, 2025). More than 40% of newcomers to Canada between 2016 and 2021 who were working in the health care sector were employed in nursing, residential care facilities, as well as home health care services (Immigration, Refugees and Citizenship Canada, 2025). The federal government's Home Care Worker Immigration Pilots program, launched in 2025, will support foreign-trained home care workers coming to Canada. Investment into the workforce will address workplace challenges faced by women—many of whom are racialized and immigrant workers who predominately make up the home care sector workforce. Focusing on providing better training, wages, and non-wage incentives will help retain workers and strengthen the workforce.
- **Psychological Safety and Employee Resiliency:** Enhancing mental wellness and employee resiliency will improve worker health and safety. Through building emotional intelligence skills, healthcare workers are better able to manage change, experience greater job satisfaction, and deliver higher quality of care (Cascio, 2017).

Implementation Strategy

- Expand funding to Health Workforce Canada to improve labour market data collection. Better data will support evidence-based decisions, help identify workforce gaps, and ensure policies reflect the needs of workers. Funding should also support the sharing of best practices in recruitment, training, and retention across the home care sector.
- Extend recruitment and retention funding beyond 2025 through bilateral agreements, as demonstrated with Aging with Dignity, by increasing investments in wage and non-wage incentives for personal care providers, nurses, and other healthcare professionals in the home care sector to support recruitment and retention.
- Expand funding for specialized online emotional intelligence training to help strengthen worker resiliency and support workforce retention in the home care sector.

Recommendation 2: Expand Access and Enhance Accountability

The federal government should invest \$800 million annually over five years to expand access to home and community care services and create robust data systems and reporting mechanisms to effectively track progress and utilize resources. Since 2017, Canada has made progress in strengthening home care with a 10-year, \$6-billion federal investment through the Common Statement of Principles on Shared Health Priorities. The 2023 Aging with Dignity Agreement further reinforced federal support for aging in place. Currently, the home and community care bilateral agreement (Aging with Dignity) is set to end in 2027, and action is necessary to ensure access to home and community care remains a priority.

Justification

- **Economic Benefits:** The average cost of a hospital stay in Canada is \$7,803 (CIHI, 2024), while care in a publicly funded nursing home in Ontario costs approximately \$182 per day (Sinha, 2020). In contrast, providing care for a high-needs individual at home averages just \$103 per day—significantly more cost-effective. Moreover, 15% of hospitalized Canadians are designated as Alternate Level of Care (ALC) patients.¹ In Ontario, the cost of an ALC patient occupying an acute care bed is approximately \$730 per day (Sinha, 2020). Shifting care to more appropriate settings for older Canadians could free up acute care capacity and save the health system up to \$2.3 billion annually—funds that could be reinvested to strengthen other critical areas of care (Simpson, 2015).
- **Health System Sustainability:** Several provinces, including British Columbia, Ontario, and Quebec, have adopted strategies to reduce overreliance on acute care by shifting resources toward home and community care. Strategic investments in these models can significantly reduce avoidable hospital visits, lower per capita health spending, and decrease emissions associated with hospital and long-term care. These investments are essential to ensuring the long-term sustainability of Canada's health system—better equipping the country to manage economic shifts while strengthening both health care and the broader economy.
- **Accountability and Transparency:** Investing in data systems and reporting mechanisms ensures transparency in federal fund use and progress tracking in home care. The Canadian Institute for Health Information (CIHI) contributes with its National Home Care Indicators, offering insights into service performance. Tracking metrics such as client outcomes and service utilization helps identify areas for improvement and enhances access and quality of care.
- **Quality of Life:** Helping seniors remain at home boosts both their well-being and system sustainability. For instance, a 2020 survey found that 96% of Canadians aged 65 and older indicated they'd do everything possible to avoid long-term care, underscoring how strongly seniors value staying in their homes (National Institute on Ageing, 2022). Further, Statistics

¹ Persons that no longer require acute care but remain in hospital beds due to a lack of appropriate home and community-based options (Sinha, 2020).

Canada (2023) reported that 475,000 Canadians experienced unmet home care needs, with the highest prevalence among those aged 65 and older—signaling clear demand for improved in-home support. Enhancing home care not only improves quality of life but also generates significant savings by reducing the need for new long-term care facility spaces (National Seniors Council, 2024). A scenario analysis in Quebec found that, across most levels of need, providing long-term care services at home was less costly for government than delivering the same services in institutional or intermediate settings (Clavet et al., 2021). These interventions address both personal preferences and system-level pressures.

Implementation Strategy

- Targeted funding through bilateral agreements (e.g., Working Together, Aging with Dignity) will meet provincial needs effectively.
- Direct funding to CIHI should be paired with support for provinces and territories to strengthen data collection and reporting. CIHI's analysis depends on consistent, comparable data, which remains limited across jurisdictions. Building provincial/territorial capacity addresses this gap more directly, with CIHI enhancing reporting once a stronger data foundation is in place.

Recommendation 3:

Advance Integrated People-Centred Care Models

The federal government should invest \$750 million over three years in an Integrated People-Centered Care Transition Fund to accelerate the adoption of integrated models of home care, primary health care, and community services. This fund would advance the shared health priority action of spreading and scaling evidence-based approaches that foster stronger integration between home, community, and primary health care. It would also support the development of team-based, coordinated care, ensuring smoother transitions and more seamless, person-centered care for Canadians.

Justification

- **The Value of Integrated Care:** The Canadian Home Care Association's (2025) Enhanced Framework for Integrated People-Centered Care highlights the many benefits of integrated care. These include improved quality of life and satisfaction with care, better coordination of services, enhanced health outcomes, reduced duplication, and a more efficient healthcare system. Particularly, integrating care within the community—by connecting home care and community services with primary health care—is essential for providing high-quality support to individuals with complex chronic conditions, such as seniors living with frailty. This integration fosters health system sustainability by encouraging preventive care and optimizing resource use. Research also shows that effective integration improves patient transitions from hospital to home, reducing complications and easing the burden on acute care facilities. For example, the Integrated Comprehensive Care Program at St. Joseph's Healthcare Hamilton demonstrated that emergency department visits within 60 days dropped from 74% to 61%, unplanned readmissions within 60 days fell from 42% to 33%, and hospital readmission length of stay decreased from 12.2 to 8.0 days, illustrating the tangible impact of integrated care on patient outcomes and hospital utilization (Barber et al., 2024).
- **Closing the Gap:** In Canada, only 45.5% of patients 65+ reported that their regular doctor or someone in their doctor's practice always coordinates or arranges care with other doctors and places—highlighting a significant gap in integrated care delivery (CIHI, 2025). In Canada, 54.3% of physicians reported frequently coordinating with home care and community services. While this figure indicates progress toward a more integrated approach, Canada still lags behind countries such as Germany (where 83.5% of physicians frequently coordinate with social services for home care needs), the United Kingdom (64.9%), and the Netherlands (64.3%) (CIHI, 2023). These countries exemplify strong integration between healthcare and social services, demonstrating a higher level of performance in this area compared to Canada. Investment into accelerating integrated care models with home care, primary health care, and community services is necessary to improve patient outcomes, reduce service delivery, and increase economic returns, to build a strong economy.

- **Complex Chronic Conditions:** In 2021, approximately 22.8% of men and 23.8% of women aged 65+ lived with three or more chronic conditions, such as arthritis, high blood pressure, diabetes, cancer, heart disease, stroke, mood disorders, and anxiety (Statistics Canada, 2023). As the senior population grows, integrated care becomes essential—ensuring coordination among multiple health care professionals to manage complex needs, improve outcomes, reduce service duplication, and prevent strain on the healthcare system.
- **Integrated Education and Training:** Canada faces a significant gap in preparing the health and social care workforce for integrated, team-based, person-centered care. Evidence from a case study in Ontario—the only Canadian province examined in the International Foundation for Integrated Care’s (2025) *State of Education and Training in Integrated Care* report—reveals that there are no dedicated undergraduate or postgraduate programs in integrated care, and only limited, short-term professional development offerings. Although these findings are Ontario-specific, they point to a broader national issue: Canada lacks a coordinated, pan-Canadian approach to workforce development for integrated care. Collaboration is needed to ensure all provinces and territories can accelerate and adopt workforce training pathways that align with their integration goals.

Implementation Strategy

Establishing a federal Integrated People-Centered Care Transition Fund, coordinated and managed by Health Canada, would provide the necessary resources to accelerate the spread and scale of integration across primary health care, home care, and community services to ensure care is seamless from hospital to home and in the community.

Recommendation 4: Improve Digital Health Literacy and Virtual Access to Care

The federal government should invest \$400 million over 5 years in digital health literacy initiatives (e.g. extending the Digital Literacy Exchange Program), expanding virtual access to care (e.g. Connecting Families Initiative), and advancing remote monitoring technologies and AI-driven decision making to improve healthcare accessibility and outcomes. This funding will improve service delivery, empower vulnerable populations to have access and fully utilize and understand new digital health tools like telehealth services, virtual care, virtual physician visits, and electronic health records.

Justification

- **Remote Monitoring Technologies and AI-driven decision making:** Remote monitoring Technologies and AI-driven decision making strengthens home and community care by detecting health issues early, reducing hospital visits, and supporting chronic disease management. These technologies are particularly valuable for seniors and those living in rural, remote, and underserved communities, where access to in-person care is limited. Platforms such as TELUS Health, Cloud DX, and McKesson Canada have demonstrated that remote patient monitoring can play a critical role in improving chronic disease management, lowering hospital readmission rates, and expanding care access in remote and underserved regions (Bouabida et al., 2025). These outcomes not only enhance patient health and equity but also contribute to economic sustainability by reducing the need for costly acute care services and unnecessary costly patient transport, improving resource efficiency, and helping to contain overall health system expenditures. Despite these benefits, significant challenges remain. Inadequate digital infrastructure, and the current readiness of AI hinder broader implementation (Bouabida et al., 2025). Concerns around data privacy, ethics, and other areas need to be addressed. To fully realize the potential of AI and remote monitoring, targeted investments are needed to strengthen infrastructure, support workforce capacity, and ensure responsible, equitable development/use across all regions.
- **Digital Divide:** Only 40.7% of seniors booked medical appointments online in 2022. Low digital literacy remains a significant barrier to accessing virtual care, particularly among seniors, rural residents, and marginalized groups. Remote patient monitoring (RPM) is not equally accessible across Canada, particularly in rural and remote regions with poor internet access. This creates a digital divide, limiting the ability of underserved populations to benefit from RPM. Bridging this gap is critical to promoting equitable healthcare access and avoiding the risk of worsening existing health disparities (Bouabida et al., 2025). In the past 12 months, 70.9% of patients aged 65 and older reported not receiving healthcare from a primary care provider through virtual care, remote care, or telehealth. Additionally, over the past two years, 77.3% of these patients have not used secure websites, patient portals, or mobile apps to communicate or email their regular healthcare practice with medical questions or concerns. Similarly, 64.3% have not used

these digital tools to view test results, and a majority across provinces and territories reported not using such platforms to request prescription refills or appointments. Furthermore, 74.6% have not used these technologies to view patient visit summaries in the past two years.

- **Lower Emissions:** Video consultations and online platforms help reduce unnecessary emergency room visits, improve the timeliness of care, and lower hospital and carbon emissions by decreasing the need for in-person visits.
- **Enabling Primary Care Providers:** Video consultations and online communication are essential for primary care delivery. According to CIHI (2023), 48.7% of Canadian physicians provide care through video consultations, while 48.8% offer communication via email or a secure website for medical questions. Additionally, 83% report that telehealth has significantly improved care timeliness. Expanding Digital Health Literacy and Virtual Access to Care initiatives will enable primary care providers to deliver timely access to care.
- **Measurement and Accountability:** CIHI's new set of common indicators to measure progress in the shared priority area of electronic health information, announced in July 2024, will enable tracking and evaluation of these initiatives.

Implementation Strategy

- Expand funding for community-based training programs through the Digital Literacy Exchange Program (DLEP) to specifically include digital health literacy. This will enable more Canadians, especially millions who are currently eligible but face limited program capacity, to access care from home.
- Continue supporting the Connecting Families initiative by continuing to fund this initiative and broadening eligibility to match the DLEP eligibility, ensuring equitable access to digital tools and care for more than just low-income families and seniors.
- Invest in equitably advancing AI-driven decision-making, remote monitoring technologies, and virtual care platforms to enhance accessibility, particularly for remote and underserved communities.

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