

Insights on Canadian Society

Impact of the COVID-19 pandemic on Canadian seniors

by Statistics Canada

Release date: October 18, 2021



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Published by authority of the Minister responsible for Statistics Canada

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Overview of the study

This article brings together insights on the health, social and financial impacts of the COVID-19 pandemic on Canadian seniors aged 65 years and older. The results discussed are based on data from the Canadian Vital Statistics Death Database, the Canadian Community Health Survey, the Labour Force Survey, the Canadian Perspectives Survey Series, and crowdsourcing data.

- Between the end of March 2020 and mid-May 2021, seniors aged 65 and over accounted for 64% of excess deaths and for 93% of the deaths attributed to COVID-19.
- Seniors were more likely than younger Canadians to be concerned about their health and to take precautions as a result of the pandemic. They were also more willing to be vaccinated. Between September and December 2020, 83% of seniors said they were “somewhat” or “very” willing to get a COVID-19 vaccine, compared with 76% of Canadians aged 12 to 64.
- Seniors were more likely than younger Canadians to report “very good” or “excellent” mental health and less likely to report that their mental health was “somewhat” or “much” worse than before the pandemic.
- Seniors were less likely to expect the pandemic to have a “major” or “moderate” impact on their ability to meet their financial obligations.

Introduction

Although COVID-19 has affected all Canadians, seniors are particularly vulnerable to its health impacts, including a higher risk of hospitalization, health complications, and death. Since they are more likely to live alone or in an institution, public health measures limiting social interactions also put seniors at greater risk of social isolation.

A more complete understanding of how seniors fared early in the pandemic can help us ensure we meet their current and future needs. The purpose of this article is to summarize the pandemic’s health, social, and financial impacts on seniors in Canada.

Seniors accounted for the majority of excess deaths in Canada during the first 15 months of the pandemic

Between the end of March 2020 and mid-May 2021, there were over 353,000 deaths in Canada. Canadians aged 65 and older accounted for most of those deaths (80 % or 283,227).¹

The number of deaths in this period exceeded the expected number, which is referred to as “excess mortality.” It is important to note that excess mortality includes not only deaths attributable to the disease itself, but also deaths resulting from both the direct and indirect consequences of the pandemic, like delayed medical procedures.

Over the first 15 months of the pandemic, seniors aged 65 and older accounted for 64% of excess deaths (or 12,654) and for 93% (or 21,430) of the deaths attributed to COVID-19 (Table 1).²

In these 15 months, Canada experienced significant excess mortality during two distinct periods: the first in the spring of 2020 (from the onset of the pandemic at the end of March to early June 2020), and the second from the fall of 2020 to the winter of 2021 (from end of September 2020 through to the end of January 2021).

In the first period (spring 2020), 8,625 more lives were lost than expected. This closely aligned with the 8,525 deaths attributed directly to COVID-19

over the same period. Seniors were more likely to be affected, with those aged 65 and older accounting for 85% (7,296) of the excess deaths and 94% of deaths directly attributable to COVID-19 itself.

During the second period of excess mortality, from September 2020 to the end of January 2021, there were another 10,240 excess deaths and 9,540 deaths caused by COVID-19. As in the previous period, Canadians aged 65 and older accounted for the majority of each (75% of excess deaths and 94% of COVID-19 deaths).

Another study using multiple cause of death data from the first part of the pandemic suggested people with pre-existing chronic conditions or compromised

Table 1
Estimated numbers and percentages of expected, excess and total deaths and number of COVID-19 deaths, by age group and period, Canada, March 28, 2020 to May 15, 2021

Weeks ending:	Expected deaths		Excess deaths		Total deaths		COVID-19 deaths	
	estimated number	percent	estimated number	percent	estimated number	percent	estimated number	percent
March 28, 2020 to May 15, 2021								
0 to 44 years	15,749	4.7	3,110	15.6	18,868	5.3	165	0.7
45 to 64 years	47,182	14.2	4,120	20.7	51,330	14.5	1,470	6.4
65 to 84 years	145,534	43.7	7,264	36.5	152,885	43.3	9,430	40.9
85 years and older	124,876	37.5	5,390	27.1	130,342	36.9	12,000	52.0
Periods 1 to 4 total	333,341	100.0	19,884	100.0	353,425	100.0	23,065	100.0
March 28, 2020 to June 6, 2020								
0 to 44 years	2,903	4.8	404	4.7	3,307	4.8	40	0.5
45 to 64 years	8,620	14.2	925	10.7	9,545	13.8	455	5.3
65 to 84 years	26,312	43.5	3,044	35.3	29,356	42.4	3,300	38.7
85 years and older	22,701	37.5	4,252	49.3	26,953	39.0	4,730	55.5
Period 1 total	60,536	100.0	8,625	100.0	69,161	100.0	8,525	100.0
June 13, 2020 to September 19, 2020								
0 to 44 years	3,977	5.2	1,029	36.5	5,006	6.3	5	0.5
45 to 64 years	11,515	15.0	1,035	36.7	12,550	15.7	80	8.6
65 to 84 years	33,693	43.8	958	34.0	34,651	43.4	390	42.2
85 years and older	27,818	36.1	-204	-7.2	27,614	34.6	450	48.6
Period 2 total	77,003	100.0	2,818	100.0	79,821	100.0	925	100.0
September 26, 2020 to January 23, 2021								
0 to 44 years	4,646	4.5	1,045	10.2	5,691	5.0	60	0.6
45 to 64 years	14,257	13.9	1,505	14.7	15,762	14.0	500	5.2
65 to 84 years	44,752	43.7	3,596	35.1	48,348	42.9	3,785	39.7
85 years and older	38,845	37.9	4,094	40.0	42,939	38.1	5,195	54.5
Period 3 total	102,500	100.0	10,240	100.0	112,740	100.0	9,540	100.0
January 30, 2021 to May 15, 2021								
0 to 44 years	4,223	4.5	632	-35.1	4,855	5.3	60	1.5
45 to 64 years	12,790	13.7	655	-36.4	13,445	14.7	435	10.7
65 to 84 years	40,777	43.7	-334	18.6	40,443	44.2	1,955	48.0
85 years and older	35,512	38.1	-2,752	153.0	32,760	35.8	1,625	39.9
Period 4 total	93,302	100.0	-1,799	100.0	91,503	100.0	4,075	100.0

Note: Some age-specific estimates may differ from some all-ages estimates published elsewhere depending on whether the model was fitted using age groups or not.

Source: Canadian Vital Statistics Death Database, provisional data released August 9, 2021

immune systems were at higher risk of dying from COVID-19 and that seniors, especially those over age 80, were particularly vulnerable.³

The impact of COVID-19 on Canada's senior population has changed since the beginning of 2021. According to provisional data, from the end of January 2021 to mid-May 2021, persons aged 65 and older were no longer experiencing excess mortality. In fact, the situation has reversed, with those aged 65 and older accounting for fewer deaths than might normally be expected before COVID-19. This may be due to various factors such as high rates of vaccination, which began in December of 2020 for those aged 80 and older, decreases in other illnesses (e.g., influenza) or fewer injuries and accidents. It may also be that those who were most vulnerable to the virus had already died earlier in the pandemic.

Seniors more likely to be concerned about their health and more likely to take precautions

For Canadian seniors, the first few months of the pandemic, when little was known about the SARS-CoV-2 virus that causes COVID-19, were particularly stressful. For example, 46% of those aged 65 and older reported being “very” or “extremely” concerned about their own health during the spring (March and April) of 2020 (Chart 1).⁴ This was higher than the percentage reported by some younger age groups (26% among 15- to 34-year-olds and 36% among 35- to 49-year-olds). Maintaining social ties was also a concern for both seniors and non-seniors, with about one-third (32% to 36%) of each age group reporting being “very” or “extremely” concerned about doing so.

Comparisons to data collected in July 2020 suggest that concern for both one's own health and maintaining social ties tended to decline with time, particularly among those aged 50 and older.⁵ Several factors may account for these changes, including a reduction of COVID-19 case counts during the summer of 2020 and adjustment to life under COVID-19.

Perhaps out of greater concern about their health, in April 2020, seniors took more precautions and made more changes to their habits as a result of the pandemic. For example, they were more likely than younger crowdsourcing participants aged 15 to 64 to report not going to a grocery store or a drugstore

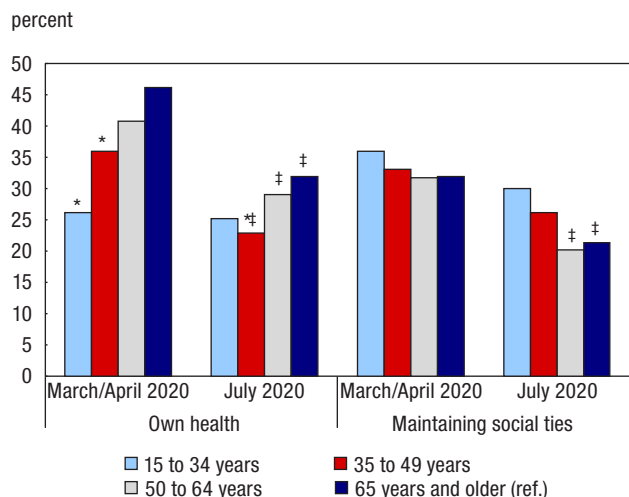
(34% vs 22%).⁶ They were also more likely to use delivery services to get their groceries or medication (26% vs. 19%).

Seniors continued to maintain precautions even after public-health restrictions were eased, several months after lockdown during the first wave of the pandemic. By June 2020, seniors were more likely than 15- to 64-year-olds to wear masks in public spaces (77% vs. 62%), avoid crowds and large gatherings (91% vs. 81%) and keep their distance from others (86% vs. 79%).⁷

By the fall of 2020 (September to December), more than four-fifths (83%) of Canadians aged 65 and older said they were “somewhat” or “very” willing to get the COVID-19 vaccine, compared to three-quarters (76%) of Canadians aged 12 to 64.⁸

Seniors were also more willing to use a contact-tracing application than younger Canadians, even though some likely had more limited access to digital technologies like smartphones. In June 2020, 33% of seniors

Chart 1
Percentage of Canadians who were “very” or “extremely” concerned about own health and maintaining social ties, by age group and month, Canada excluding territories, 2020



* significantly different from reference category ($p < 0.05$)

‡ significantly different from corresponding estimate for March/April 2020 ($p < 0.05$)

Note: Statistical significance was determined by assessing whether the 95% confidence intervals overlapped. Non-overlapping confidence intervals were deemed to be statistically significant.

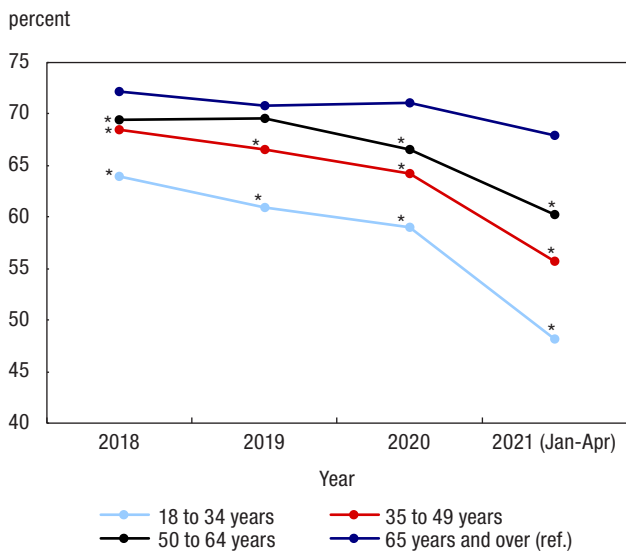
Source: Statistics Canada, Canadian Perspectives Survey Series, March/April 2020 and July 2020.

reported they would be “very likely” to use a contact-tracing application, compared to 16% of Canadians aged 15 to 24.⁹

In early 2021, 7 in 10 seniors reported very good or excellent mental health

Although seniors were at the greatest risk of developing severe complications from COVID-19, in addition to their higher risk of death, their mental health generally remained better than that of younger Canadians. From January to April 2021, when much of the country was experiencing a third wave of COVID-19, 69% of Canadians aged 65 and older reported “very good” or “excellent” mental health (Chart 2).¹⁰ The comparable proportions for those aged 18 to 34, 35 to 49, and 50 to 64 were 51%, 59%, and 63%, respectively; this reflects the well-established pattern of older adults having greater resiliency to stress.¹¹

Chart 2
Percentage of Canadians aged 18 and older reporting "very good" or "excellent" mental health, by age group and year, Canada excluding territories, 2018 to 2021



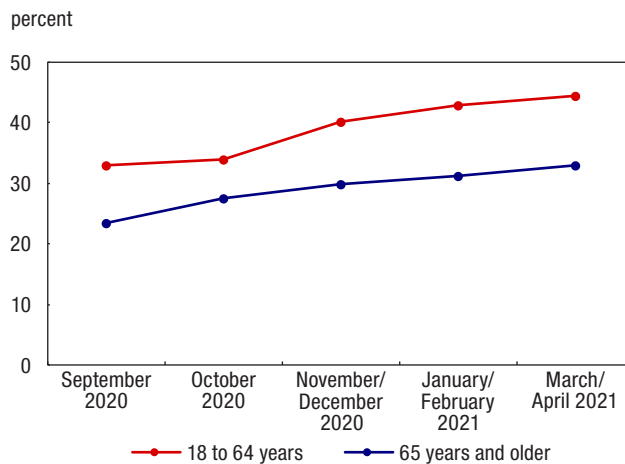
* significantly different from reference category (p<0.05)
Notes: Data for 2021 January to April is based on the pooling of two separate 2-month collection periods.
 All estimates pertaining to 2018 to 2020 are significantly higher than the corresponding estimates from 2021 (p<0.05).
 Statistical significance was determined by assessing whether the 95% confidence intervals overlapped. Non-overlapping confidence intervals were deemed to be statistically significant.
Source: Statistics Canada, Canadian Community Health Survey, 2018 to 2020 and provisional 2021 (January to April).

The prevalence of positive screens for major depressive disorder, generalized anxiety disorder, and probable post-traumatic stress disorder was the lowest among seniors, as well. For example, between September 2020 and December 2020, 11% of seniors screened positive for at least one disorder, compared with 33%, 25%, and 18% of those aged 18 to 24, 25 to 44, and 45 to 64, respectively.¹² Respondents were not asked to report their symptoms in specific relation to the COVID-19 pandemic; as such, any reported symptoms may have been present before the beginning of the pandemic.

Furthermore, in March and April 2021, 33% of seniors reported that their mental health was “somewhat” or “much” worse than before the pandemic, compared with 45% of individuals 18 to 64 years of age (Chart 3).¹³

While seniors tend to report their mental health more positively than younger people, this does not mean that older Canadians’ mental health has not been affected by the pandemic. Other data on changes in mental health over the course of the pandemic suggest that mental health of both younger (18 to 64) and older (65 and older) Canadians has gotten worse. For example, the percentage of seniors aged 65 and older reporting that their mental-health status

Chart 3
Percentage of Canadians reporting their mental health to be "somewhat" or "much" worse compared to before the pandemic, by age group and month, Canada, September 2020 to March/April 2021



Source: Statistics Canada, Canadian Community Health Survey, 2020 and 2021.

was “somewhat” or “much” worse than before the pandemic has been increasing steadily over the course of the pandemic from 24% in September 2020 to 33% in March and April 2021.¹⁴ This trend was also observed among younger Canadians, although they remained more likely than seniors to report that their mental health was worse than before the pandemic.

Seniors less likely to expect that the pandemic will have an adverse effect on their finances

Because most seniors in Canada are retired,¹⁵ they rely less on employment income and more on other sources, including government and private pensions. For example, in 2019, 29% of the total income of seniors consisted of income from employment compared to 85% for those under age 65.¹⁶ Unsurprisingly, seniors reported that the pandemic impacted their finances less dramatically than Canadians in other age groups. For example, while 14% of seniors reported in May 2020 that the pandemic would have a “moderate” or “major” impact on their ability to meet financial obligations or essential needs, such as rent, mortgage payments, groceries, or utilities, this was lower than the 25% or more reported by younger age groups.¹⁷

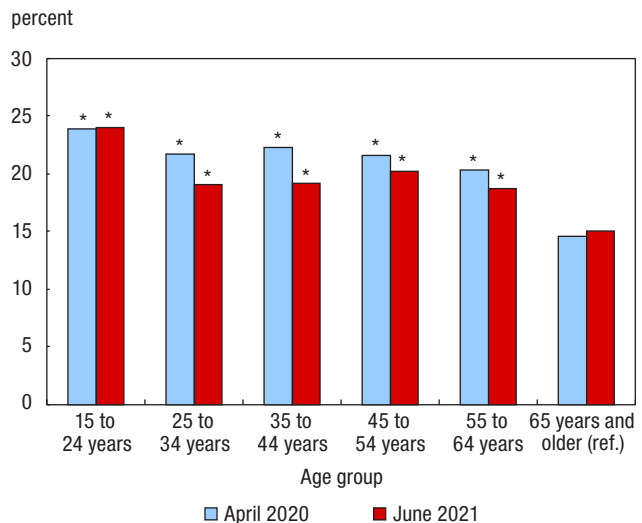
Moreover, older Canadians remained, between April 2020 and June 2021, less likely than younger Canadians to live in households that reported it was “difficult” or “very difficult” to meet basic household financial commitments (Chart 4).¹⁸

Other data from May 2020 also show the differential financial impacts of the pandemic across generations.

Conclusion

This article provided a summary of the health, social, and financial impacts of the pandemic on seniors in Canada. Seniors have experienced a greater share of both excess deaths and COVID-19-caused deaths as compared to younger age groups. They were also more likely to be concerned about their health and to take precautions. Despite this, they were more likely to report “very good” or “excellent” mental health. They were also less likely to live in households that reported difficulty in meeting basic household financial commitments.

Chart 4
Percentage of people living in households that reported it was “difficult” or “very difficult” to meet basic household financial commitments in the last 4 weeks, Canada, April 2020 and June 2021



* significantly different from reference category ($p < 0.05$)

Notes: Statistical significance was determined by assessing whether the 95% confidence intervals overlapped. Non-overlapping intervals were deemed to be statistically significant.

Basic household financial commitments such as: rent or mortgage payments, groceries, utilities.

Source: Statistics Canada, Labour Force Survey Supplement, April 2020 and June 2021.

The information needed to fully assess the pandemic’s impact on the income and finances of seniors is not yet available. However, this issue could be examined in greater depth using 2021 Census data, which would also allow results to be disaggregated according to different subpopulations of seniors, such as by country of birth, gender, mother tongue, region (province), and Indigenous identity. More generally, the 2021 Census will show how the pandemic has profoundly altered population growth, sources of income, commuting patterns and many other aspects of our lives. Finally, other Statistics Canada sources of information such as the Canadian Community Health Survey, Cancer Statistics and Vital Statistics (deaths) will help us better understand the longer-term physical and mental health consequences of the pandemic on Canadians seniors.

Notes

1. Statistics Canada (2021a).
2. There are a number of ways to measure excess mortality. The method chosen by Statistics Canada (Statistics Canada, 2020a) has been used for mortality surveillance in recent years and has been adopted by several other countries. A 2021 report from the Royal Society (RSC) (Moriarty, et al. 2021) suggests that the direct consequences of the pandemic on COVID-19-related mortality in Canada may be greater than the figures released by Statistics Canada. While the RSC Report acknowledges this difference, it also recognizes that the age-adjusted excess death estimation method employed by Statistics Canada is a conventional and useful approach for determining how many people died during the COVID-19 pandemic.
3. O'Brien K et al. (2020).
4. Based on data from the Statistics Canada [Canadian Perspectives Survey Series 1](https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=5311) (https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=5311).
5. Based on data from the Statistics Canada [Canadian Perspectives Survey Series 4](https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=5311) (https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=5311).
6. Statistics Canada (2020b).
7. Statistics Canada (2020c).
8. Statistics Canada (2021b).
9. Aitken, Turcotte and Yang (2020).
10. Based on data from the Statistics Canada [Canadian Community Health Survey – Annual Component](https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getInstanceList&Id=1314175) (https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getInstanceList&Id=1314175).
11. Vahia, Jeste, and Reynolds (2020).
12. Statistics Canada (2021c).
13. Statistics Canada, [Table No. 13-10-0806-01](https://www150.statcan.gc.ca/t1/tb1/en/cv.action?pid=1310080601) (https://www150.statcan.gc.ca/t1/tb1/en/cv.action?pid=1310080601).
14. Ibid.
15. Hazel (2018).
16. Based on data from Statistics Canada [Table no. 11-10-0053-01](https://www150.statcan.gc.ca/t1/tb1/en/tv.action?pid=1110005301) (https://www150.statcan.gc.ca/t1/tb1/en/tv.action?pid=1110005301).
17. Based on data from the Statistics Canada [Canadian Perspectives Survey Series 2](https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=5311) (https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=5311).
18. Based on data from the Statistics Canada Labour Force Survey Supplement, May 2021.

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Statistics Canada. [Table 17-10-0005-01 Population estimates on July 1st, by age and sex.](#)

Statistics Canada. [Table 17-10-0057-01 Projected population, by projection scenario, age and sex, as of July 1 \(x 1,000\).](#)

Statistics Canada. [Table 13-10-0806-01 Canadians health and COVID-19, by age and gender.](#)

Statistics Canada. [Table 13-10-0096-01 Health characteristics, annual estimates.](#)

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