

The Pandemic’s Long Shadow: Persistent Nursing Home Aversion across Sociodemographic Groups*

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Abstract

This paper examines whether the changes in long-term care (LTC) preferences, saving behavior, and policy attitudes observed during the COVID-19 pandemic have persisted in the post-pandemic period. Using new survey data collected in 2023 from a representative sample of working-age individuals in Ontario and Québec, we compare responses to those obtained during the first phase of the pandemic in 2020. We document that nursing-home aversion remains widespread several years after the crisis and continues to shape economic behavior and policy preferences. Individuals who are more averse to nursing homes are significantly more likely to plan to increase saving for old age and to support public subsidies for home care. These relationships are robust across demographic and socioeconomic groups, indicating that the effects are not confined to specific subpopulations. Overall, our findings suggest that the pandemic has led to persistent changes in preferences with important implications for LTC financing and policy design. In particular, the continued mismatch between household preferences and the current emphasis on institutional care highlights the need to reassess the allocation of public resources toward home-based care.

Keywords: Pandemic Risk, Nursing Home, Long-Term Care, Saving, Public Policy.

JEL Codes: D14, H31, H51, H53, I10, I31.

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1 Introduction

Long-term care (LTC) represents one of the most significant and uncertain expenditures in old age. In Canada, care for dependent seniors is provided primarily through a combination of publicly subsidized nursing homes and privately financed home-based services. Among seniors with care needs, approximately half of individuals aged 75 and older who require assistance with activities of daily living (ADLs) enter nursing homes, while the remainder continue to live in the community with formal or informal care ([Clavet et al., 2021](#)). Nursing homes therefore remain a central pillar of the LTC system and receive substantial public funding to provide institutional care to individuals with functional limitations.

However, the COVID-19 crisis brought attention to the risks associated with institutional LTC. Although LTC residents accounted for only about 3% of all confirmed COVID-19 cases in Canada, they represented a disproportionately large share of deaths. During the first waves of the pandemic, more than 80% of reported COVID-19 deaths in Canada occurred in LTC homes ([Stall et al., 2020](#)). Overall, about 43% of all COVID-related deaths in the country were among LTC residents ([Canadian Institute for Health Information, 2021](#)). While Canada recorded a relatively low overall COVID-19 mortality rate compared with other OECD countries, it had one of the highest proportions of deaths occurring in LTC facilities (81%), far above the OECD average of approximately 38% ([Akhtar-Danesh et al., 2022](#)). Beyond its immediate health impacts, the pandemic redirected attention to the organization and financing of nursing homes and to the potential risks associated with quality of institutional care. Because LTC planning involves forward-looking decisions about care arrangements and their financing, these changes in the perceived risks of institutional care may have implications for household saving behavior and policy preferences.

The pandemic appears to have altered individuals' perceptions of nursing homes. Widespread exposure to outbreaks, high mortality, and reports of poor conditions revealed how vulnerable nursing homes can be during a public health crisis. These experiences may have increased preferences for home care over institutional care and, in turn, may have important economic implications for household finances and support for policies subsidizing home care. In Canada, since public subsidies are concentrated on nursing homes, home care is typically more expensive and is financed largely out of pocket. As a result, greater nursing home aversion may be associated with a plan to save more in anticipation of future care costs, as well as with stronger support for home-care subsidies. It also remains unclear whether these changes reflect temporary responses to the pandemic or more persistent changes in preferences. This distinction is crucial for policy design, as only persistent changes would justify structural shifts toward greater public support for home care.

Using data from a representative 2020 survey of individuals aged 50–69 in Ontario and Québec, conducted during the first year of the COVID-19 pandemic, [Achou et al. \(2022\)](#) provide the first systematic evidence on how increased pandemic risk reshaped preferences for nursing

home toward home care, saving intentions, and policy attitudes among older Canadians. They find that nursing-home aversion was substantial, with approximately 72% of respondents reporting being less inclined to enter a nursing home as a result of the pandemic. These changes in care preferences were associated with corresponding behavioral and policy-related responses: approximately 27% of the respondents reported planning to save more for old age and nearly 70% expressed support for policies subsidizing home care. Most importantly, the analysis highlights a clear mechanism linking these outcomes. Individuals who reported stronger nursing-home aversion were significantly more likely to plan on saving more for old age and to support home-care subsidies more. In a related research, [Achou et al. \(2026\)](#) (using the same survey data) highlight that the marginal value of resources differs between home care and nursing-home care, with direct implications for saving behavior and support for LTC subsidies. Because the data were collected during the first phase of the pandemic, it remains unclear to what extent these responses reflect temporary reactions or persistent changes in preferences and economic behavior.

This paper addresses this issue by examining whether the shifts in nursing home preferences, saving intentions, and policy attitudes documented during the pandemic persisted beyond the crisis period. The first objective is to examine whether these changes represent temporary responses to the pandemic or more persistent changes in preferences and behavior. From an economic perspective, this distinction is crucial. Transitory responses are unlikely to affect lifetime saving behavior for old age or justify major policy reforms, whereas persistent preference changes have direct implications for nursing home financing and the design of LTC policies. Because existing evidence is based on data collected during the pandemic, it cannot distinguish short-run reactions from lasting changes. To address this gap, we use post-pandemic survey data collected in 2023, which allows us to directly examine the persistence in these changes.

The second objective of this paper is to examine whether these behavioral responses and policy preferences are shared broadly across the population or concentrated within specific demographic and socioeconomic groups. The political feasibility of policies that favor home-care solutions relative to nursing homes depends not only on the overall level of public support, but also on how this support is distributed across the population. Consequently, this paper analyzes heterogeneity in post-pandemic nursing-home aversion, saving behavior, and support for home-care subsidies across key demographic and socioeconomic groups.

This paper uses new data from a custom-designed survey fielded in 2023. This survey is designed as a follow-up survey to the one used in [Achou et al. \(2022\)](#). The 2023 survey includes 2,300 respondents living in Ontario and Québec, aged 45 to 59, all employed at the time of data collection. Sampling weights were constructed to ensure the representativeness of the sample. The survey was conducted online and retained the same core modules as the 2020 study, covering nursing-home aversion, saving intentions, and support for home-care subsidies, allowing direct comparison across periods. The focus on working-age adults allows us to capture forward-looking plans for savings and LTC.

Our results from the 2023 dataset first indicate that nursing-home aversion remains widespread years after the pandemic. More than half of the respondents (53% approx) report being less inclined to enter a nursing home in 2023 than before the pandemic. At the same time, a substantial share of respondents report higher planned savings for old age in 2023 (around 35%, compared to 27% in 2020). Among those who plan to save more, about 72% of the respondents declare that they have already started saving more. Consistent with previous findings of [Achou et al. \(2022\)](#), individuals who report being less inclined to enter a nursing home are also significantly more likely to plan to save more for old age. In the 2023 data, nursing-home aversion increases the probability of planning to save more by 12 percentage points (or approximately 34% relative to the unconditional mean), compared to 8.5 percentage points in 2020 (or approximately 31% relative to the unconditional mean).

Political support for policies subsidizing home care also remains high: approximately 67% of nursing-home-averse respondents express support for such policies (compared to approximately 68% in 2020). Overall, these results suggest that nursing-home aversion continues to shape saving behavior and policy preferences in the post-pandemic period.

Second, persistence in nursing-home aversion and related responses is widespread across socio-economic groups, though with some differences. Nursing-home aversion in 2023 is, for example, more prevalent among women (by 9 percentage points) and university-educated respondents (by 8 percentage points). Nonetheless, at least about half of the respondents in each demographic group display nursing home aversion, still in 2023. Intention to save more has some variations across groups, with university-educated respondents more likely to report plans to increase savings for old age, but again, the variations are not too noticeable. The relationship between nursing-home aversion and responses in saving intentions and policy support is also similarly robust across socio-economic groups. This suggests that the link between nursing-home aversion and both private saving behavior and policy preferences reflects a shared concern, rather than one concentrated in a particular subgroup.

These findings have important implications for LTC policy, as they suggest that preferences over care arrangements have shifted in ways that are likely to persist over time. Many individuals continue to report some reluctance to enter nursing homes. At the same time, public funding in Canada (but also in other countries, such as France or Belgium) remains largely focused on institutional care, creating a potential mismatch between policy design and household preferences. This mismatch may prompt households to rely more heavily on private savings to finance home care, potentially reducing pre-retirement consumption and lowering overall lifetime utility (in the absence of the option to purchase LTC insurance). The strong association between nursing-home aversion and saving behavior suggests that individuals are already adjusting their financial decisions in anticipation of future care needs. Nursing-home aversion is also consistently linked to greater support for home-care subsidies across all demographic groups, indicating that concerns about institutional care are broadly shared. Taken together, these findings underscore

the need to reassess the design and financing of LTC policies in the post-pandemic context, particularly with regard to the allocation of resources between nursing homes and home-based care.

The remainder of the paper is organized as follows. In Section 2, we review the related literature. Section 3 describes the survey design, data, and key variables. In Section 4, we examine the persistence of nursing-home aversion and its association with saving behavior and policy preferences. Section 5 explores heterogeneity in these relationships across demographic and socioeconomic groups. Section 6 discusses the policy implications of our findings, and concludes.

2 Related Literature

The paper most closely related to ours is [Achou et al. \(2022\)](#), which analyzes how the COVID-19 pandemic reshaped preferences about LTC arrangements and associated changes in economic behavior. Combining a theoretical model with survey evidence collected during the first phase of the pandemic, the authors show that increased nursing-home aversion is associated with stronger precautionary saving intentions and greater support for public subsidies to home care. Their framework highlights a clear mechanism that links care preferences, private saving behavior, and policy attitudes in the presence of pandemic-related risk perceptions. However, because their data were collected during the first phase of the pandemic (end of 2020), their analysis cannot distinguish between short-run reactions to an acute health crisis and persistent changes in preferences and economic behavior. The current paper complements [Achou et al. \(2022\)](#) by examining whether the changes in nursing-home aversion, saving intentions, and policy attitudes documented in 2020 persist in the post-pandemic period. Using data from the new follow-up survey collected in 2023, we directly test the persistence of these behavioral and policy responses and assess how they vary between demographic and socioeconomic groups.

The growing literature in economics views the COVID-19 pandemic not merely as a transitory health shock, but as a preference and risk-perception shock with important implications for forward-looking economic behaviors. Rather than affecting only contemporaneous outcomes, the pandemic altered individuals' beliefs about health risk, mortality, institutional reliability, and financial security. Using experimental and survey evidence, [Hurwitz et al. \(2021\)](#) find that COVID-19 led to changes in expectations about health risks and financial security, with implications for retirement planning and precautionary savings. Similarly, [Bundorf et al. \(2025\)](#) show that changes in perceived health risk during the pandemic led to the avoidance of economic and social activities, indicating that belief updates can influence behavior beyond immediate health concerns. Evidence from the UK by [Di Novi et al. \(2023\)](#) further demonstrates that disruptions of formal and informal care during COVID-19 affected psychological well-being and perceptions of care environments, reinforcing the idea that institutional care risk became more prominent.

In the Canadian context, [Funk et al. \(2025\)](#) show a marked increase in preferences to die at home rather than in institutional settings, indicating that the pandemic reshaped attitudes towards different LTC arrangements. However, whether these changes persist several years after the crisis—particularly in the context of nursing-home aversion and associated financial decisions—remains largely unexplored. This paper addresses this gap by examining the persistence of these preferences and behavioral responses in the post-pandemic period.

Survey data provide a useful framework for studying beliefs, intentions, and policy preferences that cannot be observed directly from observed behavior. In forward-looking domains such as retirement planning and LTC arrangements, decisions are based on subjective expectations about health risks, future costs, and institutional quality. Surveys allow researchers to measure these expectations and identify variations in perceived risks that would otherwise remain unobserved ([Stantcheva, 2023](#)). In addition, a large literature shows that the stated saving intentions and expectations contain important information about actual future economic behavior ([Lusardi, 2003](#); [Hurwitz et al., 2021](#); [Lhaopadchan et al., 2025](#)). Building on this survey-based approach, we use data collected in 2023 to directly measure LTC preferences, saving intentions, and policy attitudes, allowing us to assess whether pandemic-induced belief changes persisted over time.

A central strand of the LTC literature establishes that the LTC risk is large, highly skewed, and only partially insured, making it a primary driver of precautionary savings at older ages. Using life-cycle structural models calibrated with U.S. data, [De Nardi et al. \(2010\)](#), [Kopecky and Koreshkova \(2014\)](#), and [Ameriks et al. \(2020\)](#) show that the risk of high and persistent LTC expenditures—particularly conditional on nursing home entry—substantially increases asset holdings among older households. In Canada, there are universal subsidies for LTC, so the overall LTC expenditure risk is much smaller than in the U.S. where there are only means-tested subsidies (Medicaid). However, in Canada, subsidies are mostly concentrated on nursing home care, resulting in higher out-of-pocket costs for those who use home care. In the Canadian context, [Achou et al. \(2026\)](#) develop a structural model calibrated to survey responses in which the marginal utility of resources varies depending on the type of LTC used. The authors find a significantly higher marginal utility of resources under home care, leading to more savings when individuals expect to rely on home care. Building on this literature, the present paper shows that a stronger preference to use home care caused by the pandemic leads to consistently higher intended savings for old age. This paper provides direct evidence that LTC preferences, in fact, influence forward-looking financial decisions in the post-pandemic period.

Expanding public support for home care can improve the efficiency of LTC financing and resource allocation. Recent quantitative work by [Koreshkova and Lee \(2020\)](#) shows that subsidizing home care is the most efficient way to expand public LTC support. This view is consistent with evidence from [Clavet et al. \(2022\)](#), which shows that a reform package combining a shift toward more intensive home care, greater public coverage, and greater neutrality of public support

in all care arrangements (i.e., subsidies are not limited only to nursing homes) could generate substantial cost savings in Quebec. It is also consistent with [Courbage and Oros \(2024\)](#), who find that subsidizing mild dependency strengthens coverage in economies where private markets are the weakest. In general, this literature points to home-care subsidies as a central policy lever in shaping LTC choices and public spending. Our findings reinforce this perspective by demonstrating that persistent nursing-home aversion translates into greater support for home-care expansion, connecting preference shifts to the political feasibility of these reforms.

3 Survey Design and Sample

3.1 Survey Overview

This study relies on data from a custom-designed online survey administered in 2023 to residents of Ontario and Québec. The survey was partly motivated by the objective of assessing whether the changes in preferences and behaviors documented in the [Achou et al. \(2022\)](#) survey remain persistent. The 2023 sample consists of individuals aged 45 to 59 who were employed at the time of the survey. The sample composition differs from the 2020 survey (age 50–70), as the 2023 survey also aims to examine how respondents would adjust their labor supply if their parents required LTC, a question examined in separate work.

The survey modules used in this paper include questions about LTC preferences, planned saving behavior, support for public home-care policies, and key demographic and socioeconomic characteristics. These modules allow us to measure LTC attitudes in the post-pandemic period and to examine how they relate to forward-looking financial decisions. By restricting the sample to employed individuals in midlife, we focus on a stage of their life cycle in which expectations regarding future LTC needs are most likely to shape saving behavior and policy preferences.

3.2 Sample Characteristics

[Table 1](#) reports summary statistics for the sample of the 2023 survey (the last column). The survey includes 2,300 respondents, 54.1% residing in Ontario and 45.9% in Quebec. The sample is evenly distributed by gender, with 49.1% male and 50.8% female respondents. The age distribution reflects the targeted range of 45–59 years. In the 2023 wave, 22.7% of respondents are aged 45–49, 20.6% are aged 50–54, and a majority (56.6%) is aged 55–59. Educational attainment in the sample is concentrated at the post-secondary level, with a substantial share of respondents holding undergraduate and graduate degrees. In terms of economic characteristics, the mean annual income is approximately CAD 70K and the mean reported total wealth is approximately CAD 900K. All respondents were employed at the time of the survey, consistent with the eligibility criteria.

All summary statistics reported in this table are weighted using survey weights constructed to ensure that the sample is representative of the population in Ontario and Quebec. Following

[Achou et al. \(2022\)](#), the survey weights are constructed based on the joint distribution of age, gender, and education using population statistics from the 2016 Canadian Census and January 2021 Labour Force Survey. These weights correct for potential under- or over-representation of specific demographic groups in the survey sample. Unless otherwise noted, all empirical results reported in the following subsections use these survey weights.

We compare these characteristics with those of the 2020 survey used in [Achou et al. \(2022\)](#). The two samples are broadly similar along the observable dimensions. The most noticeable difference is age composition: the 2020 survey targeted individuals aged 50-70, while the 2023 survey focuses on employed individuals aged 45-59 years. This difference has implications for observable characteristics such as employment status and income levels. To account for this difference, we present comparisons using both the full sample and a restricted sample limited to the common age range of 50–59.

Table 1: Summary Statistics: Demographics, Family, and Economic Characteristics

Category	Subcategory	2020	2023
Province	Ontario	61.0	54.1
	Québec	39.0	45.9
Age group	45–49	–	22.7
	50–54	28.4	20.6
	55–59	27.6	56.6
	60–64	23.4	–
	65–69	20.5	–
Gender	Male	48.6	49.1
	Female	51.4	50.8
Education	Less than HS	4.3	2.3
	High School	38.9	21.9
	Trade	6.5	5.3
	College	23.0	25.1
	Some Undergraduate	5.9	7.5
	Undergraduate	13.9	24.1
	Graduate	7.6	13.7
Marital status	Married	51.8	47.7
	Common-law	13.6	20.9
	Widowed	3.6	1.8
	Separated	3.7	3.7
	Divorced	10.8	8.1
	Never married	16.4	17.6
Has child	Yes	66.8	–
	No	33.2	–
Child within 20km	Yes	51.0	–
	No	49.0	–
Parent within 20km	Yes	–	53.2
	No	–	46.7
Work status	Employed	55.0	87.1
	Retired	35.3	–
	Looking for work	2.9	–
	Non-retired	6.8	–
	Self-Employed	–	12.9
Income (mean)		65,894	69,018
Total wealth (mean)		765,205	885,978
Sample size (N)		3004	2300

Notes: Percentages of the sample in the corresponding categories are reported unless otherwise indicated. Income and total wealth are reported as sample means (in 2020 CAD). “–” indicates the item was not applicable in that survey wave.

3.3 Key Survey Questions

Our analysis focuses on three primary outcomes: (i) nursing home aversion, (ii) intended savings for old age, and (iii) support for public subsidies for home care.

Nursing home aversion is measured using the following question:

“Imagine you will need help with activities of daily living (ADLs) in the future. Would you say that because of the COVID-19 pandemic, you are:

- (1) More inclined to enter a nursing home than before the pandemic.*
- (2) Less inclined to enter a nursing home than before the pandemic.*
- (3) As inclined to enter a nursing home as before the pandemic.”*

We define nursing-home aversion as respondents who report being less inclined to enter a nursing home due to the pandemic.

The intended saving behavior is captured using the following question:

“Because of the COVID-19 pandemic, has your willingness to save for when you are older changed?”

- (1) Yes, I am willing to save less.*
- (2) Yes, I am willing to save more.*
- (3) No.”*

We define an indicator for increased intended savings equal to one for respondents who report being willing to save more, and zero otherwise. For those with increased intended savings, the survey includes a follow-up question on actual behavior:

“Have you effectively started to save more?”

- (1) Yes.*
- (2) No.”*

Support for public home-care subsidies is measured using the following question:

“Suppose the government were to propose a policy to increase access to home care for people needing help with activities of daily living (ADLs). This policy would subsidize home care provided by either professionals or by family and relatives, to reduce elderlies’ likelihood of going to a nursing home. In turn, the government would increase taxes to finance this policy. What would be your opinion about such a policy?”

- (1) I would very much disagree with this plan.*
- (2) I would disagree with this plan.*
- (3) I would agree with this plan.*
- (4) I would very much agree with this plan.”*

We measure the support for home-care subsidies using the level of agreement with the policy, coded on a four-point scale that ranges from strong disagreement (1) to strong agreement (4).

These measures allow us to examine whether perceived changes in nursing home risk are associated with adjustments in saving behavior and support for home-care policies. In [Section 4](#), we present descriptive evidence on these outcomes based on responses to these questions. The complete questionnaire is provided in the appendix.

4 Persistence of Nursing-Home Aversion and Associated Behavioral Responses

4.1 Persistence in LTC Preferences

[Achou et al. \(2022\)](#) document substantial shift in LTC preferences and associated behavioral responses during the first phase of the COVID-19 pandemic, including widespread nursing-home aversion, higher intended savings for old age, and strong support for home-care subsidies. As discussed earlier, because the data were collected during the acute phase of the crisis, it is unclear whether the responses reflect temporary reactions or persistent changes in preferences and economic behavior. Using the 2023 follow-up survey, we directly compare the outcomes of the 2020 and 2023 surveys to examine whether these changes persisted beyond the immediate pandemic period.

Nursing-home aversion remains widespread in 2023 ([Table 2](#)). Although the share of respondents who report being less inclined to enter a nursing home declines from 71.7% in 2020 to 53.1% in 2023, more than half of the respondents continue to express increased nursing home aversion. At the same time, the fraction of respondents intending to save more rises from 26.9% in 2020 to 35.4% in 2023, and roughly 70% of those planning to save more report having already started doing so. Support for subsidizing home care also remains strong, as two-thirds of respondents in 2023 agree or strongly agree with such policies, even if it means higher taxes. Overall, the results suggest that these behavioral and preferred policy responses did not disappear after the crisis but instead reflect lasting changes in LTC preferences and planned saving behavior.

Table 2: Distribution of Preferences and Saving Responses Across Survey Waves

Category	Response	2020	2023
Nursing Home Aversion	No change	26.1	39.2
	Less Inclined	71.7	53.1
	More Inclined	2.1	7.8
	N	2516	2300
Save for Old Age	No change	69.1	58.4
	Yes, save less	4.1	6.2
	Yes, save more	26.9	35.4
	N	2755	2300
Started Saving More	Yes	–	70.2
	No	–	29.8
	N	–	863
Support for Home Care Subsidy	Very much disagree	11.5	12.6
	Disagree	20.1	20.0
	Agree	48.2	50.6
	Very much agree	20.2	16.7
	N	2504	2300

Table 3 reports persistence in LTC preferences and related economic responses among individuals aged 50–59, the common age group in the two surveys. In this subsample, the share reporting being less inclined to enter a nursing home decreases from 68.7% in 2020 to 53.4% in 2023, but a majority of this age group still expresses aversion to nursing-home care. The higher intention to save is slightly more common in this age group than in the full sample (31.4% versus 26.9%) in 2020, while in 2023, the fraction is comparable to the full sample (33.7%). Among those who intend to increase savings in 2023, 72.3% indicate that they have already started saving more. Support for home-care subsidies is also broadly stable over periods as well as between this age group and the full sample. Taken together, these comparisons confirm that the persistence documented in the full sample also holds within the age group common to the two surveys.

Table 3: Distribution of Preferences and Saving Responses Across Survey Waves (50-59)

Category	Response	2020	2023
Nursing Home Aversion	No change	28.6	38.7
	Less Inclined	68.7	53.4
	More Inclined	2.7	7.9
	N	1059	1404
Save for Old Age	No change	63.9	59.7
	Yes, save less	4.7	6.6
	Yes, save more	31.4	33.7
	N	1168	1404
Started Saving More	Yes	–	72.3
	No	–	27.7
	N	–	493
Support for Home Care Subsidy	Very much disagree	12.9	13.1
	Disagree	20.5	20.3
	Agree	46.2	49.8
	Very much agree	20.3	16.7
	N	1040	1404

4.2 Saving Responses to Nursing-Home Aversion

In this section, we examine whether nursing-home aversion is associated with higher intended savings for old age. Table 4 reports estimates from linear probability models. The dependent variable is the indicator of increased intended savings defined in Section 3, equal to one if the respondents report planning to save more for old age and zero otherwise (including those reporting saving less or no change). The key explanatory variable is an indicator of whether the respondent reports being less inclined to enter a nursing home following COVID-19.

The linear probability model is given by:

$$SaveMore_i = \alpha + \beta NHaversion_i + X_i' \gamma + \varepsilon_i.$$

Here, $SaveMore_i$ is an indicator equal to one if the respondent i reports planning to save more for old age, and zero otherwise. $NHaversion_i$ is an indicator equal to one if the respondent i reports being less inclined to enter a nursing home due to the COVID-19 pandemic. X_i is a vector of demographic and socioeconomic controls, with γ being the vector of corresponding coefficients. The coefficient of interest is β , which captures the association between nursing-home aversion and the probability of planning to save more. α is the slope and ε_i is the error term.

Unless otherwise stated, the same set of demographic and socioeconomic controls is used across all specifications. These controls include gender, age group, province of residence, education categories, marital status, number of health conditions, income, and wealth. Work status

is not included as control in the 2023 sample, as by design, all respondents are employed. For complete regression results, including the coefficients for all control variables, see [Appendix A \(Table A1\)](#).

Consistent with the findings of [Achou et al. \(2022\)](#), nursing-home aversion is positively associated with higher saving intentions. In 2020 data, respondents who report being less inclined to enter a nursing home are about 8 percentage points more likely to report plans to increase savings for old age, when no controls are used (column (1)). The magnitude of this relationship is even larger in the 2023 survey. Nursing-home-averse respondents are about 12 percentage points more likely to report higher intended savings for old age (column (3)). This is a substantial difference given the unconditional chance of reporting planning to save more (35%). These estimates remain statistically significant with similar magnitudes when controlling for demographic and socioeconomic characteristics (columns (2) and (4)).

Taken together, these results suggest that the relationship between nursing-home aversion and precautionary saving behavior persists after the pandemic. In other words, individuals who report an increased aversion to institutional LTC continue to report stronger intentions to accumulate private savings for old age.

As a robustness check, we also repeat the analysis using only respondents in the common age range between the two surveys (50–59 years). The results are presented in [Appendix B](#). The estimates are similar, which confirms that the persistence of the relationship is not driven by differences in the age composition of the two samples ([Table B2](#)).

Table 4: Effect of Nursing-Home Aversion on Saving Intentions

	(1)	(2)	(3)	(4)
	2020	2020	2023	2023
Less Inclined	0.085*** (0.028)	0.101*** (0.028)	0.122*** (0.025)	0.120*** (0.026)
N	2374	2271 ^a	2300	2300
Controls	No	Yes	No	Yes
Sampling Weights	Yes	Yes	Yes	Yes

Standard errors in parentheses * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

^a The reduction in the number of observations is due to missing values in control variables.

4.3 Support for Home-Care Subsidies and Nursing-Home Aversion

Next, we examine whether nursing-home aversion is associated with a higher support for policies that subsidize home care. The dependent variable measures respondents' level of agreement with the statement that the government should subsidize home care, even if it implies higher taxes. Responses are recorded on a four-point scale ranging from *very much disagree* to *very much agree*. We estimate a generalized ordered logit model for both survey waves, which relaxes the

proportional-odds restriction while preserving the ordinal structure of the dependent variable.¹

The regression specification is given by:

$$P(HCsubsidy_i > j) = \frac{\exp(\alpha_j + \beta_j NHaversion_i + X_i' \gamma_j)}{1 + \exp(\alpha_j + \beta_j NHaversion_i + X_i' \gamma_j)}, \quad j = 1, 2, 3.$$

Here, $HCsubsidy_i$ is the respondent's level of support for home-care subsidies, coded from 1 to 4, where 1 denotes "very much disagree" and 4 denotes "very much agree." For example, the probability of this variable belonging to category 4 corresponds to the left-hand side of the equation when $j = 3$. The probability of this variable belonging to category 1 corresponds to one minus the left-hand side of the equation when $j = 1$. For the middle categories, we can compute the probabilities between the left-hand side of the equation between appropriate values of j 's. $NHaversion_i$ is an indicator equal to one if the respondent i reports being less inclined to enter a nursing home due to the COVID-19 pandemic. X_i is a vector of demographic and socioeconomic controls, with γ being the vector of corresponding coefficients. The generalized ordered logit model allows the coefficients, including β_j , to vary across thresholds. α_j is the slope, again specific to each threshold.

Table 5 reports marginal effects, that is, the change in the probability of selecting each response category associated with being less inclined to enter a nursing home. The estimates show that nursing-home aversion is associated with stronger support for home-care subsidies in both survey waves, with some key differences in the patterns.

In 2020, the most noticeable impact is the increase in the chance of *very much agreeing* with subsidizing home care, at the expense of the chance of *agreeing* with such a policy. This suggests a shift from moderate to stronger support. In 2023, nursing-home-averse respondents are more likely to report *very much agreeing* or *agreeing* with subsidizing home care, while less likely to report *very much disagreeing* or *disagreeing*. Unlike in 2020, the effect on *very much disagree* and *disagree* becomes statistically significant in 2023. This suggests that nursing-home aversion is associated not only with stronger support at higher levels of agreement, but also with a lower likelihood of opposition. As long as political feasibility depends primarily on the share of people who agree with the policy, aversion to nursing homes plays a more influential role in making home-care subsidies feasible in 2023.

The results remain robust when focusing on the 50–59 age group (Table B3). The same pattern persists, with nursing-home aversion associated with stronger support for home-care subsidies and a lower likelihood of disagreement, particularly in 2023. The effects are larger in the 50–59 subsample in 2023, with more polarized responses relative to the full sample.

These findings indicate that nursing-home aversion is associated not only with greater intended precautionary savings, but also with stronger policy support for expanding home-care subsidies. The persistence of this relationship in the 2023 data suggests that the changes in LTC

¹The Brant test rejects the proportional-odds assumption of the standard ordered logit model.

preferences that emerged during the COVID-19 pandemic continue to shape individual attitudes (or behaviors) years after the peak of the crisis.

Table 5: Effect of Nursing-Home Aversion on Support for Home-Care Subsidies

	(1)	(2)	(3)	(4)
	2020	2020	2023	2023
1. Very much disagree	0.000 (0.019)	0.014 (0.019)	-0.028** (0.012)	-0.020* (0.011)
2. Disagree	-0.035 (0.026)	-0.034 (0.026)	-0.028** (0.011)	-0.020* (0.011)
3. Agree	-0.082** (0.032)	-0.078** (0.033)	0.021** (0.008)	0.014* (0.007)
4. Very much agree	0.117*** (0.026)	0.097*** (0.027)	0.036** (0.015)	0.026* (0.014)
N	2229	2140 ^a	2300	2300
Controls	No	Yes	No	Yes
Sampling Weights	Yes	Yes	Yes	Yes

Standard errors in parentheses. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$. Coefficients on control variables are not reported due to the large number of covariates. Full regression results are available from the authors upon request. ^a The reduction in the number of observations is due to missing values in control variables.

5 Heterogeneity in Nursing-Home Aversion and Associated Responses

We now examine whether post-pandemic nursing-home aversion and its association with saving behavior and support for home-care subsidies differ across demographic and socioeconomic groups. Understanding this heterogeneity allows us to determine whether these changes represent a general shift in preferences or are driven by specific demographic and socioeconomic subgroups, with important implications for the political feasibility of LTC reforms.

5.1 Heterogeneity in Post-Pandemic Preferences

We begin by documenting differences in the distribution of preferences between groups using the survey data for 2023. The results are reported in [Appendix C](#).² The results indicate that nursing-home aversion, planning to save more, and support for home care subsidies remain widespread across all groups considered, with some notable variations.

²To save space, we do not report the results from the 2020 survey. The patterns from the 2020 survey are comparable to the 2023 survey.

First, there are modest differences between provinces ([Table C1](#)). Respondents in Ontario are slightly more likely to report being less inclined to enter a nursing home (55%) compared to those in Quebec (51%). At the same time, Ontario respondents are more likely to report plans to save more for old age (38% vs. 32%), while support for home-care subsidies remains high in both provinces, though somewhat stronger in Quebec at the upper end of the distribution (“very much agree”; 18% in Quebec vs. 16% in Ontario).

Second, there are notable differences by gender ([Table C2](#)). Nursing-home aversion is substantially higher among women (58%) than among men (48%). Despite this difference in levels, intended saving behavior is broadly similar across genders. However, women exhibit stronger support for home-care subsidies, with a higher probability of reporting “very much agree” and a lower likelihood of disagreement. This pattern may reflect gender differences in perceptions of risks associated with institutional LTC. Risks regarding nursing homes can be more salient to women because their life expectancy is higher and they are less likely to rely on their spouses when they need LTC.

Third, differences by education reveal a clear gradient ([Table C3](#)). University-educated respondents are more likely to report nursing-home aversion (57% vs. 40%) and are also more likely to plan to increase savings for old age (38% vs. 33%). They also express stronger support for home-care subsidies, particularly at higher levels of agreement. This pattern is consistent with more educated individuals paying more attention to media coverage of nursing home deaths, being capable of saving more when needed, and being more supportive of progressive policies.

Fourth, heterogeneity by income shows a similar pattern ([Table C4](#)) as by education. Respondents with above-median income are more likely to report both nursing-home aversion (56% vs. 52%) and plans to save more for old age (39% vs. 34%). They also display stronger support for home-care subsidies. These differences suggest that financial capacity may play a role in shaping both private responses and attitudes toward public policies that address LTC risk.

In contrast, differences by other dimensions, such as homeownership and marital status, are relatively small ([Table C5–Table C6](#)). Nursing-home aversion and policy support are broadly similar between homeowners and non-homeowners, as well as between married and non-married respondents. Similarly, while individuals with multiple health conditions exhibit slightly higher nursing-home aversion, the differences in planned saving behavior and policy support across health groups are modest ([Table C7](#)).

Taken together, while there are some noticeable patterns in LTC preferences and saving intentions and policy support across various groups considered, for all of those groups, we find significant nursing home aversion, intention to save more, and support of home-care subsidies. This clearly supports the political feasibility of home-care subsidies: Regardless of which socio-demographic groups they primarily cater to, all political parties could give serious consideration to such a policy.

5.2 Heterogeneity in the Saving Response to Nursing-Home Aversion

Next, we examine whether the relationship between nursing-home aversion and intended saving behavior differs between demographic and socioeconomic groups. Specifically, we estimate separate regressions by subgroup and test whether the effect of nursing-home aversion on the probability of reporting plans to save more for old age varies significantly across categories.

To complement the regression analysis, we first present graphical evidence on the relationship between nursing-home aversion and saving behavior across demographic and socioeconomic groups ([Figure 1](#)). The figures report the share of respondents who plan to save more for old age, separately for individuals with and without nursing-home aversion³, by demographic and socioeconomic groups. This provides a transparent comparison of how the association varies across groups before controlling for other characteristics.

The graphs in [Figure 1](#) show that the association between nursing home aversion and intention to save more holds across all groups considered. These graphical patterns are confirmed by the regression estimates reported in [Table 6](#). The regressions include the same set of controls as in the baseline specification, except for the variable used to define the subgroup. In the 2023 data, nursing-home aversion is positively and significantly associated with higher intended savings for old age in all subgroups considered (the second column). The estimated effects are quantitatively similar across provinces, gender, education, and income groups, and the equality of coefficients cannot be rejected across most group comparisons (the third column).

An exception arises for homeownership status, where the effect is somewhat larger for non-homeowners than for homeowners. One possible explanation is that homeowners can partly rely on housing wealth to finance future LTC expenses, either by selling their house or using it as collateral. Non-homeowners, by contrast, have less access to this form of self-insurance and may therefore respond more strongly to perceived LTC risk by increasing financial savings. However, even in this case, the qualitative relationship remains the same between the groups.

In general, these findings indicate that the association between nursing-home aversion and precautionary saving behavior is widespread across the population. Although the magnitude of the response varies slightly between groups, the direction and significance of the relationship remain stable. This provides an explanation for why the intention to save more was not confined to certain demographic and socio-economic groups, as shown in [Section 5.1](#).

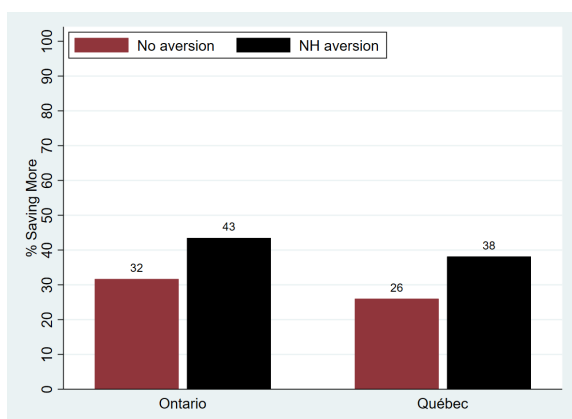
A similar pattern is observed in the 2020 data, where nursing-home aversion is also positively associated with higher intended savings across all subgroups (not reported). This suggests that increased precautionary savings caused by nursing home aversion is a persistent phenomenon.

³The comparison group combines respondents who report no change in their inclination and those who report being more inclined to enter a nursing home.

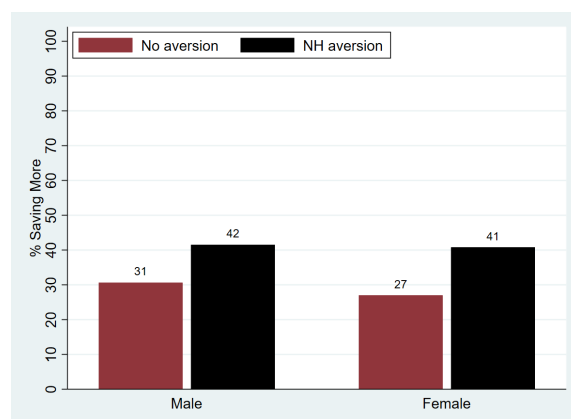
Table 6: Heterogeneity in the Effect of Nursing-Home Aversion on Saving Intentions, 2023 data

Category	Coefficient	$H_0: \beta_1 = \beta_2$ (p-value)
Quebec	0.11***	0.72
Ontario	0.13***	
Female	0.14***	0.45
Male	0.10***	
University	0.13***	0.71
High School or less	0.11***	
Married	0.14***	0.34
Not married	0.08*	
Low Income	0.12***	0.88
High Income	0.11***	
Homeowner	0.09***	0.05
Non-homeowner	0.20***	

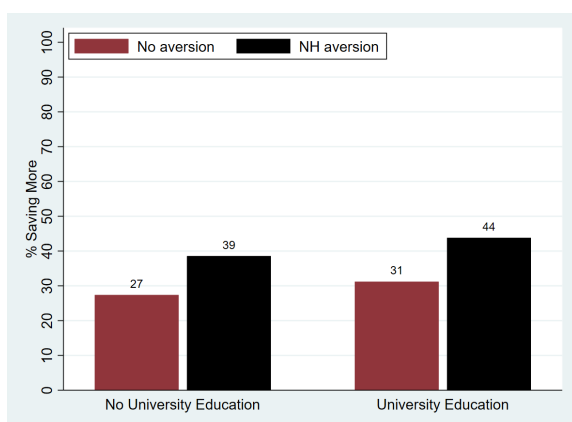
Standard errors in parentheses. The regressions include the same controls as in the regression using the entire sample. Stars in the second column are for the null hypothesis that each coefficient is zero. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$. The third column shows the p-value with respect to the null hypothesis that the coefficients are the same between the two groups considered.



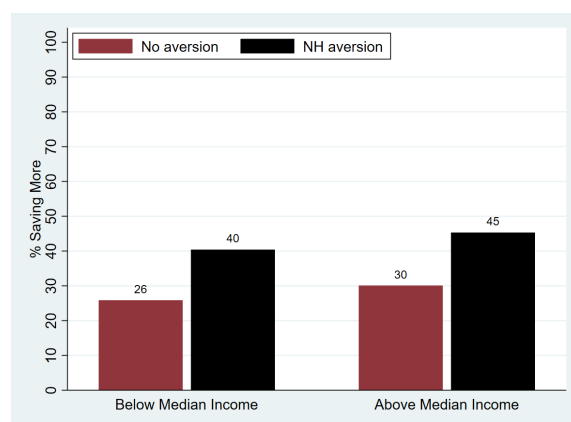
(a) Province



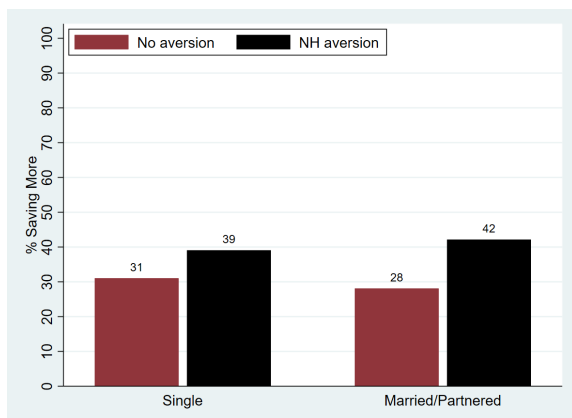
(b) Gender



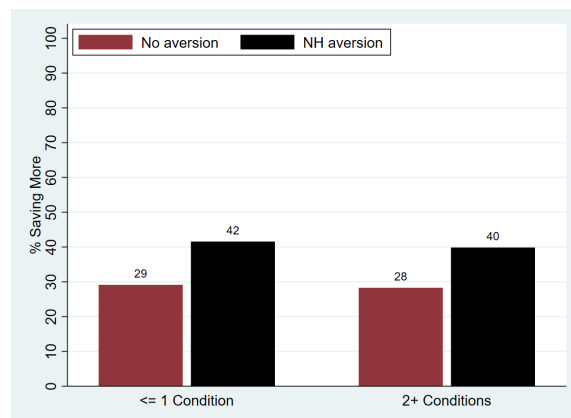
(c) Education



(d) Income



(e) Marital Status



(f) Health Conditions

Figure 1: Saving Intentions by Nursing-Home Aversion Across Groups, 2023 data

5.3 Heterogeneity in the Link between Nursing Home Aversion and Support for Home-Care Subsidies

Finally, we examine whether the relationship between nursing-home aversion and support for home-care subsidies differs across groups. As before, we estimate subgroup-specific regressions and test whether the effect of nursing-home aversion on policy support varies significantly across demographic and socioeconomic categories. We also visualize the association between nursing home aversion and policy supports by these groups in [Figure 2](#).

As for saving behavior, the graphs in [Figure 2](#) show that the impact of nursing home aversion on support for home-care subsidy appears broadly consistent across groups. The regression results reported in [Table 7](#) are overall in line with the message from the figures. Each subgroup regression includes the same set of controls as in the baseline specification, except for the variable used to define the subgroup. In most subgroups (9 out of 12 cases considered), nursing-home aversion is associated with a higher probability of supporting home-care subsidies. The smaller sample sizes in group-wise estimation make the estimates noisier, so many of the estimates are not statistically significant. With that caveat, we do not find any statistically significant differences in the estimated coefficients between the subgroups. These findings then suggest that the link between nursing-home aversion and policy preferences is not concentrated within specific segments of the population.

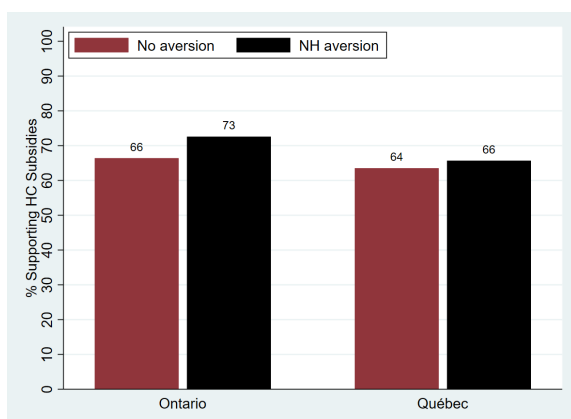
The 2020 results (not reported here) show that nursing-home aversion is also associated with stronger support for home-care subsidies across most subgroups. The only noticeable difference is that there is a statistically significant difference in the estimates by homeownership status: the association is significantly stronger among non-homeowners than homeowners.

Overall, although estimates are noisy with small sample sizes in group-wise estimation, qualitatively, the graphs in [Figure 2](#) and the estimates in [Table 7](#) consistently show that support for home-care subsidies is uniformly higher among individuals with nursing-home aversion for most of the considered groups. This consistency, combined with widespread nursing home aversion, provides an explanation for the strong support for home-care subsidies.

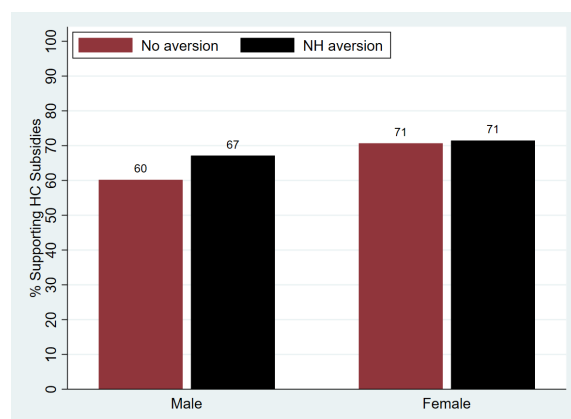
Table 7: Heterogeneity in the Effect of Nursing-Home Aversion on Support for Home-Care Subsidies, 2023 data

Category	Coefficient	$H_0: \beta_1 = \beta_2$ (p-value)
Quebec	0.006	0.38
Ontario	0.05	
Female	-0.007	0.18
Male	0.06	
University	0.03	0.85
High School or less	0.02	
Married	0.004	0.22
Not married	0.08*	
Low Income	-0.002	0.29
High Income	0.05**	
Homeowner	0.04	0.21
Non-homeowner	-0.026	

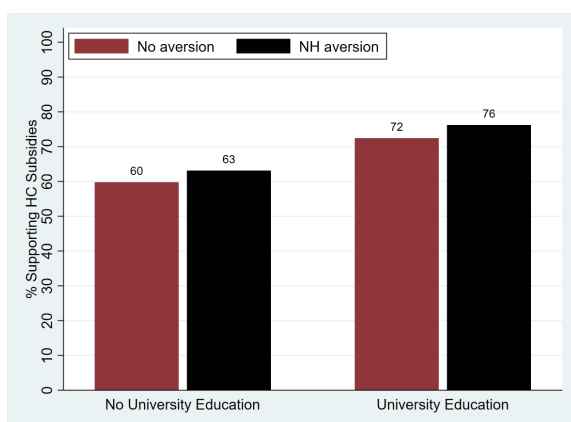
Standard errors in parentheses. The table shows the estimates from a generalized ordered logit model where the dependent variable is a dummy variable of whether the respondent agrees (which includes both “agree” and “very much agree”) with home-care subsidies. The regressions include the same controls as in the regression using the entire sample. Stars in the second column are for the null hypothesis that each coefficient is zero. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$. The third column shows the p-value with respect to the null hypothesis that the coefficients are the same between the two groups considered.



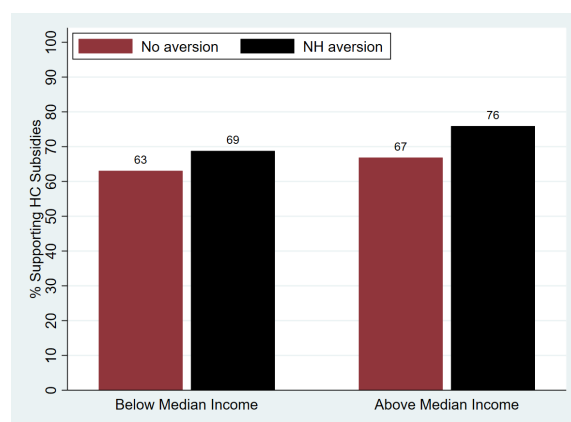
(a) Province



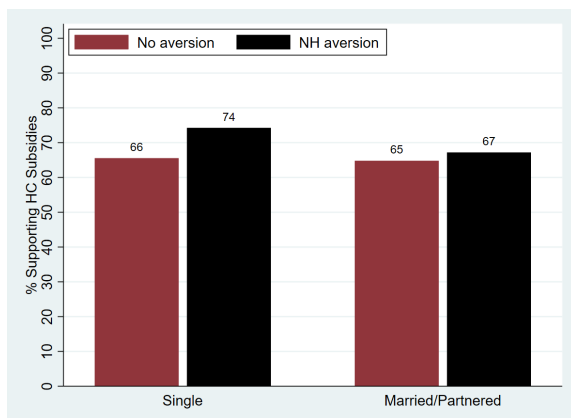
(b) Gender



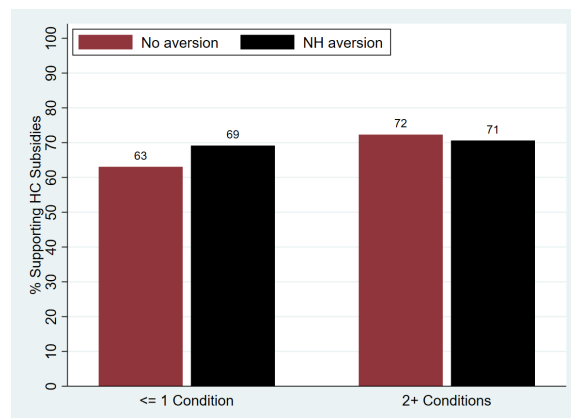
(c) Education



(d) Income



(e) Marital Status



(f) Health Conditions

Figure 2: Support for Home-Care Subsidy by Nursing-Home Aversion Across Groups, 2023 data

6 Discussion and Policy Implications

This paper provides new evidence that the COVID-19 pandemic has led to persistent changes in LTC preferences, with important implications for both household behavior and public policy. Using a survey conducted in 2023 and comparing responses to those from the 2020 survey, we show that nursing-home aversion remains widespread several years after the peak of the crisis and continues to shape both saving decisions and policy preferences. These findings suggest that the pandemic should not be viewed as a temporary health shock, but rather as a shock to beliefs and preferences with lasting economic consequences.

A central implication of our results is the emergence of a systematic misalignment between household preferences and the current structure of LTC financing. In Canada, public subsidies are heavily concentrated on institutional care, while home care remains largely financed out of pocket. At the same time, a substantial share of individuals report being less willing to rely on nursing homes and express strong support for policies that expand access to home care, even when such policies require higher taxes. This divergence between preferences and policy design implies that the current system may not be efficient from a welfare perspective.

From an economic standpoint, this misalignment generates two important distortions. First, our results show that nursing-home aversion is associated with a significant increase in intended saving behavior. This suggests that households internalize the higher expected cost of home-based care and adjust their financial decisions accordingly. However, this private adjustment is likely to be inefficient. In the absence of well-functioning insurance markets for LTC, self-insurance in the form of precautionary savings leads to lower consumption earlier in life and may result in suboptimal intertemporal allocation of resources.

Second, the current system may induce inefficient care choices. When home care is relatively more expensive due to limited public support, individuals may face a trade-off between their preferred care setting and financial constraints. This can lead to over-reliance on institutional care relative to what would be chosen under a more neutral subsidy structure. In this context, expanding home-care subsidies can improve allocation efficiency by allowing for choices that are better aligned with individual preferences.

Importantly, our heterogeneity analysis shows that these patterns are not confined to specific subgroups, but are broadly shared across the population. While there are some variations across demographic and socioeconomic groups, nursing-home aversion, higher intended saving behavior, and support for home-care subsidies are prevalent among all the groups we examined. The relationship between nursing-home aversion, precautionary savings, and support for home-care subsidies is stable between the groups. This has direct implications for LTC policy design. Policies that expand home-care subsidies are unlikely to benefit only a narrow segment of the population; rather, they reflect preferences that are widely held. As a result, the political feasibility of such reforms is likely to be greater than implied by analyses that focus solely on aggregate levels of support. For example, all the political parties, regardless of which socio-

demographic groups they mainly cater to, would support such reforms.

These findings provide strong support for the restructuring of the LTC policy toward greater investment in home care. From a welfare perspective, increasing public support for home care can reduce inefficient precautionary savings, improve consumption smoothing throughout the life cycle, and allow individuals to access their preferred mode of care. From a fiscal perspective, existing evidence suggests that home care can be a cost-effective alternative to institutional care ([Koreshkova and Lee, 2020](#)), particularly for individuals with mild to moderate dependency. Our results complement this literature by showing that such policies are also aligned with household preferences and are supported by a broad base of the population. This also supports the current trend where many countries prioritize “ageing-at-home” ([Pani-Harreman et al., 2021](#)).

Overall, the evidence presented in this paper suggests that the post-pandemic environment calls for a reassessment of how LTC is financed and delivered. A policy framework that places greater emphasis on home-based care—through expanded subsidies and improved access—has the potential not only to enhance welfare but also to better reflect the preferences and expectations of individuals in the post-pandemic period.

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Appendix A Full Regression Results

Table A1: Saving Intentions and Nursing-Home Aversion

	2020		2023	
	(1)	(2)	(3)	(4)
Less inclined to enter NH	0.085*** (0.028)	0.101*** (0.028)	0.122*** (0.026)	0.120*** (0.026)
Female		0.021 (0.026)		-0.017 (0.026)
Age 50–54		–		-0.053** (0.024)
Age 55–59		-0.041 (0.039)		-0.069*** (0.027)
Age 60–64		-0.120*** (0.037)		–
Age 65–69		-0.132*** (0.038)		–
Quebec		-0.068*** (0.025)		-0.055** (0.027)
College		0.001 (0.032)		0.023 (0.040)
University		0.014 (0.031)		0.049 (0.039)
Common-law		0.021 (0.037)		-0.019 (0.037)
Widowed		0.080 (0.065)		-0.174* (0.095)
Separated		0.044 (0.076)		0.027 (0.069)
Divorced		0.043 (0.044)		-0.069 (0.050)
Never married		0.051 (0.040)		0.025 (0.035)
Number of health conditions		0.019 (0.015)		0.010 (0.013)
Income		0.000 (0.000)		0.000 (0.000)
Wealth / Saving		0.000 (0.000)		-0.000 (0.000)
Risk averse		0.022 (0.025)		
Constant	0.222*** (0.023)	0.228*** (0.051)	0.290*** (0.018)	0.343*** (0.047)
Observations	2,374	2,271	2,300	2,300
R^2	0.007	0.035	0.016	0.032

Standard errors in parentheses * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$

Appendix B Persistence of Nursing-Home Aversion and Behavioral Responses (Ages 50-59)

Table B2: Effect of Nursing-Home Aversion on Saving Intentions (Ages 50-59)

	(1)	(2)	(3)	(4)
	2020	2020	2023	2023
Less Inclined	0.086** (0.041)	0.087 (0.042)	0.110*** (0.032)	0.106*** (0.032)
N	992	961	1404	1404
Controls	No	Yes	No	Yes
Sampling Weights	Yes	Yes	Yes	Yes

Standard errors in parentheses * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$

Table B3: Effect of Nursing-Home Aversion on Support for Home-Care Subsidies (Ages 50-59)

	(1)	(2)	(3)	(4)
	2020	2020	2023	2023
1. Very much disagree	-0.015 (0.030)	-0.022 (0.032)	-0.033** (0.015)	-0.020* (0.014)
2. Disagree	-0.033 (0.038)	-0.004 (0.041)	-0.031** (0.014)	-0.022* (0.013)
3. Agree	-0.104** (0.049)	-0.139*** (0.053)	0.024** (0.011)	0.015* (0.009)
4. Very much agree	0.152*** (0.041)	0.166*** (0.043)	0.040** (0.027)	0.029* (0.017)
N	916	775	1404	1404
Controls	No	Yes	No	Yes
Sampling Weights	Yes	Yes	Yes	Yes

Standard errors in parentheses. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$

Appendix C Distribution of Outcomes across Groups (2023 Survey)

Table C1: Heterogeneity by Province

Category	Response	Ontario	Quebec
Nursing Home Aversion	No change	37.2	41.5
	Less Inclined	54.7	51.1
	More Inclined	8.1	7.4
	N	1149	1151
Save for Old Age	No change	55.5	61.8
	Yes, save less	6.4	6.0
	Yes, save more	38.1	32.2
	N	1149	1151
Support for Home Care Subsidy	Very much disagree	9.7	16.0
	Disagree	20.5	19.4
	Agree	54.1	46.6
	Very much agree	15.6	18.1
	N	1149	1151

Table C2: Heterogeneity by Gender

Category	Response	Male	Female
Nursing Home Aversion	No change	41.4	37.0
	Less Inclined	48.4	57.5
	More Inclined	10.1	5.6
	N	1128	1172
Save for Old Age	No change	56.6	60.2
	Yes, save less	7.5	4.9
	Yes, save more	35.9	34.9
	N	1128	1172
Support for Home Care Subsidy	Very much disagree	14.8	10.5
	Disagree	21.7	18.4
	Agree	49.2	52.0
	Very much agree	14.3	19.1
	N	1128	1172

Table C3: Heterogeneity by Education

Category	Response	No Uni- versity Education	University Education
Nursing Home Aversion	No change	41.6	36.2
	Less Inclined	49.6	57.1
	More Inclined	8.8	6.6
	N	1050	1250
Save for Old Age	No change	58.8	57.9
	Yes, save less	8.3	3.7
	Yes, save more	32.9	38.4
	N	1050	1250
Support for Home Care Subsidy	Very much disagree	15.9	8.6
	Disagree	22.7	16.8
	Agree	48.2	53.6
	Very much agree	13.3	20.9
	N	1050	1250

Table C4: Heterogeneity by Income

Category	Response	Below Median	Above Median
Nursing Home Aversion	No change	40.5	36.4
	Less Inclined	51.5	56.2
	More Inclined	8.0	7.4
	N	1516	784
Save for Old Age	No change	58.6	58.0
	Yes, save less	7.6	3.3
	Yes, save more	33.8	38.6
	N	1516	784
Support for Home Care Subsidy	Very much disagree	13.5	10.6
	Disagree	21.2	17.4
	Agree	49.9	52.1
	Very much agree	15.3	19.8
	N	1516	784

Table C5: Heterogeneity by Homeownership

Category	Response	Non-Homeowner	Homeowner
Nursing Home Aversion	No change	38.5	39.3
	Less Inclined	53.8	52.7
	More Inclined	7.5	7.8
	N	597	1703
Save for Old Age	No change	55.5	59.3
	Yes, save less	5.4	6.4
	Yes, save more	38.9	34.2
	N	597	1703
Support for Home Care Subsidy	Very much disagree	11.4	12.9
	Disagree	19.4	20.2
	Agree	52.2	50.1
	Very much agree	16.9	16.7
	N	597	1703

Table C6: Heterogeneity by Marriage Status

Category	Response	Married	Single
Nursing Home Aversion	No change	40.6	36.0
	Less Inclined	51.6	56.1
	More Inclined	7.7	7.9
	N	1564	736
Save for Old Age	No change	57.5	60.3
	Yes, save less	7.1	4.1
	Yes, save more	35.3	35.5
	N	1564	736
Support for Home Care Subsidy	Very much disagree	13.0	11.6
	Disagree	20.9	17.9
	Agree	50.1	51.7
	Very much agree	15.8	18.6
	N	1564	736

Table C7: Heterogeneity by Health Conditions

Category	Response	≤ 1 Con- ditions	≥ 2 Con- ditions
Nursing Home Aversion	No change	40.1	36.1
	Less Inclined	51.6	57.7
	More Inclined	8.3	6.1
	N	1770	530
Save for Old Age	No change	58.1	59.2
	Yes, save less	6.3	5.8
	Yes, save more	35.5	34.9
	N	1770	530
Support for Home Care Subsidy	Very much disagree	13.3	10.3
	Disagree	20.5	18.4
	Agree	50.1	52.5
	Very much agree	16.1	18.8
	N	1770	530