

Meeting the Needs of an Aging Population: How Older Adults' Healthcare Experiences in Canada Compare Internationally

Rachel Latus, Ina Sugay, Xinbei Zhao, Abby Thomas, Yasmine Leger, Winnie Chan and Xi-Kuan Chen

Abstract

As Canada's population ages, understanding older adults' experiences with the healthcare system is essential to ensuring high-quality, equitable care. The 2024 Commonwealth Fund International Health Policy Survey of Older Adults (age 65+) offers a unique opportunity to learn from other countries. Among 10 high-income countries surveyed, older adults in Canada were the least likely to feel satisfied with the quality of care they had received over the past year. This may reflect other challenges they reported, like limited access to timely primary care, long wait times, declining care coordination and out-of-pocket costs.

Introduction

Close to one in five Canadians is now 65 years or older (Statistics Canada 2025), with older adults accounting for nearly half of all healthcare spending (CIHI 2024a). As our population ages, understanding how older adults experience the healthcare system is more important than ever.

The 2024 Commonwealth Fund International Health Policy Survey of Older Adults (age 65+) provides a unique opportunity to compare the healthcare experiences of older adults in Canada with those in nine other high-income countries, namely Australia, France, Germany, the Netherlands, New Zealand, Sweden, Switzerland, the UK and the US (CIHI 2025). A total of 16,737 interviews were completed, which included 3,989 older adults in Canada who took part in telephone surveys between February and

June 2024. Results were weighted to reflect the overall Canadian population age 65+, then compared with those of our international peers.

Meeting the Needs of an Aging Population

The survey highlighted the diverse healthcare needs of older adults in Canada. While two in five – higher than the international average – reported excellent or very good health, most were managing at least one common chronic condition, and almost half were taking four or more medications (Table 1).

Older adults in Canada were also the least likely to feel satisfied with their overall care over the past year compared with the other countries surveyed, with over one in four who had received care saying that they were not at least somewhat satisfied. Satisfaction rates varied across the country – from 59% in Newfoundland and Labrador to 77% in Ontario – although all provinces scored below the international average (Figure 1).

Differences in satisfaction rates can reflect many factors, including expectations and cultural norms. That said, these results suggest that our health system may not be keeping pace with the needs of some older adults. The following sections explore some factors that might contribute to this gap – specifically, challenges in accessing primary care, coordination and continuity of care across health sectors and affordability of healthcare services.

TABLE 1.
Selected health characteristics of older adults in Canada and internationally

Topic	Proportion of older adults who reported...	Canada	International average
Medical complexity	Excellent or very good health	41%	33%
	Managing at least one common chronic condition	84%	83%
	Taking four or more medications	44%	42%

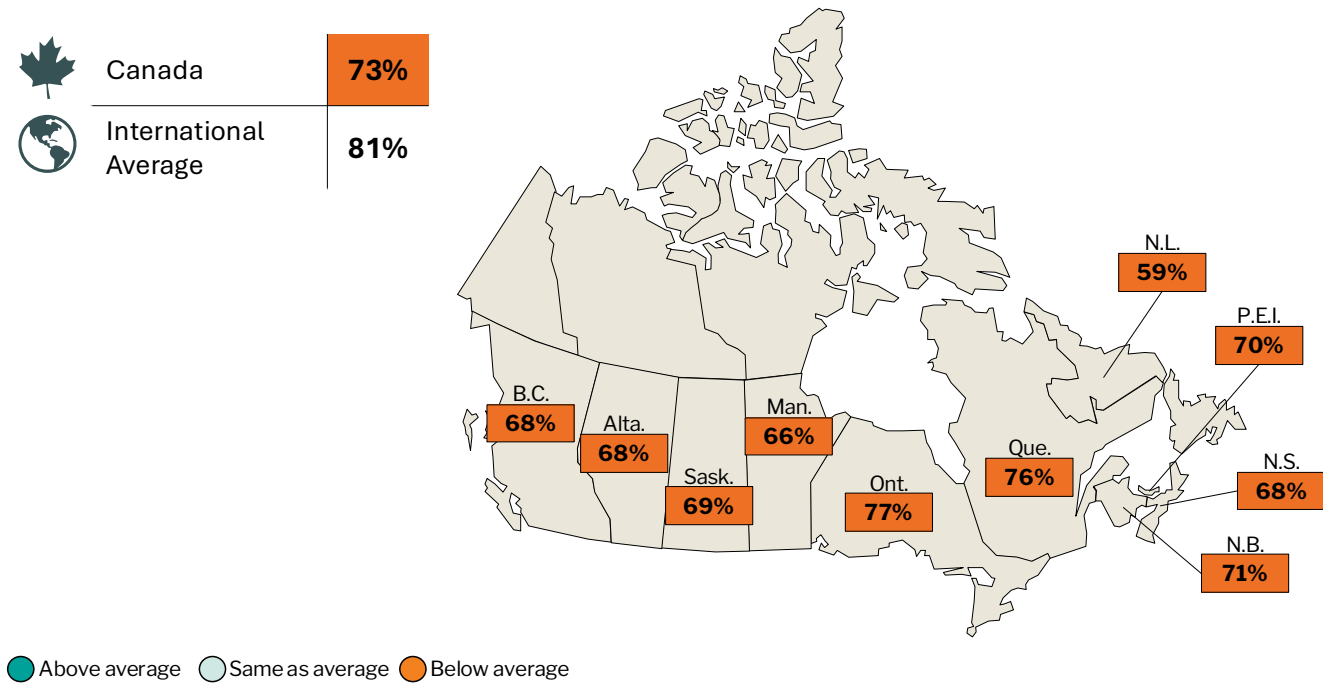
Notes: The international average was calculated by adding the results from all countries and dividing by the number of countries.

The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial results).

Source: The Commonwealth Fund, 2024 International Health Policy Survey of Older Adults.

FIGURE 1.

Proportion of participants who said they were satisfied with the quality of care they had received during the past 12 months



Alta. = Alberta; B.C. = British Columbia; Man. = Manitoba; N.B. = New Brunswick; N.L. = Newfoundland and Labrador; N.S. = Nova Scotia; Ont. = Ontario; P.E.I. = Prince Edward Island; Que. = Quebec; Sask. = Saskatchewan.

Notes: Participants who said they were "satisfied" include those who said that they were "somewhat satisfied" or "very satisfied" with the quality of healthcare received during the past 12 months.

This measure excludes those who said that they did not receive healthcare in the past 12 months.

The colour code indicates statistical significance and the desirable direction of the indicator, compared to the international average. Canada's result is statistically significantly lower than the 2024 international average.

The international average was calculated by adding the results from all countries and dividing by the number of countries.

The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial results).

Data are not available for the territories.

Source: The Commonwealth Fund, 2024 International Health Policy Survey of Older Adults.

Access to primary care

Over nine in 10 older adults in Canada have a regular doctor or place of care, such as a health centre or clinic (Table 2). While encouraging, this was the lowest rate among the 10 countries surveyed. In Canada, rates were lowest among those with lower incomes (88% in the lowest income quintile vs. 96% in the highest) or living in a rural area (88% vs. 93% among urban residents).

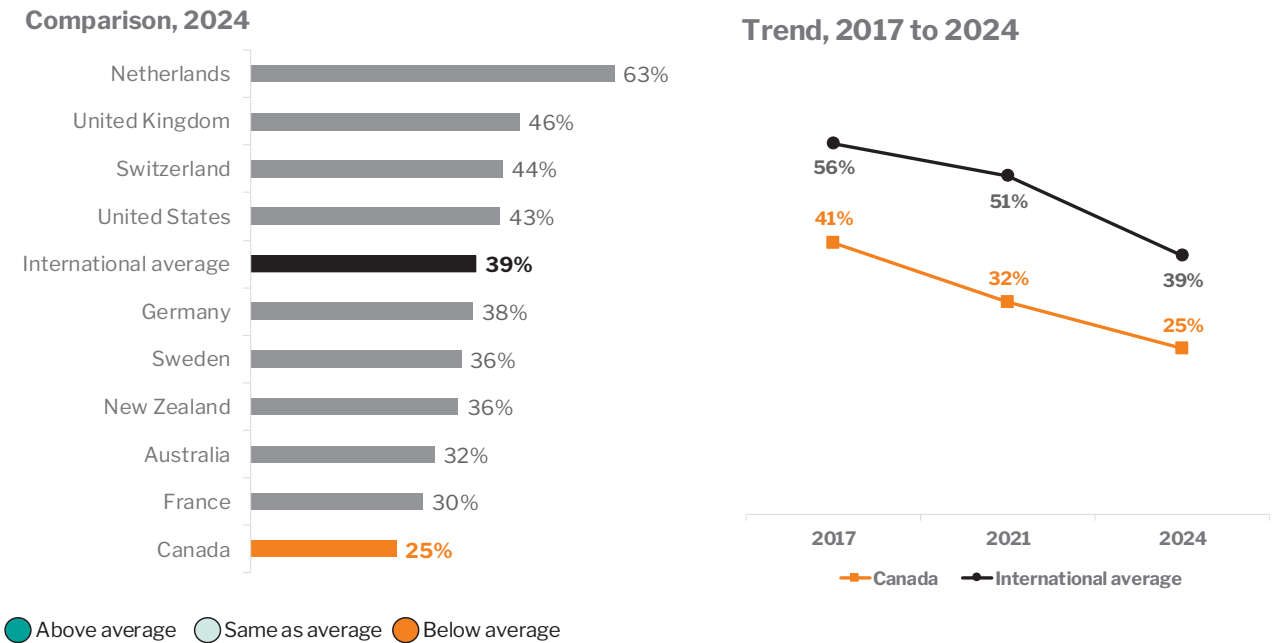
Timely access is an even bigger challenge. Only one in four older adults in Canada reported being able to get a same- or next-day appointment with a doctor or nurse the last time they needed one. Again, this was the lowest rate among all countries surveyed, with both Canada's result and the international average declining significantly from previous surveys in 2021 and 2017 (Figure 2).

These challenges may be related to several factors, including a slowing growth rate of new family physicians, more family physicians choosing to provide specialized care, increasing patient complexity causing physicians to see fewer patients overall on average, administrative demands, and policy changes (CIHI 2024b).

When people cannot access timely primary care they may turn to emergency departments instead, resulting in fragmented care and increased cost to the healthcare system (CIHI 2024c). Among older adults in Canada who reported using a hospital emergency department in the past two years, almost one in three felt they could have been treated in their usual place of care had it been available (Table 2).

FIGURE 2.

Proportion of older adults who reported that they were able to get a same- or next-day appointment to see a doctor or nurse the last time they were sick or needed medical attention, by country, 2024, and change from 2017



Notes: This measure includes both in-person and virtual appointments but not visits to the emergency department. Excludes those who did not need to make an appointment or went to an urgent care facility or clinic.

The colour code indicates statistical significance and the desirable direction of the indicator, compared to the international average.

Canada's 2024 result is statistically significantly lower than its 2017 and 2021 results and is statistically significantly lower than the 2024 international average.

The international average was calculated by adding the results from all countries and dividing by the number of countries. It includes Norway in 2017 and 2021 but not in 2024.

The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial results).

Source: The Commonwealth Fund, 2017, 2021 and 2024 International Health Policy Survey of Older Adults.

TABLE 2.

Older adults in Canada have less access to timely primary care than their international peers

Topic	Proportion of older adults who reported...	Canada	International average
Access to primary care	Having a regular doctor or place of care	92%	97%
Emergency department use	Visiting a hospital emergency department in the past two years	40%	32%
	Feeling that they could have been treated in their regular place of care, had it been available*	31%	27%

*This measure excludes those who did not visit a hospital emergency department in the past two years.

Notes: The international average was calculated by adding the results from all countries and dividing by the number of countries.

The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial results).

Source: The Commonwealth Fund, 2024 International Health Policy Survey of Older Adults.

Beyond primary care: Coordination and continuity across sectors

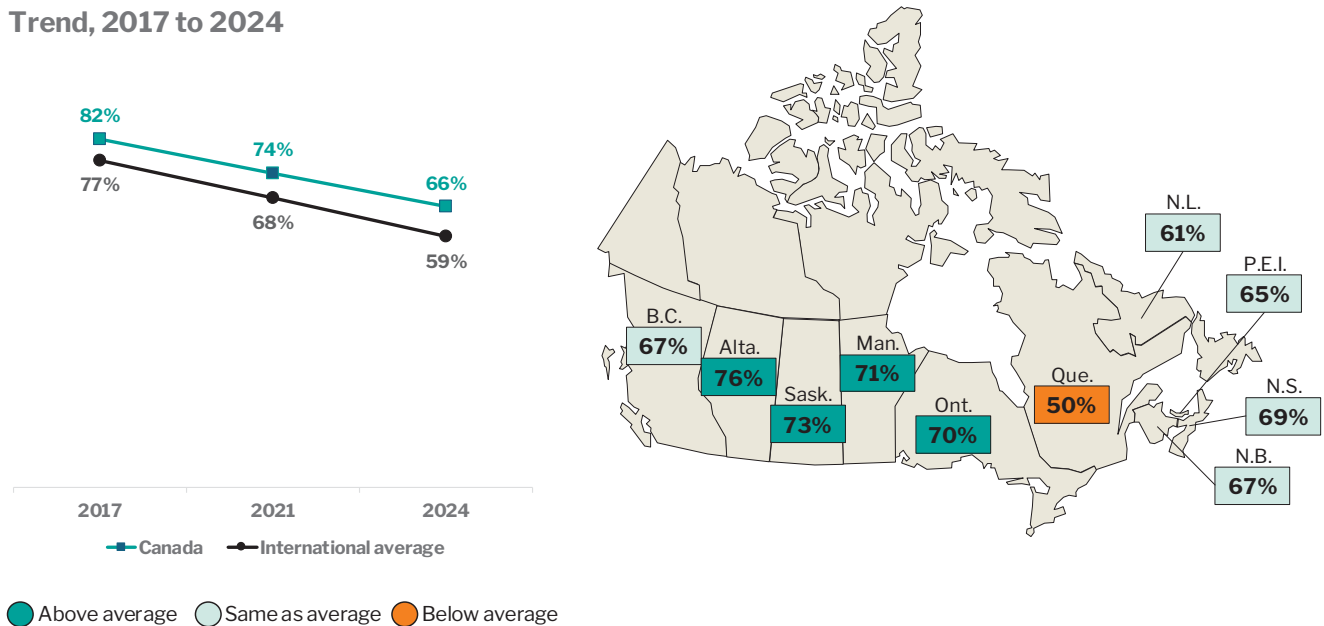
Older adults often have complex health needs requiring coordination across multiple providers and sectors beyond primary care. Timely referrals and access to specialized services, as well as adequate support in the community, are essential to meeting their overall care needs.

Canada has consistently performed well in care coordination compared to international peers. Among older adults who saw multiple health providers, for example, two in three said that their regular doctor “always or often” helped coordinate their care. That said, the data show a clear downward trend in both Canada and peer countries. Furthermore, there is significant variation across provinces – from 50% in Quebec, below the international average, to 76% in Alberta (Figure 3).

FIGURE 3.

Proportion of older adults who reported that their regular doctor or someone in their office *always* or *often* coordinates or arranges the care they receive from other doctors and places, by jurisdiction, 2024, and change in national results from 2017

Trend, 2017 to 2024



Alta. = Alberta; B.C. = British Columbia; Man. = Manitoba; N.B. = New Brunswick; N.L. = Newfoundland and Labrador; N.S. = Nova Scotia; Ont. = Ontario; P.E.I. = Prince Edward Island; Que. = Quebec; Sask. = Saskatchewan.

Notes: This measure excludes those who do not have a regular doctor or place of care, did not see more than one doctor or said they never needed coordination of care.

The colour code indicates statistical significance and the desirable direction of the indicator, compared to the international average.

Canada's 2024 result is statistically significantly lower than its 2017 and 2021 results and is statistically significantly lower than the 2024 international average.

The international average was calculated by adding the results from all countries and dividing by the number of countries. It includes Norway in 2017 and 2021 but not in 2024.

The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial results).

Data are not available for the territories.

Source: The Commonwealth Fund, 2017, 2021 and 2024 International Health Policy Survey of Older Adults.

Older adults in Canada also face long wait times when accessing specialized care. Among those who saw or needed to see a specialist, nearly half waited at least two months for an appointment, and one in 10 waited a year or more (Table 3).

In some cases, access challenges may prevent older adults from receiving the specialized care they want or need. For example, among older adults in Canada who reported being formally diagnosed with a mental health condition, fewer than one in three received counselling or treatment in the past year – even though 38% of those who did not receive counselling or treatment said that they wanted or needed it (Table 3).

In addition to services provided in formal care settings like clinics or hospitals, some older adults require extra help at home. Among older adults in Canada who reported being at least somewhat limited in their daily activities, only 16% received professional help, while 30% received informal help from family members, friends or community members (Table 3). A previous survey of the general population showed that while providing this type of care can be rewarding, 59% of caregivers found it stressful and 93% received no financial support (CIHI 2024d).

Together, these findings suggest that while Canada continues to perform well in care coordination, emerging declines in this area and unmet needs for specialized care may be contributing to more fragmented experiences for older adults.

Affordability of healthcare services

Even within Canada's publicly funded health system, cost remains a barrier for some. In this survey, two in five older adults in Canada reported spending the equivalent of at least \$500 USD out-of-pocket on healthcare services, excluding insurance premiums. Furthermore, fewer than half said that they had private insurance to help cover these costs (Table 4).

Some older adults even reported skipping care due to cost, including skipping a dental visit, not filling prescriptions or taking fewer doses and skipping recommended tests or treatment (Table 4).

For those on low or fixed incomes, even modest costs can lead to postponed care, poorer health outcomes and lower overall care satisfaction.

TABLE 3.
Older adults in Canada report longer waits for specialized care, and may rely more on informal help from family, friends and community members to manage limitations in daily activities

Topic	Proportion of older adults who reported...	Canada	International average
Wait times to see a specialist	Waiting two months or more to see a specialist*	46%	Germany: 25% [§] Switzerland: 10% [§]
	Waiting a year or more to see a specialist*	10%	Germany: 1% [§] Switzerland: 1% [§]
Mental healthcare	Being diagnosed with a mental health condition	14%	12%
	Receiving counselling or treatment, among those with a formally diagnosed mental health condition	31%	37%
	Wanting or needing treatment, among those who did not receive counselling or treatment and had a formally diagnosed mental health condition	38%	33%
Care at home	Being at least somewhat limited in their daily activities	17%	18%
	Receiving professional help [¶]	16%	14%
	Receiving informal help from family members, friends or community members [¶]	30%	24%

* This measure excludes those who did not need to see a specialist.

§ International average not calculated, as this question was only asked in three countries.

¶ Excludes those who were not at least somewhat limited in their daily activities.

Notes: The international average was calculated by adding the results from all countries and dividing by the number of countries.

The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial results).

Source: The Commonwealth Fund, 2024 International Health Policy Survey of Older Adults.

TABLE 4.
Out-of-pocket costs may be a barrier for some older adults, preventing them from accessing needed healthcare

Topic	Proportion of older adults who reported...	Canada	International average
Out-of-pocket costs	Spending at least \$500 USD out-of-pocket on healthcare services, excluding insurance premiums	40%	38%
	Having private insurance to help cover healthcare costs	45%	48%
Trade-offs due to cost	Skipping a dental visit	22%	14%
	Not filling a prescription, or taking fewer doses	6%	5%
	Skipping a recommended test or treatment	5%	5%

Notes: The international average was calculated by adding the results from all countries and dividing by the number of countries.

The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial results).

Source: The Commonwealth Fund, 2024 International Health Policy Survey of Older Adults.

Conclusions

While most older adults are satisfied with their care, the results of the 2024 Commonwealth Fund Survey of Older Adults highlight several areas where Canada could learn from international peers – particularly in increasing access to primary and specialized care services, strengthening care coordination and addressing out-of-pocket costs.

These challenges are not new, but they are becoming increasingly visible as our population ages. Addressing them through targeted policies will be essential to ensuring that older adults in Canada receive timely, person-centred care – enabling them to remain healthy and live independently at home for longer while reducing strain on our hospitals and caregivers. **HQ**

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About the authors

Rachel Latus, MSc, is a senior analyst at the Canadian Institute for Health Information (CIHI) in Ottawa, ON.

Rachel Latus can be reached by e-mail at rlatus@cihi.ca.

Ina Sugay, BSc in progress, is a student at the University of Toronto and a former co-op student at CIHI in Toronto, ON.

Xinbei Zhao, MSc, MBA, is a senior analyst at CIHI in Ottawa, ON.

Abby Thomas, MSc, is a senior analyst at CIHI in Ottawa, ON.

Yasmine Leger is a senior coordinator at CIHI in Ottawa, ON.

Winnie Chan, MPH, is a project lead at CIHI in Toronto, ON.

Xi-Kuan Chen, PhD, is a manager at CIHI in Toronto, ON.