

An Age-Friendly Future: *Investing In Our Workforce*

Un future d'âge convivial: investir
dans notre main-d'œuvre



Ontario

Québec



By: Ashley Cabral, Andrew Farah, Venesse Lewis and Shireen Salti

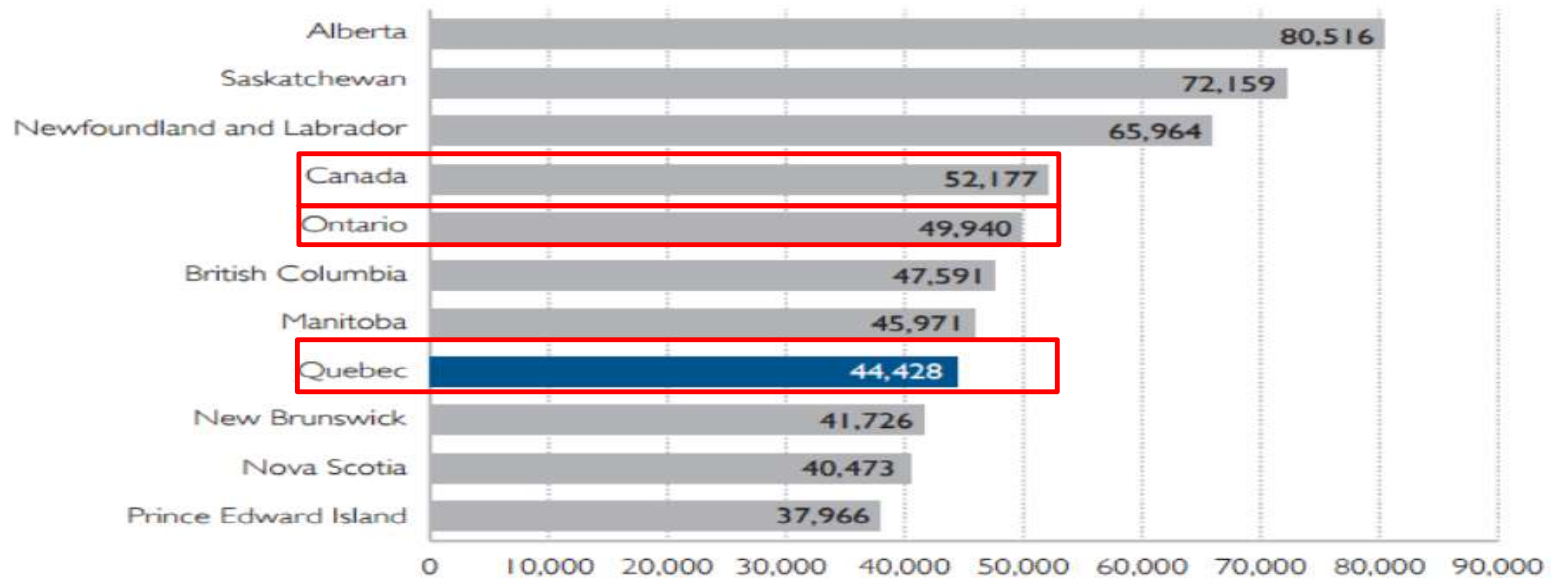
Objective

Establish an *Age-Friendly Future* that promotes productivity through investment in Ontario and Québec's workforce



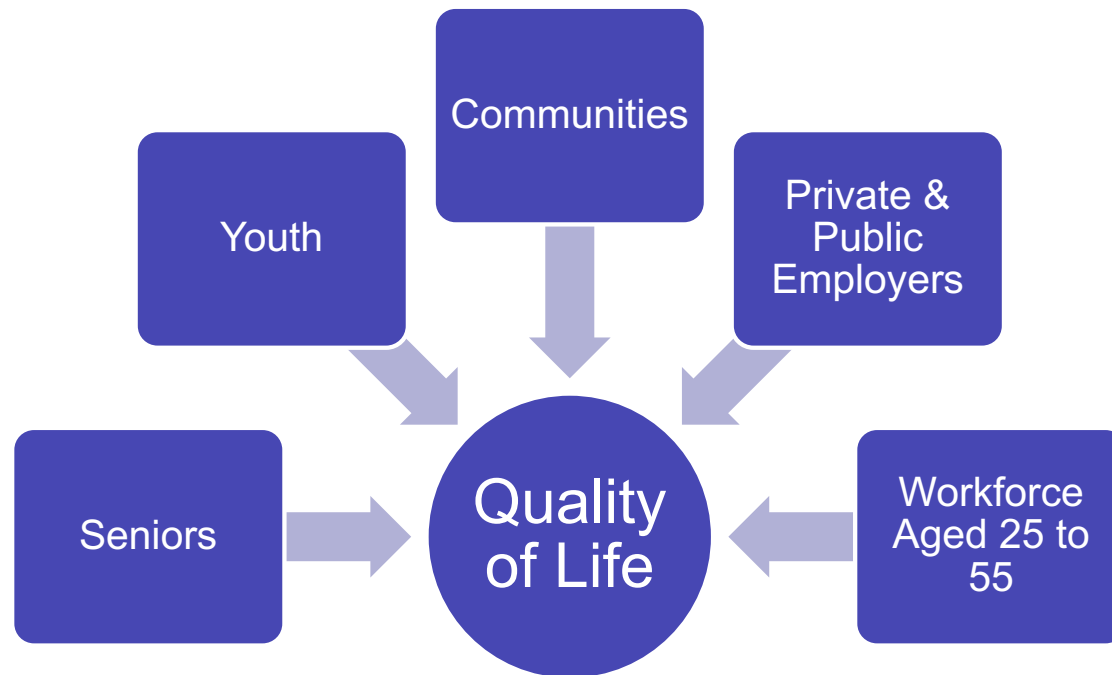
How do the Provinces Compare?

(Per capita gross domestic product in 2012 Canadian dollars)

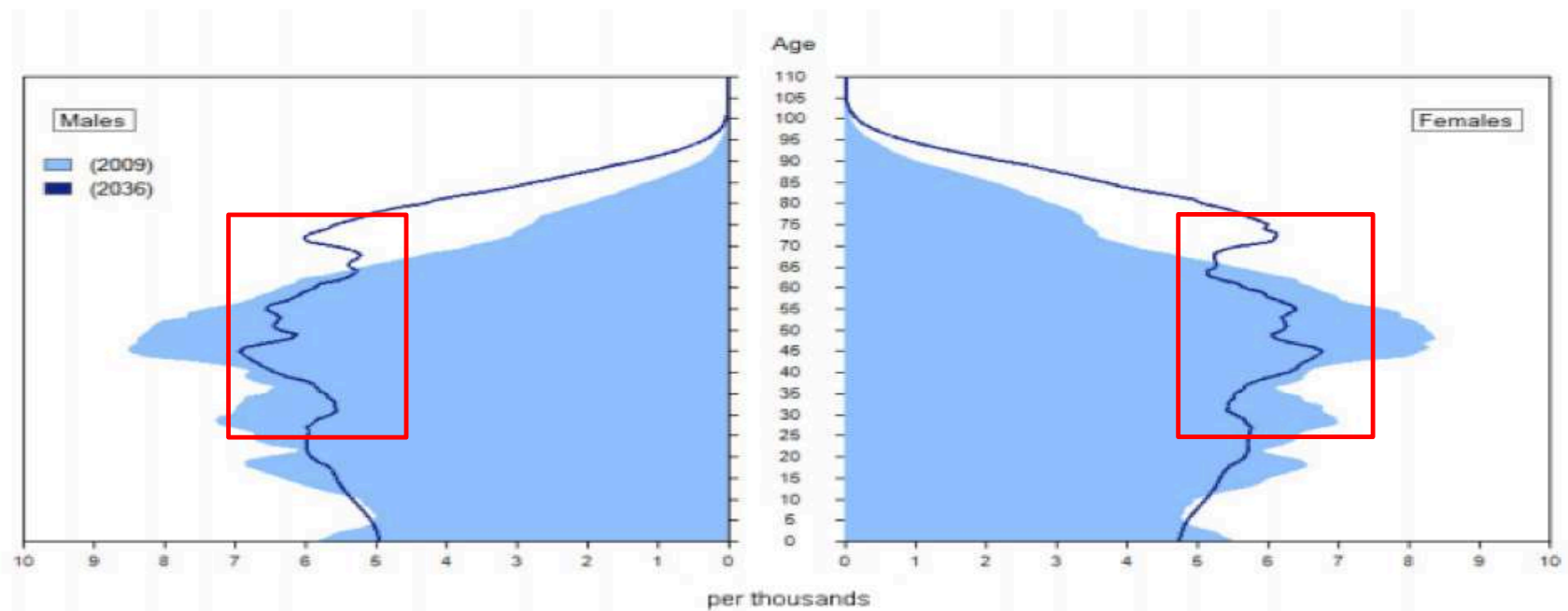


Source: <http://statcpp.hec.ca/2013overview/FIG2.xlsx>

Who is Involved?

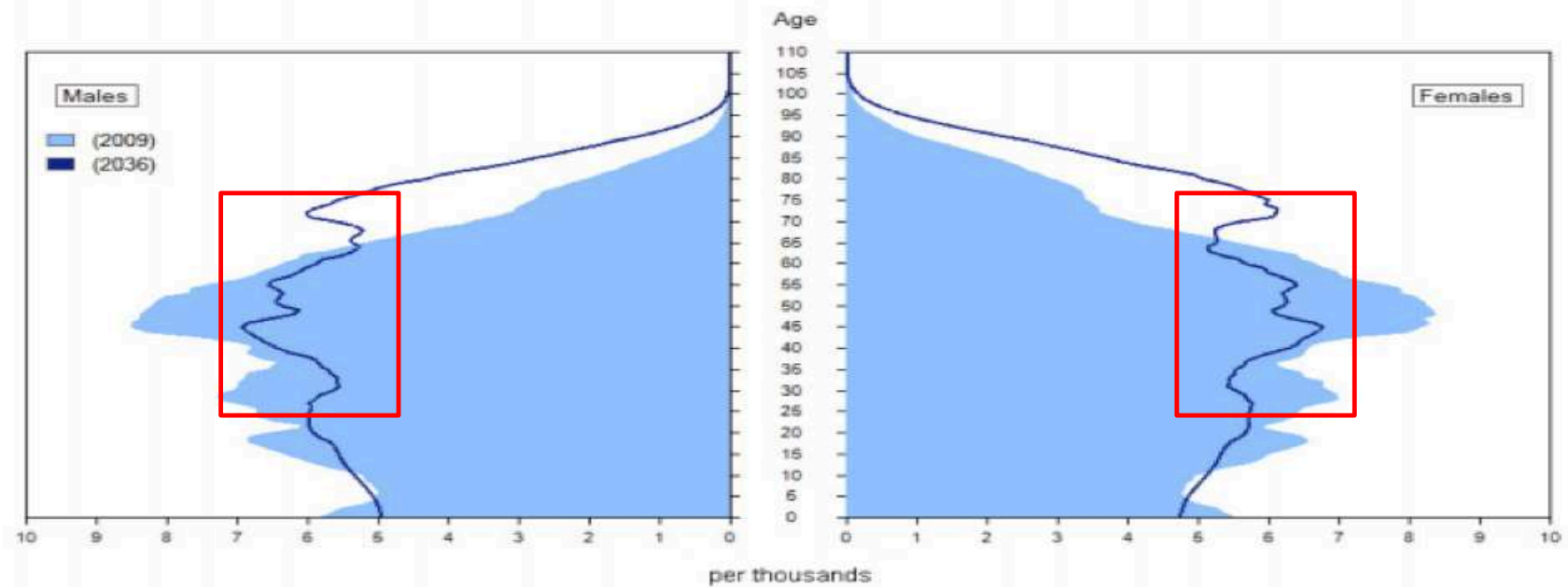


Population Projection: Ontario



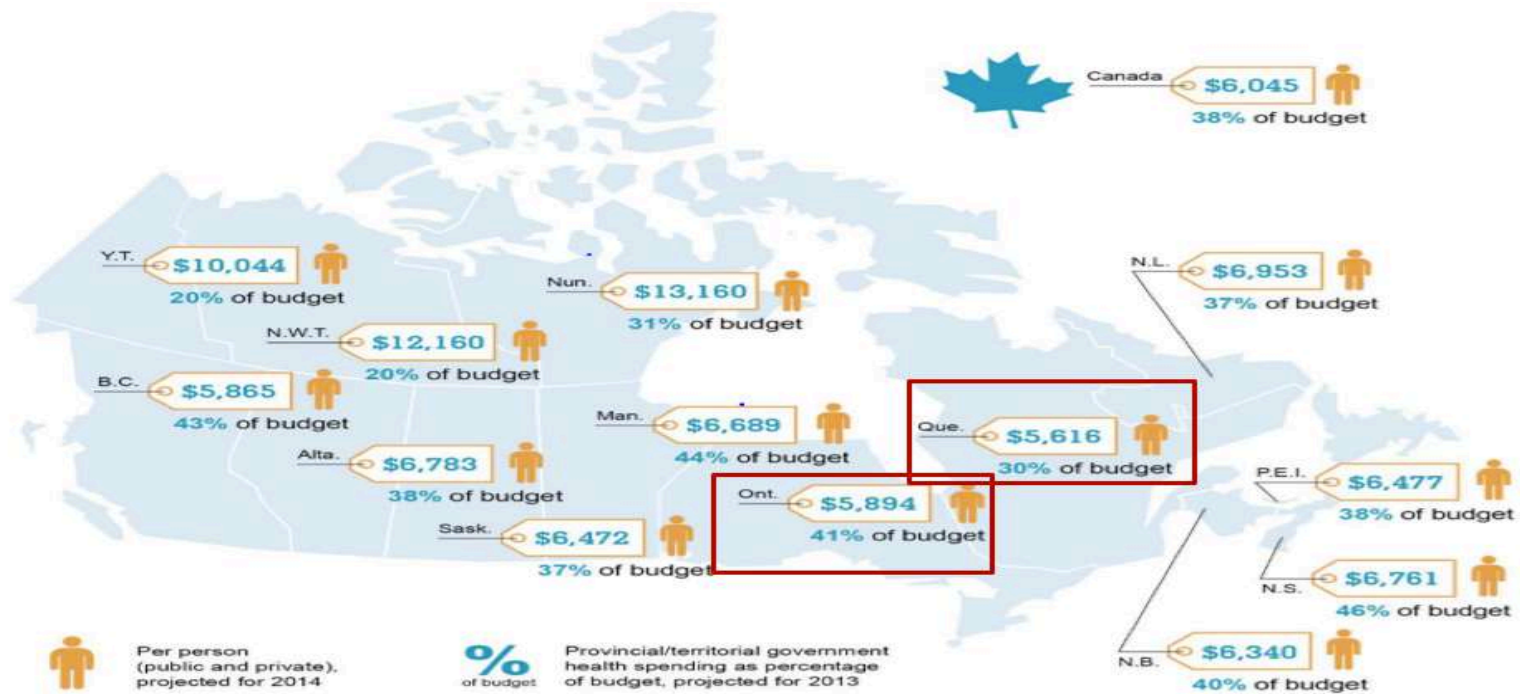
Source(s): Statistics Canada, Demography Division.

Population Projection: Québec



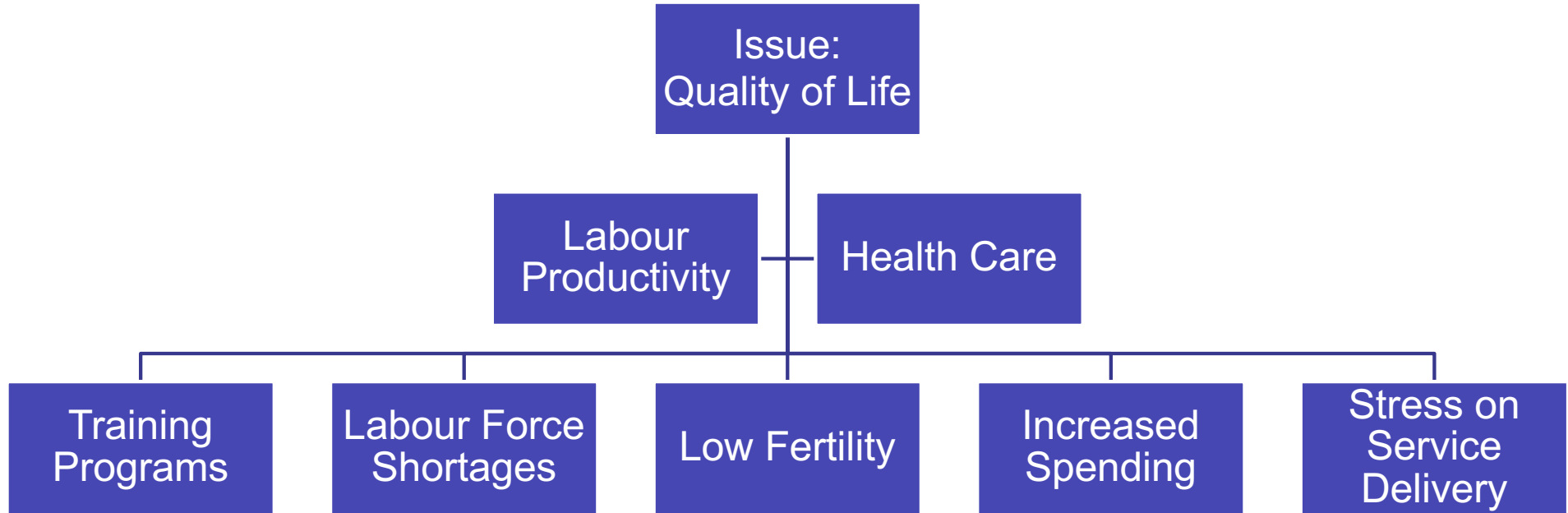
Source(s): Statistics Canada, Demography Division.

Health Care: How do the Provinces Compare?

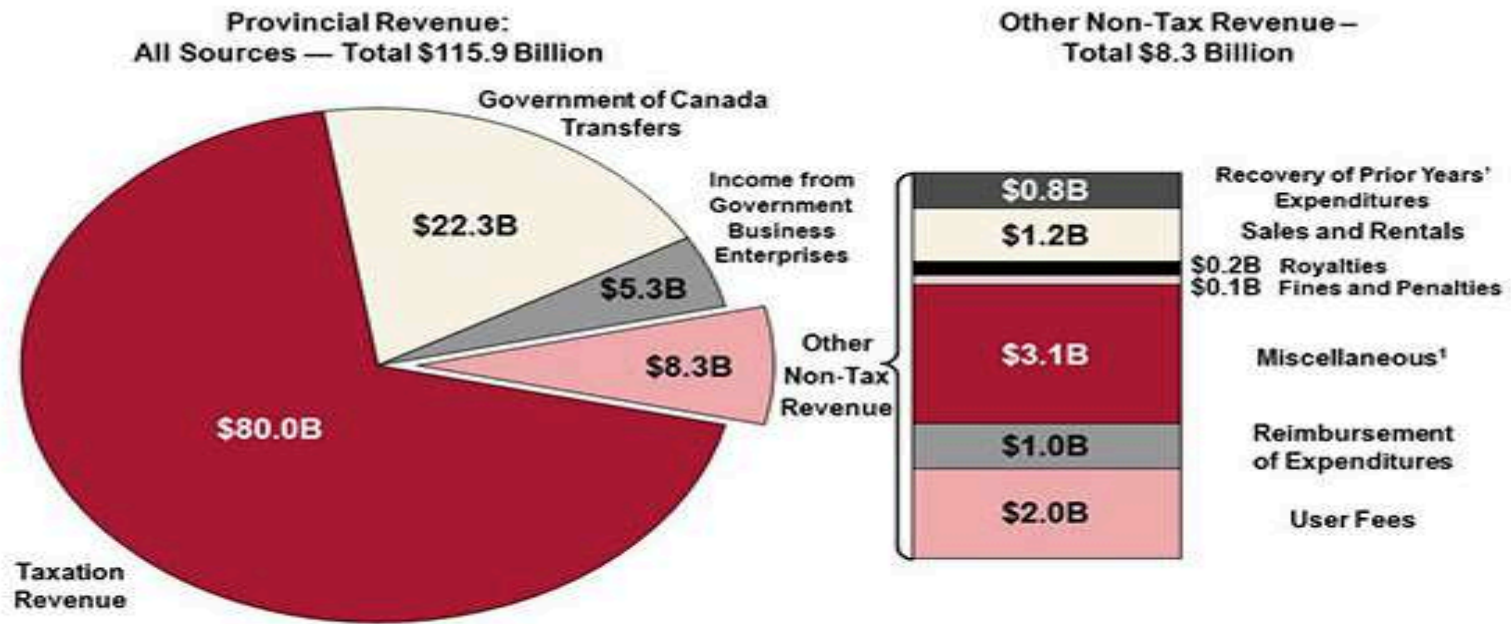


Source: Canadian Institute for Health Information, *National Health Expenditure Trends, 1975 to 2014*.

Scope of Issues & Risks: Ontario & Québec



Major Components of Ontario Health Care Spending, 2015



¹ Miscellaneous Revenue includes revenue from Power Supply Contract Recoveries, Electricity Debt Retirement Charge, Net Reduction of Power Purchase Contracts, Independent Electricity System Operator Revenue, and other miscellaneous non-tax revenue sources.
 Source: *Public Accounts of Ontario 2013–2014*.

Major Components of Ontario Health Care Spending, 2015

Healthcare Expense Outlook (\$ Billions)

	Current	Outlook		Average Annual Growth
		2016-17	2017-18	
Health Sector Spending	50.8	51.7	52.7	1.9%

Comparative Health Expenditure: Québec & Canada, 2012

Expenditure	Québec	Canada**
Total Health Expenditure per Inhabitant	\$5,375	\$5,911
Total Health Expenditure as a Percentage of GDP	12.1 %	11.3 %
Public Expenditure as a Percentage of Total Health Expenditure	70.2 %	70.6 %
Public Health Expenditure per Inhabitant*	\$3,773	\$4,175

* Data illustrated above are in current dollars.

** Including Health Expenditure in Québec.

Source: Canadian Institute for Health Information

Policy Options Overview

1	Community Hubs
2	New Funding Formula for Health Care Transfer Payments
3	An Age-Friendly Future (Recommended)

Option 1: Community Hubs

Opportunities	Challenges
<ul style="list-style-type: none">✓ Tailored Local Needs✓ Efficient & Sustainable✓ Improve Accessibility✓ Funding Beneficiaries✓ Social Return on Investment	<ul style="list-style-type: none">✗ Collaboration Issues✗ Impartial Service Delivery✗ Rule Constraints

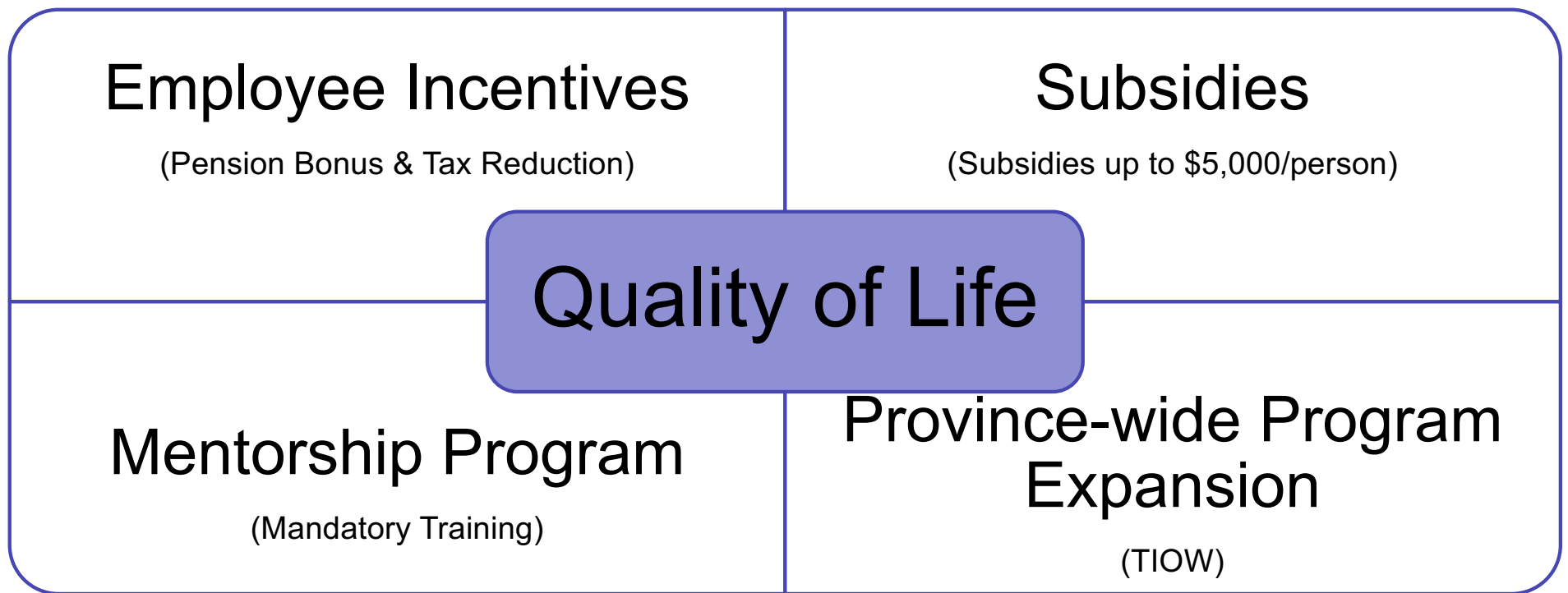
Option 2: New Funding Formula for Health Care Transfer Payments

Opportunities	Challenges
<ul style="list-style-type: none">✓ Accommodation✓ Allocation	<ul style="list-style-type: none">✗ Reduced Accountability✗ Inequitable Distribution✗ Amendments✗ Timely

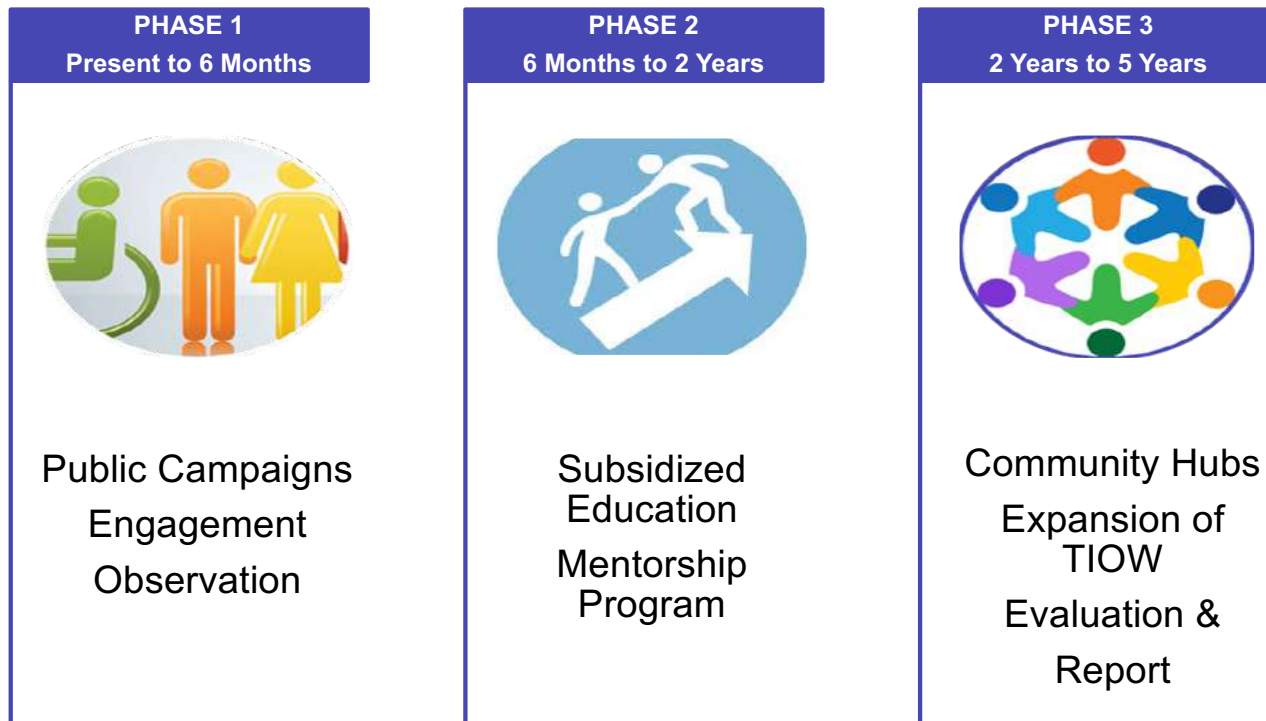
Option 3: An Age-Friendly Future

Opportunities	Challenges
<ul style="list-style-type: none">✓ Prevent Declining Labour force✓ Reduced Pressures on Pension System✓ Mentorship & Employee Engagement	<ul style="list-style-type: none">✗ Age-Discrimination✗ Pressures on Healthcare System remains✗ Youth Job Opportunities

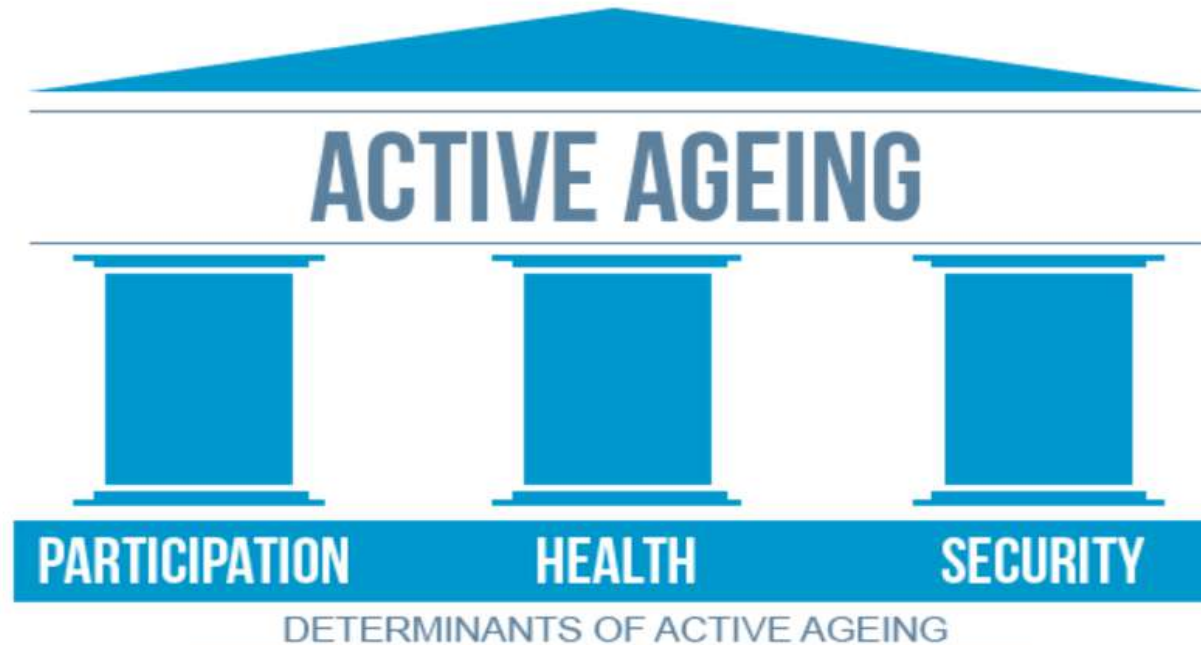
The Recommendation: An Age-Friendly Future



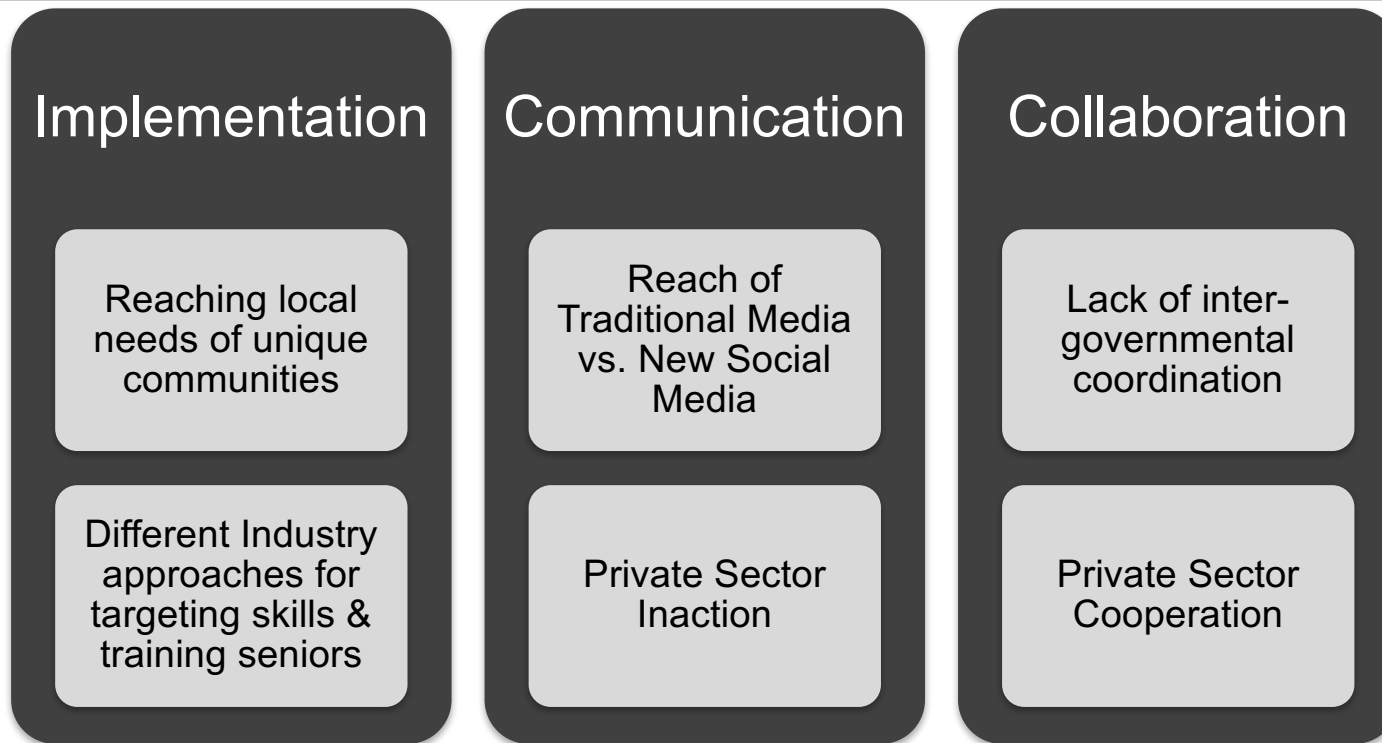
Implementation of An Age-Friendly Future



Implementation of An Age-Friendly Future: Milestones



Issues of Implementation, Communication & Collaboration



Financial Implications

Implementation Program	Cost
1. Employee Incentives	1. \$10,000/person
2. Education Subsidies	2. \$5,000/person
3. Community Hubs	3. \$6 million
4. TIOW	4. \$8,000/person

Conclusion & Question Period

An Age-Friendly Future: *Investing in Our Workforce*

