

Chartbook



How Canada Compares

Results From the Commonwealth Fund's 2021 International Health Policy Survey of Older Adults in 11 Countries

March 2022

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About this chartbook

The 2021 edition of the Commonwealth Fund (CMWF) International Health Policy Survey focused on the views and experiences of older adults (those age 65 and older). This chartbook highlights the Canadian story and examines how these experiences vary across Canada and relative to other developed countries, as well as how they are changing over time.

The survey was conducted in Canada between March 13 and June 14, 2021. For the first time, Yukon was oversampled, allowing its results to be reported alongside provincial results and to be statistically tested against the CMWF average. Quebec and Ontario have the most robust samples because of the additional funding provided from these provinces. The overall response rate for the survey in Canada was 22.3%, for a total of 4,484 respondents.




In conducting the survey, efforts were made to ensure a representative and diverse sample that covers the target population — adults age 65 and older in Canada, including Indigenous Peoples living on reserve and residents in long-term care homes. People in long-term care homes represented less than 1% of the respondents. The sampling design for the Canadian survey covered landline numbers, which could include Voice Over Internet Protocol phones. However, a potential bias may exist given that the survey excludes seniors who were physically or cognitively unable to complete the survey at the time it was conducted. This caveat applies to the other countries as well.

Supplementary data tables and detailed methodology notes are available online. These show more detailed responses to the questions presented here as well as some additional questions not covered in this chartbook. Full data sets of the survey results are available to researchers upon request by writing to cmwf@cihi.ca.

Interpreting results

The Canadian Institute for Health Information (CIHI) applied statistical methods to determine whether Canadian, provincial and territorial results were significantly different from the CMWF average of 11 countries. Results are displayed throughout the chartbook using the following colour codes to indicate statistical significance and the desirable direction of the indicator:

Results with a desirable direction:

 Above average  Same as average  Below average

Above-average results are more desirable relative to the CMWF average, while below-average results often indicate areas for improvement.

Sample sizes in some jurisdictions are much smaller than in others and have wider margins of error. For this reason, 2 jurisdictions may have the same numeric results displayed in different colours (e.g., one result might be light blue, or same as average, while the other is orange, or below average). The wider the margin of error, the more difficult it is to ascertain whether a result is truly significantly different from the average. Quebec and Ontario have the most robust samples because of the additional funding for an increased sample size from those provinces.

To assess the reliability of the results, the coefficient of variation (CV) was calculated. The CV is the standard error of an estimate expressed as a percentage of the estimate and is a measure of sampling error. These quality level guidelines are consistent with those used at Statistics Canada.¹

- Estimates with a CV less than or equal to 16.5% are considered reliable for general use.
- Estimates with a CV between 16.6% and 33.3% are considered to have high levels of error, and caution should be exercised in interpretation; in this chartbook, these are marked with an asterisk (*).
- Estimates with a CV higher than 33.3% are considered unreliable and are suppressed; these are marked with an em dash (—).



The **maple leaf** icon indicates that the question was part of the Canadian survey only and was not asked in other countries. International comparison is therefore not possible.



The **new** icon indicates that the question was not asked in a previous CMWF survey of the population age 65 and older.



The **COVID-19** icon indicates that the question was related to the COVID-19 pandemic.



The **trending** icon indicates that the results for the question are compared with those from the 2014 and 2017 surveys.



The **lightbulb** icon indicates that the content provides contextual information supporting the results from the CMWF survey.



The **magnifying** icon indicates that additional analyses were undertaken to examine what factors may be associated with the question using the data from the current survey.

Possible relationships between survey questions were examined using [logistic regression modelling](#); only statistically significant relationships were included in the additional analysis shown in the chartbook.

This chartbook also references information from CIHI and other sources to provide additional context. A list of references can be found at the end of the document.

Executive summary

The 2021 Commonwealth Fund (CMWF) survey collected information from seniors age 65 and older in Canada and in 10 peer countries about their experiences and interactions with health care providers and their health care systems. Topic areas covered in the 2021 survey include the health of seniors, primary and specialist care, hospital care, home care, end-of-life care planning and the overall perception of the health system. International comparisons between Canada and its peers give Canadians the opportunity to understand areas where we are doing well and areas where we could improve. This year, the results also provide valuable information about how the pandemic impacted seniors and their experience with the health systems.

This year's survey provides some insights into the unintended consequences that restrictions relating to the COVID-19 pandemic may have had on seniors. Compared with pre-pandemic levels (17%), the proportion of seniors who reported feeling isolated often or some of the time more than doubled (37%) in 2021 and is significantly higher than the CMWF average of 25%. Females were more likely than males (43% versus 30%) to report feeling isolated, and seniors living alone were more likely to report feeling isolated compared with seniors living with other people.

During the pandemic, care delivery has expanded beyond traditional in-person care to include more virtual care, but timely access remains an issue. Canada's health care systems have responded quickly to the changing needs during the pandemic; a larger proportion of Canadian seniors (71%) reported having had virtual appointments compared with CMWF peers (39%). However, Canada continued to trail behind peer countries in timely access to primary care and specialist care. Only 32% of Canadian seniors were able to get a same- or next-day appointment when they were sick, the lowest percentage among the 11 countries, and this has worsened compared with 2014 (45%) and 2017 (41%). 42% of Canadian seniors found it was very/somewhat easy to get medical care after hours, significantly lower than the CMWF average (52%). Furthermore, during the pandemic, more Canadian seniors reported having had an appointment cancelled or postponed, compared with the CMWF average (29% versus 19%).

Delivering health care that is centred around the patient is a goal in Canada. Despite the pandemic, chronic disease management for Canadian seniors continued to be higher than the CMWF average. More Canadian seniors reported feeling confident about their ability to control and manage their health problems, compared with the CMWF average. Additionally, quality of hospital discharge planning remained consistent with pre-pandemic levels.

The information summarized in this chartbook provides an important perspective on how well Canada's health systems are meeting the needs and expectations of Canadian seniors. Comparison with peer countries provides an opportunity to learn from policies and best practices in these other countries, and comparison with the results from the 2017 CMWF survey provides an opportunity to look at the impact of the COVID-19 pandemic on seniors.

Key findings from this year's survey

Health of seniors

- Canadian seniors have better self-perceived health than seniors in most other countries. About half rate their health as excellent or very good compared with the CMWF average (46% versus 38%).
- A larger proportion of Canadian seniors live with at least 3 chronic conditions (30%) and take 4 or more prescription medications regularly (47%) compared with other countries (26% and 41%, respectively). A small proportion of Canadian seniors reported being severely or somewhat limited in everyday activities (14%) and few needed help with instrumental activities of daily living (13%).
- More Canadian seniors experienced emotional distress (18%) than seniors in many other countries (16%). Of these Canadian respondents, 35% were able to get professional help when they needed it.
- 48% of Canadian seniors connected digitally with others at least once a day, the third-highest percentage among the 11 countries. Despite the digital connection, Canada had the most seniors reporting feeling isolated often or some of the time (37%). In particular, females and those living alone were more likely to report feeling isolated compared with males and those living with others.
- Almost a quarter of Canadian seniors reported that they monitor their health using a digital device (23%), with higher usage among those with high income and higher numbers of chronic conditions.
- As a result of the pandemic, 10% of Canadian seniors used up all or most of their savings and 7% lost a job or source of income. Few Canadian seniors reported worrying about having enough money to buy nutritious meals (4%), to pay rent or mortgage (4%) or to pay for other monthly bills (4%). More Canadian seniors skipped dental visits due to cost compared with the CMWF average (15% versus 10%).

Primary and specialist care

- Almost all Canadian seniors have a regular doctor (96%), slightly lower than the CMWF average of 98%.
- It is becoming increasingly difficult for Canadian seniors to get a same- or next-day appointment. 32% of Canadian seniors reported getting a same- or next-day appointment, which is lower than the CMWF average (51%), and lower than in 2017 (41%) and 2014 (45%).
- Fewer Canadian seniors reported always or often receiving a same-day response from their usual place of care compared with the CMWF average (72% versus 83%), but this is similar to results in 2014 (74%) and 2017 (73%). In addition, fewer Canadian seniors found it easy to get medical care after hours (42%) compared with the CMWF average (52%), which is unchanged from previous surveys.
- More Canadian seniors (31%) used the emergency department for a condition that they thought could have been treated in their usual place of care, compared with the CMWF average (25%).
- During the pandemic, more Canadian seniors had a virtual appointment than seniors in any other countries (71% versus 39%). However, more Canadian seniors have had an appointment cancelled or postponed, compared with the CMWF average (29% versus 19%).
- 3 out of 5 Canadian seniors needed to see or had seen a specialist in the past 2 years, similar to the CMWF average. Among these Canadian seniors, almost half were seen within 4 weeks, but 16% reported that their regular doctor did not seem informed and up to date about the care they got from the specialist.
- Canadian seniors reported better chronic disease management compared with the CMWF average, and contact with health care professionals between doctor visits was higher than the CMWF average.

Hospital care

- More Canadian seniors had used the emergency department compared with the CMWF average (35% versus 27%), but fewer had been admitted to hospital (20% versus 25%).
- Overall, more Canadian seniors had been engaged in discharge planning than their peers, and many Canadian seniors felt supported to manage their condition at home after hospitalization (87%).

Home care

- 13% of Canadian seniors needed help with housework, preparing meals, managing daily medications or shopping, because of a health problem. Two-thirds of those seniors always or often received help. 74% received help from a family member, friend or member of their community and 25% from a health professional. The most common reason for Canadian seniors to not have received the help they needed was service cancellation or restrictions related to the pandemic (32%).
- 11% of Canadian seniors reported that someone in their household had received home care services from a government home care program in the preceding 12 months. Almost half of these respondents reported that the first government home care service began within a week of need. More than half rated the level of coordination between the home care provider and other health professionals as excellent or very good.

End-of-life care planning

- More Canadian seniors had engaged in end-of-life care planning than seniors in other countries, and many reported feeling confident that they will have enough services in their community to support them at the end of life in the location of their choice. Many Canadian seniors also reported feeling very confident or confident in being able to obtain medical assistance in dying in their community, if they are eligible (64%).

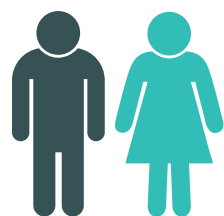
Overall perception of the health system

- Fewer Canadian seniors were satisfied with the quality of the health care they received than seniors in other countries (64% versus 75%).
- Almost 1 in 5 Canadian seniors think the health care system treats people unfairly based on race or ethnicity.

Overall table

The matrix below provides a summary of Canada's results by theme compared with the CMWF average of countries. For this chartbook, the CMWF average was calculated by adding the results from the 11 countries and dividing by the number of countries. The number in each cell represents the number of measures in each theme that are above, the same as or below the Commonwealth Fund (CMWF) average of 11 countries.

Theme	Above average	Same as average	Below average
Health of seniors	3	1	10
Primary and specialist care	8	4	7
Hospital care	2	3	1
Home care	Not applicable	Not applicable	Not applicable
End-of-life care planning	3	Not applicable	Not applicable
Overall perception	Not applicable	Not applicable	1



Health of seniors

Key findings

- Canadian seniors have better self-perceived health than seniors in most other countries. About half rate their health as excellent or very good compared with the CMWF average (46% versus 38%).
- A larger proportion of Canadian seniors live with at least 3 chronic conditions (30%) and take 4 or more prescription medications regularly (47%) compared with other countries (26% and 41%, respectively). A small proportion of Canadian seniors reported being severely or somewhat limited in everyday activities (14%) and few needed help with instrumental activities of daily living (13%).
- More Canadian seniors experienced emotional distress (18%) than seniors in many other countries (16%). Of these Canadian respondents, 35% were able to get professional help when they needed it.
- 48% of Canadian seniors connected digitally with others at least once a day, the third highest percentage among the 11 countries. Despite the digital connection, Canada had the most seniors reporting feeling isolated often or some of the time (37%). In particular, females and those living alone were more likely to report feeling isolated compared with males and those living with others.
- Almost a quarter of Canadian seniors reported that they monitor their health using a digital device (23%), with higher usage among those with high income and higher numbers of chronic conditions.
- As a result of the pandemic, 10% of Canadian seniors used up all or most of their savings and 7% lost a job or source of income. Few Canadian seniors reported worrying about having enough money to buy nutritious meals (4%), to pay rent or mortgage (4%) or to pay for other monthly bills (4%). More Canadian seniors skipped dental visits due to cost compared with the CMWF average (15% versus 10%).

Canadian seniors have better self-perceived health than seniors in most other countries

Figure 1: Respondents who described their health as either *excellent* or *very good*, by country

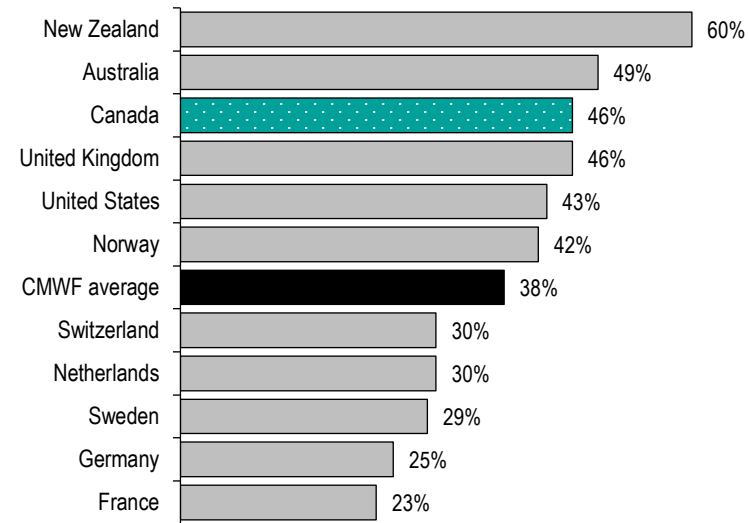
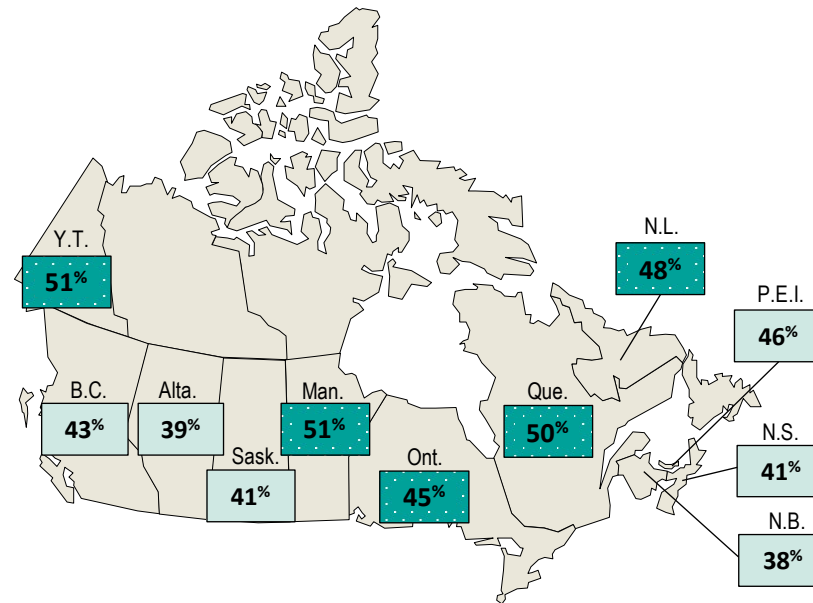


Figure 2: Canadian seniors who described their health as either *excellent* or *very good*, by province and territory



In the 2017 survey, a similar percentage (48%) of Canadian seniors described their health as excellent or very good (more than the CMWF average of 37%).²

The 2019 Canadian Community Health Survey found that 48% of Canadian seniors perceived their health as excellent or very good.³

Note

Sample sizes in some jurisdictions are much smaller than in others and have wider margins of error. For this reason, 2 jurisdictions may have the same numeric results displayed in different colours (e.g., one result might be light blue, or same as average, while the other is orange, or below average).

● Above average ● Same as average ● Below average

More Canadian seniors have 3+ chronic conditions and use 4+ prescription medications compared with seniors in other countries

Figure 3: Number of chronic conditions reported by seniors

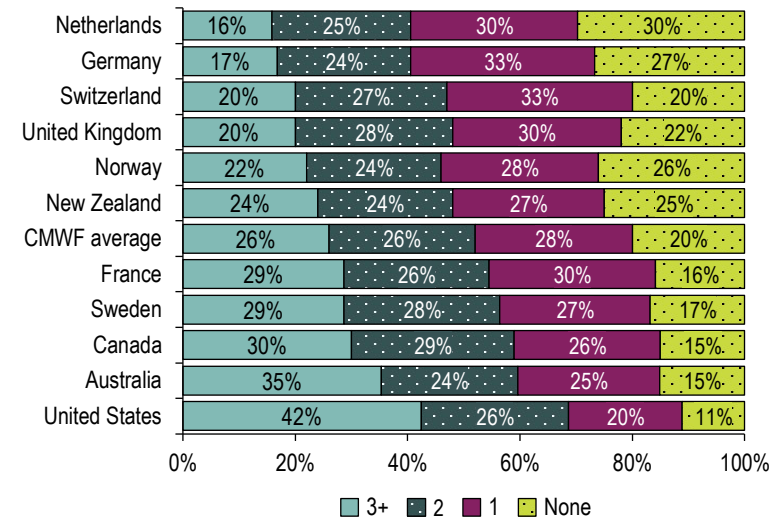


Figure 4: Number of different prescription medications seniors were taking on a regular or ongoing basis

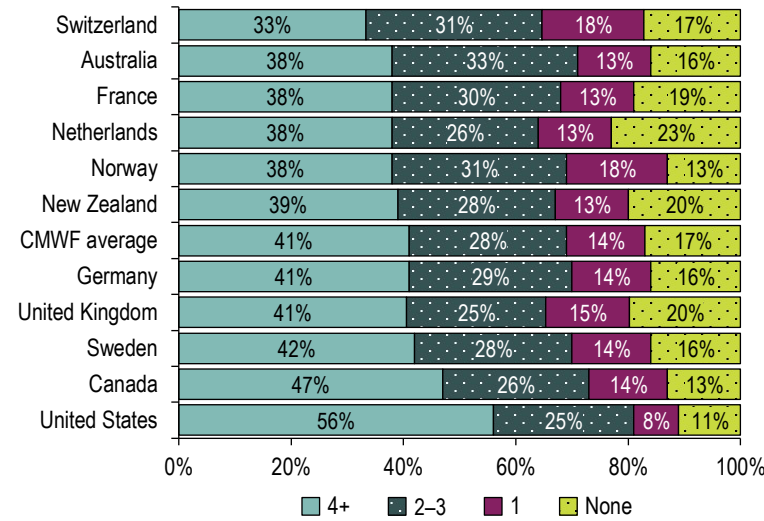
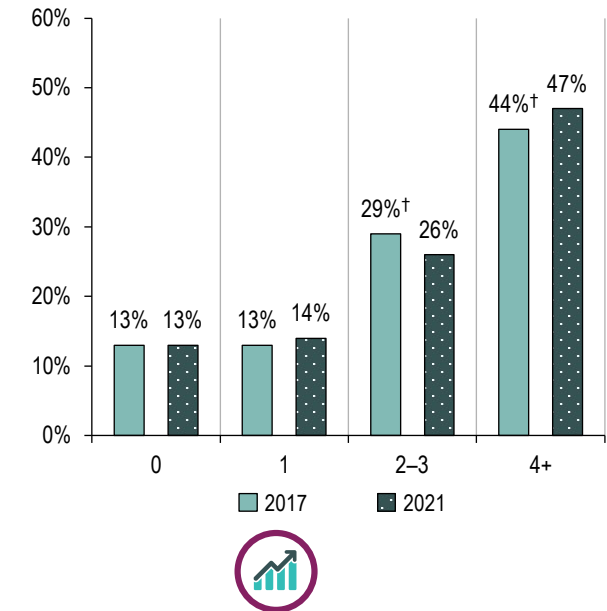


Figure 5: Number of different prescription medications Canadian seniors were taking on a regular basis, by year²



Notes

† 2021 results are significantly different from 2017 results.
 Chronic conditions include hypertension or high blood pressure; heart disease, including heart attack; diabetes; asthma or chronic lung disease such as chronic bronchitis, emphysema or chronic obstructive pulmonary disease; depression, anxiety or other mental health conditions; cancer; joint pain or arthritis; and stroke. Percentages may not add up to 100% due to rounding.

Provincial and territorial snapshot: Chronic conditions and prescription use




Percentage of respondents who . . .	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	Can.	CMWF avg.
Reported having <i>at least one</i> chronic health condition	93	85	85	89	80	87	82	83	91	86	81	85	80
Reported having <i>at least 3</i> chronic health conditions	38	30	30	31	26	33	26	37	34	27	24*	30	26
Were taking <i>at least 4</i> prescription medications on a regular basis or ongoing basis	49	47	45	50	53	49	33	48	46	37	33	47	41

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

Chronic conditions include hypertension or high blood pressure; heart disease, including heart attack; diabetes; asthma or chronic lung disease such as chronic bronchitis, emphysema or chronic obstructive pulmonary disease; depression, anxiety or other mental health conditions; cancer; joint pain or arthritis; and stroke.

Sample sizes in some jurisdictions are much smaller than in others and have wider margins of error. For this reason, 2 jurisdictions may have the same numeric results displayed in different colours (e.g., one result might be light blue, or same as average, while the other is orange, or below average).

 Above average
  Same as average
  Below average

14% of Canadian seniors need help with daily activities of living



Figure 6: Respondents who reported being severely or somewhat limited in everyday activities, such as feeding themselves, getting in and out of bed or a chair, dressing and undressing, bathing or using the toilet

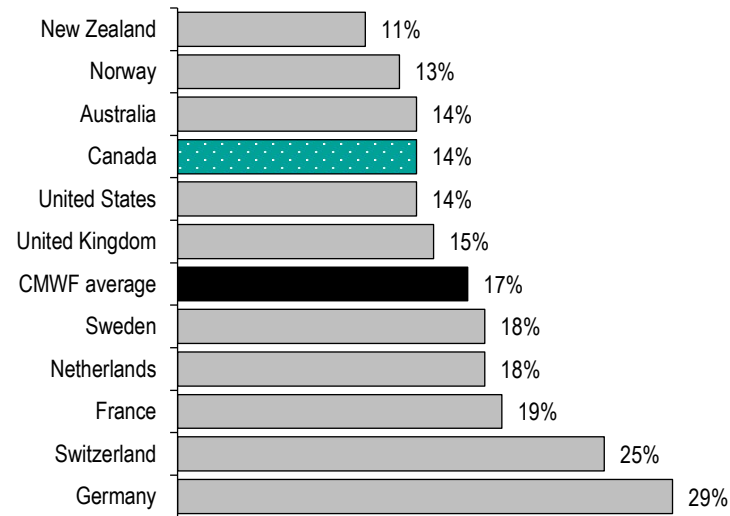
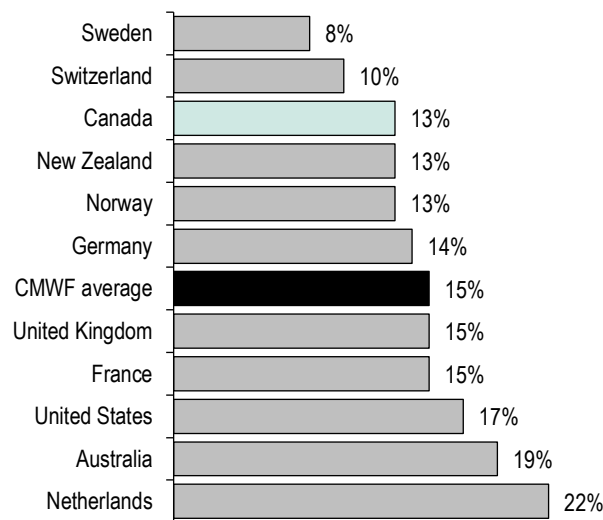


Figure 7: Respondents who reported needing help with housework, preparing meals, managing daily medications or shopping, because of a health problem



In 2017, a similar percentage of Canadian seniors (12%) reported needing help with housework, preparing meals, managing daily medications or shopping, because of a health problem.²

● Above average
 ● Same as average
 ● Below average




Provincial and territorial snapshot: Functional health

Percentage of respondents who reported . . .	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	Can.	CMWF avg.
Being <i>severely or somewhat limited</i> in everyday activities, such as feeding themselves, getting in and out of bed or a chair, dressing and undressing, bathing or using the toilet	14*	12*	16	17*	16	13	14*	17*	12*	10*	11*	14	17
Needing help with housework, preparing meals, managing daily medications or shopping, because of a health problem	10*	11*	18	17*	11	15	15*	21	15*	11*	13*	13	15

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

Sample sizes in some jurisdictions are much smaller than in others and have wider margins of error. For this reason, 2 jurisdictions may have the same numeric results displayed in different colours (e.g., one result might be light blue, or same as average, while the other is orange, or below average).

 Above average
  Same as average
  Below average

More Canadian seniors experienced emotional distress than seniors in many other countries

Figure 8: Respondents who were told by a doctor that they had depression, anxiety or other mental health condition†

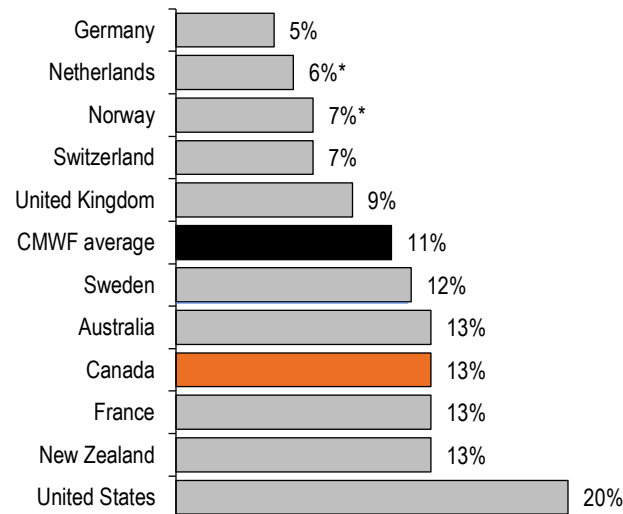


Figure 9: Respondents who reported experiencing emotional distress such as anxiety or great sadness which they found difficult to cope with by themselves in the past 12 months‡

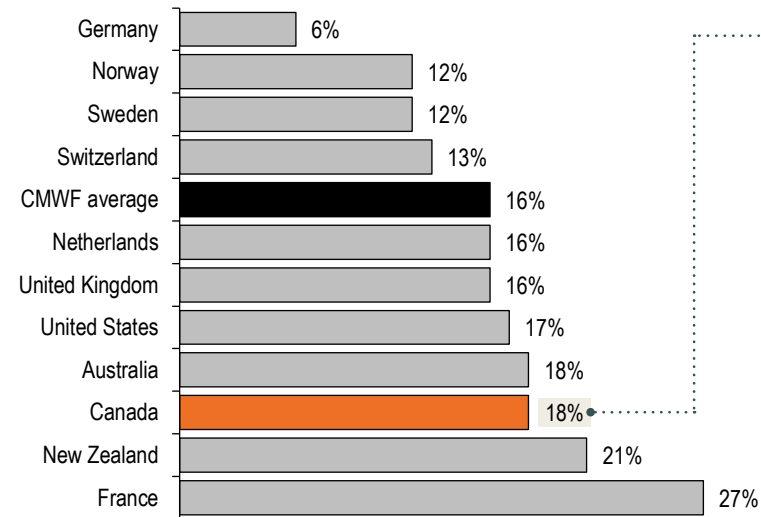
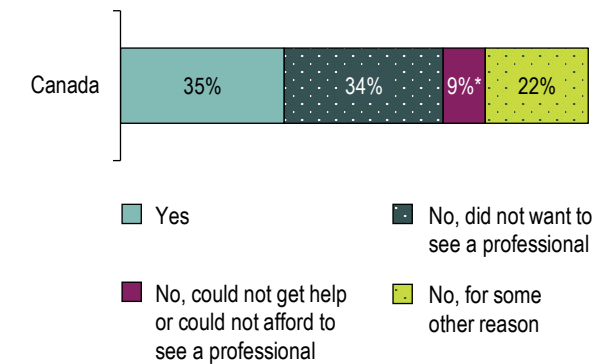


Figure 10: When you felt this way, were you able to get help from a professional when you needed it?



Notes
 * The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.
 † Excludes respondents who are no longer treating this condition.
 ‡ The time frame changed from 24 months (2017) to 12 months (2021).

In 2017, a similar percentage (14%) of Canadian seniors had been told by a doctor that they had depression, anxiety or other mental health conditions, slightly higher than the CMWF average (11%).² A similar percentage (19%) of Canadian seniors reported experiencing emotional distress such as anxiety or great sadness, which they found difficult to cope with by themselves in the past 2 years.²

Provincial and territorial snapshot: Emotional health

Percentage of respondents who . . .	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	Can.	CMWF avg.
Were told by a doctor that they had depression, anxiety or other mental health conditions [†]	13*	12*	12*	13*	13	13	10*	12*	16*	11*	9*	13	11
Reported experiencing emotional distress such as anxiety or great sadness which they found difficult to cope with by themselves in the past 12 months [‡]	20	18*	17	17*	15	17	17*	20	22	21	19*	18	16
Experienced emotional distress and were able to get help from a professional when they needed it [§]	32*	34*	—	39*	35*	31	31*	36*	34*	47*	—	35	—

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.




† Excludes respondents who are no longer treating this condition.

‡ The time frame changed from 24 months (2017) to 12 months (2021).

§ The CMWF average is suppressed due to small sample sizes in Australia, Germany, New Zealand and Norway.

— Data is suppressed due to extreme sampling variability (CV higher than 33.3%).

Sample sizes in some jurisdictions are much smaller than in others and have wider margins of error. For this reason, 2 jurisdictions may have the same numeric results displayed in different colours (e.g., one result might be light blue, or same as average, while the other is orange, or below average).

 Above average
  Same as average
  Below average

Social isolation is highest among Canadian seniors, especially among females and those living alone

Figure 11: Respondents who reported feeling isolated often or some of the time

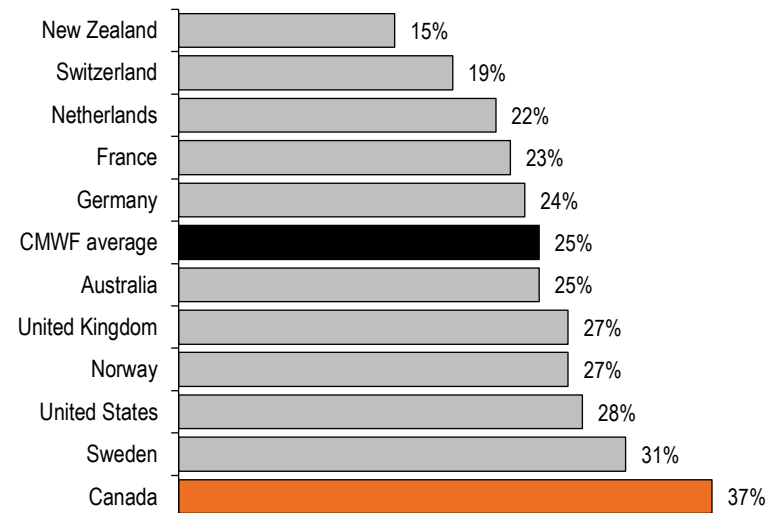


Figure 12: Canadian seniors who reported feeling isolated often or some of the time, by sex

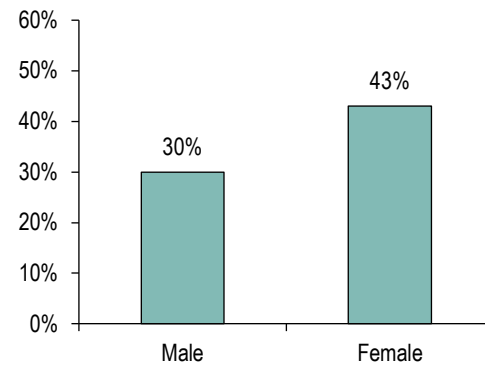
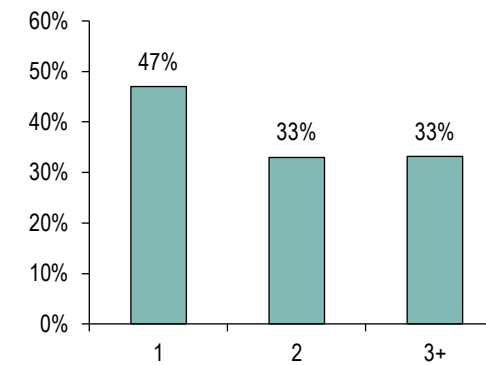


Figure 13: Canadian seniors who reported feeling isolated often or some of the time, by number of people in the household



In 2017, 17%[†] of Canadian seniors reported feeling isolated often or some of the time.²



In another survey conducted during the pandemic, 43% of Canadian seniors reported feeling lonely at least some of the time.⁴ **Females or those living alone** were more likely to feel lonely, compared with males and people living with others.⁴

Lockdown restrictions have been implemented during the pandemic⁵ and these could have led to feelings of social isolation. In addition, the Canadian Community Health Survey (March to April 2021) found that, as a precaution, 97% of Canadian seniors avoided crowds and large gatherings, and 82% avoided leaving the house for non-essential reasons.⁶

Note

† 2021 results are significantly different from 2017 results.

● Above average ○ Same as average ● Below average

Almost half of Canadian seniors connected with others digitally at least once a day



Figure 14: Respondents who reported using the internet on a computer, tablet, smartphone or other electronic device to connect with friends, family or others in their community

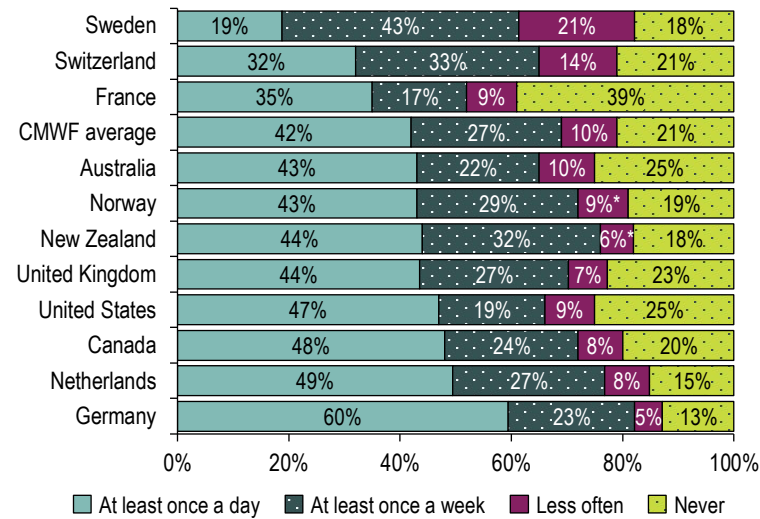


Figure 15: Canadian seniors who connected with others digitally at least once a day, by sex

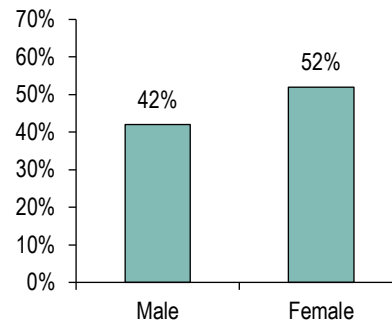


Figure 16: Canadian seniors who connected with others digitally at least once a day, by age group

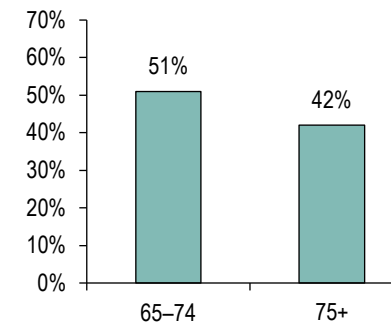
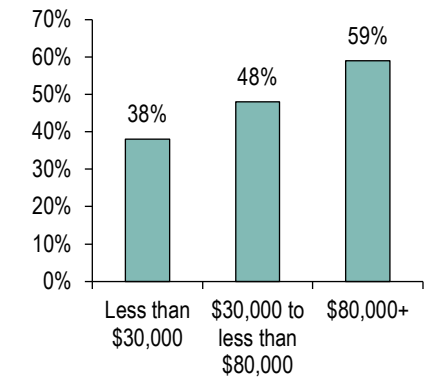


Figure 17: Canadian seniors who connected with others digitally at least once a day, by household income



From 2007 to 2016, internet use doubled from 32% to 68% among Canadians age 65 and older.⁷



Notes




* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution. Percentages may not add up to 100% due to rounding.

Provincial and territorial snapshot: Social well-being

Percentage of respondents who . . .	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	Can.	CMWF avg.
Reported feeling isolated from others often or some of the time	38	23	37	33	28	43	45	36	44	33	29	37	25
Connected with friends, family or others at least once a day via a computer, tablet, smartphone or other electronic device	50	47	55	37	43	51	45	44	48	48	39	48	42

Note

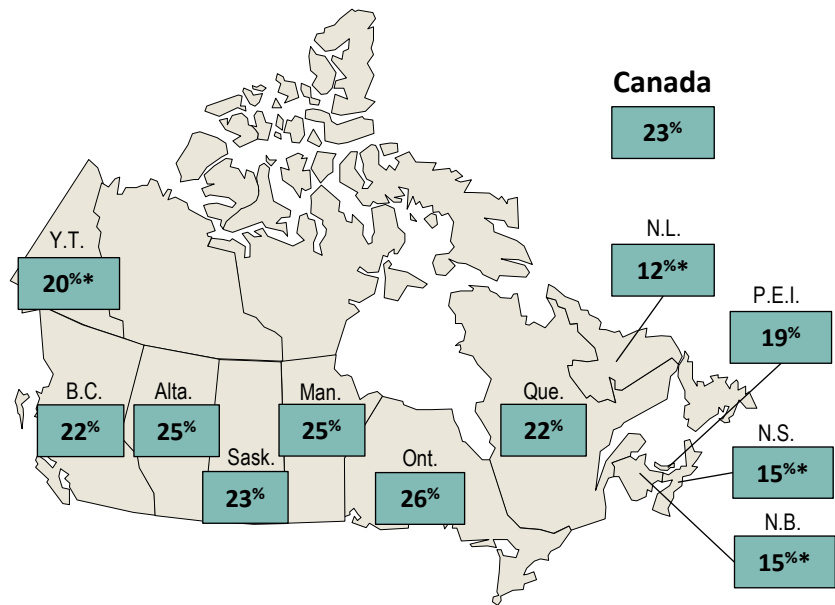
Sample sizes in some jurisdictions are much smaller than in others and have wider margins of error. For this reason, 2 jurisdictions may have the same numeric results displayed in different colours (e.g., one result might be light blue, or same as average, while the other is orange, or below average).

 Above average
  Same as average
  Below average



Almost a quarter of Canadian seniors monitor their health using a digital device

Figure 18: Respondents who reported using a smartphone, a digital tablet or a wearable device such as a watch or a clip-on device at home to monitor health and well-being



Note

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

Figure 19: Canadian seniors who monitored their health digitally, by household income

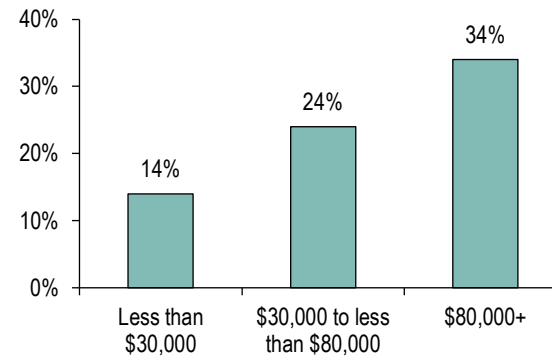
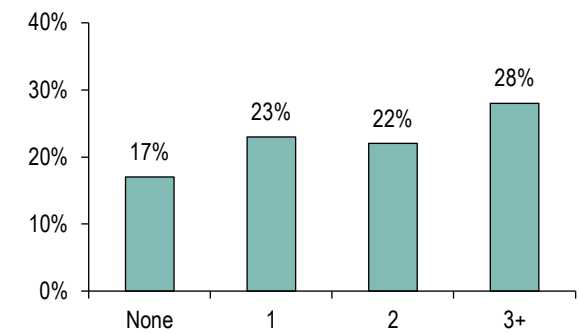


Figure 20: Canadian seniors who monitored their health digitally, by number of chronic conditions






No association was found between rurality and use of digital device to monitor health.

In the 2017 survey, 15% of Canadian seniors reported using a device either by themselves or in partnership with a care provider.²

Barriers to technology use by seniors can include low technology literacy and physical challenges, whereas facilitators include an eagerness to learn, and a desire to understand and control their data.⁸

Few Canadian seniors worry about having enough money for food, housing and regular expenses

Canadian respondents who <i>always or usually</i> worry about having enough money . . .		2017 ²	2021
	To buy nutritious meals	5%	4%
	To pay rent or mortgage	4%	4%
	To pay for other monthly bills, like electricity, heat and telephone	5% [†]	4%

The 2012 Canadian Community Health Survey found that 2.4% of Canadian seniors reported food insecurity, with household income being the most important predictor.⁹

.....

The 2019 Survey of Financial Security found that senior-led families were most likely to be debt-free (57%).¹⁰ However, 12% had a mortgage on their principal residence and 28% reported owing on a line of credit, carrying a credit card balance from month to month or having installment debt.¹⁰

Note
 † 2021 results are significantly different from 2017 results.



Almost 1 in 10 Canadian seniors used up their savings or lost a source of income as a result of the COVID-19 pandemic

Respondents who . . .	Canada	CMWF average
Used up all or most of their savings because of the COVID-19 pandemic [†]	10%	6%
Lost a job or source of income including a reduction in retirement or pension plan payments because of the COVID-19 pandemic	7%	5%

Figure 21: Canadian seniors who used up all or most of their savings because of the COVID-19 pandemic,[†] by household income

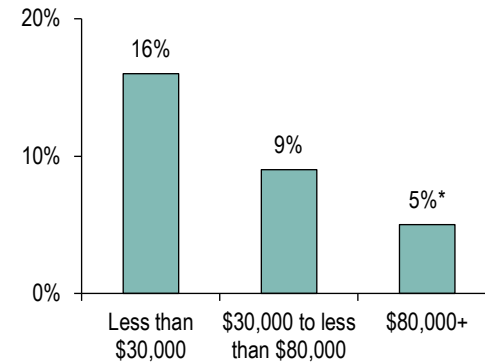
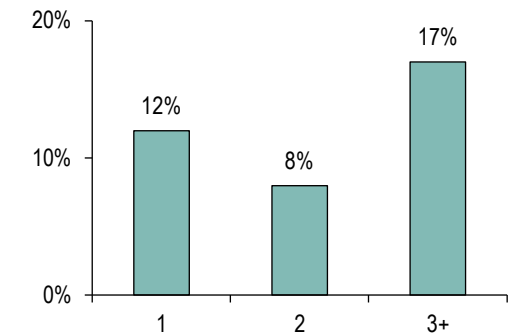


Figure 22: Canadian seniors who used up all or most of their savings because of the COVID-19 pandemic,[†] by number of people in the household



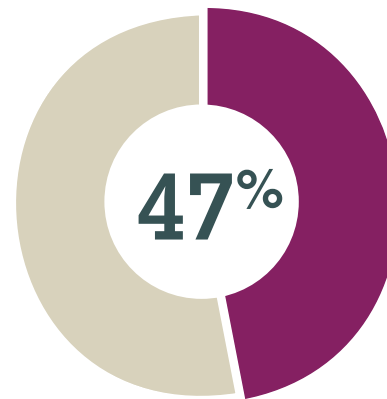
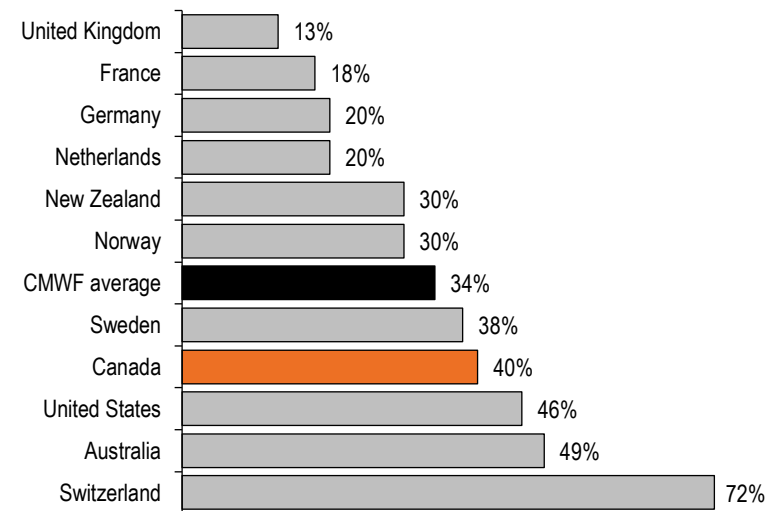
Notes

- * The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.
- † Excludes respondents who reported that they don't have/never had any savings.

● Above average
 ● Same as average
 ● Below average

40% of Canadian seniors spent at least CA\$625 out of pocket for medical treatments or services not covered by public or private health insurance

Figure 23: Respondents who spent at least CA\$625 out of pocket for medical treatments or services not covered by public or private health insurance



of Canadians reported being covered by private health insurance (similar to the 2017 result: 45%²).




● Above average
 ● Same as average
 ● Below average

Provincial and territorial snapshot: Out-of-pocket spending


Percentage of respondents who . . .	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	Can.	CMWF avg.
Spent more than CA\$625 for medical treatments or services not covered by public or private insurance	47	45	40	47	39	35	43	51	48	47	28	40	34




Note

Sample sizes in some jurisdictions are much smaller than in others and have wider margins of error. For this reason, 2 jurisdictions may have the same numeric results displayed in different colours (e.g., one result might be light blue, or same as average, while the other is orange, or below average).

 Above average
  Same as average
  Below average

4% of Canadian seniors faced cost barriers for doctor visits, treatments and prescriptions



Canadian respondents who . . . (in the preceding 12 months) [†]		2017 ²	2021
	Did not fill a prescription for medicine due to the cost	5% [‡]	4%
	Did not visit a doctor due to the cost	3%	4%
	Skipped a medical test, treatment or follow-up due to the cost	4%	4%

Notes

[†] Excludes those who said “not applicable” to each of these questions.

[‡] 2021 results are significantly different from 2017 results.

1 out of 7 Canadian seniors skipped a dental visit due to cost

Figure 24: Respondents who did not visit a dentist in the past 12 months due to the cost

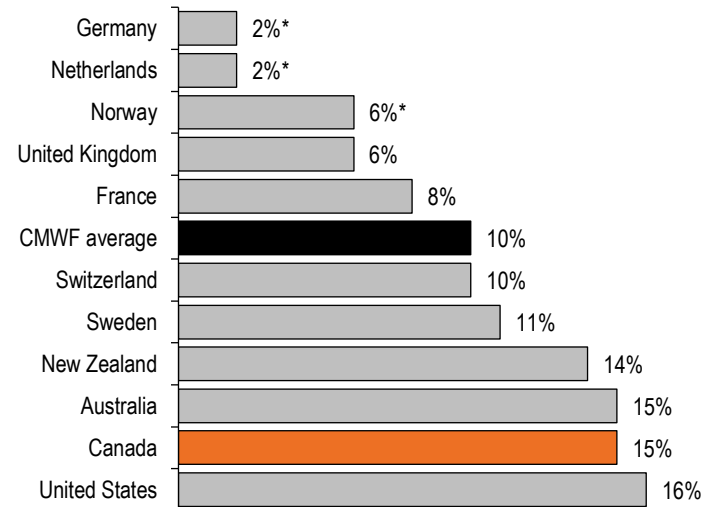


Figure 25: Canadian seniors who did not visit a dentist due to the cost, by insurance coverage

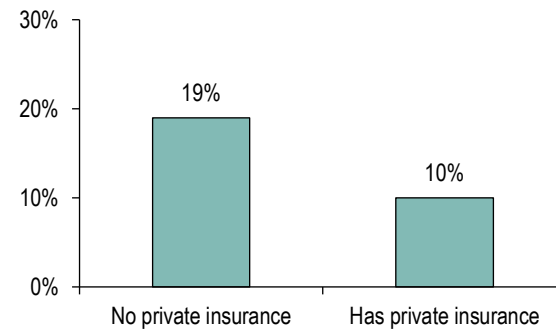
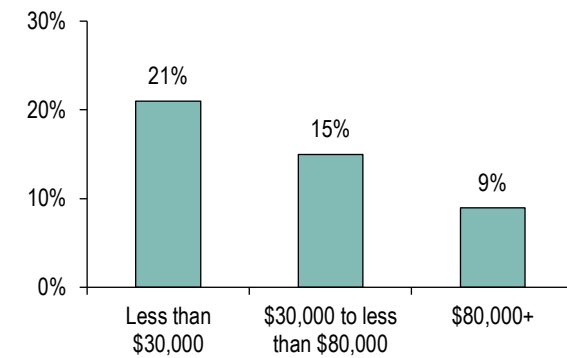


Figure 26: Canadian seniors who did not visit a dentist due to the cost, by household income



In 2017, more (18%)[†] of Canadian seniors did not visit a dentist in the preceding 12 months due to the cost, which was higher than the CMWF average (12%).²

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.
 † 2021 results are significantly different from 2017 results.

● Above average ○ Same as average ● Below average



Primary and specialist care

Key findings

- Almost all Canadian seniors have a regular doctor (96%), slightly lower than the CMWF average of 98%.
- It is becoming increasingly difficult for Canadian seniors to get a same- or next-day appointment. 32% of Canadian seniors reported getting a same- or next-day appointment, which is lower than the CMWF average of 51%, and lower than in 2017 (41%) and 2014 (45%).
- Fewer Canadian seniors (72%) reported always or often receiving a same-day response from their usual place of care compared with the CMWF average (83%), but this is similar to results in 2014 (74%) and 2017 (73%). In addition, fewer Canadian seniors found it easy to get medical care after hours (42%) compared with the CMWF average (52%), which is unchanged from previous surveys.
- More Canadian seniors (31%) used the emergency department for a condition that they thought could have been treated in their usual place of care, compared with the CMWF average (25%).
- During the pandemic, more Canadian seniors had a virtual appointment than seniors in any other countries (71% versus 39%). However, more Canadian seniors have had an appointment cancelled or postponed, compared with the CMWF average (29% versus 19%).
- 3 out of 5 Canadian seniors needed to see or had seen a specialist in the past 2 years, similar to the CMWF average. Among these Canadian seniors, almost half were seen within 4 weeks, but 16% reported that their regular doctor did not seem informed and up to date about the care they got from the specialist.
- Canadian seniors reported better chronic disease management compared with the CMWF average, and contact with health care professionals between doctor visits was higher than the CMWF average.

Almost all Canadian seniors have a regular doctor

Figure 27: Respondents who reported that they have 1 doctor, doctor's group, health centre or clinic they usually go to for their medical care, by country

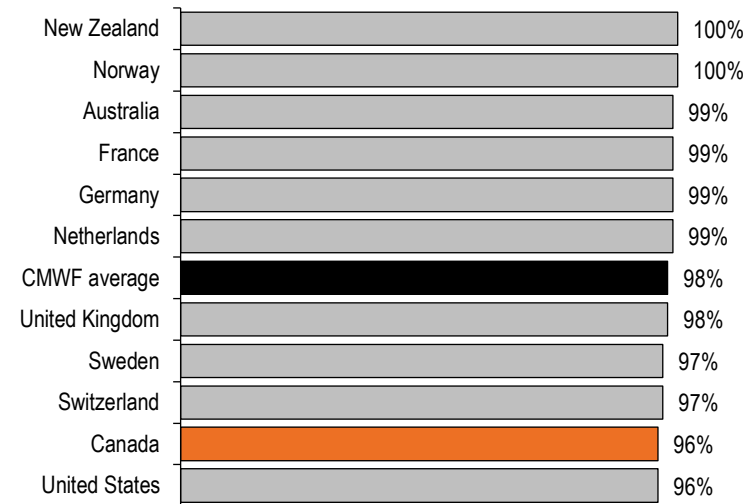
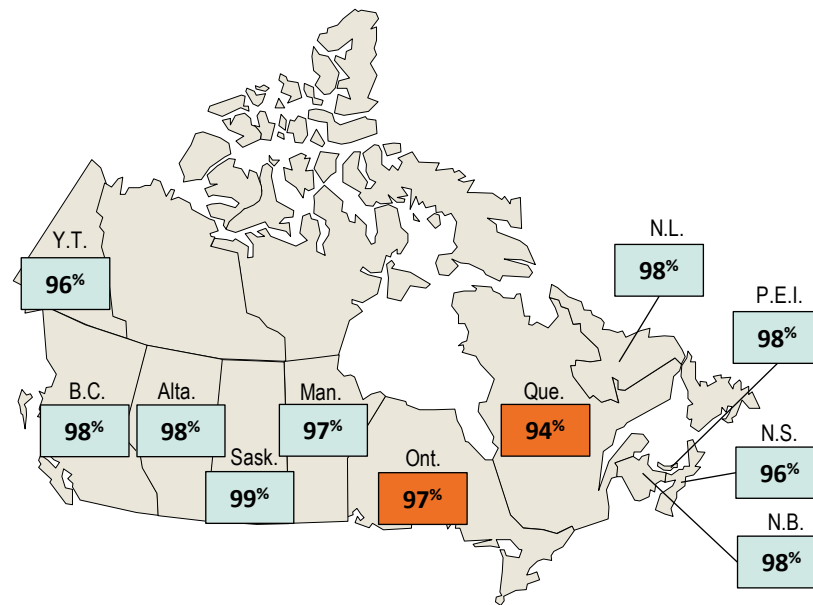


Figure 28: Canadian seniors who reported that they have 1 doctor, doctor's group, health centre or clinic they usually go to for their medical care, by province and territory



In 2017, 98%[†] of Canadian seniors had a regular doctor; the CMWF average was 99%.²

The 2019 Canadian Community Health Survey found that Canadian seniors were more likely to have a regular doctor compared with younger age groups.¹¹

Notes

† 2021 results are significantly different from 2017 results.

Sample sizes in some jurisdictions are much smaller than in others and have wider margins of error. For this reason, 2 jurisdictions may have the same numeric results displayed in different colours (e.g., one result might be light blue, or same as average, while the other is orange, or below average).

● Above average ○ Same as average ● Below average

It is becoming increasingly difficult for Canadian seniors to get a same- or next-day appointment

Figure 29: Respondents who were able to get a same- or next-day appointment the last time they were sick or needed to see a doctor or nurse[‡]

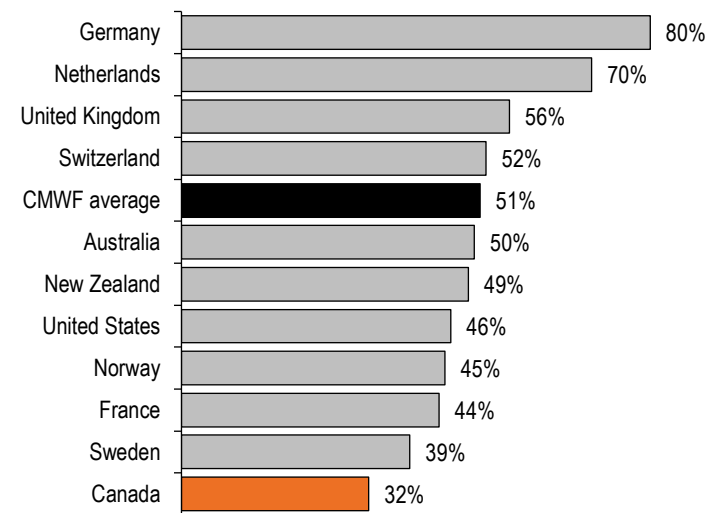


Figure 30: Respondents who were able to get a same- or next-day appointment the last time they were sick or needed to see a doctor or nurse,[‡] by year^{2, 12}

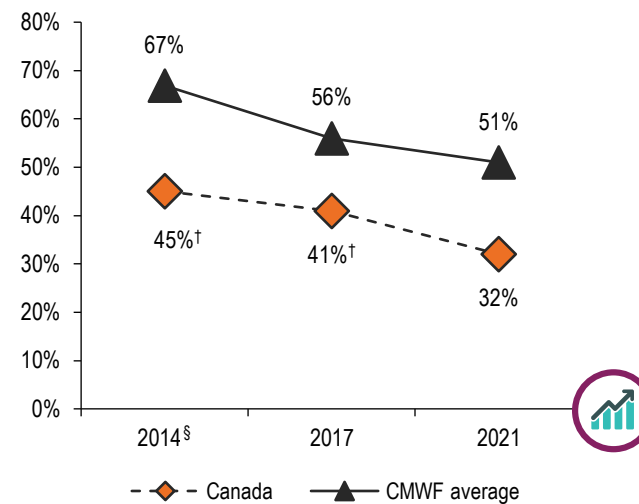
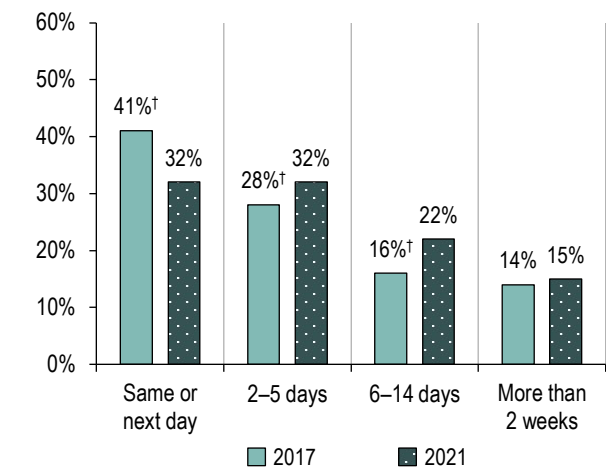


Figure 31: How quickly Canadian seniors were able to get an appointment the last time they needed to see a doctor or nurse,[‡] by length of time and year²



Notes

- † 2021 results are significantly different from 2017 or 2014 results.
 - ‡ Excludes those who did not need to make an appointment to see a doctor/nurse or who went to an urgent care facility or clinic. Those who went to an urgent care facility represented 1% of the responses.
 - § The 2014 CMWF survey of older adults included individuals age 55+. The analyses in this report include the age 65+ subpopulation of those survey respondents.
- Percentages may not add up to 100% due to rounding.

Number of chronic conditions, rurality or use of virtual appointments were not found to be associated with being able to get a same- or next-day appointment.

● Above average ○ Same as average ● Below average

Fewer seniors in Canada able to get a same-day response for a medical concern compared with the CMWF average

Figure 32: Respondents who contacted their usual place of care with a medical concern during regular practice hours and *always/often* got an answer the same day[‡]

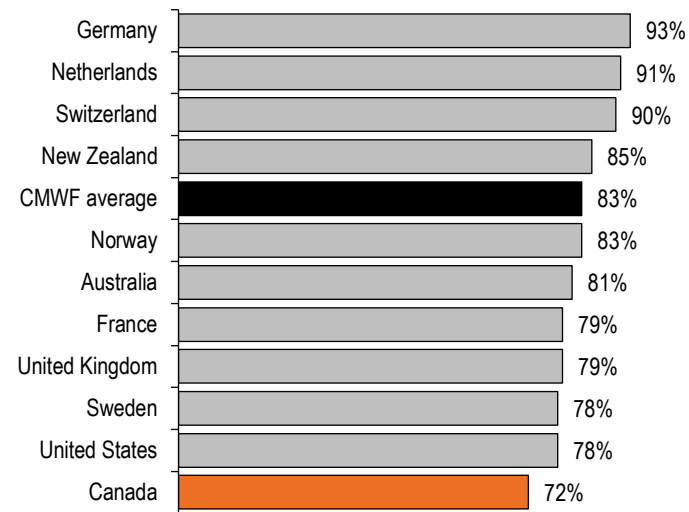
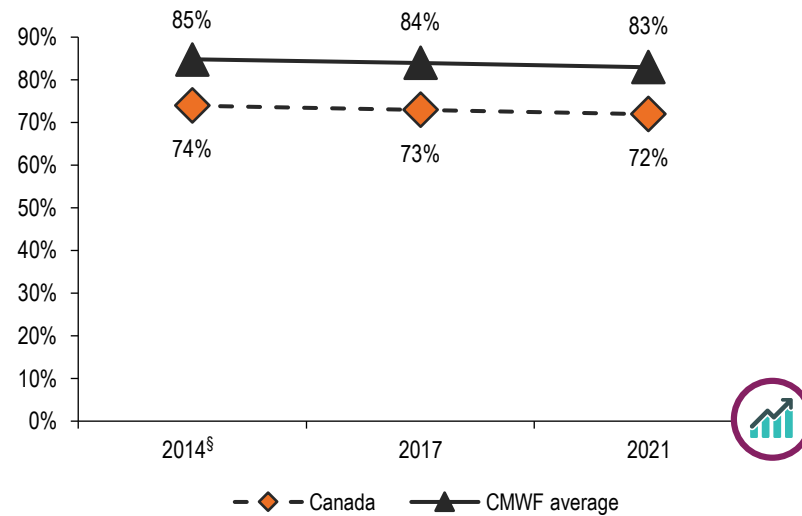


Figure 33: Respondents who contacted their usual place of care with a medical concern during regular practice hours and *always/often* got an answer the same day,[‡] by year^{2, 12}



Notes

[‡] Includes respondents who had a regular doctor or place of care and did not say “never tried to contact.”

[§] The 2014 CMWF survey of older adults included individuals age 55+. The analyses in this report include the age 65+ subpopulation of those survey respondents.

● Above average
 ● Same as average
 ● Below average

2 out of 5 Canadian seniors find it easy to get after-hours medical care

Figure 34: Respondents who reported that it was very/somewhat easy to get medical care in the evenings or on weekends or holidays without going to the hospital/emergency department[‡]

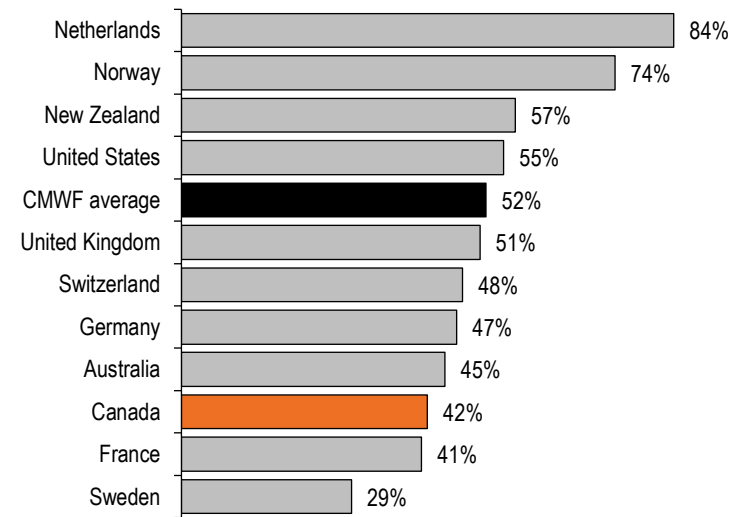


Figure 35: Respondents who reported that it was very/somewhat easy to get medical care in the evenings or on weekends or holidays without going to the hospital/emergency department,[‡] by year^{2, 12}

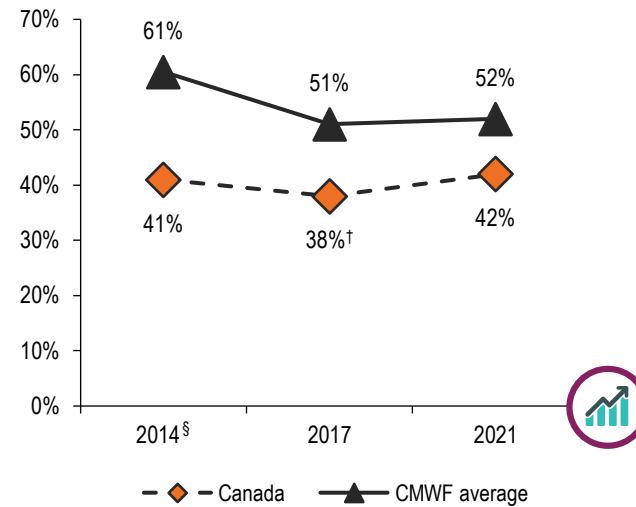
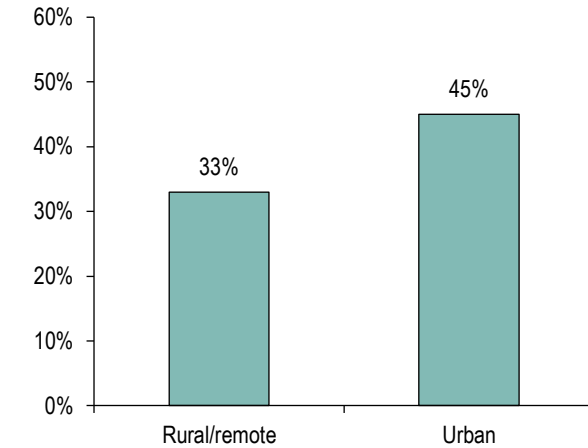


Figure 36: Respondents who reported that it was very/somewhat easy to get medical care in the evenings or on weekends or holidays without going to the hospital/emergency department,[‡] by rurality



Notes

- † 2021 results are significantly different from 2017 or 2014 results.
- ‡ Excludes respondents who never needed care in the evening.
- § The 2014 CMWF survey of older adults included individuals age 55+. The analyses in this report include the age 65+ subpopulation of those survey respondents.

In the 2019 survey of primary care physicians, more Canadian primary care physicians reported offering **weeknight appointments at least once a week (57%) and **weekend appointments** (50%) compared with the CMWF average (weeknight, 44%; weekend, 36%).¹³**

● Above average ○ Same as average ● Below average

Provincial and territorial snapshot: Access to primary care

Percentage of respondents who . . .	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	Can.	CMWF avg.
Were able to get a <i>same- or next-day appointment</i> the last time they were sick or needed to see a doctor or a nurse [†]	20	24	21	24	33	36	34	33	30	26	21*	32	51
Contacted their usual place of care with a medical concern during regular practice hours and <i>always/often</i> got an answer the same day [‡]	62	73	73	63	66	76	76	74	76	73	61	72	83
Reported that it was <i>very/somewhat easy</i> to get medical care in the evenings or on weekends or holidays without going to the hospital/emergency department [§]	24	27	24	34	47	44	40	45	41	38	34	42	52

Notes




* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

† Excludes those who did not need to make an appointment to see a doctor/nurse or who went to an urgent care facility or clinic.

‡ Includes respondents who had a regular doctor or place of care and excludes those who said "never tried to contact."

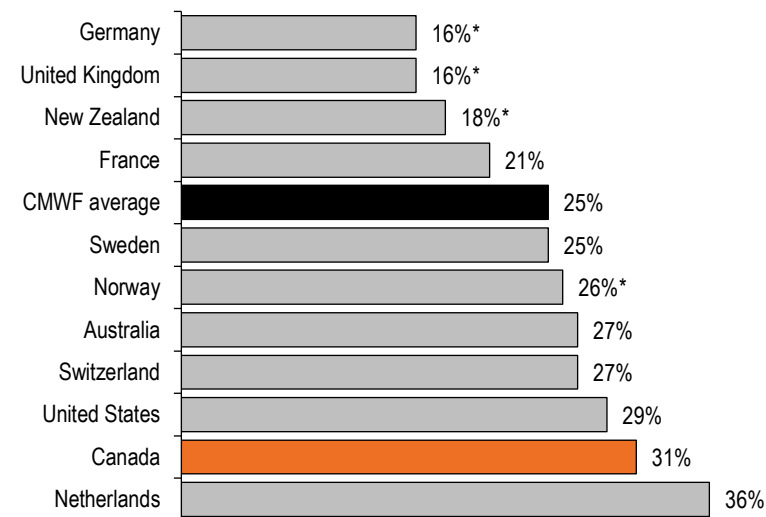
§ Excludes respondents who never needed care in the evening.

Sample sizes in some jurisdictions are much smaller than in others and have wider margins of error. For this reason, 2 jurisdictions may have the same numeric results displayed in different colours (e.g., one result might be light blue, or same as average, while the other is orange, or below average).

 Above average
  Same as average
  Below average

More Canadian seniors use emergency department for conditions that could have been treated by their regular doctor compared with the CMWF average

Figure 37: Among those who had used the emergency department for their own medical care in the past 2 years, respondents who thought their condition could have been treated by the doctors or staff at the place where they usually get medical care if it had been available



Notes

- * The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.
- † 2021 results are significantly different from 2017 or 2014 results.
- ‡ The 2014 CMWF survey of older adults included individuals age 55+. The analyses in this report include the age 65+ subpopulation of those survey respondents.

Figure 38: Among those who had used the emergency department for their own medical care in the past 2 years, respondents who thought their condition could have been treated by the doctors or staff at the place where they usually get medical care if it had been available, by year^{2, 12}

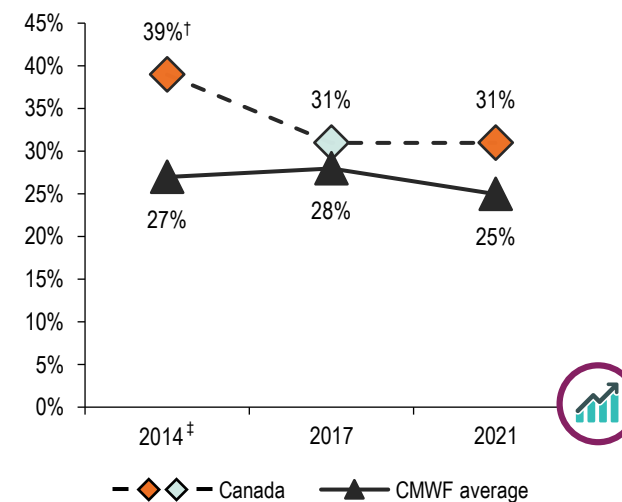
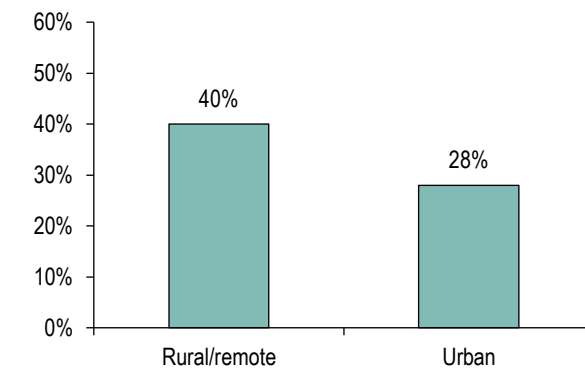


Figure 39: Among those who had used the emergency department for their own medical care in the past 2 years, respondents who thought their condition could have been treated by the doctors or staff at the place where they usually get medical care if it had been available, by rurality



The Atlantic provinces and the territories have higher proportions of the population living in rural areas compared with the other provinces.¹⁴ In rural Canada, the **emergency department** may be the only place to receive treatments that are performed in family practice settings in urban areas.¹⁵

● Above average ○ Same as average ● Below average




Provincial and territorial snapshot: Emergency department use

Among those who had used the emergency department for their own medical care in the past 2 years, the percentage of respondents who . . .	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	Can.	CMWF avg.
Thought their condition could have been treated by the doctors or staff at the place where they usually get medical care if it had been available	42	44	45	29*	34	24	31*	28*	27*	42	31*	31	25

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

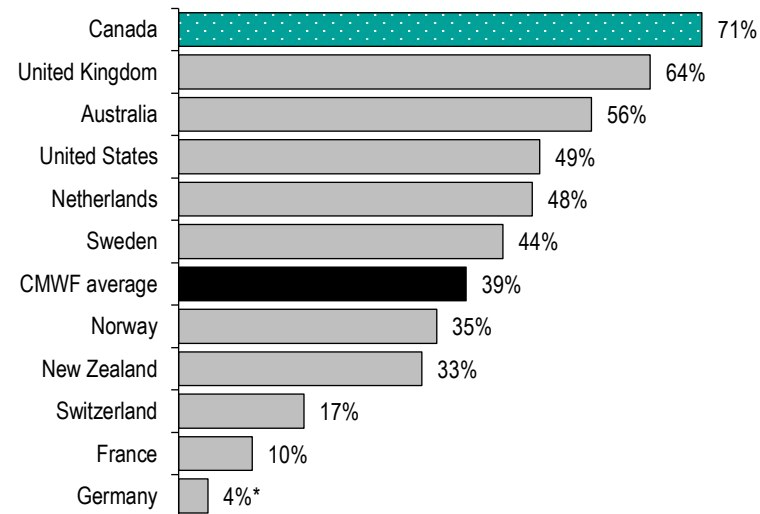
Sample sizes in some jurisdictions are much smaller than in others and have wider margins of error. For this reason, 2 jurisdictions may have the same numeric results displayed in different colours (e.g., one result might be light blue, or same as average, while the other is orange, or below average).

 Above average
  Same as average
  Below average



More Canadian seniors had a virtual appointment than seniors in other countries

Figure 40: Respondents who had any appointments with a doctor or other health care professional over the telephone or through video in the past 12 months



Note

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

● Above average
 ● Same as average
 ● Below average



Canadian seniors with higher numbers of chronic conditions and higher household income were found to be more likely to have used virtual appointments. However, rurality was not found to be associated with the use of virtual appointments. There was also no association found between the use of virtual appointments and the ability to get a same- or next-day appointment.



In the 2019 survey, 16% of Canadian primary care physicians reported that their practice provided care using video consultations.¹⁶



In the 2021 National Survey of Canadian Physicians, 98% of primary care physicians provided virtual care.¹⁷ The proportion of visits delivered virtually was 50% by telephone and 6% through videoconferencing.¹⁸



More Canadian seniors had appointments cancelled than seniors in most other countries during the pandemic

Figure 41: Respondents who reported that an appointment they had with a doctor or other health care professional had been cancelled or postponed because of the COVID-19 pandemic in the past 12 months

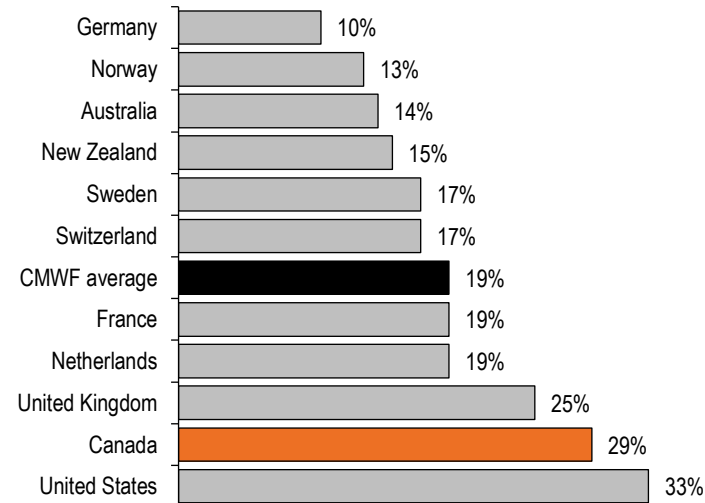


Figure 42: Canadian seniors who had an appointment with a doctor or other health care professional cancelled or postponed because of the COVID-19 pandemic in the past 12 months, by self-perceived health status

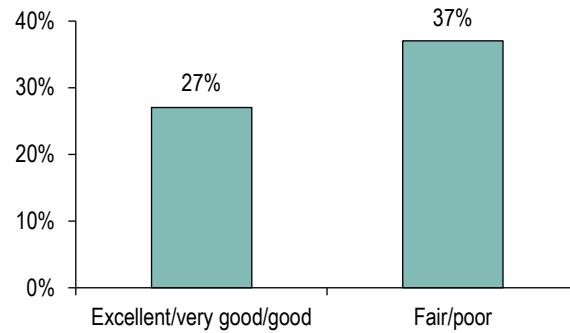
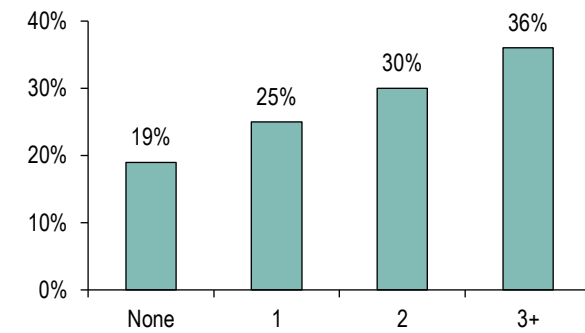


Figure 43: Canadian seniors who had an appointment with a doctor or other health care professional cancelled or postponed because of the COVID-19 pandemic in the past 12 months, by number of chronic conditions



Canadian seniors with poor health and more chronic conditions, compared with those in better health, may have made a higher number of appointments and thus were more likely to have had appointments cancelled.

According to the Angus Reid poll conducted between May 18 and 19, 2020, 23% of Canadians needed but were unable to access a family physician in the preceding 2 months because of the COVID-19 situation.¹⁹ 38% of Canadians had had at least one appointment/procedure delayed due to COVID-19, and most of these people reported worsened health as a result.¹⁹

● Above average
 ● Same as average
 ● Below average






Provincial and territorial snapshot: Access to health care

Percentage of respondents who . . .	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	Can.	CMWF avg.
Had any appointments with a doctor or other health care professional over the telephone or through video, in the past 12 months	78	44	74	77	64	73	68	72	64	82	72	71	39
Reported that an appointment they had with a doctor or other health care professional had been cancelled or postponed because of the COVID-19 pandemic in the past 12 months	44	17*	27	33	22	36	27	28	28	21	20*	29	19

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

Sample sizes in some jurisdictions are much smaller than in others and have wider margins of error. For this reason, 2 jurisdictions may have the same numeric results displayed in different colours (e.g., one result might be light blue, or same as average, while the other is orange, or below average).

 Above average
  Same as average
  Below average

3 out of 5 Canadian seniors needed to see or had seen a specialist in the past 2 years

Figure 44: Respondents who had seen or needed to see any specialist doctors in the past 2 years

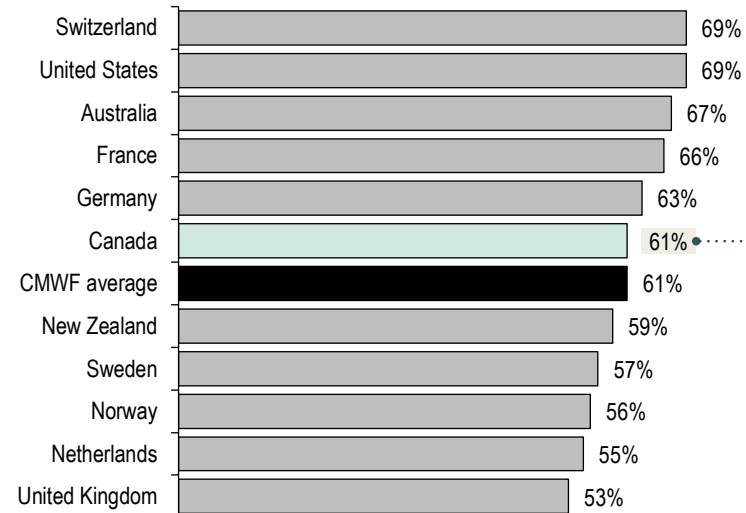
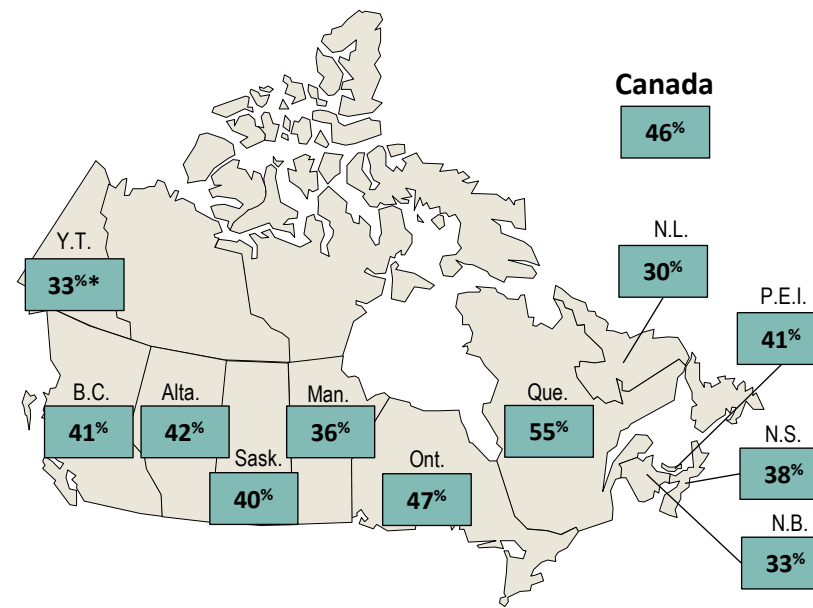


Figure 45: Among respondents who had seen or needed to see a specialist in the past 2 years, those who waited less than 4 weeks



In the 2017 survey, the same percentage (61%) of Canadian seniors had seen a specialist in the previous 2 years.²

Note

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

● Above average ○ Same as average ● Below average

Two-way communication between specialists and regular doctors has not improved since 2017

Figure 46: Respondents who reported that the specialist did not have basic medical information or test results from their regular doctor about the reason for their visit, by year†, 2, 12

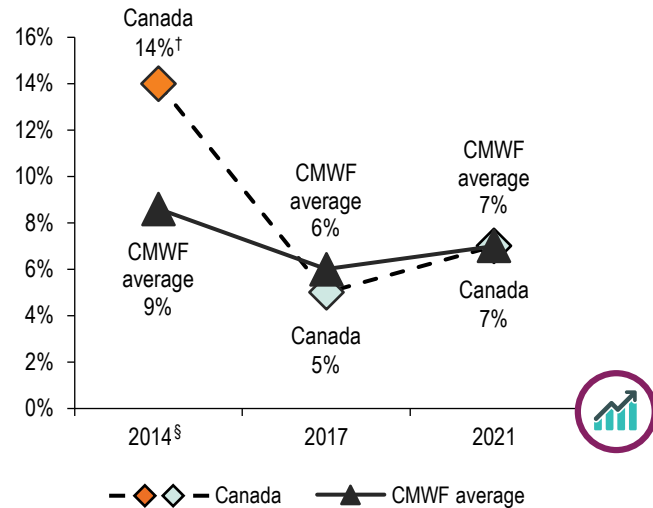
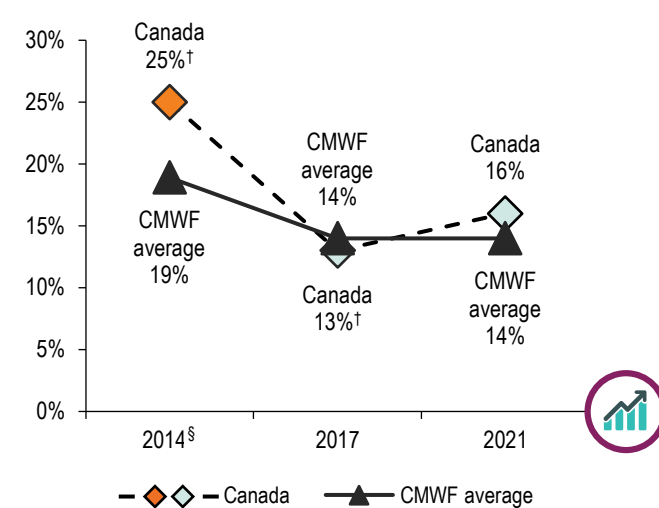


Figure 47: Respondents who reported that after they saw the specialist, their regular doctor did not seem informed and up to date about the care they got from the specialist, by year†, 2, 12



Results from the 2019 CMWF survey of primary care physicians show that 90% of Canadian primary care physicians usually sent the patient history and the reason for the consultation to the specialist, and that 59% of Canadian primary care physicians usually received information about changes to patients' medication or care plan from the specialist.¹³

Notes

- † 2021 results are significantly different from 2017 or 2014 results.
- ‡ Excludes respondents who never saw a doctor or specialist and those who did not see a regular doctor/GP since seeing a specialist/consultant.
- § The 2014 CMWF survey of older adults included individuals age 55+. The analyses in this report include the age 65+ subpopulation of those survey respondents.

● Above average ● Same as average ● Below average

More Canadian seniors who were taking 2 or more medications had had a medication review compared with the CMWF average

Figure 48: Among those who took at least 2 different medications regularly, respondents who had had a medication review in the past 12 months

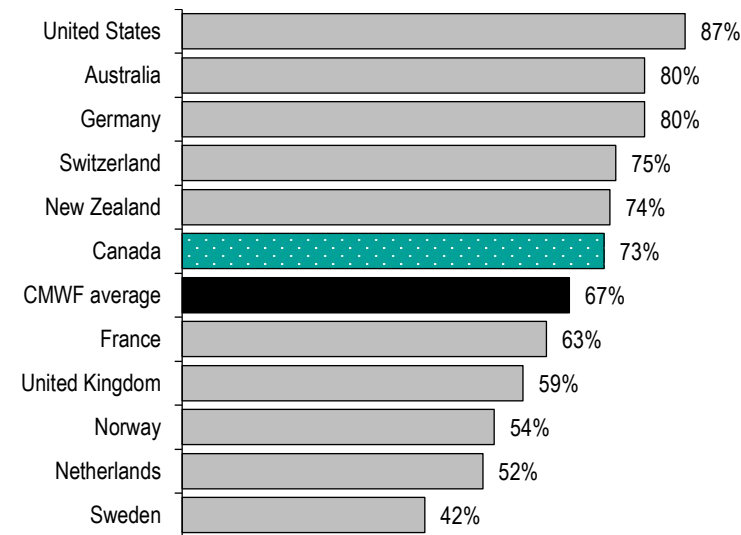
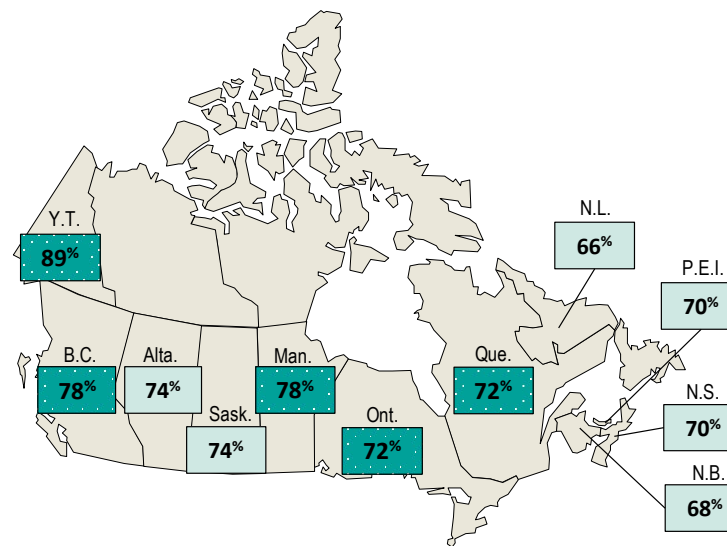


Figure 49: Canadian seniors who took at least 2 different medications regularly and had had a medication review in the past 12 months, by province and territory



In 2017, 82%[†] of Canadian seniors had had a medication review in the previous 12 months, higher than the CMWF average (72%).²



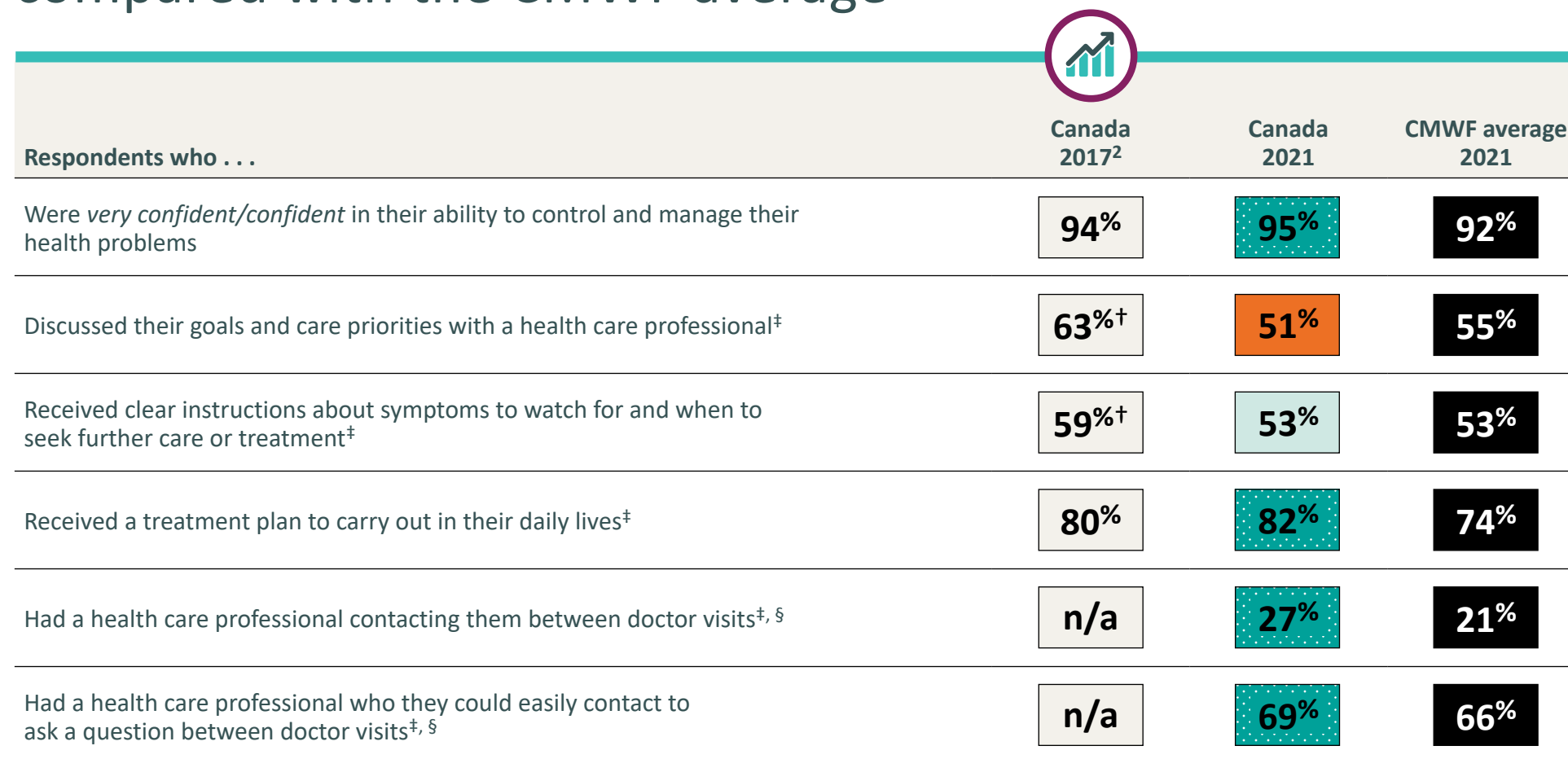
A 2021 review showed that electronic or enhanced medication reconciliation compared with basic medication reconciliation may reduce the risk of adverse drug events.²⁰

Notes

† 2021 results are significantly different from 2017 results.
 Sample sizes in some jurisdictions are much smaller than in others and have wider margins of error. For this reason, 2 jurisdictions may have the same numeric results displayed in different colours (e.g., one result might be light blue, or same as average, while the other is orange, or below average).

● Above average ● Same as average ● Below average

More Canadian seniors were engaged in chronic disease management compared with the CMWF average



Notes

[†] 2021 results are significantly different from 2017 results.

[‡] Excludes those who were taking medication for a condition but were not currently seeing a health care professional for their chronic condition.

[§] Excludes those who never had to contact a health care professional between visits.

n/a (not applicable for trending): Base conditions changed between 2017 and 2021, thus no trending analysis was performed.

● Above average
 ● Same as average
 ● Below average

Provincial and territorial snapshot: Chronic disease management

Percentage of respondents who . . .	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	Can.	CMWF avg.
Were very confident/confident in their ability to control and manage their health problems	93	94	95	95	92	95	94	95	97	98	99	95	92
Discussed their goals and care priorities with a health care professional [‡]	53	53	55	47	49	54	53	47	44	49	59	51	55
Received clear instructions about symptoms to watch for and when to seek further care or treatment [‡]	54	59	58	48	56	50	51	46	51	56	48	53	53
Received a treatment plan to carry out in their daily lives [‡]	86	85	89	89	71	86	90	85	80	84	84	82	74
Had a health care professional contacting them between doctor visits ^{‡, §}	21*	29	23	21*	27	27	15*	30	23*	35	28*	27	21
Had a health care professional who they could easily contact to ask a question between doctor visits ^{‡, §}	65	67	64	60	64	71	69	81	74	71	63	69	66




Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

‡ Excludes those who were taking medication for a condition but not currently seeing a health care professional for their chronic condition.

§ Excludes those who never had to contact a health care professional between visits.

Sample sizes in some jurisdictions are much smaller than in others and have wider margins of error. For this reason, 2 jurisdictions may have the same numeric results displayed in different colours (e.g., one result might be light blue, or same as average, while the other is orange, or below average).

 Above average
  Same as average
  Below average

51% of Canadian seniors had seen 2 or more doctors in the past 12 months

Figure 50: Number of doctors respondents had seen in the past 12 months

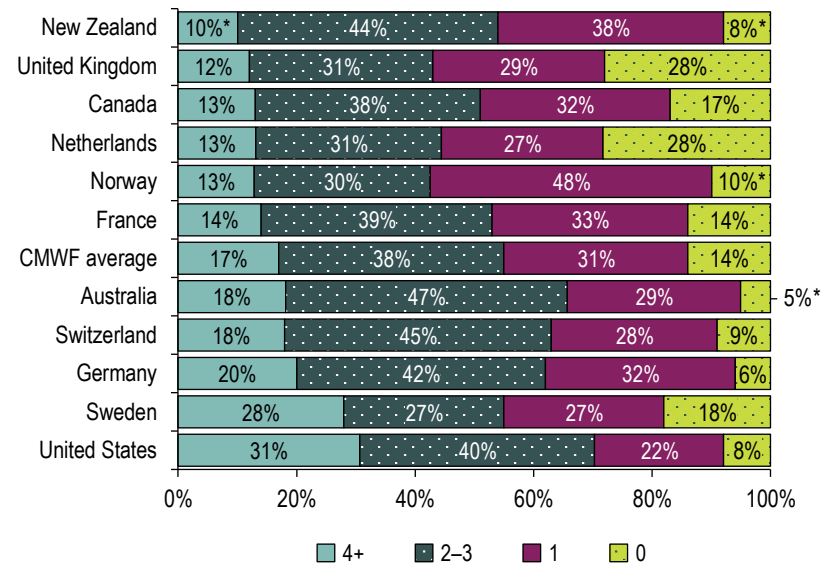
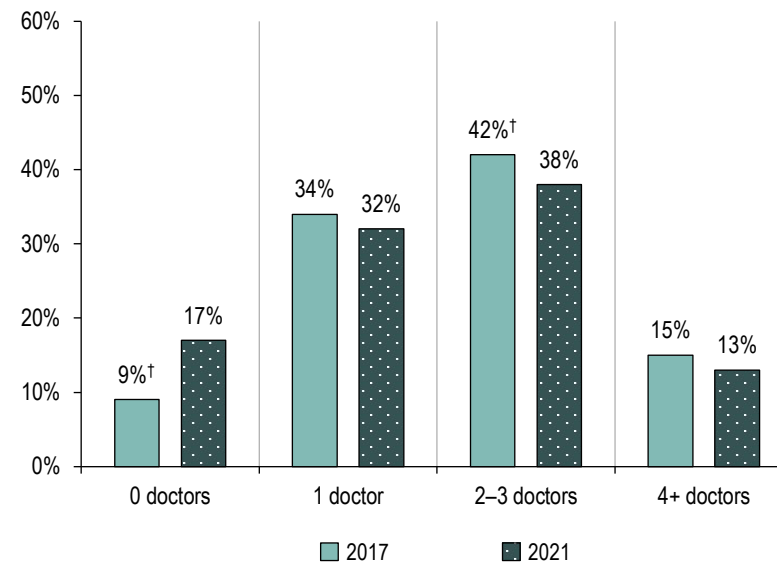


Figure 51: Number of doctors respondents had seen in the past 12 months, by year²



Notes

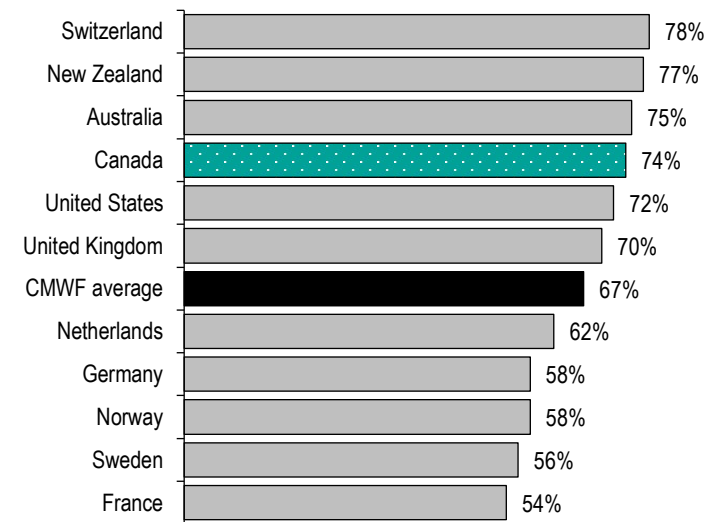
* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

† 2021 results are significantly different from 2017 results.

Percentages may not add up to 100% due to rounding.

Fewer Canadian seniors always or often received help from their regular doctor's office to coordinate care, compared with 2017

Figure 52: Respondents whose regular doctor or someone in their doctor's practice *always/often* helped coordinate or arrange the care they received from other doctors and places‡



Among Canadian seniors who *don't always or often* receive help, **30%** needed help to arrange or coordinate the care or treatment they received from different health care professionals in the last 12 months.



In the 2017 survey of seniors, 82%[†] of Canadian seniors reported that their doctor's practice always or often coordinated care they received from other doctors, higher than the CMWF average (77%).²

Notes

- † 2021 results are significantly different from 2017 results.
- ‡ Excludes those who said they never needed coordination of care.

● Above average ○ Same as average ● Below average

Provincial and territorial snapshot: Coordination of care




Percentage of respondents . . .	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	Can.	CMWF avg.
Who had seen 4+ different doctors in the past 12 months	13*	9*	13*	9*	9	14	15*	12*	13*	18*	21*	13	17
Whose regular doctor or someone in their doctor's practice <i>always/often</i> helped coordinate or arrange the care they receive from other doctors and places [‡]	55	65	73	75	63	78	86	66	78	76	82	74	67

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

‡ Excludes those who said they never needed coordination of care.

Sample sizes in some jurisdictions are much smaller than in others and have wider margins of error. For this reason, 2 jurisdictions may have the same numeric results displayed in different colours (e.g., one result might be light blue, or same as average, while the other is orange, or below average).

 Above average
  Same as average
  Below average



Hospital care

Key findings

- More Canadian seniors had used the emergency department compared with the CMWF average (35% versus 27%), but fewer had been admitted to hospital (20% versus 25%).
- Overall, more Canadian seniors had been engaged in discharge planning than their peers, and many Canadian seniors felt supported to manage their condition at home after hospitalization (87%).

About 9 out of 10 Canadian seniors felt supported to manage their health condition at home after hospitalization

Figure 53: Respondents who had used a hospital emergency department for their own medical care in the past 2 years

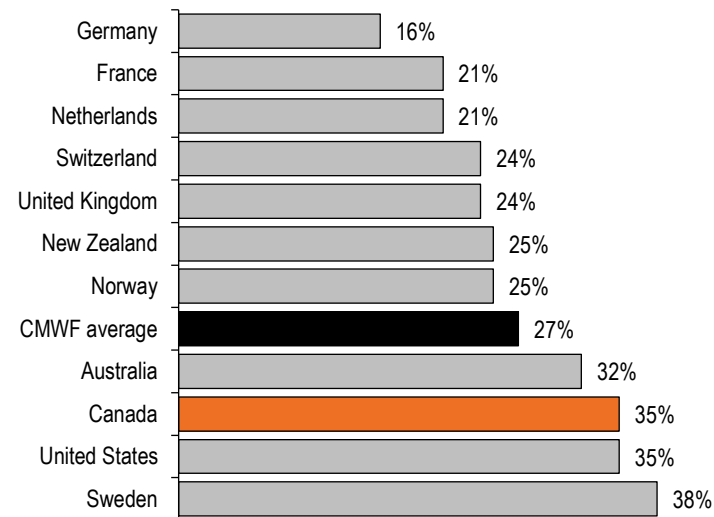


Figure 54: Respondents who had been admitted to the hospital for an overnight stay in the past 2 years

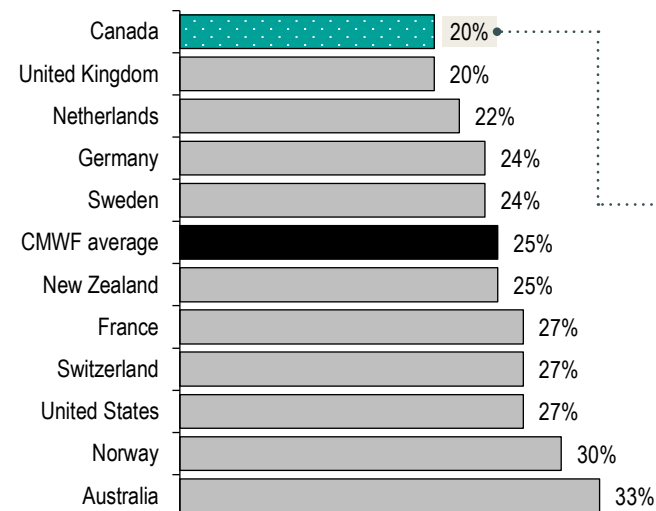


Figure 55: Respondents who felt they had the support and services they needed to help them manage their health condition at home after discharge[‡]



Notes

- † 2021 results are significantly different from 2017 results.
- ‡ Excludes respondents who did not need support to manage their health.

In the 2017 survey, slightly more Canadian seniors (38%)[†] had used the emergency department for their own medical care in the previous 2 years than in 2021.² Canada's 2017 and 2021 results are similar for seniors admitted to the hospital for an overnight stay and feeling that they had the support and services needed to manage their health condition after discharge.²

● Above average ○ Same as average ● Below average

Most Canadian seniors had been engaged in discharge planning

Among those who had been hospitalized in the past 2 years . . .

Figure 56: Respondents who had had someone discuss with them the purpose of taking each of their medications‡

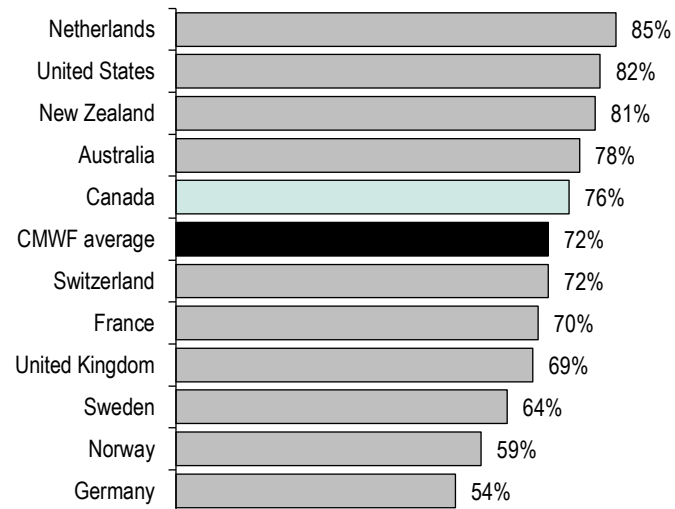


Figure 57: Respondents who had received written information on what to do when they returned home and what symptoms to watch for

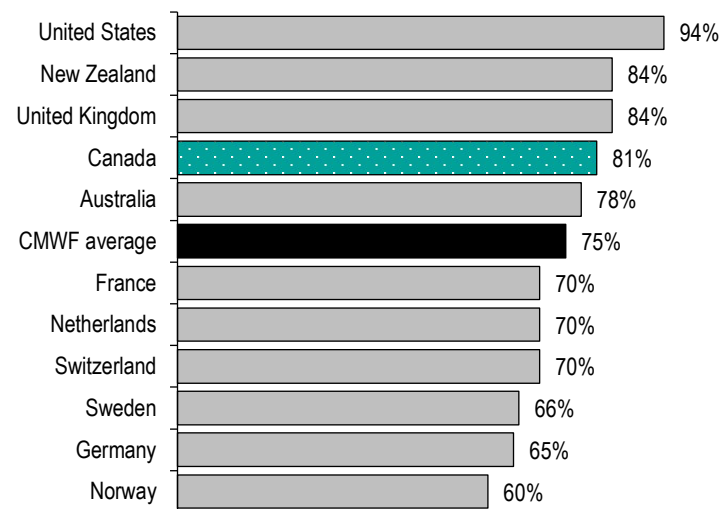
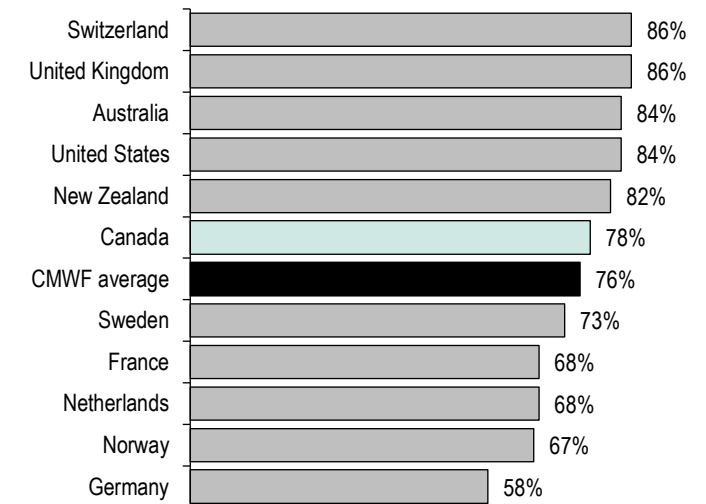


Figure 58: Respondents who reported that their hospital had made arrangements for or made sure they had follow-up care with a doctor or other health care professional§



Notes

- ‡ Excludes those who were not prescribed any medications and were not taking any medications before the hospital stay.
- § Excludes those who did not need follow-up care.

● Above average ○ Same as average ● Below average

In the 2017 survey, Canada's results were similar for other aspects of discharge planning.²



Provincial and territorial snapshot: Emergency department and hospital use

Percentage of respondents . . .	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	Can.	CMWF avg.
Who had used a hospital emergency department for their own medical care in the past 2 years	49	48	41	34	32	35	30	37	35	36	48	35	27




Percentage of respondents . . .	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	Can.	CMWF avg.
Who had been admitted to the hospital for an overnight stay in the past 2 years	20	24	19	18	19	19	17*	21	19	25	26	20	25
Who had been admitted to the hospital for an overnight stay in the past 2 years and felt they had the support and services they needed to help them manage their health condition at home after discharge [‡]	92	97	90	87	84	86	95	89	86	87	86	87	87

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

‡ Excludes respondents who did not need support to manage their health.

Sample sizes in some jurisdictions are much smaller than in others and have wider margins of error. For this reason, 2 jurisdictions may have the same numeric results displayed in different colours (e.g., one result might be light blue, or same as average, while the other is orange, or below average).

 Above average
  Same as average
  Below average

Provincial and territorial snapshot: Discharge planning

Among those who had been hospitalized in the past 2 years, the percentage of respondents . . .	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	Can.	CMWF avg.
Who had had someone discuss with them the purpose of taking each of their medications before they left the hospital [‡]	72	74	73	75	77	81	76	81	57	72	69	76	72
Who had received written information on what to do when they returned home and what symptoms to watch for when they left the hospital	77	88	66	79	67	86	76	83	87	89	82	81	75
Who reported that their hospital had made arrangements for or made sure they had follow-up care with a doctor or other health care professional when they left the hospital [§]	78	81	80	78	77	83	79	82	74	72	77	78	76




Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

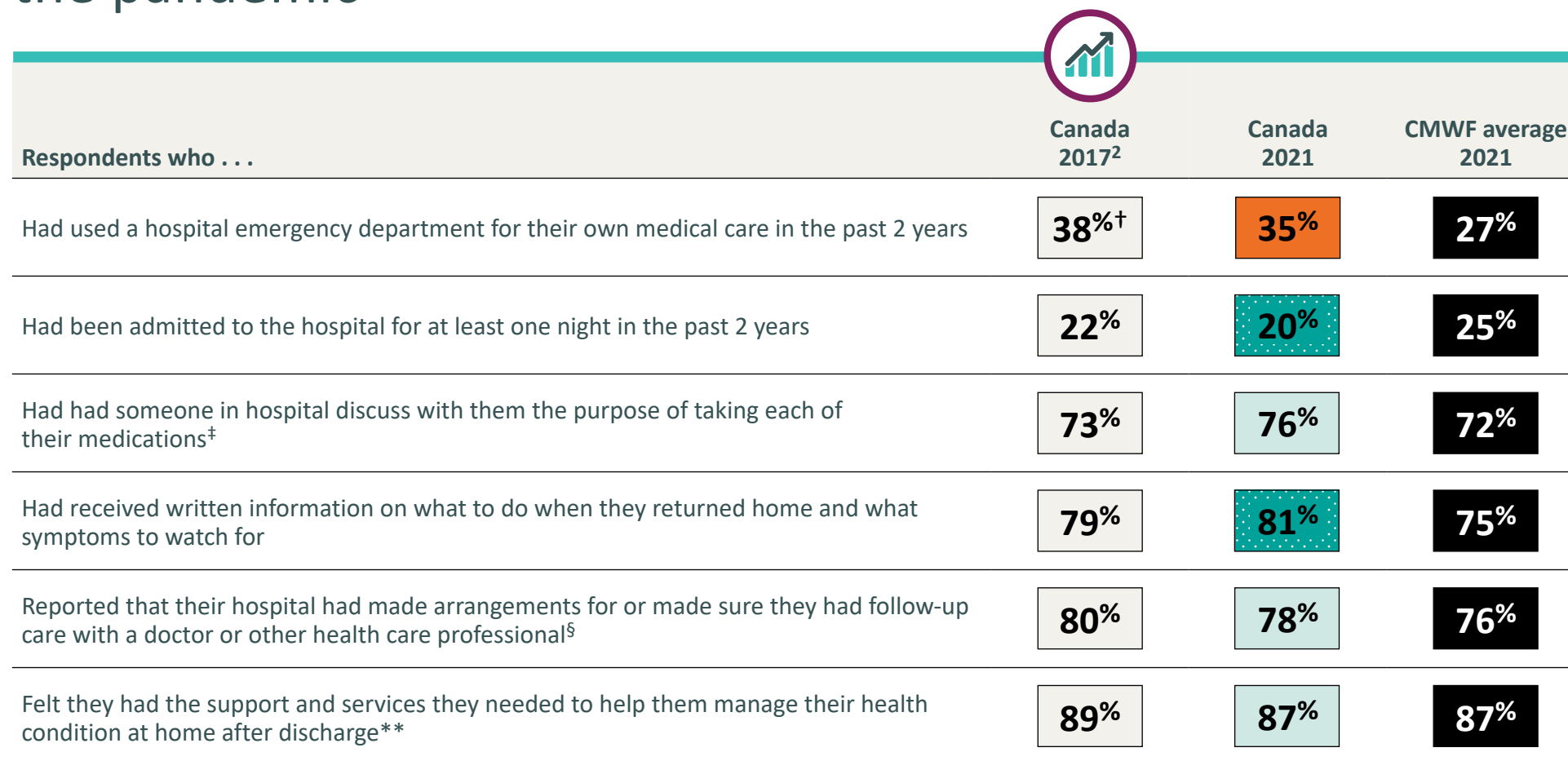
‡ Excludes those who were not prescribed any medications and were not taking any medications before the hospital stay.

§ Excludes those who did not need follow-up care.

Sample sizes in some jurisdictions are much smaller than in others and have wider margins of error. For this reason, 2 jurisdictions may have the same numeric results displayed in different colours (e.g., one result might be light blue, or same as average, while the other is orange, or below average).

 Above average
  Same as average
  Below average

Quality of discharge planning was not affected during the pandemic



Notes

[†] 2021 results are significantly different from 2017 results.

[‡] Excludes those who were not prescribed any medications and were not taking any medications before the hospital stay.

[§] Excludes those who did not need follow-up care

^{**} Excludes those who did not need support to manage their health.

● Above average
 ● Same as average
 ● Below average



Home care

Key findings

- 13% of Canadian seniors needed help with housework, preparing meals, managing daily medications or shopping, because of a health problem. Two-thirds of those seniors always or often received help. 74% received help from a family member, friend or member of their community and 25% received help from a health professional. The most common reason for Canadian seniors to not have received the help they needed was service cancellation or restrictions related to the pandemic (32%).
- 11% of Canadian seniors reported that someone in their household had received home care services from a government home care program in the preceding 12 months. Almost half of these respondents reported that the first government home care service began within a week of need. More than half rated the level of coordination between the home care provider and other health professionals as excellent or very good.

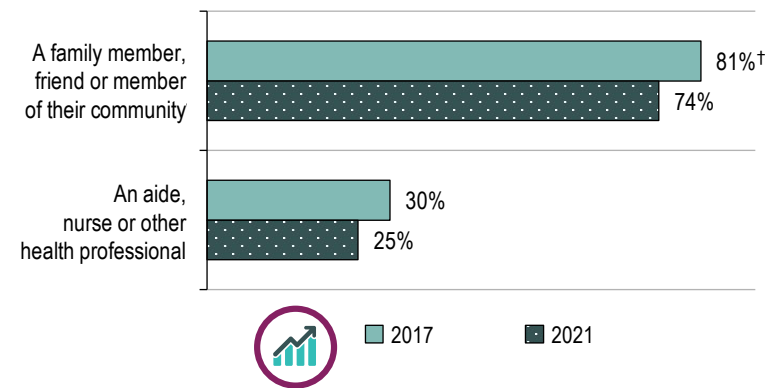
Unpaid caregivers continue to play an important role for Canadian seniors needing help with instrumental activities of daily living

13% of Canadian seniors needed help with housework, preparing meals, managing daily medications or shopping, because of a health problem

Of those who needed help,

61% of Canadian seniors *always or often* received help from someone with any of these activities (similar to the 2017 result: 65%²)

Figure 59: Of those who needed help, respondents who received help from the following sources, by year^{†, 2}



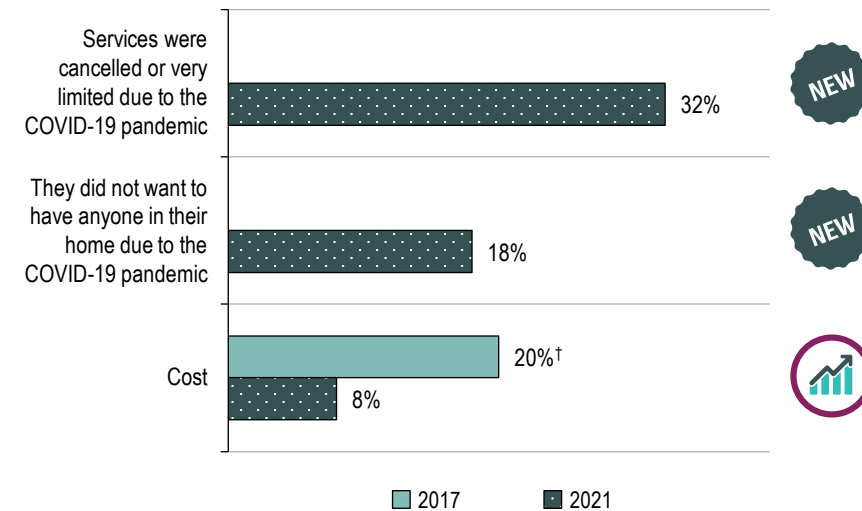
Notes

[†] 2021 results are significantly different from 2017 results.

[‡] The sum of responses does not total 100% because multiple responses were allowed.



Figure 60: Of those who needed help with instrumental activities of daily living, respondents who reported that, in the past 12 months, there had been a time that they did not receive the help they needed for the following reasons, by year²

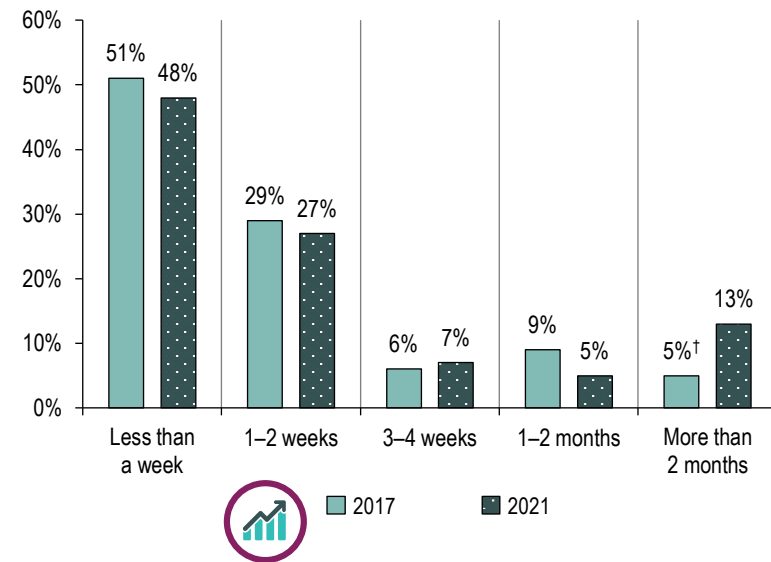




Almost half of Canadian senior households received the first government home care service within a week

11% of Canadian seniors reported that someone in their household had received home care services from a government home care program in the preceding 12 months (also 11% in 2017²)

Figure 61: Respondents who received their first government home care service, by wait time and year²



54% of these home care recipients started receiving government home care services after an emergency room visit or a hospital stay (51% in 2017²)

62% of these home care recipients rated the level of coordination between the government home care provider and the other health professionals who provide regular care as *excellent/very good* (56% in 2017²)



In 2019–2020, the median wait time for Canadian seniors (age 65+) to receive home care services was 4 days.²¹

Note
† 2021 results are significantly different from 2017 results.



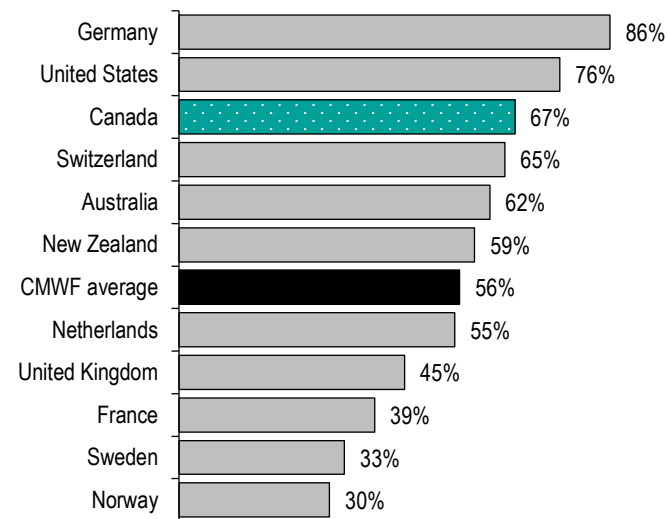
End-of-life care planning

Key findings

- More Canadian seniors had engaged in end-of-life care planning than seniors in other countries, and many reported feeling confident that they will have enough services in their community to support them at the end of life in the location of their choice. Many Canadian seniors also reported feeling very confident or confident in being able to obtain medical assistance in dying in their community, if they are eligible (64%).

More Canadian seniors have engaged in end-of-life care planning than seniors in other countries

Figure 62: Respondents who have had a discussion with family, friends or health care professionals about their end-of-life wishes



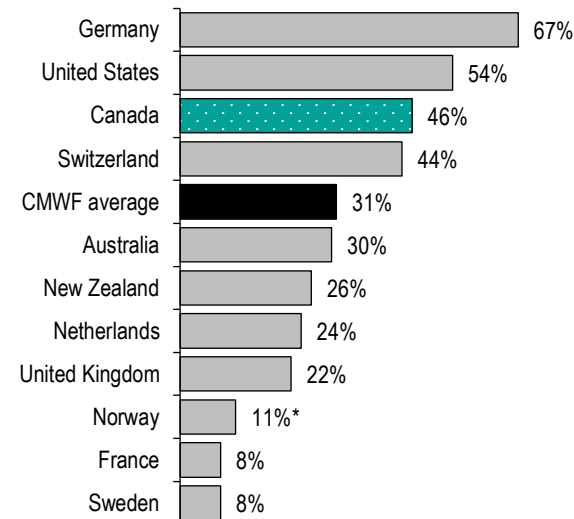
In the 2017 survey, Canada's results were similar for end-of-life care planning.²

Note

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

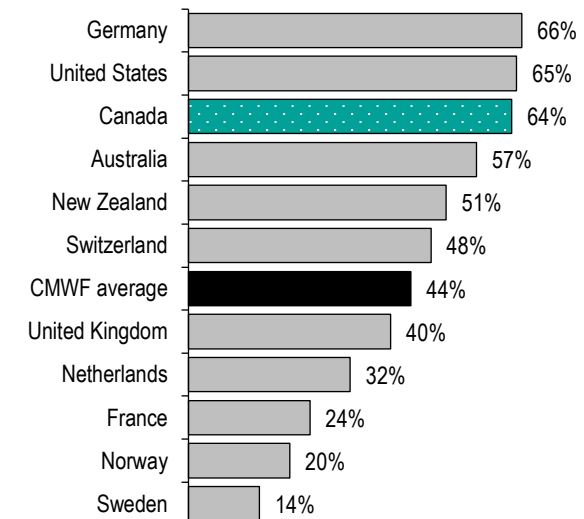
● Above average ○ Same as average ● Below average

Figure 63: Respondents who have a written plan or document describing their end-of-life wishes



In the 2019 survey, 94% of Canadian primary care physicians reported that they **routinely** or **occasionally** had end-of-life conversations with their patients about their preferences, wishes and goals for their care in the event they became very ill or injured or could not make decisions for themselves.¹³

Figure 64: Respondents who have a written document that names someone to make treatment decisions for them if they cannot make decisions for themselves






Provincial and territorial snapshot: End-of-life care planning

Percentage of respondents who . . .	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	Can.	CMWF avg.
Have had a discussion with family, friends or health care professionals about their end-of-life wishes	58	70	69	61	65	70	70	71	74	60	62	67	56
Have a written plan or document describing their end-of-life wishes	32	42	38	36	46	50	44	47	56	37	45	46	31
Have a written document that names someone to make treatment decisions for them if they cannot make decisions for themselves	52	57	58	55	66	70	54	59	72	51	52	64	44

Note

Sample sizes in some jurisdictions are much smaller than in others and have wider margins of error. For this reason, 2 jurisdictions may have the same numeric results displayed in different colours (e.g., one result might be light blue, or same as average, while the other is orange, or below average).

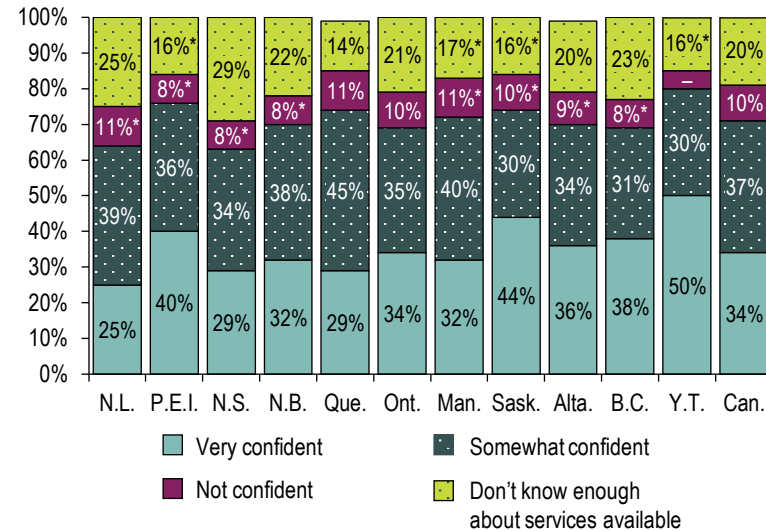
 Above average
  Same as average
  Below average



About 70% of Canadian seniors felt confident that they will have enough services in their community to support them at the end of life in the location of their choice

NEW

Figure 65: Canadian seniors' level of confidence in having enough services in their community to support them at the end of life in the location of their choice



No association was found between rurality and the confidence level of Canadian seniors in having enough services in their community to support them at the end of life in the location of their choice.

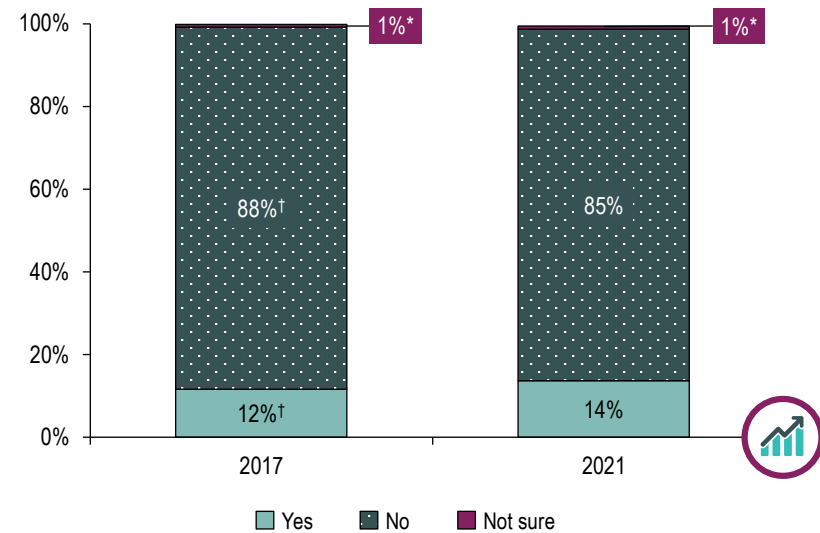
Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.
 — Data is suppressed due to extreme sampling variability (CV higher than 33.3%).
 Percentages may not add up to 100% due to rounding.



1 out of 10 Canadian seniors or their families had talked about access to medical assistance in dying with a health care provider

Figure 66: Respondents (or their family members) who had ever talked to a health care provider about access to medical assistance in dying,‡ by year²



Since the enactment of the legislation in 2016, there have been 21,589 medically assisted deaths.²² In 2020, there were a total of 7,595 cases of medical assistance in dying. 80% of these cases were seniors (age 65 and older), with slightly more men than women.²² Overall, the nature of suffering most cited was the **loss of ability to engage in meaningful activities (85%)**, followed closely by the **loss of ability to perform activities of daily living (82%).²²**

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.
 † 2021 results are significantly different from 2017 results.
 ‡ Excludes those who said “no, it’s not an option I/we would consider,” representing 1% of all respondents. Percentages may not add up to 100% due to rounding.



Many Canadian seniors felt confident in obtaining medical assistance in dying in their community

Figure 67: Respondents' level of confidence in obtaining medical assistance in dying in their community, if they were eligible,[‡] by year²

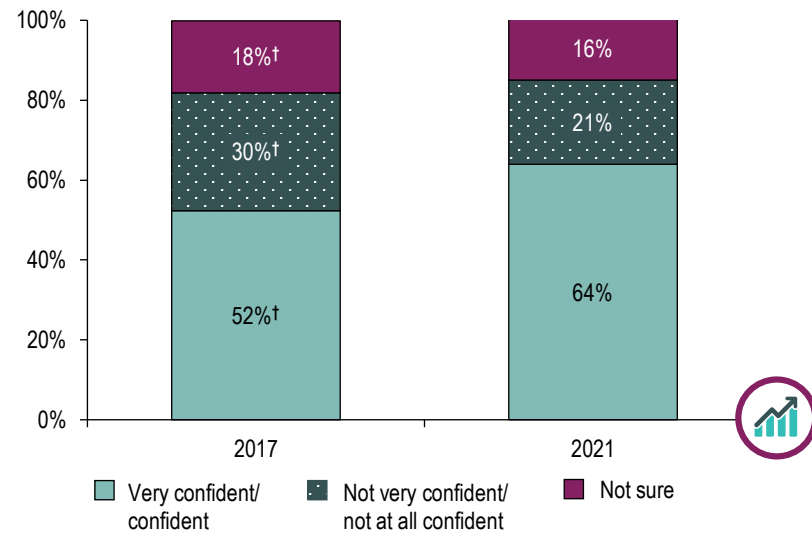
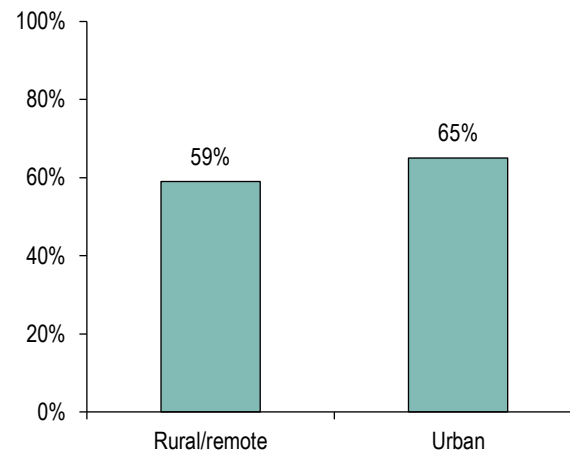


Figure 68: Respondents who felt very confident/confident in obtaining medical assistance in dying,[‡] by rurality



In the 2019 survey, 13% of Canadian primary care physicians felt that their practice was well prepared, with respect to having sufficient skills and experience, to manage care for patients requesting medical assistance in dying.¹³

Notes

- † 2021 results are significantly different from 2017 results.
- ‡ Excludes those who said that they would never wish to receive medical assistance in dying, representing about 7% of all respondents. Percentages may not add up to 100% due to rounding.



Palliative care rotations are currently not mandatory for family physicians in Canada;²³ those who complete one are recognized with a Certificate of Added Competence as an enhanced skill.²⁴ In 2017, 8.5% of Canadian primary care physicians had a practice focus on palliative care.²⁵



Provincial and territorial snapshot: Medical assistance in dying

Percentage of respondents who felt confident about obtaining medical assistance in dying in their community, if they were eligible and wished to receive it [‡]	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	Can.
<i>Very confident/somewhat confident</i>	60	61	59	59	76	60	58	61	52	65	70	64
<i>Not very confident/not confident at all</i>	28	23	21	28	17	20	27	22	30	18*	13*	21
<i>Not sure</i>	12*	17*	20	13*	8	20	15*	17*	18*	17*	17*	16

Percentage of respondents (or their family members) . . .	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	Can.
Who had ever talked to a health care provider about access to medical assistance in dying [§]	7*	9*	9*	7*	23	11	10*	11*	15*	9*	16*	14

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

‡ Excludes those who said “no, it’s not an option I/we would consider,” representing 1% of all respondents in Canada. Percentages may not add up to 100% due to rounding.

§ Excludes those who said that they would never wish to receive medical assistance in dying, representing about 7% of all respondents in Canada.

Because these are Canada-only questions and the CMWF averages were not calculated, the colour-coding of results does not apply.



Overall perception of the health system

Key findings

- Fewer Canadian seniors were satisfied with the quality of the health care they received than seniors in other countries (64% versus 75%).
- Almost 1 in 5 Canadian seniors think the health care system treats people unfairly based on race or ethnicity.

Fewer Canadian seniors were satisfied with the quality of the health care they received than seniors in other countries

Figure 69: Respondents who were *completely or very satisfied* with the quality of care they received[‡]

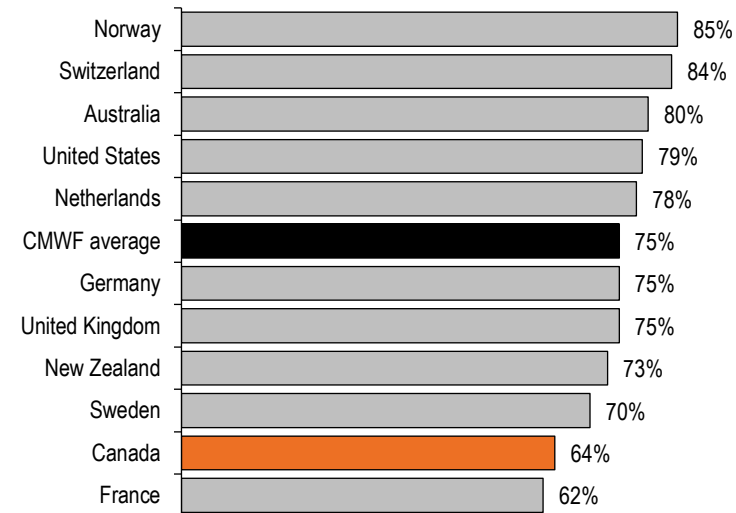
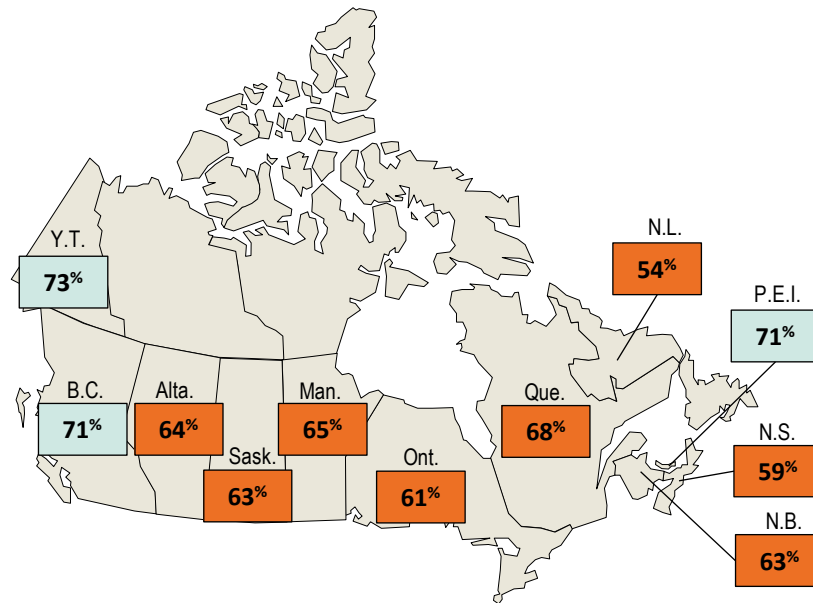


Figure 70: Canadian seniors who were *completely or very satisfied* with the quality of care they received,[‡] by province and territory



Notes

[‡] Excludes those who did not receive health care in the past 12 months. Sample sizes in some jurisdictions are much smaller than in others and have wider margins of error. For this reason, 2 jurisdictions may have the same numeric results displayed in different colours (e.g., one result might be light blue, or same as average, while the other is orange, or below average).

● Above average ● Same as average ● Below average



In the 2017 survey, results were similar for Canadian seniors' satisfaction with the quality of care they received.²

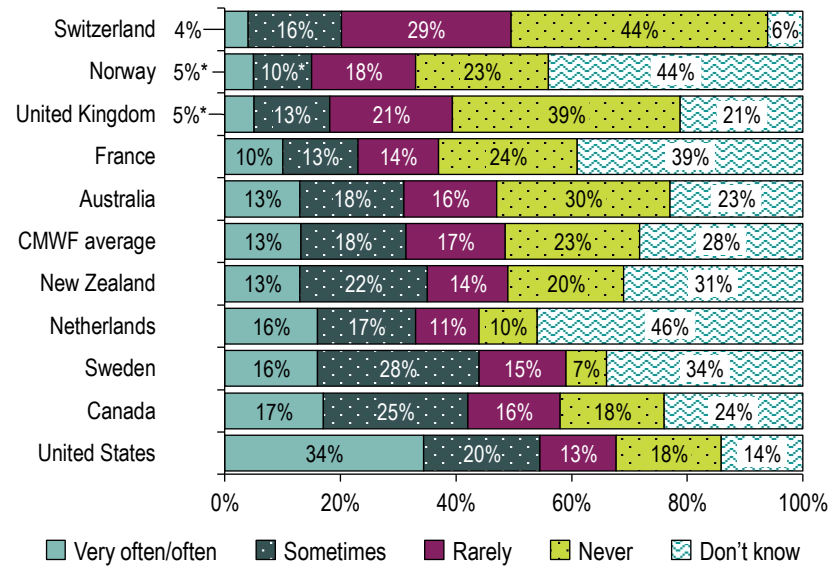


Various characteristics are associated with higher level of satisfaction with the quality of care, including the ability to get a same- or next-day appointment, always or often receiving a same-day response from their doctor, easy access to after-hours care, and not having an appointment cancelled or postponed due to the pandemic.

Nearly half of Canadian seniors think the health care systems sometimes or often treat people unfairly based on race or ethnicity



Figure 71: How often respondents thought the health care system in their country treated people unfairly based on their race or ethnic background‡



Racism and discrimination have well-documented consequences on health care access, quality and outcomes.^{26–37} To advance equity in health care, it is essential to improve public education and awareness;³⁸ as well, Canada’s health systems need to be able to recognize and respond to health inequalities experienced by racialized groups. However, there is a lack of standards for collecting race-based data in the health sector in Canada. This has made it difficult to measure health inequalities and to identify inequities that may stem from racism and discrimination. CIHI is working on the development of data collection standards for race-based and Indigenous identity data in our health systems.³⁹

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.
 ‡ Respondents in Germany were not asked this question; therefore, the CMWF average was calculated using 10 countries. Percentages may not add up to 100% due to rounding.



Provincial and territorial snapshot: Race and ethnicity

Percentage of respondents who reported that they think the health care system in Canada treats people unfairly based on their race or ethnic background [‡] . . .	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	Can.	CMWF avg.
<i>Very often/often</i>	23	13*	17	15*	19	16	22	20	19*	16*	26*	17	13
<i>Sometimes</i>	25	24	22	25	25	25	32	30	23	23	21*	25	18
<i>Never</i>	14*	21	12*	20	14	20	13*	15*	18*	21	19*	18	23

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

‡ Respondents in Germany were not asked this question; therefore, the CMWF average was calculated using 10 countries.

No comparison was made with the CMWF average because there is no desired directionality for this question. Therefore, colour-coding was not applied.

Demographics of survey respondents

Demographic category	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	Can.
Total	252	257	254	250	1,000	1,302	255	251	251	251	144	4,484
Gender (%)												
Male	36	31	35	40	34	34	35	33	42	37	39	35
Female	63	69	65	60	66	66	64	66	58	62	61	65
Age (%)												
65–74	59	49	52	61	58	50	47	49	50	53	63	53
75+	39	50	45	38	41	48	51	49	47	46	35	45
65+, exact age not provided	2	1	2	1	1	2	2	1	2	2	3	2
Other demographics (%)												
Born in Canada	94	93	93	95	92	75	89	96	84	74	83	85
Highest level of education (%)												
Some/less than high school	18	16	17	16	18	12	12	16	12	9	10	14
High school graduate or equivalent	21	18	28	26	26	20	25	16	14	18	16	21
Some community college, technical, trade or vocational college	16	8	11	6	7	9	11	12	16	13	16	10
College or university degree, or higher	42	56	41	50	47	57	51	54	55	60	57	52
Total annual household income (%)												
Less than \$30,000	23	22	21	24	25	16	18	22	11	14	19	20
\$30,000 to less than \$80,000	39	40	35	32	33	31	37	30	39	35	30	33
\$80,000 or more	15	16	12	13	12	19	16	18	21	22	35	17
Not sure/declined to answer	24	23	32	31	31	34	29	30	29	29	17	30

Methodology notes

Weighting of results

The survey data for Canada was weighted for each province and territory by age, gender, education and knowledge of French/English (for New Brunswick, Quebec and for Canada as a whole). At the Canada level, there was an additional weighting adjustment for the share of the Canadian population age 65 and older that each province/territory represents. Population parameters were derived from the 2016 Census. Social Science Research Solutions (SSRS) obtained population estimates from Statistics Canada for the seniors population (age 65 and older) for each of the provinces and territories, and for Canada as a whole.

Averages and trends

For this chartbook, the CMWF average was calculated by adding the weighted results from the 11 countries and dividing by the number of countries. In the United States, older adults age 60+ were surveyed but the analyses within this chartbook include only respondents age 65+. The Canadian average represents the average experience of Canadian seniors (as opposed to the mean of provincial and territorial results). Except where otherwise noted, results were compared over time using data from previous CMWF surveys.

Trending results are for reference only, and caution should be used when interpreting the results. Some questions were modified compared with the 2014 and 2017 surveys (e.g., question text revised, response options added or retracted, question placement changed, translation changed). Some of the results in this chartbook were custom-calculated and are unavailable in the 2014 and 2017 reports. Furthermore, the 2014 CMWF survey of older adults included respondents age 55+, but for the purpose of trending analyses in this chartbook, only respondents age 65+ were included.

Rurality assignment

Rurality was determined using Statistics Canada's Postal Code Conversion File (PCCF+).⁴⁰ The PCCF+ program uses the postal code to assign an urban or rural/remote designation to each survey respondent. Where PCCF+ geographic assignment was missing and partial postal code information was available, the Canada Post rurality rules were used to assign the rurality status of a respondent; specifically, those with a second digit of 0 in the postal code were assigned as rural, whereas others were assigned as urban.⁴¹

Household income imputations

Typically, there is a higher non-response to the income question among the seniors population; the hot-deck procedure was applied to impute income using education, number of adults in the household, age and gender for all countries.

In Canada, when the income categories were updated in 2021 from what was used in the 2017 survey, only the English survey was updated. The changes were not applied to the French survey. As a result, all English-speaking respondents in Canada were offered different income breaks compared with the respondents answering in French. To conduct the analysis, 3 income groups were created: less than \$30,000; \$30,000 to less than \$80,000; and \$80,000 or more.

Statistical analysis

Non-response categories such as “not sure,” “declined to answer” and “not applicable” were excluded from reporting and statistical analyses, except where stated otherwise. This may contribute to slight differences in the numbers in this report compared with those reported by the Commonwealth Fund.

CIHI developed statistical methods to determine whether

- Canadian results were significantly different from the average of 11 countries;
- Provincial and territorial results were significantly different from the CMWF average; and
- Canadian results in 2021 were significantly different from those in 2017 or 2014.

For the calculation of variances and 95% confidence intervals, standard methods for the variances of sums and differences of estimates from independent simple random samples were used, with the design effects provided by SSRS used to appropriately adjust the variances for the effects of the survey design and post-survey weight adjustments. Coefficients of variation were calculated by dividing the standard error by the estimate. T-tests were used to determine whether there was a significant difference between the means of 2 groups.

Relationships between different variables were analyzed using logistic regression modelling, while controlling for age, sex and number of chronic conditions as baseline risk factors. A main response category was determined for each question, and responses were dichotomized such that the response value of interest was coded as 1 and all other values, excluding non-response categories, were coded as 0. Logistic regression was then used to fit this binary variable on explanatory variables with appropriate adjustment for survey weights and stratification variables using the SAS procedure SURVEYLOGISTIC for the analysis.

More detailed methodology notes are available on [CIHI's website](#).

Appendix

Text alternatives for figures

Text alternative for Figure 1

Table: Respondents who described their health as either *excellent* or *very good*, by country

Country	Percentage
New Zealand	60
Australia	49
Canada	46 ^a
United Kingdom	46
United States	43
Norway	42
CMWF average	38
Netherlands	30
Switzerland	30
Sweden	29
Germany	25
France	23

Note

a: Above average.

Text alternative for Figure 2

Table: Canadian seniors who described their health as either *excellent* or *very good*, by province and territory

Province/territory	Percentage
Newfoundland and Labrador	48 ^a
Prince Edward Island	46 ^b
Nova Scotia	41 ^b
New Brunswick	38 ^b
Quebec	50 ^a
Ontario	45 ^a
Manitoba	51 ^a
Saskatchewan	41 ^b
Alberta	39 ^b
British Columbia	43 ^b
Yukon	51 ^a

Notes

a: Above average.

b: Same as average.

Sample sizes in some jurisdictions are much smaller than in others and have wider margins of error. For this reason, 2 jurisdictions may have the same numeric results displayed with a different superscript (e.g., one result might be b, or same as average, while the other is c, or below average).

Text alternative for Figure 3

Table: Number of chronic conditions reported by seniors

Country	3 or more	2	1	None
Netherlands	16%	25%	30%	30%
Germany	17%	24%	33%	27%
Switzerland	20%	27%	33%	20%
United Kingdom	20%	28%	30%	22%
Norway	22%	24%	28%	26%
New Zealand	24%	24%	27%	25%
CMWF average	26%	26%	28%	20%
France	29%	26%	30%	16%
Sweden	29%	28%	27%	17%
Canada	30%	29%	26%	15%
Australia	35%	24%	25%	15%
United States	42%	26%	20%	11%

Notes

Chronic conditions include hypertension or high blood pressure; heart disease, including heart attack; diabetes; asthma or chronic lung disease such as chronic bronchitis, emphysema or chronic obstructive pulmonary disease; depression, anxiety or other mental health conditions; cancer; joint pain or arthritis; and stroke.

Percentages may not add up to 100% due to rounding.

Text alternative for Figure 4

Table: Number of different prescription medications seniors were taking on a regular or ongoing basis

Country	4+	2–3	1	None
Switzerland	33%	31%	18%	17%
Australia	38%	33%	13%	16%
France	38%	30%	13%	19%
Netherlands	38%	26%	13%	23%
Norway	38%	31%	18%	13%
New Zealand	39%	28%	13%	20%
CMWF average	41%	28%	14%	17%
Germany	41%	29%	14%	16%
United Kingdom	41%	25%	15%	20%
Sweden	42%	28%	14%	16%
Canada	47%	26%	14%	13%
United States	56%	25%	8%	11%

Note

Percentages may not add up to 100% due to rounding.

Text alternative for Figure 5

Table: Number of different prescription medications Canadian seniors were taking on a regular basis, by year²

Number of prescription medications	2017	2021
0	13%	13%
1	13%	14%
2–3	29%†	26%
4+	44%†	47%

Notes

† 2021 results are significantly different from 2017 results. Percentages may not add up to 100% due to rounding.

Text alternative for Figure 6

Table: Respondents who reported being *severely or somewhat limited* in everyday activities, such as feeding themselves, getting in and out of bed or a chair, dressing and undressing, bathing or using the toilet

Country	Percentage
New Zealand	11
Norway	13
Australia	14
Canada	14 ^a
United States	14
United Kingdom	15
CMWF average	17
Netherlands	18
Sweden	18
France	19
Switzerland	25
Germany	29

Note

a: Above average.

Text alternative for Figure 7

Table: Respondents who reported needing help with housework, preparing meals, managing daily medications or shopping, because of a health problem

Country	Percentage
Sweden	8
Switzerland	10
Canada	13 ^b
New Zealand	13
Norway	13
Germany	14
CMWF average	15
France	15
United Kingdom	15
United States	17
Australia	19
Netherlands	22

Note

b: Same as average.

Text alternative for Figure 8

Table: Respondents who were told by a doctor that they had depression, anxiety or other mental health conditions†

Country	Percentage
Germany	5
Netherlands	6*
Norway	7*
Switzerland	7
United Kingdom	9
CMWF average	11
Sweden	12
Australia	13
Canada	13 ^c
France	13
New Zealand	13
United States	20

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.
 † Excludes respondents who are no longer treating this condition.
 c: Below average.

Text alternative for Figure 9

Table: Respondents who reported experiencing emotional distress such as anxiety or great sadness which they found difficult to cope with by themselves in the past 12 months‡

Country	Percentage
Germany	6
Norway	12
Sweden	12
Switzerland	13
CMWF average	16
Netherlands	16
United Kingdom	16
United States	17
Australia	18
Canada	18 ^c
New Zealand	21
France	27

Notes

‡ The time frame changed from 24 months (2017) to 12 months (2021).
 c: Below average.

Text alternative for Figure 10

Table: When you felt this way, were you able to get help from a professional when you needed it?

Country	Yes	No, did not want to see a professional	No, could not get help or could not afford to see a professional	No, for some other reason
Canada	35%	34%	9%*	22%

Note

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

Text alternative for Figure 11

Table: Respondents who reported feeling isolated often or some of the time

Country	Percentage
New Zealand	15
Switzerland	19
Netherlands	22
France	23
Germany	24
Australia	25
CMWF average	25
Norway	27
United Kingdom	27
United States	28
Sweden	31
Canada	37 ^c

Note

c: Below average.

Text alternative for Figure 12

Table: Canadian seniors who reported feeling isolated *often or some of the time*, by sex

Sex	Percentage
Male	30
Female	43

Text alternative for Figure 13

Table: Canadian seniors who reported feeling isolated *often or some of the time*, by number of people in the household

Number of people in household	Percentage
1	47
2	33
3+	33

Text alternative for Figure 14

Table: Respondents who reported using the internet on a computer, tablet, smartphone or other electronic device to connect with friends, family or others in their community

Country	At least once a day	At least once a week	Less often	Never
Sweden	19	43	21	18
Switzerland	32	33	14	21
France	35	17	9	39
CMWF average	42	27	10	21
Australia	43	22	10	25
Norway	43	29	9*	19
New Zealand	44	32	6*	18
United Kingdom	44	27	7	23
United States	47	19	9	25
Canada	48	24	8	20
Netherlands	49	27	8	15
Germany	60	23	5	13

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution. Percentages may not add up to 100% due to rounding.

Text alternative for Figure 15

Table: Canadian seniors who connected with others digitally *at least once a day*, by sex

Sex	Percentage
Male	42
Female	52

Text alternative for Figure 16

Table: Canadian seniors who connected with others digitally *at least once a day*, by age group

Age group	Percentage
65–74	51
75+	42

Text alternative for Figure 17

Table: Canadian seniors who connected with others digitally *at least once a day*, by household income

Household income	Percentage
Less than \$30,000	38
\$30,000 to less than \$80,000	48
\$80,000+	59

Text alternative for Figure 18

Table: Respondents who reported using a smartphone, a digital tablet or a wearable device such as a watch or a clip-on device at home to monitor health and well-being

Province/territory	Percentage
Canada	23
Newfoundland and Labrador	12*
Prince Edward Island	19
Nova Scotia	15*
New Brunswick	15*
Quebec	22
Ontario	26
Manitoba	25
Saskatchewan	23
Alberta	25
British Columbia	22
Yukon	20*

Note

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

Text alternative for Figure 19

Table: Canadian seniors who monitored their health digitally, by household income

Household income	Percentage
Less than \$30,000	14
\$30,000 to less than \$80,000	24
\$80,000+	34

Text alternative for Figure 20

Table: Canadian seniors who monitored their health digitally, by number of chronic conditions

Number of chronic conditions	Percentage
None	17
1	23
2	22
3+	28

Text alternative for Figure 21

Table: Canadian seniors who used up all or most of their savings because of the COVID-19 pandemic,[†] by household income

Household income	Percentage
Less than \$30,000	16
\$30,000 to less than \$80,000	9
\$80,000+	5*

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

† Excludes respondents who reported that they don't have/never had any savings.

Text alternative for Figure 22

Table: Canadian seniors who used up all or most of their savings because of the COVID-19 pandemic,[†] by number of people in the household

Number of people in household	Percentage
1	12
2	8
3+	17

Note

† Excludes respondents who reported that they don't have/never had any savings.

Text alternative for Figure 23

Table: Respondents who spent at least CA\$625 out of pocket for medical treatments or services not covered by public or private health insurance

Country	Percentage
United Kingdom	13
France	18
Germany	20
Netherlands	20
New Zealand	30
Norway	30
CMWF average	34
Sweden	38
Canada	40 ^c
United States	46
Australia	49
Switzerland	72

Note

c: Below average.

Text alternative for Figure 24

Table: Respondents who did not visit a dentist in the past 12 months due to the cost

Country	Percentage
Germany	2*
Netherlands	2*
Norway	6*
United Kingdom	6
France	8
CMWF average	10
Switzerland	10
Sweden	11
New Zealand	14
Australia	15
Canada	15 ^c
United States	16

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

c: Below average.

Text alternative for Figure 25

Table: Canadian seniors who did not visit a dentist due to the cost, by insurance coverage

Insurance coverage	Percentage
No private insurance	19
Has private insurance	10

Text alternative for Figure 26

Table: Canadian seniors who did not visit a dentist due to the cost, by household income

Household income	Percentage
Less than \$30,000	21
\$30,000 to less than \$80,000	15
\$80,000+	9

Text alternative for Figure 27

Table: Respondents who reported that they have 1 doctor, doctor's group, health centre or clinic they usually go to for their medical care, by country

Country	Percentage
New Zealand	100
Norway	100
Australia	99
France	99
Germany	99
Netherlands	99
CMWF average	98
United Kingdom	98
Sweden	97
Switzerland	97
Canada	96 ^c
United States	96

Note

c: Below average.

Text alternative for Figure 28

Table: Canadian seniors who reported that they have 1 doctor, doctor's group, health centre or clinic they usually go to for their medical care, by province and territory

Province/territory	Percentage
Newfoundland and Labrador	98 ^b
Prince Edward Island	98 ^b
Nova Scotia	96 ^b
New Brunswick	98 ^b
Quebec	94 ^c
Ontario	97 ^c
Manitoba	97 ^b
Saskatchewan	99 ^b
Alberta	98 ^b
British Columbia	98 ^b
Yukon	96 ^b

Notes

b: Same as average.

c: Below average.

Sample sizes in some provinces are much smaller than in others and have wider margins of error. For this reason, 2 provinces may have the same numeric results displayed with a different superscript (e.g., one result might be b, or same as average, while the other is c, or below average).

Text alternative for Figure 29

Table: Respondents who were able to get a *same- or next-day appointment* the last time they were sick or needed to see a doctor or nurse[‡]

Country	Percentage
Germany	80
Netherlands	70
United Kingdom	56
Switzerland	52
CMWF average	51
Australia	50
New Zealand	49
United States	46
Norway	45
France	44
Sweden	39
Canada	32 ^c

Notes

[‡] Excludes those who did not need to make an appointment to see a doctor/nurse or who went to an urgent care facility or clinic. Those who went to an urgent care facility represented 1% of the responses.

c: Below average.

Text alternative for Figure 30

Table: Respondents who were able to get a *same- or next-day appointment* the last time they were sick or needed to see a doctor or nurse, ‡ by year^{2, 12}

Year	Canada	CMWF average
2014 [§]	45% ^{†, c}	67%
2017	41% ^{†, c}	56%
2021	32% ^c	51%

Notes

- † 2021 results are significantly different from 2017 or 2014 results.
- ‡ Excludes those who did not need to make an appointment to see a doctor/nurse or who went to an urgent care facility or clinic. Those who went to an urgent care facility represented 1% of the responses.
- § The 2014 CMWF survey of older adults included individuals age 55+. The analyses in this report include the age 65+ subpopulation of those survey respondents.
- c: Below average.

Text alternative for Figure 31

Table: How quickly Canadian seniors were able to get an appointment the last time they needed to see a doctor or nurse, ‡ by length of time and year²

Length of time	2017	2021
Same or next day	41% [†]	32%
2–5 days	28% [†]	32%
6–14 days	16% [†]	22%
2 weeks or more	14%	15%

Notes

- † 2021 results are significantly different from 2017 or 2014 results.
 - ‡ Excludes those who did not need to make an appointment to see a doctor/nurse or who went to an urgent care facility or clinic. Those who went to an urgent care facility represented 1% of the responses.
- Percentages may not add up to 100% due to rounding.

Text alternative for Figure 32

Table: Respondents who contacted their usual place of care with a medical concern during regular practice hours and *always/often* got an answer the same day[‡]

Country	Percentage
Germany	93
Netherlands	91
Switzerland	90
New Zealand	85
CMWF average	83
Norway	83
Australia	81
France	79
United Kingdom	79
Sweden	78
United States	78
Canada	72 ^c

Notes

- ‡ Includes respondents who had a regular doctor or place of care and did not say “never tried to contact.”
- c: Below average.

Text alternative for Figure 33

Table: Respondents who contacted their usual place of care with a medical concern during regular practice hours and *always/often* got an answer the same day,[‡] by year^{2, 12}

Year	Canada	CMWF average
2014 [§]	74% ^c	85%
2017	73% ^c	84%
2021	72% ^c	83%

Notes

- ‡ Includes respondents who had a regular doctor or place of care and did not say “never tried to contact.”
- § The 2014 CMWF survey of older adults included individuals age 55+. The analyses in this report include the age 65+ subpopulation of those survey respondents.
- c: Below average.

Text alternative for Figure 34

Table: Respondents who reported that it was *very/somewhat easy* to get medical care in the evenings or on weekends or holidays without going to the hospital/emergency department[‡]

Country	Percentage
Netherlands	84
Norway	74
New Zealand	57
United States	55
CMWF average	52
United Kingdom	51
Switzerland	48
Germany	47
Australia	45
Canada	42 ^c
France	41
Sweden	29

Notes

- ‡ Excludes respondents who never needed care in the evening.
- c: Below average.

Text alternative for Figure 35

Table: Respondents who reported that it was *very/somewhat easy* to get medical care in the evenings or on weekends or holidays without going to the hospital/emergency department,[‡] by year^{2, 12}

Year	Canada	CMWF average
2014 [§]	41% ^c	61%
2017	38% ^{†, c}	51%
2021	42% ^c	52%

Notes

- † 2021 results are significantly different from 2017 or 2014 results.
- ‡ Excludes respondents who never needed care in the evening.
- § The 2014 CMWF survey of older adults included individuals age 55+. The analyses in this report include the age 65+ subpopulation of those survey respondents.
- c: Below average.

Text alternative for Figure 36

Table: Respondents who reported that it was *very/somewhat easy* to get medical care in the evenings or on weekends or holidays without going to the hospital/emergency department,[‡] by rurality

Rurality	Percentage
Rural/remote	33
Urban	45

Note
[‡] Excludes respondents who never needed care in the evening.

Text alternative for Figure 37

Table: Among those who had used the emergency department for their own medical care in the past 2 years, respondents who thought their condition could have been treated by the doctors or staff at the place where they usually get medical care if it had been available

Country	Percentage
Germany	16*
United Kingdom	16*
New Zealand	18*
France	21
CMWF average	25
Sweden	25
Norway	26*
Australia	27
Switzerland	27
United States	29
Canada	31 ^c
Netherlands	36

Notes
^{*} The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.
^c: Below average.

Text alternative for Figure 38

Table: Among those who had used the emergency department for their own medical care in the past 2 years, respondents who thought their condition could have been treated by the doctors or staff at the place where they usually get medical care if it had been available, by year^{2, 12}

Year	Canada	CMWF average
2014 [‡]	39% ^{†, c}	27%
2017	31% ^b	28%
2021	31% ^c	25%

Notes
[†] 2021 results are significantly different from 2017 or 2014 results.
[‡] The 2014 CMWF survey of older adults included individuals age 55+. The analyses in this report include the age 65+ subpopulation of those survey respondents.
^b: Same as average.
^c: Below average.

Text alternative for Figure 39

Table: Among those who had used the emergency department for their own medical care in the past 2 years, respondents who thought their condition could have been treated by the doctors or staff at the place where they usually get medical care if it had been available, by rurality

Rurality	Percentage
Rural/remote	40
Urban	28

Text alternative for Figure 40

Table: Respondents who had any appointments with a doctor or other health care professional over the telephone or through video in the past 12 months

Country	Percentage
Canada	71 ^a
United Kingdom	64
Australia	56
United States	49
Netherlands	48
Sweden	44
CMWF average	39
Norway	35
New Zealand	33
Switzerland	17
France	10
Germany	4*

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

a: Above average.

Text alternative for Figure 41

Table: Respondents who reported that an appointment they had with a doctor or other health care professional had been cancelled or postponed because of the COVID-19 pandemic in the past 12 months

Country	Percentage
Germany	10
Norway	13
Australia	14
New Zealand	15
Sweden	17
Switzerland	17
CMWF average	19
France	19
Netherlands	19
United Kingdom	25
Canada	29 ^c
United States	33

Note

c: Below average.

Text alternative for Figure 42

Table: Canadian seniors who had an appointment with a doctor or other healthcare professional cancelled or postponed because of the COVID-19 pandemic in the past 12 months, by self-perceived health status

Self-perceived health status	Percentage
Excellent/very good/good	27
Fair/poor	37

Text alternative for Figure 43

Table: Canadian seniors who had an appointment with a doctor or other healthcare professional cancelled or postponed because of the COVID-19 pandemic in the past 12 months, by number of chronic conditions

Number of chronic conditions	Percentage
None	19
1	25
2	30
3+	36

Text alternative for Figure 44

Table: Respondents who had seen or needed to see any specialist doctors in the past 2 years

Country	Percentage
Switzerland	69
United States	69
Australia	67
France	66
Germany	63
Canada	61 ^b
CMWF average	61
New Zealand	59
Sweden	57
Norway	56
Netherlands	55
United Kingdom	53

Note
b: Same as average.

Text alternative for Figure 45

Table: Among respondents who had seen or needed to see a specialist in the past 2 years, those who waited less than 4 weeks

Province/territory	Percentage
Canada	46
Newfoundland and Labrador	30
Prince Edward Island	41
Nova Scotia	38
New Brunswick	33
Quebec	55
Ontario	47
Manitoba	36
Saskatchewan	40
Alberta	42
British Columbia	41
Yukon	33*

Note
* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

Text alternative for Figure 46

Table: Respondents who reported that the specialist did not have basic medical information or test results from their regular doctor about the reason for their visit, by year‡, 2, 12

Year	Canada	CMWF average
2014§	14%†, c	9%
2017	5% ^b	6%
2021	7% ^b	7%

Notes

- † 2021 results are significantly different from 2017 or 2014 results.
- ‡ Excludes respondents who never saw a doctor or specialist and those who did not see a regular doctor/GP since seeing a specialist/consultant.
- § The 2014 CMWF survey of older adults included individuals age 55+. The analyses in this report include the age 65+ subpopulation of those survey respondents.
- b: Same as average.
- c: Below average.

Text alternative for Figure 47

Table: Respondents who reported that after they saw the specialist, their regular doctor did not seem informed and up to date about the care they got from the specialist, by year‡, 2, 12

Year	Canada	CMWF average
2014§	25%†, c	19%
2017	13%†, b	14%
2021	16% ^b	14%

Notes

- † 2021 results are significantly different from 2017 or 2014 results.
- ‡ Excludes respondents who never saw a doctor or specialist and those who did not see a regular doctor/GP since seeing a specialist/consultant.
- § The 2014 CMWF survey of older adults included individuals age 55+. The analyses in this report include the age 65+ subpopulation of those survey respondents.
- b: Same as average.
- c: Below average.

Text alternative for Figure 48

Table: Among those who took at least 2 different medications regularly, respondents who had had a medication review in the past 12 months

Country	Percentage
United States	87
Australia	80
Germany	80
Switzerland	75
New Zealand	74
Canada	73 ^a
CMWF average	67
France	63
United Kingdom	59
Norway	54
Netherlands	52
Sweden	42

Note

- a: Above average.

Text alternative for Figure 49

Table: Canadian seniors who took at least 2 different medications regularly and had had a medication review in the past 12 months, by province and territory

Province/territory	Percentage
Newfoundland and Labrador	66 ^b
Prince Edward Island	70 ^b
Nova Scotia	70 ^b
New Brunswick	68 ^b
Quebec	72 ^a
Ontario	72 ^a
Manitoba	78 ^a
Saskatchewan	74 ^b
Alberta	74 ^b
British Columbia	78 ^a
Yukon	89 ^a

Notes

a: Above average.

b: Same as average.

Sample sizes in some jurisdictions are much smaller than in others and have wider margins of error. For this reason, 2 jurisdictions may have the same numeric results displayed with a different superscript (e.g., one result might be b, or same as average, while the other is c, or below average).

Text alternative for Figure 50

Table: Number of doctors respondents had seen in the past 12 months

Country	4+	2-3	1	0
New Zealand	10%*	44%	38%	8%*
United Kingdom	12%	31%	29%	28%
Canada	13%	38%	32%	17%
Netherlands	13%	31%	27%	28%
Norway	13%	30%	48%	10%*
France	14%	39%	33%	14%
CMWF average	17%	38%	31%	14%
Australia	18%	47%	29%	5%*
Switzerland	18%	45%	28%	9%
Germany	20%	42%	32%	6%
Sweden	28%	27%	27%	18%
United States	31%	40%	22%	8%

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution. Percentages may not add up to 100% due to rounding.

Text alternative for Figure 51

Table: Number of doctors respondents had seen in the past 12 months, by year²

Number of doctors	2017	2021
0	9%†	17%
1	34%	32%
2–3	42%†	38%
4+	15%	13%

Note

† 2021 results are significantly different from 2017 results.

Text alternative for Figure 52

Table: Respondents whose regular doctor or someone in their doctor’s practice *always/often* helped coordinate or arrange the care they received from other doctors and places‡

Country	Percentage
Switzerland	78
New Zealand	77
Australia	75
Canada	74 ^a
United States	72
United Kingdom	70
CMWF average	67
Netherlands	62
Germany	58
Norway	58
Sweden	56
France	54

Notes

‡ Excludes those who said they never needed coordination of care.

a: Above average.

Text alternative for Figure 53

Table: Respondents who had used a hospital emergency department for their own medical care in the past 2 years

Country	Percentage
Germany	16
France	21
Netherlands	21
Switzerland	24
United Kingdom	24
New Zealand	25
Norway	25
CMWF average	27
Australia	32
Canada	35 ^c
United States	35
Sweden	38

Note

c: Below average.

Text alternative for Figure 54

Table: Respondents who had been admitted to the hospital for an overnight stay in the past 2 years

Country	Percentage
Canada	20 ^a
United Kingdom	20
Netherlands	22
Germany	24
Sweden	24
CMWF average	25
New Zealand	25
France	27
Switzerland	27
United States	27
Norway	30
Australia	33

Note
a: Above average.

Text alternative for Figure 55

Table: Respondents who felt they had the support and services they needed to help them manage their health condition at home after discharge[‡]

Country	Percentage
New Zealand	93
United States	92
United Kingdom	90
Australia	88
Netherlands	88
Norway	88
Switzerland	88
Canada	87 ^b
CMWF average	87
France	85
Sweden	84
Germany	74

Notes
‡ Excludes respondents who did not need support to manage their health.
b: Same as average.

Text alternative for Figure 56

Table: Respondents who had had someone discuss with them the purpose of taking each of their medications[‡]

Country	Percentage
Netherlands	85
United States	82
New Zealand	81
Australia	78
Canada	76 ^b
CMWF average	72
Switzerland	72
France	70
United Kingdom	69
Sweden	64
Norway	59
Germany	54

Notes
‡ Excludes those who were not prescribed any medications and were not taking any medications before the hospital stay.
b: Same as average.

Text alternative for Figure 57

Table: Respondents who had received written information on what to do when they returned home and what symptoms to watch for

Country	Percentage
United States	94
New Zealand	84
United Kingdom	84
Canada	81 ^a
Australia	78
CMWF average	75
France	70
Netherlands	70
Switzerland	70
Sweden	66
Germany	65
Norway	60

Note

a: Above average.

Text alternative for Figure 58

Table: Respondents who reported that their hospital had made arrangements for or made sure they had follow-up care with a doctor or other health care professional[§]

Country	Percentage
Switzerland	86
United Kingdom	86
Australia	84
United States	84
New Zealand	82
Canada	78 ^b
CMWF average	76
Sweden	73
France	68
Netherlands	68
Norway	67
Germany	58

Notes

§ Excludes those who did not need follow-up care.

b: Same as average.

Text alternative for Figure 59

Table: Of those who needed help, respondents who received help from the following sources, by year[‡].²

Source of help	2017	2021
A family member, friend or member of their community	81% [†]	74%
An aide, nurse or other health professional	30%	25%

Notes

[†] 2021 results are significantly different from 2017 results.

[‡] The sum of responses does not total 100% because multiple responses were allowed.

Text alternative for Figure 60

Table: Of those who needed help with instrumental activities of daily living, respondents who reported that, in the past 12 months, there had been a time that they did not receive the help they needed for the following reasons, by year²

Reason for not receiving the help needed	2017	2021
Services were cancelled or very limited due to the COVID-19 pandemic	n/a	32%
They did not want to have anyone in their home due to the COVID-19 pandemic	n/a	18%
Cost	20% [†]	8%

Notes

[†] 2021 results are significantly different from 2017 results.

n/a: Not applicable.

Text alternative for Figure 61

Table: Respondents who received their first government home care service, by wait time and year²

Wait time	2017	2021
Less than a week	51%	48%
1–2 weeks	29%	27%
3–4 weeks	6%	7%
1–2 months	9%	5%
More than 2 months	5% [†]	13%

Note

[†] 2021 results are significantly different from 2017 results.

Text alternative for Figure 62

Table: Respondents who have had a discussion with family, friends or health care professionals about their end-of-life wishes

Country	Percentage
Germany	86
United States	76
Canada	67 ^a
Switzerland	65
Australia	62
New Zealand	59
CMWF average	56
Netherlands	55
United Kingdom	45
France	39
Sweden	33
Norway	30

Note

a: Above average.

Text alternative for Figure 63

Table: Respondents who have a written plan or document describing their end-of-life wishes

Country	Percentage
Germany	67
United States	54
Canada	46 ^a
Switzerland	44
CMWF average	31
Australia	30
New Zealand	26
Netherlands	24
United Kingdom	22
Norway	11*
France	8
Sweden	8

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

a: Above average.

Text alternative for Figure 64

Table: Respondents who have a written document that names someone to make treatment decisions for them if they cannot make decisions for themselves

Country	Percentage
Germany	66
United States	65
Canada	64 ^a
Australia	57
New Zealand	51
Switzerland	48
CMWF average	44
United Kingdom	40
Netherlands	32
France	24
Norway	20
Sweden	14

Note

a: Above average.

Text alternative for Figure 65

Table: Canadian seniors' level of confidence in having enough services in their community to support them at the end of life in the location of their choice

Province/territory	Very confident	Somewhat confident	Not confident	Don't know enough about services available
Newfoundland and Labrador	25%	39%	11%*	25%
Prince Edward Island	40%	36%	8%*	16%*
Nova Scotia	29%	34%	8%*	29%
New Brunswick	32%	38%	8%*	22%
Quebec	29%	45%	11%	14%
Ontario	34%	35%	10%	21%
Manitoba	32%	40%	11%*	17%*
Saskatchewan	44%	30%	10%*	16%*
Alberta	36%	34%	9%*	20%
British Columbia	38%	31%	8%*	23%
Yukon	50%	30%	—	16%*
Canada	34%	37%	10%	20%

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.
 — Data is suppressed due to extreme sampling variability (CV higher than 33.3%).
 Percentages may not add up to 100% due to rounding.

Text alternative for Figure 66

Table: Respondents (or their family members) who had ever talked to a health care provider about access to medical assistance in dying,[‡] by year²

Response	2017	2021
Yes	12% [†]	14%
No	88% [†]	85%
Not sure	1%*	1%*

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.
[†] 2021 results are significantly different from 2017 results.
[‡] Excludes those who said “no, it's not an option I/we would consider,” representing 1% of all respondents.
 Percentages may not add up to 100% due to rounding.

Text alternative for Figure 67

Table: Respondents' level of confidence in obtaining medical assistance in dying in their community, if they were eligible,[‡] by year²

Response	2017	2021
Very confident/confident	52% [†]	64%
Not very confident/not at all confident	30% [†]	21%
Not sure	18% [†]	16%

Notes

[†] 2021 results are significantly different from 2017 results.
[‡] Excludes those who said that they would never wish to receive medical assistance in dying, representing about 7% of all respondents.
 Percentages may not add up to 100% due to rounding.

Text alternative for Figure 68

Table: Respondents who felt *very confident/confident* in obtaining medical assistance in dying,[‡] by rurality

Rurality	Percentage
Rural/remote	59
Urban	65

Note

[‡] Excludes those who said that they would never wish to receive medical assistance in dying, representing about 7% of all respondents.

Text alternative for Figure 69

Table: Respondents who were *completely or very* satisfied with the quality of care they received[‡]

Country	Percentage
Norway	85
Switzerland	84
Australia	80
United States	79
Netherlands	78
CMWF average	75
Germany	75
United Kingdom	75
New Zealand	73
Sweden	70
Canada	64 ^c
France	62

Notes

[‡] Excludes those who did not receive health care in the past 12 months.

c: Below average.

Text alternative for Figure 70

Table: Canadian seniors who were *completely or very* satisfied with the quality of care they received,[‡] by province and territory

Province/territory	Percentage
Newfoundland and Labrador	54 ^c
Prince Edward Island	71 ^b
Nova Scotia	59 ^c
New Brunswick	63 ^c
Quebec	68 ^c
Ontario	61 ^c
Manitoba	65 ^c
Saskatchewan	63 ^c
Alberta	64 ^c
British Columbia	71 ^b
Yukon	73 ^b

Notes

[‡] Excludes those who did not receive health care in the past 12 months.

b: Same as average.

c: Below average.

Sample sizes in some jurisdictions are much smaller than in others and have wider margins of error. For this reason, 2 jurisdictions may have the same numeric results displayed with a different superscript (e.g., one result might be b, or same as average, while the other is c, or below average).

Text alternative for Figure 71

Table: How often respondents thought the health care system in their country treated people unfairly based on their race or ethnic background‡

Country	Very often/ often	Sometimes	Rarely	Never	Don't know
Switzerland	4%	16%	29%	44%	6%
Norway	5%*	10%*	18%	23%	44%
United Kingdom	5%*	13%	21%	39%	21%
France	10%	13%	14%	24%	39%
Australia	13%	18%	16%	30%	23%
CMWF average	13%	18%	17%	23%	28%
New Zealand	13%	22%	14%	20%	31%
Netherlands	16%	17%	11%	10%	46%
Sweden	16%	28%	15%	7%	34%
Canada	17%	25%	16%	18%	24%
United States	34%	20%	13%	18%	14%

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

‡ Respondents in Germany were not asked this question; therefore, the CMWF average was calculated using 10 countries. Percentages may not add up to 100% due to rounding.

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