

# Health Care Access Among Older Canadians: Findings from the NIA's Ageing in Canada Survey



October 2024

# National Institute on Ageing



**Suggested Citation:** C Carter, N Iciaszczyk, SK Sinha. Health Care Access Among Older Canadians: Findings from the NIA's Ageing in Canada Survey. Toronto, ON: National Institute on Ageing (2024), Toronto Metropolitan University.

**ISBN:** 978-1-77417-094-6

© National Institute on Ageing, Toronto Metropolitan University

**Mailing Address:**

National Institute on Ageing  
Ted Rogers School of Management  
350 Victoria St.  
Toronto, Ontario  
M5B 2K3  
Canada

**Disclaimer:**

Funding for this report was generously provided by The Waltons Trust. All of the research, writing and recommendations herein have been independently produced by the NIA on the basis of sound evidence.

## About the National Institute on Ageing

The National Institute on Ageing (NIA) improves the lives of older adults and the systems that support them by convening stakeholders, conducting research, advancing policy solutions and practice innovations, sharing information and shifting attitudes. Our vision is a Canada where older adults feel valued, included, supported and better prepared to age with confidence.



## Authors

### **Christopher Carter, MA**

Healthy Ageing Scholar  
National Institute on Ageing,  
Toronto Metropolitan University  
Toronto, Ontario

### **Natalie Iciaszczyk, MA, JD**

Program Manager, Survey Research  
National Institute on Ageing,  
Toronto Metropolitan University  
Toronto, Ontario

### **Samir K. Sinha, MD, DPhil, FRCPC, FCAHS**

Director of Health Policy Research,  
National Institute on Ageing,  
Toronto Metropolitan University;  
Geriatrician and Clinician Scientist, Sinai  
Health and University Health Network;  
Professor of Medicine, Family &  
Community Medicine, Health Policy,  
Management and Evaluation,  
University of Toronto

## Reviewers

### **Talia Bronstein, MPH**

Director of Policy  
National Institute on Ageing,  
Toronto Metropolitan University  
Toronto, Ontario

### **Alyssa Brierley, MA, JD**

Executive Director  
National Institute on Ageing,  
Toronto Metropolitan University  
Toronto, Ontario

## Acknowledgements

Special thanks to Kathryn Peterson at the National Institute on Ageing for her research support.

# Table of Contents

<b>Executive Summary</b>	<b>6</b>
<b>Background</b>	<b>8</b>
<b>About the NIA Ageing in Canada Survey</b>	<b>11</b>
<b>Part One: Where Do Things Stand Regarding Access to Health Care in Canada?</b>	<b>13</b>
Access to Health Care Among Canadians Aged 50 Years and Older	14
How the Experiences of Older Canadians in Accessing Health Care Differ by Age	17
How Access to Health Care Differs for Canadians Experiencing Poor Health and Inadequate Incomes	19
<b>Part Two: What are the Barriers to Accessing Needed Health Care Among Canadians Aged 50 Years and Older?</b>	<b>26</b>
Barriers to Care Among Canadians Aged 50 Years and Older	27
How Barriers to Health Care Differ by Age	28
Comparing Barriers to Care Across Health Status and Income Adequacy	30
<b>Part Three: How Has a Lack of Access to Health Care Impacted Canadians Aged 50 Years and Older?</b>	<b>33</b>
To What Extent is Lack of Access to Needed Health Care Disruptive to the Lives of Canadians Aged 50 Years and Older?	34
Does Lack of Access to Needed Health Care Have Different Consequences Across Age Cohorts?	35
Does Lack of Access to Needed Health Care Have Different Consequences for Canadians Aged 50 Years and Older with Worse Health and Inadequate Incomes?	36
<b>Part Four: What Are Other Notable Differences in Access to Health Care Across Older Population Groups?</b>	<b>39</b>
Gender	39
Region and Community Size	40
Immigration Status and Ethnic-Racial Background	42
<b>Conclusion and Discussion</b>	<b>43</b>
<b>References</b>	<b>45</b>



## Executive Summary

Canada's population is ageing rapidly, and with that comes an even greater demand on Canada's already overburdened health care system. The Canadian health care system was not designed to meet the complex needs of an older population, leaving gaps in support for older adults. The COVID-19 pandemic further exacerbated challenges to access by causing staff shortages, delayed care and increased wait times. Against this current backdrop, it is important to understand how older adults are accessing Canada's health care systems.

Using data from the NIA's 2023 Ageing in Canada Survey, this report documents the recent experiences of older adults within Canadian health care systems. Specifically, it examines the extent to which Canadians aged 50 years and older appear to have access to primary health care services, as well as their ability to access needed health care services and treatments throughout the year before the survey.

Despite the fact that older Canadians require more frequent use of health services due to chronic conditions and multi-morbidity, a substantial portion struggles to obtain the care they need.

**One of the more concerning findings emerging from the NIA's survey is that only 65% of Canadians aged 50 years and older report having a regular primary care provider, such as a family doctor or nurse practitioner. This suggests that nearly five million Canadians aged 50 years and older might be without a regular health care provider they can rely on — even higher than was previously believed.**

The NIA's 2023 survey also reveals that millions of older Canadians may have unmet health care needs: among Canadians aged 50 years and older who needed health care services in 2023, one third (32%) reported that they could only access them sometimes, rarely or never.

This report also examines the challenges or barriers older Canadians face when navigating the health care system, and the extent to which having unmet needs was disruptive to their lives. Appointment-related issues are by far the most common type of barrier older Canadians face and the inability to get appointments when needed was the most frequently reported

reason for not being able to access care. Location-related issues and affordability were less prevalent but were also identified as a barrier among Canadians aged 50 years and older.

Lack of access to necessary health care services has profound implications for the day-to-day lives of older Canadians. Three quarters of Canadians aged 50 years and older who experienced inadequate access to health care reported that it disrupted their daily lives. Canadians aged 80 and older, as well as those who report poor health or inadequate incomes, were the most affected.

Finally, this report reveals that the experiences of Canadians aged 50 years and older within the health care systems differ by key socio-demographic characteristics, such as gender, region and racial background.

Despite differences in experiences among various population groups, the report's findings highlight a striking consistency in the way older adults interact with the Canadian health care system. For Canadians aged 50 and older, a persistent lack of access to care is evident. The findings of the NIA's 2023 survey underscore the urgent need for federal, provincial and territorial governments to implement solutions that enhance Canada's health care systems, better support the rapidly ageing population and ensure long-term sustainability.



## Background

Canada's population is rapidly ageing. Its life expectancy, now among the highest in the world, exceeds 82 years. Furthermore, the proportion of Canada's population comprised of individuals aged 65 years and older is expected to surpass 20% in the near future, meaning it will soon be considered a "super-aged" nation.<sup>1,2</sup>

**As Canadians continue to live longer, the number of older people living with complex medical and health needs will also increase and so, too, will their need for health care services.**

The foundational 1966 Medical Care Act and the more recent 1984 Canada Health Act guarantee all resident Canadians with access to publicly funded universal health care coverage, which gives them access to medically necessary hospital and physician services without having to pay out-of-pocket for them through their provincial and territorial health systems. Known more familiarly to Canadians as "Medicare," not only is Canada's overall publicly funded health care system a source of national pride, but it is often viewed as the leading symbol of Canadian identity.<sup>3</sup>

The Canada Health Act established national standards for the provision of health care by Canada's provinces

and territories, and ensures residents in Canada have coverage for "essential services" ranging from primary care and specialist physician consultations to hospital stays and any diagnostic tests performed. While the federal government has established the overall framework and standards for the delivery of publicly funded health care services in Canada and contributes funding towards its provision, Canada's provincial and territorial governments hold responsibility for the planning and delivery of health care services.

Outside of the public health care system, individuals in Canada can also access health care services not covered by the public system, provided they have the means to do so. As services such as dental, vision and hearing care, therapy and counselling, prescription drugs and physiotherapy are not necessarily covered for resident Canadians by their provincial and territorial health systems, these services are still available to them as out-of-pocket expenses or through private insurance plans that provide coverage for them.

To adequately support its growing and ageing population, Canada's provincial and territorial health systems will need to ensure that they are capable of supporting and providing care for millions of more older adults over the coming decades, whose need for health care services will naturally increase as they

age. However, Canada's health systems are currently facing significant access to care challenges that are also calling into question their overall sustainability and ability to care for their growing and ageing populations.

For one, Canada's publicly funded health care systems were not originally designed to meet the demands of an ageing population. Medicare programs across Canada began to be established in 1966 when the median age of Canadians was 25.5 years of age and most Canadians didn't live beyond their late 60s or early 70s.<sup>4</sup> While Medicare was designed to meet the "essential" health care needs of primarily younger Canadians, our modern health care system was not designed to anticipate the unique health and long-term care needs of older persons. Furthermore, despite the fact that the 1984 Canada Health Act continued to enshrine the universal provision of free hospital and physician services, it still did not address the need to enshrine the universal provision of long-term care, including home- and community-based care, palliative care, prescription drugs and dental care. Indeed, although the patients being served by the Canadian health care systems have changed, these systems haven't adapted to Canada's rapidly changing demographics in the nearly sixty years since Canada established its universal healthcare system. As a result, Canada's health care systems are now under significant and growing pressure to keep up with the specific health and long-term care needs

of its ageing populations.

The recent COVID-19 pandemic intensified concerns around the ability of Canada's publicly funded health care systems to provide timely access to care. The pandemic contributed to greater burnout among already overstretched health care workers and spurred an unprecedented wave of early retirements,<sup>5</sup> resulting in more critical staffing shortages across health care systems as well as delayed care and a backlog of surgical and other procedures. For example, recent reports reveal that between April 2022 and March 2023, over 1.3 million Canadians left hospital emergency departments without being seen after trying to access care.<sup>6</sup> Canada's health workforce is also ageing along with the population as a whole, meaning staff shortages will worsen around the same time as demand for care increases due to the retirements of the existing workforce.<sup>7, 8</sup> Moreover, the current economic climate may be further exacerbating challenges and making health care less accessible for Canadians, and particularly older adults.

Against this current backdrop, it is important to understand how older adults are experiencing access to Canada's health care systems. Canada's ageing population has led to a greater demand for health and long-term care services, and this demand will only intensify in the future as the number of older Canadians continues to rise. There are existing evidence and reports of the challenges Canadians in general are facing today when accessing health care but, to date, there is little

information available on the unique experiences of older adults, especially after the start of the recent COVID-19 pandemic, and their ability to access health care services. Reliable evidence into the experiences and circumstances of older adults, in particular, is needed.

Using data from the NIA's 2023 Ageing in Canada Survey, this report documents the recent experiences of older adults within Canadian health care systems. Specifically, it examines the extent to which Canadians aged 50 years and older appear to have access to primary health care services, as well as their ability to access needed health care services and treatments throughout the year before the survey. It then also examines the challenges or barriers older Canadians may face when navigating the health care system and the extent to which having unmet needs was disruptive to their lives. Finally, it also considers how their experiences differ by key socio-demographic characteristics.

In an age where Canada's public health care systems are in need of urgent transformation, particularly in the context of rapid population ageing, the findings of the NIA's 2023 Ageing in Canada Survey, highlighted in this report, can help inform service delivery and program reforms and policies needed to strengthen the system.



## About the NIA Ageing in Canada Survey

The NIA undertakes an annual survey of ageing in Canada to track Canadians' perspectives, experiences and expectations of growing old in Canada over the course of a decade. First launched in 2022, the NIA Ageing in Canada Survey captures the perspectives of older Canadians across three dimensions of ageing: social wellbeing, financial security, and health and independence.

The 2023 NIA Ageing in Canada Survey was conducted in partnership with Environics Institute for Survey Research. The survey took place online between June 27 and August 6, 2023, with a representative sample of 5,875 Canadians aged 50 years and older living in the country's 10 provinces and primarily in the community. The survey, comprised of 83 questions, was administered using standard survey industry recruitment and confidentiality protocols.

The target population for this research is Canadians aged 50 years and older living in their communities (such as those living in their own homes or in the homes of family members or friends), rather than in institutional long-term care settings. This population was chosen to gain insights into how Canada can best support older adults to age in their own homes and communities for as long as possible.

The survey sample was designed to provide robust representation and analysis opportunities across a number of relevant subgroups of the target population, including age cohorts in five-year increments (from 50–54 to 80+). The sample was also stratified to ensure representation by region, age, gender and educational attainment.

The final data were weighted by age, gender, region and educational attainment to ensure the national results are proportionate to the country's population aged 50 years and older, based on Canada's 2021 census.

The target population covered in this survey encompasses well over 95% of Canada's population aged 50 years and older but does not include two specific subpopulations. First, it does not include Canadians living in Canada's three northern territories because this population cannot be effectively sampled through panel-based online research methods. The survey also significantly underrepresents the approximately 200,000 Canadians living in long-term care homes,<sup>9</sup> who make up about 1.3% of the population aged 50 years and older.<sup>10</sup> As a result, the research does not account for the experiences of this key segment of Canada's older population, which is comprised largely of individuals aged 80 years and older.

However, a primary goal of this research program is understanding what must be done to ensure older adults can continue ageing in their own homes and communities for as long as possible. As such, the NIA's large sample of mostly community-dwelling Canadians aged 50 years and older provides highly reliable and useful insights into how we can better support Canada's ageing population, which includes more than 15 million individuals aged 50 years and older.<sup>11</sup>



# Part One: Where Do Things Stand Regarding Access to Health Care in Canada?

The NIA's annual Ageing in Canada Survey explores the experiences of older adults within Canadian health care systems to better understand the extent to which the current system is meeting the needs of our ageing population. This section looks at two key measures of access to health care included in NIA's 2023 Ageing in Canada Survey: (1) whether Canadians aged 50 years and older had a primary care provider, and (2) their ability to access needed health care services and treatments within the year preceding the survey.

Primary care is an essential part of Canada's health care systems. Primary care providers are typically the first point of access to medical care for most.<sup>12</sup> They provide Canadians comprehensive and individualized care by diagnosing and treating illnesses, promoting health and managing chronic conditions and coordinating care with various specialists.<sup>13</sup> Having regular access to a primary care provider increases the likelihood that one will receive high value care (such as cancer screenings),<sup>14</sup> and health systems with robust primary care services tend to have better health outcomes.<sup>15</sup> However, existing figures reveal that many Canadians lack access to primary care. According to Statistics Canada, 14% of the population 12 years and older, equivalent to 4.6 million Canadians, did not have access to a

regular health care provider in 2022.<sup>16</sup> Another national survey by OurCare from 2022 puts the proportion without a primary care provider in Canada as high as one in five Canadians.<sup>17</sup> Moreover, recent reports suggest that access to primary care may only be worsening in Canada.<sup>18</sup>

Primary care is especially important for older adults due to their unique, and often complex and inter-related, health and social care needs. As people age and the presence of chronic conditions increases, medical history familiarity, continuous monitoring, ongoing management and preventative care become crucial to receiving adequate care. Indeed, prior research confirms that individuals with close access to a primary care provider are more likely to receive the care they need to help them manage living with multiple chronic conditions.<sup>19</sup>

In addition to primary care, timely access to comprehensive health care services and treatments is also essential for older adults, given their unique and complex care needs. As individuals age, they are generally more likely to require services provided by dedicated health care professionals. Conditions such as hearing and vision loss, hypertension, osteoarthritis, coronary artery disease, chronic obstructive pulmonary disease, diabetes and dementia are more common among older adults and require a greater

use of physician services and specialized health care services. In addition, because they facilitate better detection and treatment and help prevent existing health conditions from deteriorating further, access to more specialized health care services is especially beneficial for older adults.<sup>20</sup>

But, while older adults continue to require access to timely medical care as they age, a comprehensive system that can meet the health care needs of an ageing population must also include, and emphasize, the provision of services such as long-term care services, including home and community-based care, home-based primary care, rehabilitation services and palliative care. However, Canada's health care systems continue to focus on the provision of physician-based services and the treatment of primarily acute issues within hospital-based settings.

Given the recent challenges with access to primary care in Canada, the continued focus on providing physician and acute care services and addressing care backlogs caused by the COVID-19 pandemic, this section aims to better understand whether the experiences of older Canadians when accessing care have been shaped by these factors. In particular, it provides key insights into the realities of accessing health care among Canadians aged 50 years and older by looking at their access to primary care, as well as their access to needed health care services and treatments more generally. Moreover, given the key role of primary care providers in facilitating access to other care, this section also

examines whether having a primary care provider contributes to better access to needed health care services and treatments more generally.

## Access to Health Care Among Canadians Aged 50 Years and Older

When 2023 NIA Ageing in Canada Survey respondents were asked whether they currently had a primary care provider they saw on an ongoing basis for their general health needs (such as a family or primary care doctor or nurse practitioner), only about two-thirds (65%) of Canadians aged 50 years and older reported that they did.

**This means that, although most Canadians aged 50 years and older appear to have a regular health care provider and adequate access to health care, a significant portion reported having inadequate access to care.**

To determine whether Canadians aged 50 years and older were able to access needed health care services more generally, the survey asked respondents to think about their need for health care services and treatments over the past 12 months and assess how often they were able to get the care or services they needed, when they needed them. Respondents could answer all or most of the time, some of the time, rarely, never or that they did not require any health care

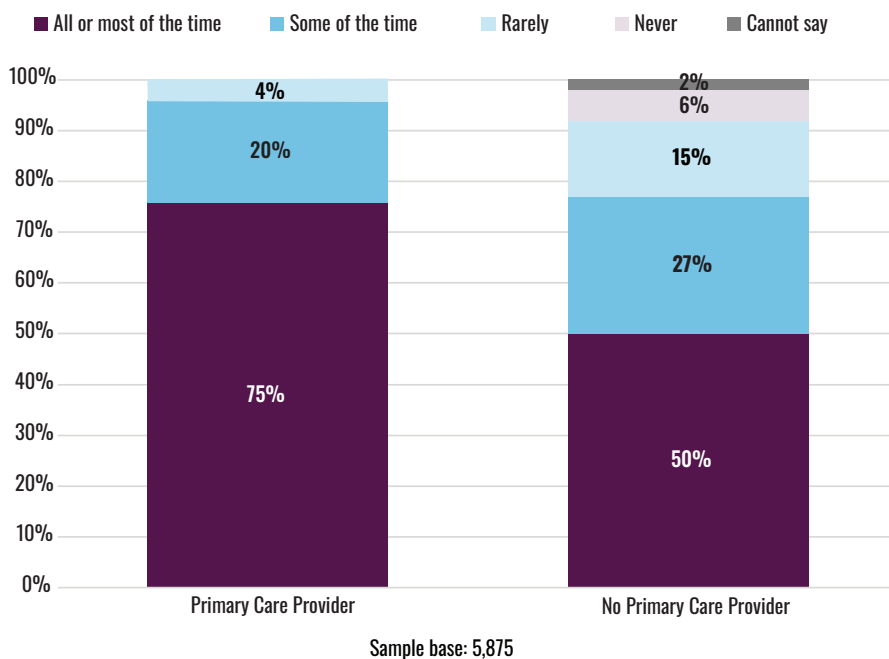
services or treatments in past 12 months. The survey found that 87% of Canadians aged 50 years and older reported needing health care services and treatments in the 12 months before the survey.

Among Canadians aged 50 years and older who needed health care services and treatments in 2023, the majority (67%) reported that they were able to access the care or services they needed, when they needed them, all or most of the time. However, one in three (32%) Canadians aged 50 years and older reported having inadequate access to needed health care services in 2023, saying they were only able to access the health care services they needed, when they needed, some of the time (22%), rarely (8%) or never (2%) over the past year.

Finally, the NIA's 2023 Ageing in Canada Survey also confirms the important role of primary care providers in facilitating access to needed health care services more generally. The findings reveal that Canadians with a primary care provider were much more likely to have adequate and timely access to needed health care services and treatments. Of note, among Canadians aged 50 years and older who reported having a primary care provider, 75% said they were able to access the health care services they needed all or most of the time over the past year, compared to only 50% of those who said that they did not have access to a primary care provider (Figure 1).

**Figure 1. Access to Needed Health Care Services over Past 12 Months (%)**

By Access to a Primary Care Provider, 2023



*"Thinking about your need for health care services and treatment over the past 12 months, how often were you able to get the care or services you needed, when you needed it?"*

Overall, the findings of the NIA's survey on older Canadians' access to primary care and all health care services, more generally, are concerning. Primary care can significantly enhance a person's quality of life and overall health outcomes for older adults by maintaining continuity of care and fostering strong patient-provider relationships. Moreover, access to a regular health care provider is very important for preventative health care and the management of ongoing medical conditions.

**Yet, NIA's 2023 survey shows that one in three Canadians aged 50 years and older do not appear to have access to a regular primary care provider they can rely on for their general health needs.**

The results of the NIA's survey are also especially concerning when they are compared to previous estimates on access to primary care among older adults in Canada. The Canadian Institute for Health Information (CIHI) reports that older adults are the age group most likely to have a regular doctor, and that nearly all older Canadians have a regular care provider.<sup>21</sup> Indeed, according to Statistics Canada, the share of Canadians aged 50-64 years and 65 years and older without a regular health care provider was roughly 11% and 7% in 2022, respectively.<sup>22</sup> The NIA's findings therefore suggest that the share of Canadians in older age with unmet needs may be considerably higher than previously believed.

One possible explanation for the finding of a higher share without a primary care provider is the wording used in the NIA's survey question on primary care, which not only asked respondents whether they had a primary care provider, but also specified that it be one they saw on an ongoing basis for their general health needs. Focusing on access to a primary care provider that is regularly available could potentially explain why the NIA's survey revealed a much higher proportion of Canadians aged 50 years and older without access to a regular health care provider. Indeed, previous estimates suggest that, among Canadians who have a regular health care provider, it is not uncommon to wait upwards of three days to get an appointment for a non-emergency health problem.<sup>23</sup>

Therefore, it is possible that the NIA's survey findings at least partially reflect the challenges Canadians experience when trying to access their primary care providers, despite having someone they can, and do consistently, see. Regardless, the NIA's findings still imply that adequate access to reliable primary care provider is lacking for older adults in Canada, which has significant implications for the country's rapidly ageing population.

The NIA's 2023 survey findings, which also show that a significant portion of older Canadians have unmet health care needs, are even more concerning when compared to other existing Canadian estimates.

**The survey revealed that about one in three (32%) Canadians aged 50 years and older reported having inadequate access to needed health care services and treatments in 2023. This is considerably higher than estimates from Statistics Canada, which place the proportion of Canadians 50 years and older with unmet health care needs in 2022 somewhere between 6.5% and 11%.<sup>24</sup>**

However, the NIA's findings are in keeping with recent reports of significant challenges in accessing health care among Canadians due to increased wait times and residual backlogs following the COVID-19 pandemic. Moreover, the results may also reflect the fact that Canada's health care system currently lacks the capacity to cater to the diverse range of needs of its ageing population.

Taken together, the NIA's Ageing in Canada Survey results suggest that older Canadians are doing worse off when it comes to accessing health care than previously believed. The implications of these findings are that it may become increasingly difficult for our ageing population to manage their health care needs in the coming years. This is especially true when one considers existing evidence showing that individuals who have close access to their

primary care providers are more likely to receive care that helps them manage multiple chronic conditions.<sup>25</sup> The findings on unmet health care needs among older adults are also concerning given emerging research showing that simply increasing the number of physicians will still not meet the anticipated demands of Canada's rapidly ageing population.<sup>26</sup> In this regard, the NIA's findings confirm that policy changes are urgently needed as the share of the population over 50 increases in coming years.

## **How the Experiences of Older Canadians in Accessing Health Care Differ by Age**

To date, there is a gap in the existing literature on health care access regarding the relationship between health care access and age, specifically among older adults. This section looks at reported access to both primary care and needed health care services across three distinct age cohorts of Canadians: people aged 50-64 years, people aged 65-79 years, and people aged 80 years and older. Overall, the NIA's survey findings suggest that the oldest Canadians are in the greatest need of health care services, but also report having the best access among those aged 50 years and older.

In terms of access to a primary care provider, while more than half of individuals aged 50-64 years (60%) reported having access to a primary care provider, the percentage was noticeably higher among those aged 65-79 years

(69%) and 80 years and older (73%), among whom more than two-thirds reported having access to a primary care provider (Figure 2).

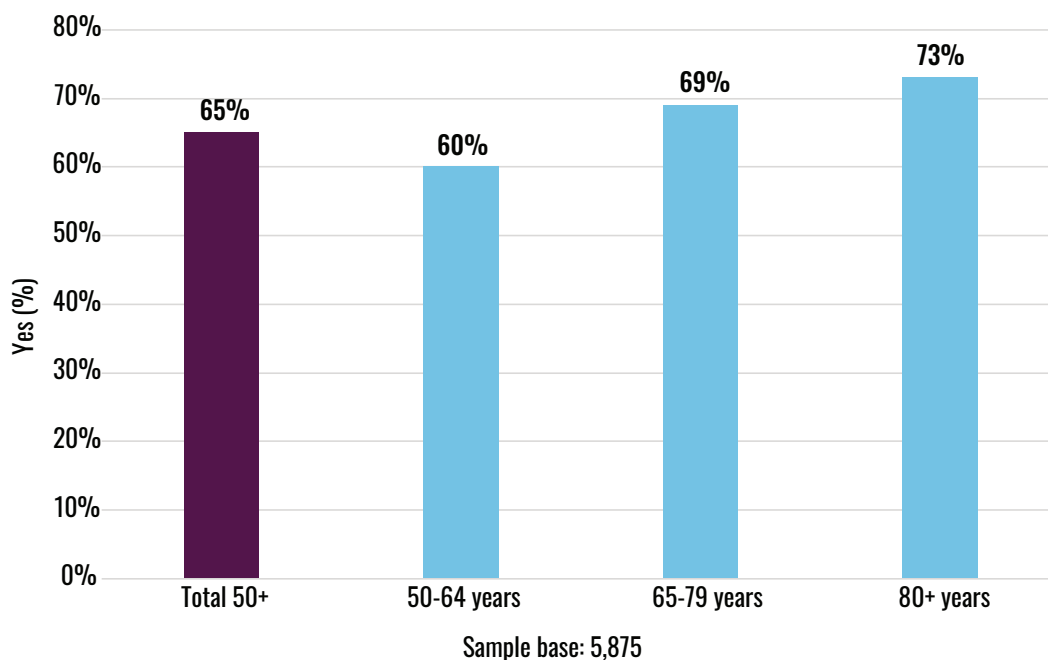
Notably, both the need for, and access to, health care services and treatments increase across age groups. As a result, those aged 80 years and older who are also most likely to report needing health care over the past 12 months, are also the most likely to report that they could reliably access it. The NIA's Ageing in Canada Survey reveals that among those aged 80 years and older, 91% reported needing health care services and treatments in the past 12 months, compared to 86% of those aged 50-64 years and 88% of those aged 65-79 years.

In terms of being able to access needed health care services, 80% of Canadians aged 80 years and older who needed care said that they could access the health care services they needed all or most of the time, compared to 59% for those aged 50-64 years and 73% for those aged 65-79 years.

These findings largely reflect other existing evidence, from both Canada and other developed countries, that having a primary care provider differs across age cohorts and that the oldest age groups are most likely to have access to a regular health care provider.<sup>27</sup> Similarly, they are also consistent with other estimates showing that Canadian health care systems appear to be doing a better job of

## Figure 2. Access to a Primary Care Provider (%)

By Age Group, 2023



*"Do you currently have a primary care provider who you see on an ongoing basis for your general health needs (such as a family or primary care doctor or nurse practitioner)?"*

meeting the needs of older Canadians.<sup>28</sup> The health problems that arise with older age usually necessitate a greater demand for more frequent and diverse health care services to address these concerns. It is, therefore, promising that both the NIA's findings and other Canadian estimates<sup>29</sup> show that the proportion of Canadians with unmet health care needs decreases as their age increases.

However, in line with the findings of the previous section, the fact remains that the findings of the NIA's 2023 Ageing in Canada Survey suggest that the proportion of older Canadians with inadequate access to health care may be more significant than previously believed. While Canadian health care systems appear to be doing a better job of currently meeting the needs of the oldest Canadians, it remains a cause for concern that, among the demographic with the greatest needs for care, one in four older Canadians still report having inadequate access to needed health care services and treatments. A further implication of this finding concerns the declining supply of health care providers we are seeing across Canada in tandem with the ageing of the population. Given that individuals seek health care services more frequently as they grow older, the decreasing supply of health care providers is likely to result in a growing number of older Canadians without access to needed health care services in the coming years.

## **How Access to Health Care Differs for Canadians Experiencing Poor Health and Inadequate Incomes**

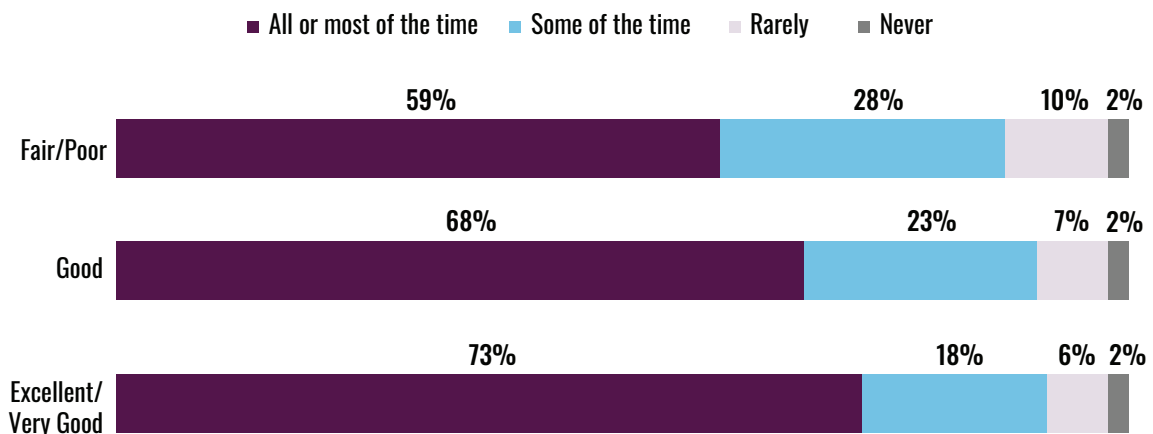
A notable finding that has consistently emerged every year from the NIA's Ageing in Canada Survey is the vulnerability of older Canadians experiencing poor health and inadequate incomes. Every year, the NIA's Ageing in Canada Survey includes measures of health status and the perceived adequacy of one's income, and in doing so, highlights the critical role that both these factors play in shaping older Canadians' overall experiences of ageing. The NIA's 2023 survey confirms that these factors play a significant role in shaping the access to health care experiences of older Canadians, leading to considerable differences in reported access. More specifically, the survey's findings show that older Canadians who report fair or poor health and/or inadequate incomes struggle to access the health care services they need. The implications of these findings for Canadians are widespread when the proportion who falls into either of these vulnerable groups is considered: 40% of Canadians aged 50 years and older are either not in good health or have inadequate household incomes, translating to roughly six million individuals aged 50 years and older.<sup>30</sup> This section takes a closer look at the discrepancies in access to health care faced by those experiencing poor health and inadequate incomes.

Not surprisingly, the NIA's 2023 Ageing in Canada Survey reveals that a higher proportion of Canadians aged 50 years and older who report being in fair or poor health (93%) said they needed health care services and treatments in the past 12 months than among those who reported good health (87%) and very good or excellent health (83%). Despite having a greater need for health care services, Canadians aged 50 years and older who reported being in fair or poor health were less likely to report that they had adequate access to the care they needed.

More specifically, 73% of those who reported being in excellent or very good health (and needing care) indicated that they could access the health care services they needed all or most of the time over the past year, compared to only 59% of those who reported being in fair or poor health (and needing care) said the same thing (Figure 3).

**Figure 3. Access to Needed Health Care Services over Past 12 Months (%)**

By Health Status, 2023



Sample base: 5,875

*"Thinking about your need for health care services and treatment over the past 12 months, how often were you able to get the care or services you needed, when you needed it?"*

While the NIA's survey results reveal that Canadians aged 50 years and older with better self-reported health were more likely to claim that they could access the health care services they needed in the past year, this trend did not hold up when examining access to primary care. In fact, Canadians aged 50 years and older who reported fair to poor health were actually slightly more likely to report that they had a primary care provider they saw on an ongoing basis for their general health needs. Among those who reported excellent, very good or good health, 64% said they had a primary care provider, compared to 67% among those who reported fair to poor health.

The findings of the NIA's 2023 Ageing in Canada Survey, therefore, suggest that although Canadians aged 50 years and older who report fair to poor health are equally likely to have a regular health care provider to assist with their general health needs, they face considerable barriers to accessing needed health care services when compared to Canadians aged 50 years and older in better health. Notably, they are much less likely to successfully access the full range of specialized health care services and treatments they may need despite having a greater need for care.

In terms of income adequacy, access to health care also varies, and just as in the case of health status, those who are more vulnerable have less access to the health care services and treatments they need.

Comparing those with the highest and lowest levels of income adequacy reveals that Canadians aged 50 years and older are just as likely to require care regardless of their income: 87% of those who said that their income is good enough for them reported needing health care services and treatments over the past 12 months, the same proportion as among those who said their income is not enough for them and that they are struggling.

However, the ability to access needed health care declines noticeably as income adequacy decreases. Among those who reported their income being "good enough" (the highest level of perceived income adequacy) and who required health care in 2023, over three-quarters (77%) reported being able to access it all or most of the time. By comparison, among those who reported their income being not enough for them and that they are struggling (the lowest level of perceived income adequacy) less than half (46%) reported being able to access the health care services they needed all or most of the time.

The NIA's 2023 Ageing in Canada Survey reveals that income adequacy also plays a role in whether Canadians aged 50 years and older have access to a primary care provider. Access to primary care consistently improves as levels of income adequacy increase. However, even among those who are the best off financially, comprehensive access to primary care appeared to be lacking. Among Canadians aged 50 years and older who reported

their income being good enough for them (the highest level of perceived income adequacy), 70% reported having a primary care provider they see on an ongoing basis for their general health needs. By comparison, among those who reported that their income was not enough for them and that they were struggling (the lowest level of perceived income adequacy), slightly more than half (54%) reported having a primary care provider (Figure 4).

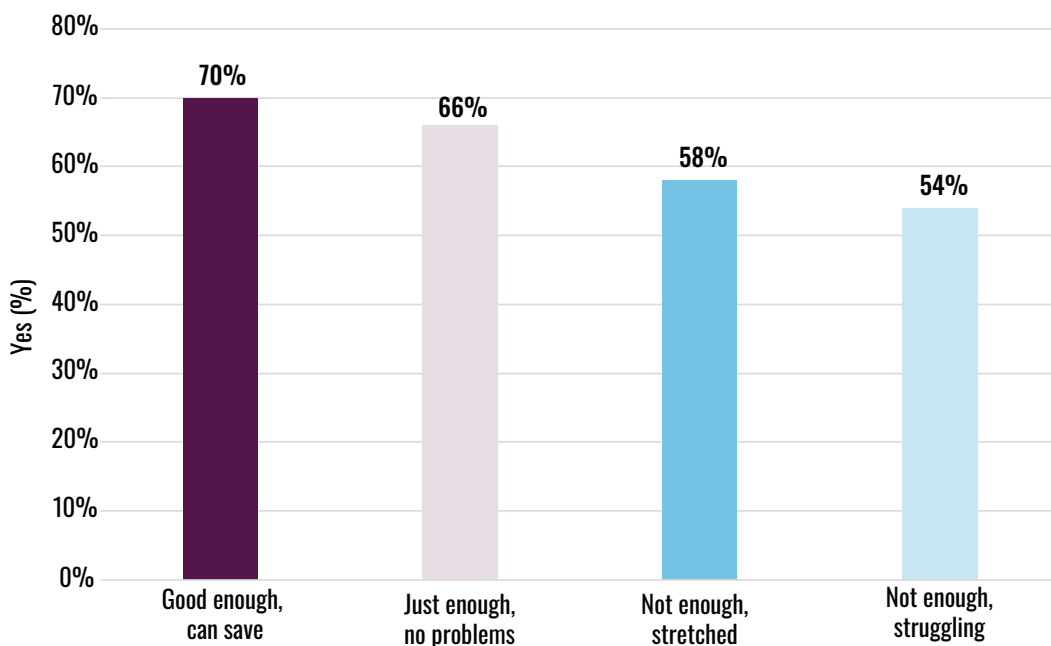
Given the findings on the role of health status and income adequacy on Canadians' ability to access health care, the NIA's 2023 survey also examines how these factors interact to shape access to

health care. Health and income are also strongly linked, in that those with poor health are also much more likely to have low incomes. In fact, the 2023 findings show that about 10% of Canadians aged 50 years and older are both not in good health and have inadequate household incomes. This encompasses at least 1.5 million Canadians aged 50 years and older who are especially vulnerable, in terms of experiencing both fair to poor physical health and insufficient household incomes.

The NIA's 2023 survey findings reveal that the most vulnerable older adults, namely those who are in poor health and who report having an inadequate income, are struggling the most when

### Figure 4. Access to a Primary Care Provider (%)

By Income adequacy, 2023



Sample base: 5,875

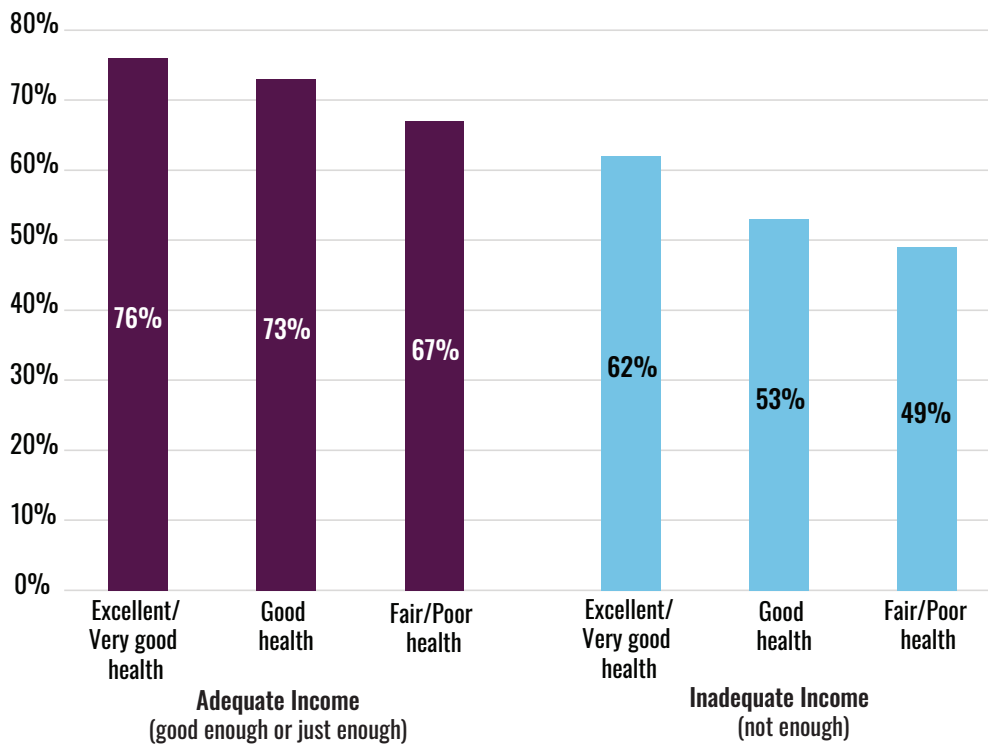
*"Do you currently have a primary care provider whom you see on an ongoing basis for your general health needs (such as a family or primary care doctor or nurse practitioner)?"*

accessing needed health care services and treatments. For example, only about half (49%) of Canadians aged 50 years and older who reported both having an inadequate income and fair to poor health say they were able to access the health care services they needed all or most of the time in the year before the survey. In comparison, 76% of individuals who reported both that they have excellent or very good health and an adequate income say they were able to access the health care services they needed all or most of the time (Figure 5).

Canadians aged 50 years and older who reported fair to poor health and inadequate incomes (62%) also reported having worse access to primary care providers than those with excellent to very good health and adequate incomes (67%). However, they are not the group who are the least likely to have a primary care provider among Canadians aged 50 years and older when looking at both health and income status together. In fact, it is Canadians aged 50 years and older reporting having excellent to very good health but inadequate incomes (53%) who were the least likely to report having a

**Figure 5. Access to Needed Health Care Services All or Most of the Time Over Past 12 Months (%)**

By Health Status & Income Adequacy, 2023



*"Thinking about your need for health care services and treatment over the past 12 months, how often were you able to get the care or services you needed, when you needed it?"*

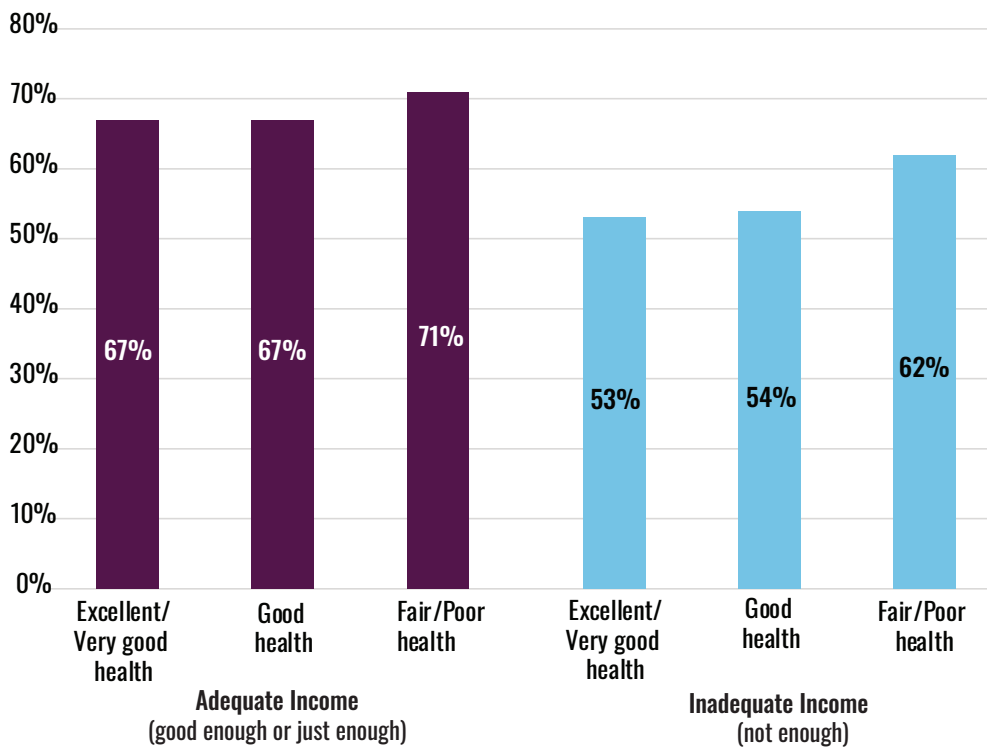
primary care clinician, highlighting the important role of income status when it comes to primary care access in Canada (Figure 6). Consistent with the previous findings, Canadians aged 50 years and older with fair to poor health were more likely to have a primary care provider than those with excellent to very good health among both those with adequate and inadequate incomes. However, Canadians aged 50 years and older who reported having adequate incomes were more likely to have a primary care provider than those reporting having inadequate incomes regardless of their health status.

**The NIA's 2023 survey findings highlight that both poor health and income status function as significant barriers to health care access among Canadians aged 50 years and older.**

These results are consistent with past findings which show that those who report being in poor health or individuals who report being worse off from an economic perspective struggle with accessing health care.<sup>31</sup> The survey results also confirm that Canadians aged 50 years

**Figure 6. Access to a Primary Care Provider (%)**

By Health Status & Income Adequacy, 2023



*"Do you currently have a primary care provider who you see on an ongoing basis for your general health needs (such as a family or primary care doctor or nurse practitioner)?"*

and older who report being in poor health and having inadequate incomes are especially vulnerable, particularly when it comes to adequate access to needed health care services and treatments. These findings are concerning because, not only are these individuals more likely to be suffering from health conditions that require care, the results suggest they are also likely to struggle accessing the health care services they need to address these health concerns.

Looking at health status and income together also reveals the critical role of an individual's economic status in shaping their access to health care. This becomes especially evident when looking at access to primary care among Canadians aged 50 years and older: although those with fair to poor health are more likely to have a primary care clinician than those with excellent, very good or good health, those who report having an adequate income are consistently more likely than those without to report having one regardless of their self-reported health status. Moreover, despite differences in access to primary care between those with adequate and inadequate incomes being notable, the differences in access across health status were less meaningful. Despite Canada's publicly funded health care systems, Canadians aged 50 years and older appear to have drastically different experiences seeking out the care they need based on whether they have adequate incomes.

The NIA's survey findings on access to primary care being better among Canadians aged 50 years and older with poor or fair self-reported health does, however, diverge from other recent Canadian research.<sup>32</sup> This result may reflect a priority to get individuals who are struggling with their health and economic position access to primary care providers. More research is needed to understand why Canadians with poor or fair self-reported health were more likely to report having access to a primary care provider.

## Part Two: What are the Barriers to Accessing Needed Health Care Among Canadians Aged 50 Years and Older?

In addition to asking Canadians if they were able to access needed health care services and treatments, the NIA's 2023 Ageing in Canada Survey asked respondents who reported having inadequate access a follow-up question on the reason(s) *why* they were not able to access the services they needed. This section focuses on the 16% of Canadians aged 50 years and older who reported struggling to access the care they needed and examines the reasons why they were unable to access needed health care services in 2023. It focuses on individuals who, when asked how often they could access needed health care services and treatments over the past year, reported that they could only do so some of the time, rarely or never.\*

The NIA's 2023 survey asked these respondents to identify one or more reasons why they were unable to access the health care services they needed. Possible responses included "could not get appointments when I needed it," "appointments, treatments or services were canceled, delayed or rescheduled," "difficulty getting a referral," "difficult to travel to service location," "services not

available in my area," "cost or unable to afford," "other" and "cannot say."

For the purposes of this analysis, when reference is made to "appointment-related issues," the following responses categories are being considered: "could not get an appointment when I needed it," "appointment, treatment, or services were cancelled, delayed or rescheduled," and "difficulty getting a referral." Location-related issues are also at times examined together when referring to both "difficult to travel to service location," and "service not available in my area." Finally, the analysis then considered a third category of issue, which related to cost and affordability, by examining responses to "cost or unable to afford."

Two major trends arose when analyzing barriers to health care access among Canadians aged 50 years and older. Firstly, appointment-related issues appear to be a significant barrier to accessing health care services for older adults in Canada. Second, for Canadians aged 50 years and older who report struggling with their incomes or health, both cost and transportation barriers appeared to be more prevalent.

---

\* The NIA's survey question asked respondents who struggled to access either health care or home care services a single follow-up question on the extent to which this lack of access to health care or home care was disruptive to their lives. While it is not possible to identify challenges respondents may have experienced in relation to accessing home care services, for the purposes of this analyses, responses were only considered if respondents had previously answered that they were unable to access needed health care services all or most of the time.

## Barriers to Care Among Canadians Aged 50 Years and Older

Reasons related to appointments were the most common type of issue that led Canadians aged 50 years and older to struggle in accessing needed health care services and treatments (Table 1). In particular, not being able to get an appointment when needed was by far the most common reason why Canadians aged 50 years and older reported not being able to access needed health care during the 12 months before the survey. Nearly half (46%) of older Canadians who reported having inadequate access to health care indicated that “not being able to get appointments when needed” was the reason why they were not able to access the care they needed (Table 1).

Comparatively, location-related issues and affordability were less prevalent, but were also identified as barriers among Canadians aged 50 years and older when asked about why they struggled to access needed health care. It is notable, however, that one in five (21%) Canadians aged 50 years and older reported that they could not say why they were not able to get all or most of the health care services.

The NIA's 2023 Ageing in Canada Survey confirms that Canadians face significant appointment-related barriers to accessing health care, consistent with prior research on the main barriers to accessing health care in Canada.<sup>33,34</sup> However, when compared to earlier Canadian studies, the NIA's findings also suggest that appointment-related issues may be getting worse in Canada, at least among older adults and when it comes to

**Table 1. Reasons Canadians Aged 50 Years and Older Could Only Access Needed Health Care Services Only Some of the Time, Rarely or Never**

<b>Appointment-related issues</b>	<b>64%</b>
Could not get appointments when I needed it	46%
Appointments, treatments or services were cancelled, delayed or rescheduled	18%
Difficulty getting a referral	15%
<b>Location-related issues</b>	<b>17%</b>
Service not available in my area	9%
Difficult to travel to service location	11%
<b>Cost; unable to afford</b>	<b>13%</b>
Cannot Say	21%
Other	1%
<b>Weighted Sample</b>	<b>1,589</b>

getting a needed appointment. This trend is consistent with reports of backlogs following the COVID-19 pandemic and a system stretched to capacity being unable to meet the needs of its ageing population.

While less significant, the NIA's survey highlights that location-related issues also function as a barrier to accessing needed health care among older Canadians. It is concerning that accessibility remains a challenge for Canadians aged 50 years and older, particularly given that the majority live in urbanized areas where specialized services and adequate transportation options are most readily available.

The fact that older Canadians are still struggling to find a needed health care service in their area or have trouble traveling to a service location confirms that Canada's communities and health care system continue to struggle in providing integrated and community-based care for older adults. The findings become even more concerning when one considers the additional disparities in access to care that geographic location creates, particularly impacting older adults living in rural and remote communities. Estimates from prior research indicate that 23.3% of older adults in Canada live in rural and remote communities with limited social and physical health infrastructure.<sup>35</sup>

## How Barriers to Health Care Differ by Age

The NIA's 2023 Ageing in Canada Survey reveals that Canadians aged 50 years and older consistently reported experiencing difficulties in accessing needed health care services regardless of age, and that the types of difficulties most often reported differed only slightly across age cohorts. In particular, although the Canadians aged 80 years and older are less likely to experience appointment-related issues compared to their younger counterparts aged 50-64 years and 65-79 years, they are more likely to have experienced location-related issues.

The NIA's 2023 survey shows that, across age cohorts, appointment-related issues were the most common type of reason provided among Canadians for not being able to access needed health care services and treatments all or most of the time. Canadians aged 80 years and older (61%) were, however, the least likely to report reasons related to appointments when compared to those aged 50-64 years (65%) and 65-79 years (62%).

**Regardless of age, the single most common reason why older Canadians experienced difficulty accessing needed health care services was not being able to get an appointment when needed.**

Again, however, Canadians aged 80 years and older (44%) were slightly less likely to indicate that being unable to get an appointment when needed was a barrier than those 50-64 years (46%) and 65-79 years (47%).

In addition, across age cohorts, location-related issues were again less commonly provided as a reason for struggling to access needed health care. However, location-related issues were slightly more common among Canadians aged 80 years and older, with nearly one in four (22%) identifying location-related issues, than among those aged 50-64 years (18%) and those aged 65-79 years (16%).

One possible explanation as to why the oldest Canadians, which are those aged 80 years and older, were the least likely to report appointment-related challenges follows from the previous finding that they are also the most likely to report having a primary care provider. As the first point of contact with the health care system for most, primary care providers often facilitate access to coordinated and specialized care, thus making it more likely that individuals receive the care they need. Indeed, over the last decade or so, efforts have gone into improving access to health care through the availability of primary health care networks.<sup>36</sup> Moreover, under Canadian health care systems, seeing a medical specialist often first requires a referral. Therefore, because the oldest Canadians, or those aged 80 years and older, are most likely to report having

a primary care provider, this may help mitigate appointment-related issues and facilitate subsequent care. This would be consistent with a recent analysis from Statistics Canada, which showed that older Canadians with a regular doctor were more likely to have received non-emergency tests or visited with a medical specialist.<sup>37</sup> Regardless, however, it remains that appointment-related issues are a significant barrier that older Canadians experience when trying to access needed health care, regardless of age.

On the other hand, while location-related issues are generally less common among older adults, they may be more frequently reported among Canadians aged 80 years and older due to both unmet transportation needs and the limited availability of appropriate health care services to meet the health care needs of older adults.

For example, recent research has indicated that the transportation needs of older adults in Canada are often unmet.<sup>38</sup> Similarly, as Canadians get older and their need for care increases, the lack of appropriate and specialized care options that are delivered across a variety of accessible settings inevitably becomes more of a challenge. For example, as of 2021, only 3.2% of Canadians used a home health care service.<sup>39</sup> As a result, these factors may be limiting the ability of the oldest Canadians to access the care they need.

## Comparing Barriers to Care Across Health Status and Income Adequacy

The NIA's 2023 Ageing in Canada Survey reveals that Canadians aged 50 years and older who report being in poor to fair health were more likely to report having experienced every type of challenge when trying to access needed health care compared to those with better self-reported health.

For example, whereas 67% of those who reported being in fair to poor health indicated that they experienced an appointment-related issue, the share was 59% among those who reported being in excellent or very good health. In addition, Canadians in fair to poor health were more likely than their counterparts

in better health to report that they could not get an appointment when needed, that their appointments were cancelled, delayed or rescheduled, and that they struggled to get the referrals they needed (Table 2).

A similar pattern emerged when looking at location-related issues. While 23% of Canadians who reported being in fair or poor health indicated that they had experienced a location-related issue, the share was only 11% of those in excellent or very good health. When considering the specific types of location-related issues, 17% of those who reported being in fair to poor health indicated they experienced difficulty traveling to the service location compared to only 4% of those being in excellent or very good health.

**Table 2. Reasons Canadians Aged 50 Years and Older Could Only Access Needed Health Care Services Only Some of the Time, Rarely or Never by Health Status**

Reasons	Self-reported health		
	Excellent/ Very Good	Good	Fair/Poor
<b>Appointment-related issues</b>	<b>59%</b>	<b>65%</b>	<b>67%</b>
Could not get appointments when I needed it	42%	47%	48%
Appointments, treatments or services were cancelled, delayed or rescheduled	16%	17%	21%
Difficulty getting a referral	11%	14%	19%
<b>Location-related issues</b>	<b>11%</b>	<b>17%</b>	<b>23%</b>
Service not available in my area	8%	9%	11%
Difficult to travel to service location	4%	10%	17%
<b>Cost; unable to afford</b>	<b>9%</b>	<b>9%</b>	<b>19%</b>
Cannot Say	28%	21%	15%
Other	2%	1%	2%
<b>Weighted Sample</b>	<b>479</b>	<b>594</b>	<b>513</b>

Finally, the affordability of health care services was also more likely to be a challenge for those who reported being in fair to poor health. While the percentage of Canadians aged 50 years and older who reported cost as a barrier to accessing needed health care services was 19% among those reporting being in fair or poor health, it was only 9% among those reporting being in excellent or very good health.

Turning to the role of income adequacy on the barriers experienced, the same percentage of Canadians aged 50 years and older reported an appointment-related issue among those with adequate and inadequate incomes. Although appointment-related issues remained the most common type of challenge experienced, among those reporting

having inadequate incomes, 65% indicated a problem that had to do with getting an appointment, compared to 64% among those reporting having adequate incomes (Table 3).

On the other hand, the percent of Canadians aged 50 years and older that reported location-related issues and affordability challenges when accessing health care services varied depending on their income adequacy (Table 3). Both location-related issues and affordability were more prevalent among Canadians aged 50 years and older with inadequate incomes.

Understandably, issues with cost were also much more prevalent among aged 50 years and older who reported having inadequate incomes. Despite a significant

**Table 3. Reasons Canadians Aged 50 Years and Older Could Only Access Needed Health Care Services Only Some of the Time, Rarely or Never by Income Adequacy**

Reasons	Income Adequacy	
	Adequate Income	Inadequate Income
<b>Appointment-related issues</b>	<b>65%</b>	<b>64%</b>
Could not get appointments when I needed it	47%	45%
Appointments, treatments or services were cancelled, delayed or rescheduled	17%	20%
Difficulty getting a referral	13%	17%
<b>Location-related issues</b>	<b>15%</b>	<b>23%</b>
Service not available in my area	9%	10%
Difficult to travel to service location	8%	17%
<b>Cost; unable to afford</b>	<b>7%</b>	<b>23%</b>
Cannot Say	23%	16%
Other	1%	1%
<b>Weighted Sample</b>	<b>1,010</b>	<b>528</b>

portion of health care costs being covered under Canada's publicly funded Medicare programs, certain extended services, and especially those that older adults require, must be paid for out-of-pocket. CIHI estimated that in 2023, 14.8% of spending on health care in Canada would come from Canadians' out-of-pocket spending.<sup>40</sup> It is, therefore, not surprising that the NIA's 2023 findings show that Canadians aged 50 years and older reporting having inadequate incomes (23%) were more likely to report that cost was a reason they could not access needed health care services than those reporting having adequate incomes (7%).

The NIA's 2023 survey results highlight that older Canadians who are struggling when it comes to overall health and income levels face significant barriers to accessing the health care they need. The findings showing that Canadians aged 50 years and older in worse health are more likely to face barriers that interfere with their ability to access health care services are in alignment with prior research highlighting the relationship between health status and utilization of health care among older adults.<sup>41,42</sup> When it comes to income adequacy, the NIA's findings showing that cost-related issues are more prevalent among older Canadians who reported that their incomes are inadequate, highlighting that despite "medically necessary" health care services being provided through a publicly funded health insurance program in Canada, expenses for non-covered services make essential care unaffordable for older

adults with poor incomes. For example, services like prescription medications, dental care, vision care, and home care — all of which are needed in greater demand as people age — are often not fully covered in Canada. As a result, out-of-pocket non-insured health services likely strain their limited financial resources, contributing to more cost-related barriers.



## Part Three: How Has a Lack of Access to Health Care Impacted Canadians Aged 50 Years and Older?

This section explores what kind of impact inadequate access to needed health care services has had on the day-to-day lives of Canadians aged 50 years and older. Difficulty accessing adequate and timely health care services can have significant implications on health, particularly for high-risk populations such as older adults. Difficulty accessing needed services can result in a lack of detection and treatment for health problems, continued deterioration of existing health conditions and an increased risk of complications due to delayed diagnoses.<sup>43,44</sup> Similarly, a lack of access to needed health care can lead to a number of disruptions in the day-to-day lives of older adults, such as interference with their regular employment or limiting time spent with family and loved ones. Disruptions can also include the physical pain and mental health consequences that many Canadians experience when managing chronic health conditions.<sup>45</sup>

The NIA's 2023 Ageing in Canada Survey also examined the consequences of inadequate access to needed health care. Individuals who reported only being able to access needed health care services some of time, rarely or never in the 12

months prior to the survey were also asked a follow-up question regarding how much this lack of access had disrupted their life.\*\* Respondents were able to report the lack of access as being very disruptive, somewhat disruptive, only a little disruptive or not disruptive at all.

**Overall, Canadians with the worst access to care were also the most likely to find that their lack of care disrupted their lives. Older Canadians, Canadians who are struggling due to their financial situation and Canadians in poor to fair health were more likely to have their lives disrupted due to a lack of access to care.**



\*\* The 2023 NIA survey asked respondents who reported inadequate access to needed health care services or home care services over the past 12 months a single follow-up question asking how much the lack of access to health care or home care services disrupted their lives. In an attempt to best capture the experiences of respondents in relation to accessing needed health care services, this analysis only considers respondents if they answered that they could only access needed health care services sometimes, rarely or never in the past 12 months.

## To What Extent is Lack of Access to Needed Health Care Disruptive to the Lives of Canadians Aged 50 Years and Older?

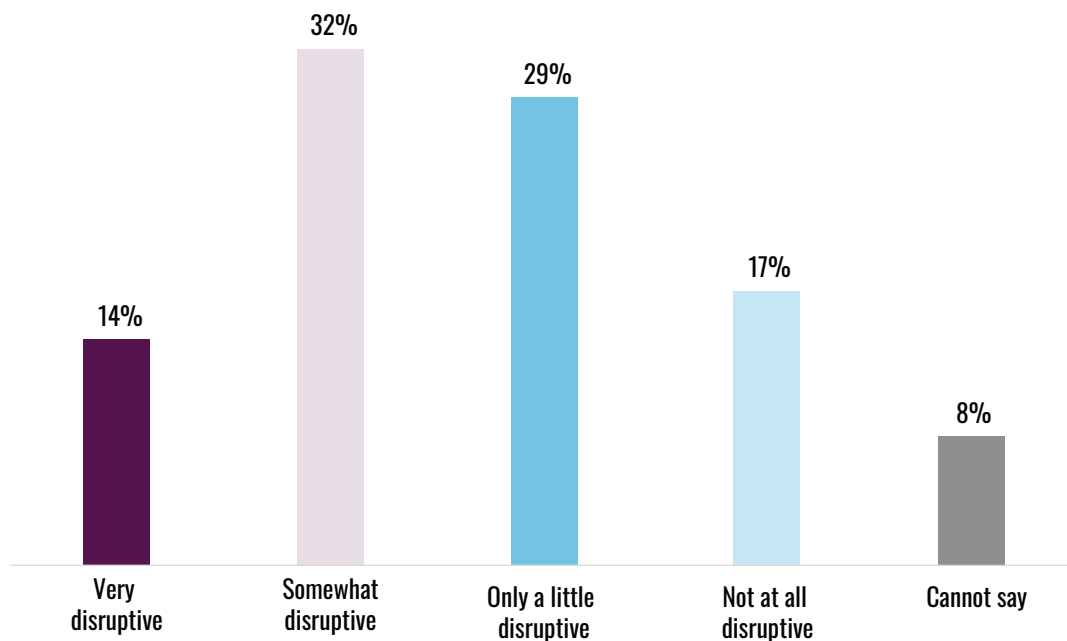
The NIA's 2023 survey findings reveal that, when looking at the overall population aged 50 years and older, a lack of access to needed health care services has consequences for the lives of many older Canadians. Overall, three in four (75%) Canadians aged 50 years and older who reported having inadequate access to needed health care felt that this lack of access was disruptive to their lives. More

specifically, 14% felt that their lack of access to needed health care services was very disruptive, 32% felt that it was somewhat disruptive and 29% felt it was a little disruptive (Figure 7).

The fact that among older adults in Canada who report inadequate access to needed health care three-quarters also indicate that it has interfered with their lives is concerning. These findings confirm that not only do older adults face a number of barriers to health care access, but that the lack of equitable access to health care in Canada has significant consequences for the health and well-being of our ageing population.

**Figure 7. Extent to Which Lack of Access to Needed Health Care Services has Disrupted Life (%)**

Canadians 50+, 2023



Sample base: 1,589

*"How much has this lack of access to needed health care or home care services over the past 12 months disrupted your life?"*

## Does Lack of Access to Needed Health Care Have Different Consequences Across Age Cohorts?

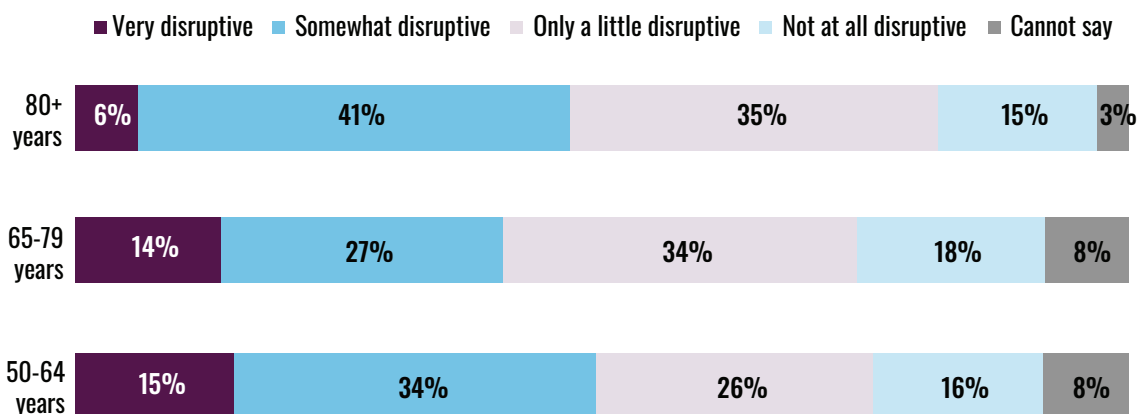
The NIA's 2023 survey findings reveal that, compared to their younger counterparts aged 50-64 years and 65-79 years, Canadians aged 80 years and older were more likely to report that their lack of access to needed health care services and treatments disrupted their lives (Figure 8). Specifically, 82% of those aged 80 years and older reported that their inability to access needed health care all or more of the time was disruptive to their lives, compared to 75% of those aged 50-64 years and 74% of those aged 65-79 years. The findings also confirm that regardless

of age, inadequate access to needed health care evidently has ramifications for the majority of older Canadians who experience barriers to access.

These findings suggest that Canada's health care system is especially affecting the segment of our ageing population that is most in need of care. Compared to their younger counterparts, the oldest Canadians aged 80 years and older are most likely to report that inadequate access to care had implications for their lives. While the NIA's results do not indicate in what way their lives were disrupted, drawing on existing evidence helps to shed light on the ways in which a lack of access to health care is particularly problematic for individuals of very advanced ages.

**Figure 8. Extent to Which Lack of Access to Needed Health Care Services has Disrupted Life (%)**

By Age Group, 2023



Sample base: 1,589

*"How much has this lack of access to needed health care or home care services over the past 12 months disrupted your life?"*

The inability to access needed care is likely more disruptive for older individuals by virtue of the fact that there is a greater need for, and reliance on, care. As people age, there is a greater reliance on care due to the higher prevalence of chronic conditions and physical limitations. A lack of timely and appropriate care can become especially disruptive as preventable conditions become more complex and difficult to treat, which then also only further increases the demand for additional care. For instance, research shows that a lack of access to care results in an increased likelihood of being hospitalized for chronic conditions.<sup>46</sup> Moreover, chronic conditions are known to have several physical, mental and social consequences that can affect the day-to-day lives of those who are affected.<sup>47</sup>

The factors straining Canada's health care system, such as a backlog of care, high administrative burden and long wait times,<sup>48</sup> which are making care more inaccessible for Canadians in general, are therefore likely have a greater impact on the oldest Canadians. Canadians aged 80 years and older are more likely to have multiple comorbidities, requiring frequent and comprehensive medical attention, which, when lacking, is bound to impose greater limitations on their day-to-day lives. It is also likely that, due to the health care system's continued emphasis on providing institutionalized care and treating acute conditions, there are a lack of available care options to meet their complex care needs. These unmet health care needs then, in turn, further

disrupt the lives of the oldest Canadians. These findings reinforce the urgent need for Canada's health care system to be redesigned in a way that better meets the current and future needs of its rapidly ageing population. Improving access to home and community-based care, and shifting the focus towards better chronic disease management can help ensure more equitable and higher-quality care for *all* Canadians.

## **Does Lack of Access to Needed Health Care Have Different Consequences for Canadians Aged 50 Years and Older with Worse Health and Inadequate Incomes?**

Looking at differences across health status revealed that, compared to those who reported better health, Canadians aged 50 years and older who reported being in fair or poor health were more likely to report that their lack of access to needed health care services disrupted their lives over the past 12 months. Overall, 85% of Canadians aged 50 years and older who reported being in fair to poor health indicated that a lack of access disrupted their life in some way, compared to 75% of older Canadians who reported good health and 64% of older Canadians who reported excellent or very good health. Those who reported fair or poor health (21%) were also more likely to indicate that their lives had been very disrupted by a lack of access to needed care than those who reported good health (10%) or

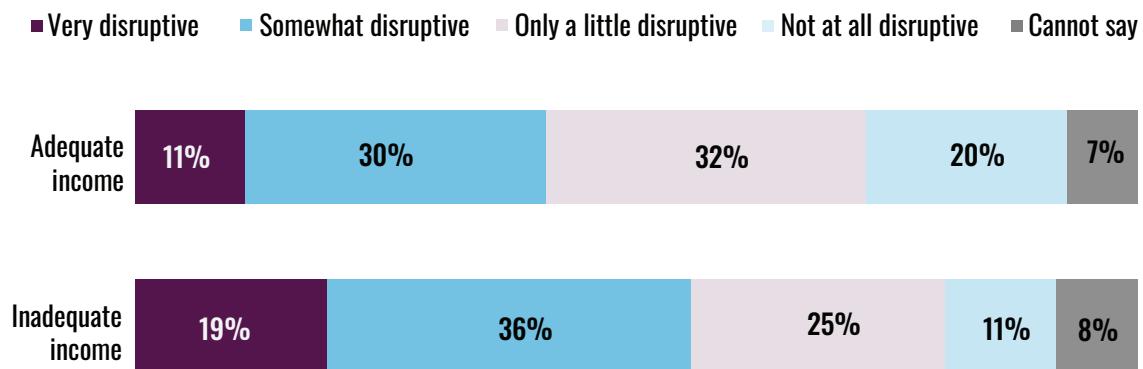
excellent or very good health (10%). These findings also confirm that a lack of access to needed health care is largely disruptive and has implications for older adults in general, even if they report good health.

Income adequacy, again, also stood out as being a factor that shaped the extent to which a lack of access to needed care was disruptive in the lives of Canadians aged 50 years and older. Those who said that their income is not enough for them

(81%) were more likely to say that a lack of access to care disrupted their lives than those who said their incomes are enough for them (73%). Furthermore, Canadians aged 50 years and older reporting having inadequate incomes (19%) were more likely than older Canadians with adequate incomes (11%) to report that their inability to access needed health services in the 12 months prior to the survey was very disruptive to their lives (Figure 9).

### Figure 9. Extent to Which Lack of Access to Needed Health Care Services has Disrupted Life (%)

By Income Adequacy, 2023



Sample base: 1,589

*"How much has this lack of access to needed health care or home care services over the past 12 months disrupted your life?"*

The NIA's 2023 Ageing Canada Survey reveals the cumulative implications that a lack of equitable access to care has for older adults who report fair to poor health and inadequate incomes. Not only are Canadians aged 50 years and older with poor or fair health or with inadequate incomes more likely to experience difficulties when trying to obtain needed care, but the lack of care proves to be more disruptive to their lives.

**These findings confirm that, despite efforts to strengthen the system, Canada must do more to support the vulnerable groups within its older population when working to make health care more accessible and affordable.**

To date, Canadian health policy has largely focused on removing financial barriers to health care.<sup>49</sup> However, inadequate incomes continue to function as an access barrier for Canadians aged 50 years and older.



## Part Four: What Are Other Notable Differences in Access to Health Care Across Older Population Groups?

This section explores what other notable differences exist in access to health care across other demographic characteristics or segments of the older population captured in the NIA's Ageing in Canada Survey, namely gender, region and immigration status. These groups represent historically underserved populations that experience more complex and significant access to care issues in Canada.<sup>50</sup> It is, therefore, crucial to further understand the experiences of these groups when interacting with Canadian health care systems from the perspective of older persons. This section provides an overview of how older adults among these populations may differ in terms of their access to needed health services, barriers to access and the extent to which a lack of access to needed care is disruptive to their lives. Ultimately, the NIA's findings reveal that there concerning differences in the experiences of older adults across gender, geographic location and immigration status.

### Gender<sup>\*\*\*</sup>

Existing research suggests that there are gendered differences when it comes to accessing health care services.<sup>51</sup> The NIA's 2023 survey reveals, however, that among Canadians aged 50 years and older, men

(69%) were only slightly more likely than women (66%) to report being able to access needed health care services all or most of the time in the 12 months prior to answering the survey. This was true, despite that the same proportion of men and women aged 50 years and older reported needing care in 2023.

Among Canadians aged 50 years and older who struggled to access needed health services in 2023, those who identify as female were also slightly more likely to experience certain barriers. Women (20%) were more likely to report experiencing a location-related challenge when accessing needed health services than men (15%). Difficulty traveling to a service location was the type of location-related issue responsible for the discrepancy, with 13% of women indicating that difficulty traveling to service locations was a barrier, compared to 7% of men.

The slight differences in access to needed care and barriers experienced did not, however, translate into differences in feelings of disruption. Among Canadians aged 50 years and older who could only access needed health care some of the time, rarely or never, about three-

---

<sup>\*\*\*</sup> The NIA's survey asked about their gender identity, with respondents able to select male, female or another gender identity. Those selecting another gender identity constitute less than 1% of respondents (25 cases in total), making the sample size too small to compare.

quarters of both men (74%) and women (76%) indicated that the lack of access was disruptive to their lives (either very, somewhat or a little disruptive). Women (16%) were, however, more likely to report feeling that the lack of care was very disruptive to their lives than men (11%).

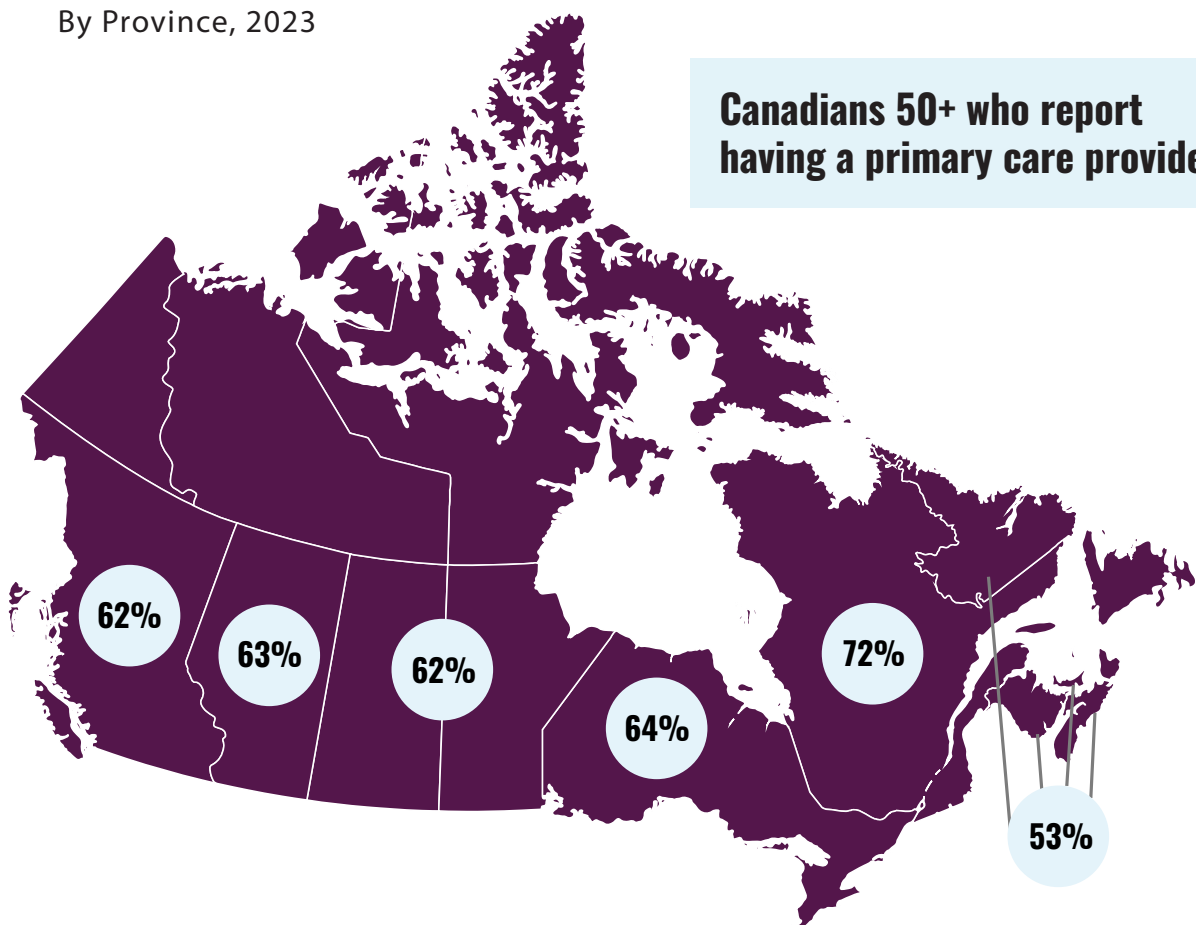
## Region and Community Size

The NIA's 2023 Ageing in Canada Survey also revealed that, across Canada, there are a number of concerning provincial and regional differences in access to health care services among older adults.

There is also considerable variation across the country in reported access to primary care among Canadians aged 50 years and older. Compared to the national average, the Atlantic provinces had the lowest proportion of residents reporting having a primary care provider, with just over half (53%) claiming to have a primary care provider they could see on an ongoing basis. On the other hand, residents of Quebec reported the best access to primary care across Canada, with nearly three-quarters (72%) of those 50 years and older reporting that they had a regular primary care provider (Figure 10).

**Figure 10. Access to a Primary Care Provider (%)**

By Province, 2023



*"Do you currently have a primary care provider whom you see on an ongoing basis for your general health needs (such as a family or primary care doctor or nurse practitioner)?"*

Despite reporting the best access to a primary care provider, individuals from Quebec did not also report the best access to needed health care services, more generally. In fact, in the case of access to needed health care services and treatments, those in Quebec reported the worst access across Canada in 2023: only 59% of those who needed health care services said they were able to access them all or most of the time, while the proportion was around 70% in almost every other region. These findings are consistent with previous research showing that individuals in Quebec were more likely to report difficulty accessing specialized health services such as specialist care, non-emergency surgery and selected diagnostics tests.<sup>52</sup>

Together, the NIA's findings on access to health care signal that the primary care system in Quebec may be overburdened. Although older adults are more likely to have a primary care provider in Quebec, it is possible that they have limited access and struggle to see their primary care providers.

Older adults in Atlantic Canada were also less likely to report having adequate access to needed health care services, with only 64% saying they could access them all or most of the time. Another concerning finding that emerged from the Atlantic provinces had to do with the types of barriers older adults encounter when trying to access needed health care.

Among individuals aged 50 years and older who reported difficulty accessing

needed health services, those from the Atlantic provinces (82%) were more likely to say they had experienced an appointment-related issue than in the rest of Canada (64%). The higher proportion reporting having experienced appointment-related issues in the Atlantic provinces seems to be the result of their inability to get appointments when needed: 68% of those in the Atlantic provinces reported this as a reason for not being able to get all or most of the health services they needed, whereas the national average was 46%.

In line with these findings, older adults living in the Atlantic provinces were also the most likely to report that a lack of access to care was disruptive to their lives. Of note, 86% of those living in the Atlantic provinces said that the lack of access to needed health care was either very, somewhat or a little disruptive, while the national average was 75%. The only other province where individuals were just as likely to say that a lack of access was disruptive to their lives was British Columbia, where 85% of older adults said it was either very, somewhat or a little disruptive. By comparison, 65% of individuals in Quebec, 77% of individuals in Ontario, 80% of those in Manitoba or Saskatchewan, and 74% of individuals in Alberta felt the same way.

In terms of differences based on community size, the NIA's 2023 survey revealed that Canadians aged 50 years and older living in rural communities (61%) were somewhat less likely to report having a primary care provider than those

living in larger communities such as a town or village (67%) and city or suburb (65%). With that said, the NIA's results did not identify meaningful differences based on community size when it comes to accessing needed health care services and treatments.

However, not surprisingly, a notable finding that emerged from the survey was that among Canadians aged 50 years and older who had difficulty accessing needed care, those living in rural communities were more likely to report a location-related issue as a reason for not being able to get all or most of their needed care. Notably, the proportion who reported location-related issues (such as difficulty traveling to service location or that the needed service was not available in their area) increased as community size decreased. Whereas 14% of those living in a city or suburb reported experiencing a location-related issue, the proportion was 19% among those living in a town or village, reaching 26% among those living in a rural area.

## **Immigration Status and Ethnic-Racial Background**

Existing research indicates that immigrants and individuals from racialized communities have different experiences with Canadian health care systems when compared to those born in Canada or who are white.<sup>53</sup>

The NIA's 2023 Ageing in Canada Survey confirms this, revealing several discrepancies in reported access to

health care. For one, access to primary care differed based on race/ethnicity. Non-white Canadians aged 50 years and older (59%) were less likely to report having a primary care provider than white Canadians aged 50 years and older (65%). There were no meaningful differences across immigration status identified when it came to primary care, with Canadian-born older adults (65%) only slightly more likely to report having a primary care provider than those who immigrated to Canada (63%).

In terms of access to needed health care, racialized older adults (58%) were less likely like than white older adults (69%) to report being able to access needed health care services all or most of the time in 2023. On the other hand, immigrants (66%) were just as likely to report being able to access needed health care services all or most of the time as their Canadian-born counterparts (67%).

The NIA's survey findings align with existing research which shows that immigrants often face difficulties when interacting with Canadian health care systems. For example, language barriers, a lack of information and culturally safe and appropriate care and socioeconomic standing are barriers immigrants often experience which, in turn, prevent them from accessing the care they need.<sup>54</sup> This is concerning, given that the consequences of inadequate access become particularly severe for high-risk populations such as older adults.

## Conclusion and Discussion

The NIA's 2023 Ageing in Canada Survey provides an in-depth look at the use of health care services among Canadians aged 50 years and older. The study findings show that in the post-pandemic era, older Canadians are struggling to access the health services they need. Although older adults require more frequent use of health care services due to a higher prevalence of chronic disease and multi-morbidity in advanced age, in the Canadian context, many are struggling to access the care they need.

**Older Canadians report inadequate access to both primary care and needed health care services and treatments. Only about two-thirds (65%) of Canadians aged 50 years and older said they have a primary care provider they see on an ongoing basis for their general health care needs, while 35% did not. This translates to nearly 5 million Canadians aged 50 years and older<sup>55</sup> who may be without a regular health care provider they can rely on.**

This suggests that even more older Canadians may be without a primary care doctor than previously believed. Similarly, millions of older Canadians may have unmet health care needs: among

Canadians aged 50 years and older who needed health care services in 2023, one-third (32%) reported that they could access them only sometimes, rarely or never.

This report demonstrates the inequities experienced by older Canadians with poor incomes and health. These groups are especially vulnerable and lack access to the services and care they require. For older Canadians who are unable to get the care they need, the biggest struggle is getting an appointment. Finally, this report confirms that a lack of access to health care services is disruptive to the lives of older Canadians, highlighting the consequences that access issues impose upon Canadians in need of care.

Despite some variation in experiences across population groups, the report's findings also reveal that there is remarkable consistency in the experiences of older adults when interacting with the Canadian health care system. For Canada's population aged 50 years and older, there exists a consistent lack of access to care. The results of the NIA's 2023 survey make clear that federal, provincial and territorial governments must find solutions to improve Canada's health care systems to better support their rapidly ageing populations and ensure their overall sustainability.

There are many possible solutions to address the ongoing challenges plaguing Canada's health care systems

and expanding access to needed care for Canadians, which require careful consideration in future analyses. Given that robust primary care is the cornerstone of a well-functioning health care system and that Canada faces a growing shortage of primary care professionals, initiatives that support recruitment and retention within the primary care sector would be an obvious place to start. This could help fill gaps for Canadians who do not have access to a regular health care provider, while also reducing the patient load on individual practitioners, thereby reducing burnout.

Another opportunity is to better consider the value of team-based primary, as well as home and community-based care delivery models. This could help enhance access to care by increasing the range of health care providers and services that can be made available to community-dwelling patients, improve care coordination by promoting direct communication and cooperation among health care providers and help make our health care system more resilient and responsive to the needs of Canadians — especially as they age.

The provision of virtual care, care by non-physician providers like nurse practitioners, pharmacists and physician assistants, and the associated user fees to access them, has been emerging as a new opportunity to meet the growing need for care in Canada. However, this has sparked debate within and between federal, provincial and territorial governments over the role of both non-

physician care providers and private insurers in offering medically necessary care outside the confines of the Canada Health Act and what is currently covered by provincial and territorial health care systems.<sup>56</sup> In response, the federal Health Minister has announced that they will soon issue a letter clarifying how the Canada Health Act applies to medically necessary care delivered virtually and by health professional other than doctors. Nevertheless, it is clear that more research and consideration are needed to better understand the extent to which virtual care and non-physician health care providers can best support meeting the health needs of Canadians, and how best to provide it within Canada's publicly funded health care systems.

Effective solutions will not only require agreement on the goals among federal, provincial and territorial governments, but also coordinated efforts for quick implementation because, for many older Canadians, the issue today is not only a need for timely access to care, but also getting any access to care at all. It is, therefore, critical that any approaches to enhancing Canada's health system take into account the unique needs and perspectives of Canada's ageing population.

## References

- <sup>1</sup> Statistics Canada (2022, April 27). *Age pyramids: Historical age and gender at birth pyramids* [Interactive chart]. Government of Canada. Retrieved May 30, 2023, from <https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/dv-vd/pyramid/index-eng.cfm>
- <sup>2</sup> Flanagan, A., Dunning, J., Brierley, A., Wong, I., MacDonald, B.-J., & Sinha, S.K. (2023). *Enabling a more promising future for long-term care in Canada*. National Institute on Ageing, Toronto Metropolitan University. <https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/64da284a18aad449147343f0/1692018764623/Long-term%2BCare%2BPaper%2B3-.pdf>
- <sup>3</sup> Tuohy, C. H. (2018). What's Canadian about Medicare? A comparative perspective on health policy. *Healthcare Policy*, 13(4), 11-22. <https://doi.org/10.12927/hcpol.2018.25497>
- <sup>4</sup> National Institute on Ageing. (2020). *An evidence informed national seniors strategy for Canada: Third edition*. [https://nationalseniorsstrategy.ca/wp-content/uploads/2020/09/NSS\\_2020\\_Third\\_Edition.pdf](https://nationalseniorsstrategy.ca/wp-content/uploads/2020/09/NSS_2020_Third_Edition.pdf)
- <sup>5</sup> Kiran, T., Green, M. E., Wu, C. F., Kopp, A., Latifovic, L., Frymire, E., Moineddin, R., & Glazier, R. H. (2022). Family physicians stopping practice during the COVID-19 pandemic in Ontario, Canada. *The Annals of Family Medicine*, 20(5), 460-463. <https://doi.org/10.1370/afm.2865>
- <sup>6</sup> Favaro, A. (2023, October 21). *More than 1.3 M Canadians abandoned waits in emergency rooms in 2023*. CTV News. [https://www.ctvnews.ca/health/more-than-1-3m-canadians-left-emergency-rooms-without-being-seen-in-2022-2023-new-data-1.6611380?\\_\\_vfz=medium%3Dsharebar](https://www.ctvnews.ca/health/more-than-1-3m-canadians-left-emergency-rooms-without-being-seen-in-2022-2023-new-data-1.6611380?__vfz=medium%3Dsharebar)
- <sup>7</sup> Thomson, S. (2022, December 5). *By 2042, one in every four Canadians will be a senior. Our health-care system isn't ready*. The Hub. <https://thehub.ca/2022/12/05/by-2042-one-in-every-four-canadians-will-be-a-senior-our-health-care-system-isnt-ready/>
- <sup>8</sup> Esmail, N. (n.d.). *Health care and the ageing population*. Fraser Institute. <https://www.fraserinstitute.org/article/health-care-and-ageing-population#:~:text=Notably%2C%20physicians%20are%20also%20ageing,keep%20pace%20with%20current%20demand>
- <sup>9</sup> Canadian Institute for Health Information. (2021, June 10). *How many long-term care beds are there in Canada?* [Infographic]. Retrieved December 22, 2023, from <https://www.cihi.ca/en/how-many-long-term-care-beds-are-there-in-canada>
- <sup>10</sup> Statistics Canada. (2024, February 21). *Population estimates on July 1st, by age and gender (17-10-0005-01)* [Data table]. Government of Canada. <https://doi.org/10.25318/1710000501-eng>

- <sup>11</sup> Statistics Canada. (2024, February 21). *Population estimates on July 1st, by age and gender (17-10-0005-01)* [Data table]. Government of Canada. <https://doi.org/10.25318/1710000501-eng>
- <sup>12</sup> Statistics Canada. (2023, September 13). *Health of Canadians: Access to healthcare*. Government of Canada. <https://www150.statcan.gc.ca/n1/pub/82-570-x/2023001/section3-eng.htm>
- <sup>13</sup> Zhang, T. (2024, May 23). *The doctor dilemma: Improving primary care access in Canada*. C.D. Howe Institute. <https://www.cdhowe.org/public-policy-research/doctor-dilemma-improving-primary-care-access-canada>
- <sup>14</sup> Levine, D.M., Linder, J.A., & Landon, B.E. (2019). Characteristics of Americans with primary care and changes over time, 2002-2015. *JAMA Intern Med.*, 180(3), 463–466. <https://doi.org/10.1001/jamainternmed.2019.6282>
- <sup>15</sup> Zhang, T. (2024, May 23). *The doctor dilemma: Improving primary care access in Canada*. C.D. Howe Institute. <https://www.cdhowe.org/public-policy-research/doctor-dilemma-improving-primary-care-access-canada>
- <sup>16</sup> Statistics Canada. (2023, November 6). *Has a regular healthcare provider, by age group (13-10-0096-16)* [Data table]. Retrieved September 10, 2023, from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310009616>
- <sup>17</sup> Duong, D., & Vogel, L. (2023). National survey highlights worsening primary care access. *CMAJ*, 195(16), E592-E593. <https://doi.org/10.1503/cmaj.1096049>
- <sup>18</sup> Ontario College of Family Physicians. (2023, February 9). *More than 2.2 million Ontarians left without a family doctor*. <https://ontariofamilyphysicians.ca/news/more-than-2-2-million-ontarians-left-without-a-family-doctor/>
- <sup>19</sup> Savoy, M., Hazlett-O'Brien, C., & Rapacciuolo, J. (2017). The Role of primary care physicians in managing chronic disease. *Delaware Journal of Public Health*, 3(1), 86–93.
- <sup>20</sup> Islam, M. K., & Gilmour, H. (2024, March 20). *Health reports: Access to specialized health care services among older Canadians*. Statistics Canada, Government of Canada. <https://www.doi.org/10.25318/82-003-x202400300002-eng>
- <sup>21</sup> Canadian Institute for Health Information. (2023, August 2). *88% of Canadians have a regular health provider but others struggle to access care*. <https://www.cihi.ca/en/taking-the-pulse-a-snapshot-of-canadian-health-care-2023/88-of-canadians-have-a-regular-health#ref3>
- <sup>22</sup> Statistics Canada. (2023, November 6). *Has a regular healthcare provider, by age group (13-10-0096-16)* [Data table]. Government of Canada. Retrieved September 10, 2023, from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310009616>

- <sup>23</sup> Statistics Canada. (2023, September 13). *Health of Canadians: Access to healthcare*. Government of Canada. <https://www150.statcan.gc.ca/n1/pub/82-570-x/2023001/section3-eng.htm>
- <sup>24</sup> Statistics Canada. (2024, April 26). *Unmet health care needs by sex and age group (13-10-0836-01)* [Data table]. Government of Canada. <https://doi.org/10.25318/1310083601-eng>
- <sup>25</sup> Savoy, M., Hazlett-O'Brien, C., & Rapacciuolo, J. (2017). The role of primary care physicians in managing chronic disease. *Delaware Journal of Public Health*, 3(1), 86–93.
- <sup>26</sup> Zhang, T. (2024, May 23). *The doctor dilemma: Improving primary care access in Canada*. C.D. Howe Institute. <https://www.cdhowe.org/public-policy-research/doctor-dilemma-improving-primary-care-access-canada>
- <sup>27</sup> Canadian Institute for Health Information. (2023, August 2). *88% of Canadians have a regular health provider but others struggle to access care*. <https://www.cihi.ca/en/taking-the-pulse-a-snapshot-of-canadian-health-care-2023/88-of-canadians-have-a-regular-health#ref3>
- <sup>28</sup> Statistics Canada. (2024, April 26). *Unmet health care needs by sex and age group (13-10-0836-01)* [Data table]. Government of Canada. <https://doi.org/10.25318/1310083601-eng>
- <sup>29</sup> Statistics Canada. (2024, April 26). *Unmet health care needs by sex and age group (13-10-0836-01)* [Data table]. Government of Canada. <https://doi.org/10.25318/1310083601-eng>
- <sup>30</sup> Statistics Canada. (2024, February 21). *Population estimates on July 1st, by age and gender (17-10-0005-01)* [Data table]. Government of Canada. <https://doi.org/10.25318/1710000501-eng>
- <sup>31</sup> Menec, V. H., & Chipperfield, J. G. (2001). A prospective analysis of the relation between self-rated health and health care use among elderly Canadians. *Canadian Journal on Aging / La Revue Canadienne Du Vieillessement*, 20(3), 293–306. <https://doi.org/10.1017/S0714980800012794>
- <sup>32</sup> Kiran, t., Daneshvarfard, M., Wang, R., Beyer, A., Kay, J., Breton, M., Brown-Shreves, d., Condon, A., Green, M. E., Hedden, L., Katz, A., Keresteci, M., Kovacina, N., Lavergne, M. R., Lofters, A., Martin, D., Mitra, G., Newbery, S., Stringer, K., . . . van der Linden, C. (2024). Public experiences and perspectives of primary care in Canada: Results from a cross-sectional survey. *CMAJ*, 196(19), E646-E656. <https://doi.org/10.1503/cmaj.231372>

- <sup>33</sup> Clarke, J. (2016, December 8). *Health at a glance: Difficulty accessing health care services in Canada*. Statistics Canada, Government of Canada. <https://www150.statcan.gc.ca/n1/pub/82-624-x/2016001/article/14683-eng.htm>
- <sup>34</sup> Islam, M. K., & Gilmour, H. (2024, March 20). *Health reports: Access to specialized health care services among older Canadians*. Statistics Canada, Government of Canada. <https://www.doi.org/10.25318/82-003-x202400300002-eng>
- <sup>35</sup> Jones, C.A., Jhangri, G.S., Yamamoto, S.S., Hogan, D. B., Hanson, H., Levasseur, M., Morales, E., & Légaré, F. (2023). Social participation of older people in urban and rural areas: Canadian Longitudinal Study on Aging. *BMC Geriatrics*, 23, 439. <https://doi.org/10.1186/s12877-023-04127-2>
- <sup>36</sup> Clarke, J. (2016, December 8). *Health at a glance: Difficulty accessing health care services in Canada*. Statistics Canada, Government of Canada. <https://www150.statcan.gc.ca/n1/pub/82-624-x/2016001/article/14683-eng.htm>
- <sup>37</sup> Islam, M. K., & Gilmour, H. (2024, March 20). *Health reports: Access to specialized health care services among older Canadians*. Statistics Canada, Government of Canada. <https://www.doi.org/10.25318/82-003-x202400300002-eng>
- <sup>38</sup> Tinella, L., Bosco, A., Traficante, S., Napoletano, R., Ricciardi, E., Spano, G., Lopez, A., Sanesi, G., Bergantino, A. S., & Caffò, A. O. (2023). Fostering an age-friendly sustainable transport system: A psychological perspective. *Sustainability*, 15(18), 13972. <https://doi.org/10.3390/su151813972>
- <sup>39</sup> Statistics Canada. (2023, September 13). *Health of Canadians: Access to healthcare*. Government of Canada. <https://www150.statcan.gc.ca/n1/pub/82-570-x/2023001/section3-eng.htm>
- <sup>40</sup> Canadian Institute for Health Information. (2023, November 2). *Who is paying for these services?* [Infographic]. Retrieved September 10, 2024, from <https://www.cihi.ca/en/who-is-paying-for-these-services>
- <sup>41</sup> Clarke, J. (2016, December 8). *Health at a glance: Difficulty accessing health care services in Canada*. Statistics Canada, Government of Canada. <https://www150.statcan.gc.ca/n1/pub/82-624-x/2016001/article/14683-eng.htm>
- <sup>42</sup> Institute of Medicine (US) Committee on the Future Health Care Workforce for Older Americans. (2008). Health status and health care service utilization. *Retooling for an aging America: Building the health care workforce*. National Academies Press. <https://www.ncbi.nlm.nih.gov/books/NBK215400/>

- <sup>43</sup> Clarke, J. (2016, December 8). *Health at a glance: Difficulty accessing health care services in Canada*. Statistics Canada, Government of Canada. <https://www150.statcan.gc.ca/n1/pub/82-624-x/2016001/article/14683-eng.htm>
- <sup>44</sup> Islam, M. K., & Gilmour, H. (2024, March 20). *Health reports: Access to specialized health care services among older Canadians*. Statistics Canada, Government of Canada. <https://www.doi.org/10.25318/82-003-x202400300002-eng>
- <sup>45</sup> The Canadian Pain Task Force. (2021, March). *Canadian Pain Task Force report: March 2021: An action plan for pain in Canada*. Government of Canada. <https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/canadian-pain-task-force/report-2021.html>
- <sup>46</sup> Office of Disease Prevention and Health Promotion. (n.d.). *Access to health services*. Healthy People 2030. <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services>
- <sup>47</sup> Harris, J. R., & Wallace, R. B. (2012). The institute of medicine's new report on living well with chronic illness. *Preventing Chronic Disease*, 9. <http://dx.doi.org/10.5888/pcd9.120126>
- <sup>48</sup> Kiran, t., Daneshvarfard, M., Wang, R., Beyer, A., Kay, J., Breton, M., Brown-Shreves, d., Condon, A., Green, M. E., Hedden, L., Katz, A., Keresteci, M., Kovacina, N., Lavergne, M. R., Lofters, A., Martin, D., Mitra, G., Newbery, S., Stringer, K., . . . van der Linden, C. (2024). Public experiences and perspectives of primary care in Canada: Results from a cross-sectional survey. *CMAJ*, 196(19), E646-E656. <https://doi.org/10.1503/cmaj.231372>
- <sup>49</sup> Bowen, S. (2000). Access to health services for underserved populations in Canada. In Health Canada (Ed.), *Certain circumstances: Equity in and responsiveness of the health care system to the needs of minority and marginalized populations: A collection of papers and reports prepared for Health Canada*. Government of Canada. <https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/health-care-accessibility/certain-circumstances-issues-equity-responsiveness.html#foreword>

- <sup>50</sup> Bowen, S. (2000). Access to health services for underserved populations in Canada. In Health Canada (Ed.), *Certain circumstances: Equity in and responsiveness of the health care system to the needs of minority and marginalized populations: A collection of papers and reports prepared for Health Canada*. Government of Canada. <https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/health-care-accessibility/certain-circumstances-issues-equity-responsiveness.html#foreword>
- <sup>51</sup> Bryant, T., Leaver, C., & Dunn, J. (2009). Unmet healthcare need, gender, and health inequalities in Canada. *Health Policy*, 91(1), 24-32. <https://doi.org/10.1016/j.healthpol.2008.11.002>
- <sup>52</sup> Clarke, J. (2016, December 8). *Health at a glance: Difficulty accessing health care services in Canada*. Statistics Canada, Government of Canada. <https://www150.statcan.gc.ca/n1/pub/82-624-x/2016001/article/14683-eng.htm>
- <sup>53</sup> Campbell, R.M., Klei, A.G., Hodges, B.D., Fisman, D., & Kitto, S. (2014). A comparison of health access between permanent residents, undocumented immigrants and refugee claimants in Toronto, Canada. *Journal of Immigrant Minority Health*, 16, 165–176. <https://doi.org/10.1007/s10903-012-9740-1>
- <sup>54</sup> Ahmed, S., Shommu, N.S., Rumana, N., Barron, G. R. S., Wicklum, S., & Turinet, T. C. (2016). Barriers to access of primary healthcare by immigrant populations in Canada: A literature review. *Journal of Immigrant Minority Health*, 18, 1522–1540. <https://doi.org/10.1007/s10903-015-0276-z>
- <sup>55</sup> Statistics Canada. (2024, February 21). *Population estimates on July 1st, by age and gender (17-10-0005-01)* [Data table]. Government of Canada. <https://doi.org/10.25318/1710000501-eng>
- <sup>56</sup> Grant, K. (2024, August 5). Federal crackdown on user fees will make health care less accessible for millions, private clinics and insurers warn. *The Globe and Mail*. <https://www.theglobeandmail.com/canada/article-federal-crackdown-on-user-fees-will-make-health-care-less-accessible/>

To learn more about the NIA visit our website at [www.NIAgeing.ca](http://www.NIAgeing.ca) and follow us on X (@NIAgeing), LinkedIn, and Facebook.