

Health Reports, July 2025

Released at 8:30 a.m. Eastern time in *The Daily*, Wednesday, July 16, 2025

Supports and services used by older Canadians to age in the community

Most older Canadians prefer to live independently, but this can become more difficult with age if they need help with daily tasks such as personal care, home maintenance, transportation, meal preparation, etc. As Canada's senior population grows—and with the limited capacity and rising costs of long-term care—there is a greater demand for programs that help people age in their homes and communities.

Using data from the 2019/2020 Canadian Health Survey on Seniors, the article "[Aging in the community: Factors associated with home adaptations and receipt of informal care, home care, and community support services among older Canadians](#)" is the first national study to examine all four types of supports and services that assist with living in the community. These four types of supports and services are home adaptations, informal care, home care and community support service.

In 2019-2020, about one-third of 65- to 79-year-olds and two-thirds of those aged 80 years or older reported using at least one of the supports and services. Home adaptations (such as grab bars, handrails and adapted bathing facilities) were the most common, used by 25.0% of those aged 65 to 79 and over half (51.9%) of those aged 80 years or older. Use of other supports and services was lower: ranging from 5.5% to 11.6% for the younger group, and from 17.2% to 33.2% for the older group. Still, nearly two-thirds (65.4%) of people aged 65 to 79 and close to one-third (31.8%) of those 80 and over reported using none of the supports and services—possibly due to lack of need, awareness, access or affordability.

Use of supports and services was more likely among the older age group, women, people living alone, those with poorer health or those who were not driving. Racialized Canadians and immigrants were less likely to use some supports and services, such as home adaptations, home care and community services. This may reflect barriers like language, cost or lack of culturally appropriate services.

These findings can help governments and communities target programs to support older Canadians aged 65 years and older to age safely in their communities.

Staffing and spending in long-term care homes in Canada before and during the COVID-19 pandemic

The COVID-19 pandemic intensified existing issues in Canada's long-term care (LTC) sector, such as low staffing levels and high turnover rates, impacting both residents and workers in LTC homes. The study, titled "[Staffing levels and expenses in Canadian long-term care facilities by ownership status before and during the COVID-19 pandemic](#)," used data from the 2020 and 2021 Nursing and Residential Care Facilities Survey. The study revealed that public LTC homes consistently had higher staffing levels—measured as hours of care per resident per day—than non-profit and for-profit homes. Before the pandemic, residents in for-profit homes received nearly 50 fewer minutes of care per day than those in public homes. The gap narrowed slightly to 34 minutes during the pandemic: over a month, a daily loss of approximately half an hour of care equates to 15 fewer hours of care per resident.

While staffing levels generally rose during the pandemic, the increase differed by region, occupation and ownership. During the pandemic, public homes increased registered nurses (RN) hours of care per resident per day by 8% nationally and by 10% in Ontario. However, RN hours of care per resident per day declined by 10% in British Columbia among LTC homes overall. All homes, regardless of ownership, boosted staffing levels of registered practical nurses and personal support workers over the course of the pandemic.

During the pandemic, public and non-profit homes spent a greater share of their budgets on wages and benefits, while for-profit homes spent more on subcontracting. In British Columbia, the share of total expenses allocated to agency staff was 20% in for-profit homes, compared with 2.3% in public homes. Overall, the study confirms that ownership matters when it comes to staffing and spending in LTC homes. Further research is needed to understand how these differences affect resident outcomes.



These findings can support governments and LTC operators assess staffing and funding gaps, develop guidelines for future staffing standards, and inform policy decisions aimed at improving consistency and care quality across all types of LTC homes.

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The articles "[Aging in the community: Factors associated with home adaptations and receipt of informal care, home care, and community support services among older Canadians](#)" and "[Staffing levels and expenses in Canadian long-term care facilities by ownership status before and during the COVID-19 pandemic](#)" are now available in the July 2025 online issue of *Health Reports*, Vol. 36, No. 07 (**82-003-X**).

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).