

Home care use and unmet home care needs in Canada, 2021

Released at 8:30 a.m. Eastern time in *The Daily*, Friday, August 26, 2022

Many health and support-related care needs can be met through services delivered at home. For example, nursing care, physiotherapy, occupational or speech therapy, nutrition counselling, help with medical equipment or supplies, personal or home support such as bathing, housekeeping, meal preparation are all services that can be received at home from formal care providers. When formal home care services are provided, it can reduce the demands on families and friends as informal care providers, as well as provide benefits to the health care system and society.

There are two types of home care: home health care and support care. Home health care includes nursing care (e.g., dressing changes, preparing medications, Victorian Order of Nurses [V.O.N.] visits), other health care services (e.g., physiotherapy, occupational or speech therapy, nutrition counselling), help with medical equipment or supplies (e.g., wheelchair, pads for incontinence, help with using a ventilator or oxygen equipment) and palliative or end of life care. Home support care includes personal needs (such as bathing, housekeeping, meal preparation) and other services (such as transportation, meals on wheels).

It is important to understand which groups are using and/or needing home care services in Canada. In 2021, 6% of households (921,700 households) reported they had used formal home care during the past year and 3% (419,800 households) reported they needed home care services but did not receive it.

Home care use varies across the provinces

In 2021, among the 6% of Canadian households that reported using formal home care in the previous 12 months, almost half (48%) received only home health care, while nearly one-third (32%) received only support home care and 20% received both types of care.

Comparing home care across provinces in 2021, a higher proportion of households in New Brunswick (8%) and Nova Scotia (8%) and a lower proportion of households in Prince Edward Island (4%^E) (see the Note to readers for an explanation of the "E" symbol) and Manitoba (5%) reported that they had received home care services compared with the rest of Canada (excluding territories).

Only households in the Prairies reported less unmet home care needs (2%) compared with the rest of Canada (excluding territories). Households may have a perceived unmet need for home care services for many reasons, including lack of availability of home care services, prohibitive costs, language barriers and personal choice to not seek care.



Table 1
Formal home care received and unmet home care needs of Canadian households, by provinces, Canada, excluding the territories, 2021

	Formal home care ¹	Unmet home care needs ²
	%	
Total	6.1	2.8
Provinces/regions³		
Atlantic	7.1*	2.9
Prince Edward Island	3.9 ^E	..
Newfoundland and Labrador	6.4	..
Nova Scotia	7.6*	..
New Brunswick	7.6*	..
British Columbia	5.5	3.5
The Prairies	5.3*	2.0*
Alberta	5.3	..
Manitoba	5.0*	..
Saskatchewan	5.3	..
Ontario	6.3	3.1
Quebec	6.5	2.5

.. not available for a specific reference period

E use with caution

* significantly different from reference category (p < 0.05)

1. Formal home care includes home care services that the respondent or anyone else in the household may have received because of a health condition or a limitation in daily activities. These include services provided in their home such as nursing care, meal preparation, someone to help with bathing or housework, etc. Formal home care does not include care from family, friends and neighbours.

2. Unmet home care need is defined as households that felt there were times they needed home care but the home care services were not received.

3. Reference category is the rest of Canada (excluding territories).

Source(s): Canadian Community Health Survey, 2021 (3226).

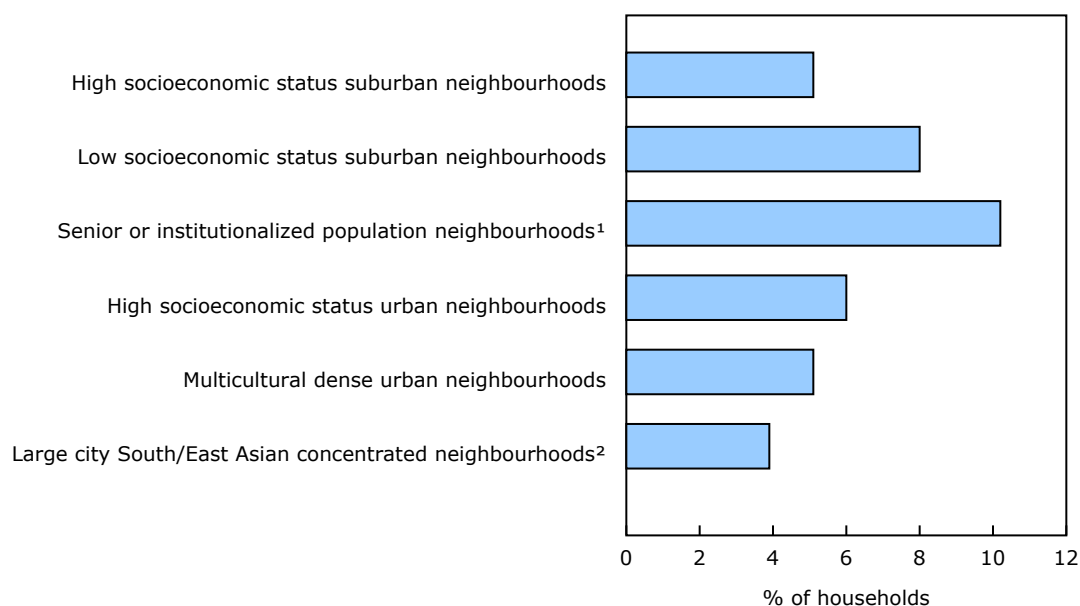
The use of home care services is higher in neighbourhoods with a larger proportion of seniors, and in low socioeconomic status suburban neighbourhoods

Statistics Canada has developed a tool called the Canadian Social Environment Typology (CanSET) to enhance the understanding of health service inequalities across Canadian neighbourhoods. Combining data from CanSET with CCHS 2021 provided the opportunity to explore home care in six different neighbourhood types that are classified based on 30 different socioeconomic, demographic and ethno-cultural characteristics. Using this approach, home care received and unmet home care needs are compared in neighbourhoods from census metropolitan areas (CMAs) and census agglomeration areas within the 10 provinces.

In 2021, a greater percentage of households in neighbourhoods where there was a higher relative proportion of people aged 65 and older living in the community received formal home care (10%). This was nearly two times higher than the other neighbourhoods which were not classified as having a high proportion of seniors (6%). Generally, there is a higher use of home care by the senior population compared with the younger population, which could be due to factors such as a higher prevalence of chronic conditions among this population.

A greater proportion of households in low socioeconomic status (SES) suburban neighbourhoods (8%) reported they had received home care compared with all other neighbourhood types in Canadian cities (5%). The cumulative effect of SES factors—including the proportion of single parent families, education level, dwelling ownership and value, unemployment and income level—may contribute to adverse health effects and, in turn, to the higher use of home care in low SES suburban neighbourhoods compared with high SES suburban neighbourhoods.

Chart 1
Formal home care received by household, by neighbourhood type, 2021



1. Data presented in this chart only represent the non-institutionalized population from these neighbourhoods.

2. Data with a coefficient of variation from 15.1% to 35.0%; use with caution.

Note(s): Neighbourhood types are based on dissemination areas within census metropolitan areas and census agglomerations. Neighbourhood types are grouped into 6 based on their similarities and differences across 30 socioeconomic, demographic and ethnocultural variables from the 2016 Census of Population.

Source(s): Canadian Community Health Survey, 2021 (3226), Canadian Social Environment Typology and Census of Population, 2016 (3901).

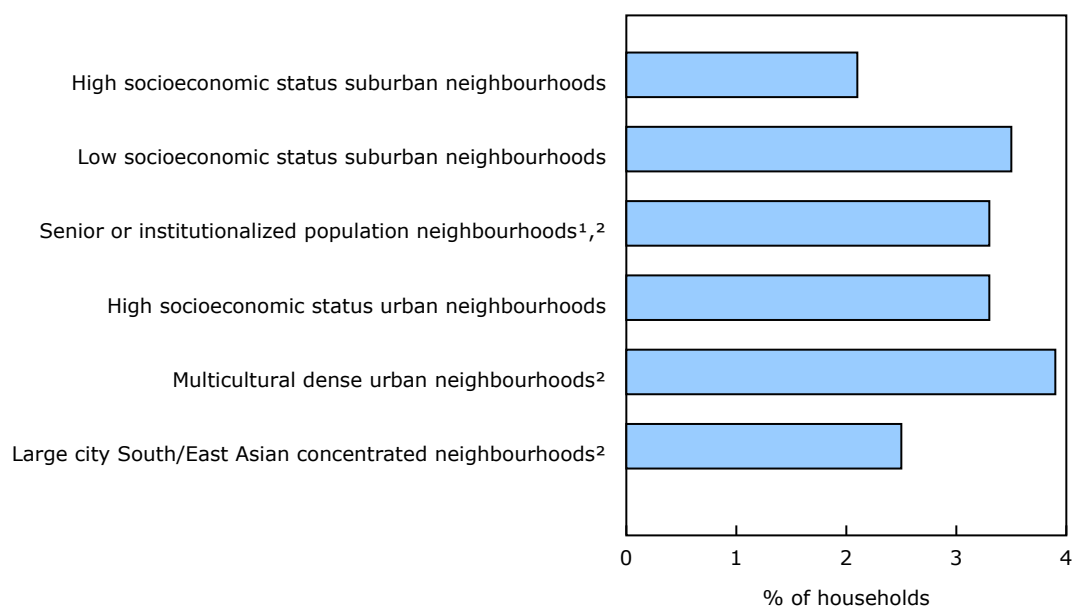
Unmet home care needs are higher among households in low socioeconomic status suburban neighbourhoods

Many Canadians want to age in their own home and community. This means that they may require health and social supports and services to safely stay in their home for as long as they are able. With an aging population, it is important to understand which populations have a greater need for home care services in Canada.

Higher unmet home care needs were reported by households in low SES suburban neighbourhoods (4%) compared with other neighbourhoods (3%) in 2021. Conversely, lower unmet home care needs were reported by households in high SES suburban neighbourhoods (2%). The higher need for services among households with lower SES could be due to several factors such as higher rates of chronic conditions or less resources available to households.

Unmet home care needs in neighbourhoods with a higher senior population were not significantly different compared with other neighbourhoods. This could be due to the higher home care received by this population or the fact that many choose long-term care or seniors' homes when home care is not available or appropriate.

Chart 2
Unmet home care needs by household, by neighbourhood type, 2021



1. Data presented in this chart only represent the non-institutionalized population from these neighbourhoods.

2. Data with a coefficient of variation from 15.1% to 35.0%; use with caution.

Note(s): Neighbourhood types are based on dissemination areas within census metropolitan areas and census agglomerations. Neighbourhood are grouped into 6 types based on their similarities and differences across 30 socioeconomic, demographic and ethnocultural variables from the 2016 Census of Population.

Source(s): Canadian Community Health Survey, 2021 (3226), Canadian Social Environment Typology and Census of Population, 2016 (3901).

Note to readers

This article features analysis based on data from the 2021 Canadian Community Health Survey (CCHS). Formal home care is defined as services that an individual or anyone else in their household may have received (excluding those from family, friends or neighbours) because of a health condition or a limitation in their daily activities in the past month. Unmet home care need is defined as households that felt there were times they needed home care but the home care services were not received. These include services provided in their own home from health care professionals, personal support workers or volunteer agencies such as nursing care.

The CCHS is an annual population health survey that provides insight into the health conditions and behaviours of the Canadian population. All estimates in this article exclude territories. Also excluded from the CCHS estimates in this article are people living in health care institutions, some remote areas, and full-time members of the Canadian Forces (living on or off military bases).

The COVID-19 pandemic has had major impacts on data collection operations for the 2020 and 2021 CCHS. The inability to conduct in-person interviews and collection capacity issues resulted in a significant decrease in response rates in 2020 and 2021. As was done for previous CCHS cycles, survey weights were adjusted to minimize any potential bias that could arise from survey non-response; non-response adjustments and calibration using available auxiliary information were applied. Despite these rigorous adjustments and validations, the higher non-response increases the risk of a remaining bias as well as increasing the magnitude with which such a bias could impact estimates produced using the survey data.

The neighbourhood types used in this analysis are defined as the set of dissemination areas (DAs) that are similar in terms of the selected characteristics (variables). A dissemination area is a small, relatively stable geographic unit composed of one or more adjacent dissemination blocks with an average population of 400 to 700 persons. This data set includes 43,144 DAs from the census metropolitan areas and the census agglomeration areas, out of 56,590 DAs in Canada. The DAs for which either short form or long form data were not released for confidentiality or data quality issues by the census were removed from this analysis. The DAs from Indian reserves were also excluded from the analysis.

Further caution should be used when interpreting the results because demographic and socioeconomic information used to generate the typology were from the 2016 Census of Population (data from the 2021 Census of Population were not available at the time of developing the Canadian Social Environment Typology), whereas the home care data were from the annual CCHS 2021. Please refer to the [Census Dictionary, 2016](#) for detailed definitions of Census of Population concepts, variables, and geographic terms, as well as historical information.

The major characteristics of each type of neighbourhood used in the analysis are outlined below:

High socioeconomic status (SES) suburban neighbourhoods: Neighbourhoods in this cluster have medium population density but higher than average number of people per household; lower than average proportion of single parent families; high proportion of households where at least one member has a university degree at bachelor's level or above; low unemployment rate and higher than average household income; higher than average proportion of people in managerial or professional occupations; high dwelling ownership rate and low proportion of households in need of major repair.

Low SES suburban neighbourhoods: Neighbourhoods in this cluster have relatively low population density; lower than average number of people per household but higher than average proportion of single parent families; very low proportion of households where at least one member has a university degree at bachelor's level or above; very low proportion of recent immigrant population but higher than average proportion of Aboriginal population; relatively high proportion of labour force in manufacturing, and sales and service occupations; relatively low median dwelling value and low adjusted family income.

Senior or institutionalized population neighbourhoods: Neighbourhoods in this cluster have very small household size; very low proportion of population 14 years of age and under, but very high proportion of elderly population aged 65 years and older; very high proportion of institutionalized population; very high proportion of low-income households; very high proportion of government transfer of payment recipients; low dwelling ownership rate; and very low adjusted family income. Data presented in this article only represent the non-institutionalized population from these neighbourhoods.

High SES urban neighbourhoods: Neighbourhoods in this cluster have very high population density and very low proportion of children 14 years of age and under; very small household size; very low proportion of labour force in manufacturing occupations but high proportion of population in professional occupations; higher than average proportion of households with a university degree; very low dwelling ownership rate and very high proportion of population spending more than 30% of income on housing costs; and higher than average dwelling value. Most of these DAs are located in the provinces of Quebec, Ontario, Alberta and British Columbia.

Multicultural dense urban neighbourhoods: Neighbourhoods in this cluster have very high population density; relatively high proportion of population 14 years of age and under; very high proportion of lone parent families and very high proportion of government transfer of payment recipients; high unemployment rate; very high proportion of immigrants and recent immigrant population; high proportion of labour force working in sales and service related occupations; very low dwelling ownership rate; and very low adjusted family income. DAs in this cluster are mostly from the provinces of Quebec, Ontario and Alberta.

Large city South/East Asian concentrated neighbourhoods: Neighbourhoods in this cluster have high population density; very large household size; very high proportion of immigrant population and very high proportion of people of South and East Asian origin; very high proportion of the population not speaking either of the official languages of Canada; and very high dwelling value. DAs in this cluster are mostly from the Montréal, Toronto, Calgary and Vancouver census metropolitan areas.

In this release, when two estimates are stated to be different, this indicates that the difference was statistically significant at a 95% confidence level (p -value less than 5%).

Superscript E is used for estimates with a coefficient of variation from 15.1% to 35.0%; use with caution.

The term "Canadians" refers to residents of Canada, regardless of citizenship status.

For more information on survey definitions and methods, refer to the Statistics Canada survey information page [Canadian Community Health Survey](#).

Available tables: [13-10-0096-01](#) and [13-10-0097-01](#).

Definitions, data sources and methods: survey number [3226](#).

For more information, or to enquire about the concepts, methods or data quality of this release, contact us (toll-free 1-800-263-1136; 514-283-8300; infostats@statcan.gc.ca) or Media Relations (statcan.mediahotline-ligneinfomedias.statcan@statcan.gc.ca).