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International
Federation on
Ageing

Access to Primary Care

Brief on Older Adults in Canada

NOVEMBER 2025

BY

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The Issues

Five years after COVID-19 began, its disruptions to primary care for Canadian older adults remain clear. Continuity and coordination of care are still strained, and inequities persist among the most vulnerable groups, including older adults and those with underlying chronic conditions. Older adults in this study reported widespread delays in care; while social impacts eased after distancing policies ended, emotional well-being, physical activity, and quality of life remain strongly affected. Restoring service volumes alone will not repair the pandemic's long-term effects.



Future efforts must address equity by identifying who is still left behind and what matters most to older adults with multiple chronic conditions, evaluate how digital tools and new models of care affect access and outcomes for those at risk of missing timely care, and reverse the decline in family physician attachment by prioritizing policies that strengthen and sustain long-term patient–provider relationships as the foundation of equitable, continuous care.

32.3%

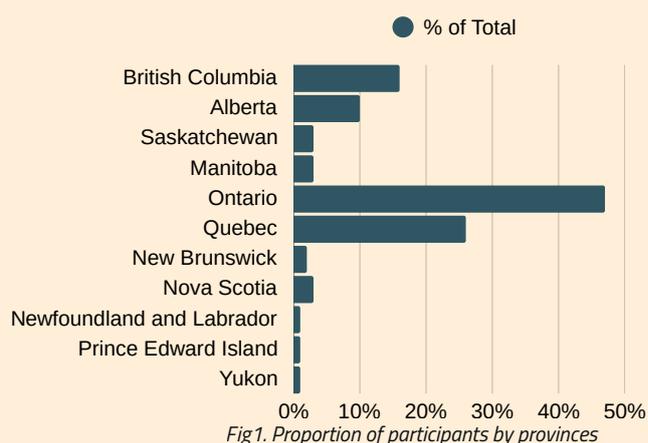
Canada's aging population is growing rapidly, with older adults projected to rise from 18.9% of the population in 2023 to as high as 32.3% (about 20 millions) by 2073. This demographic shift will place significant pressure on the healthcare system—especially primary care, which is essential for managing chronic conditions, supporting healthy aging, and ensuring continuity of care. Understanding how access to primary care evolves for this group is critical to building a resilient, equitable healthcare system for the future.

Methods: Research Approach and Data Collection

To evaluate how older adults in Canada access primary care, we conducted a nationwide survey of older adult patients. The survey collected data on both the availability of primary care services and individuals' experiences in using these services, spanning from before COVID-19 (2015), through the pandemic's emergency phase, and up to the present day (2024).



Our survey reached Canadians aged **65 and older** across every region, capturing both **urban and rural** voices. Conducted in early **2025**, it explored how older adults experienced **primary care** before, during, and after the emergency phase of the COVID-19 pandemic. We also gathered key details such as **income, education, and language used at home** to better understand how these factors shape access. This approach painted a vivid picture of changing care and highlights where improvements were most needed.



Characteristic	Unmet Healthcare Needs (%)
Income Below Poverty Level	25%
Rural Residence	18%
Presence of Disability	22%

Table 1. Baseline characteristics of the cohort

Findings: Key Statistics and Insights

Visit Frequency and Forms of Care

Before the pandemic, only 5% of respondents indicated that they required care but had no visits to their primary care providers (PCPs), compared to 15% during COVID. Post-pandemic, this dropped back to 6%. Virtual care rose sharply during COVID (40%) but declined to 7% afterward, with hybrid models becoming more common.

Wait time and Cancellations

Longer wait times (>1 week) increased during and after COVID, with more respondents waiting over a month for appointments. Cancellations rose during COVID but returned to near pre-pandemic levels. PCP attachment reduced the likelihood of cancellations.

Difficulties in Access

Referral delays, lack of available services, and financial barriers were the most reported challenges. Rural respondents and those with poorer health were more likely to experience difficulties, while PCP attachment reduced them.

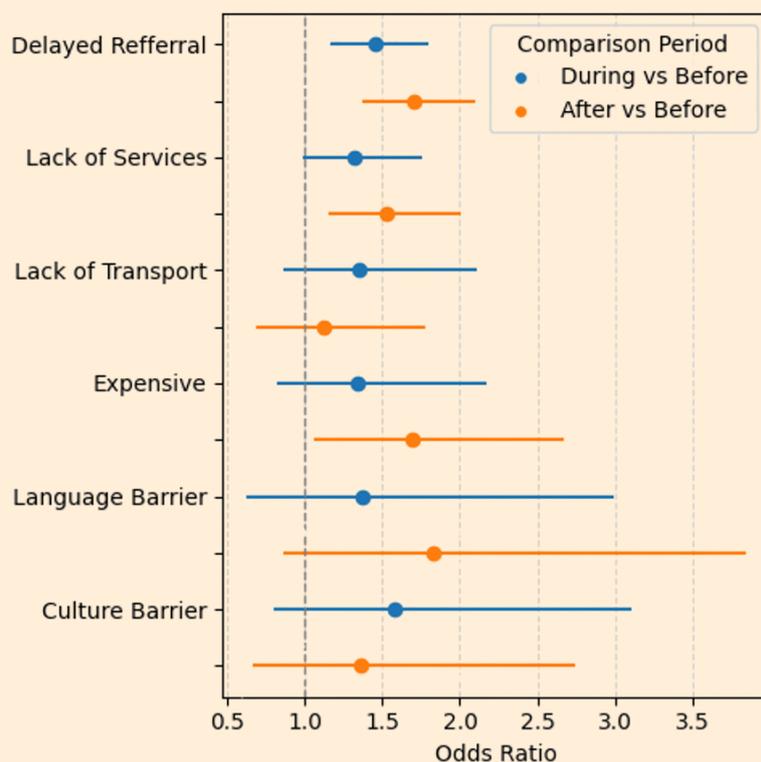


Fig2. Difficulties in access to primary care among older adults, 2015-2024

Impact of Delayed Access

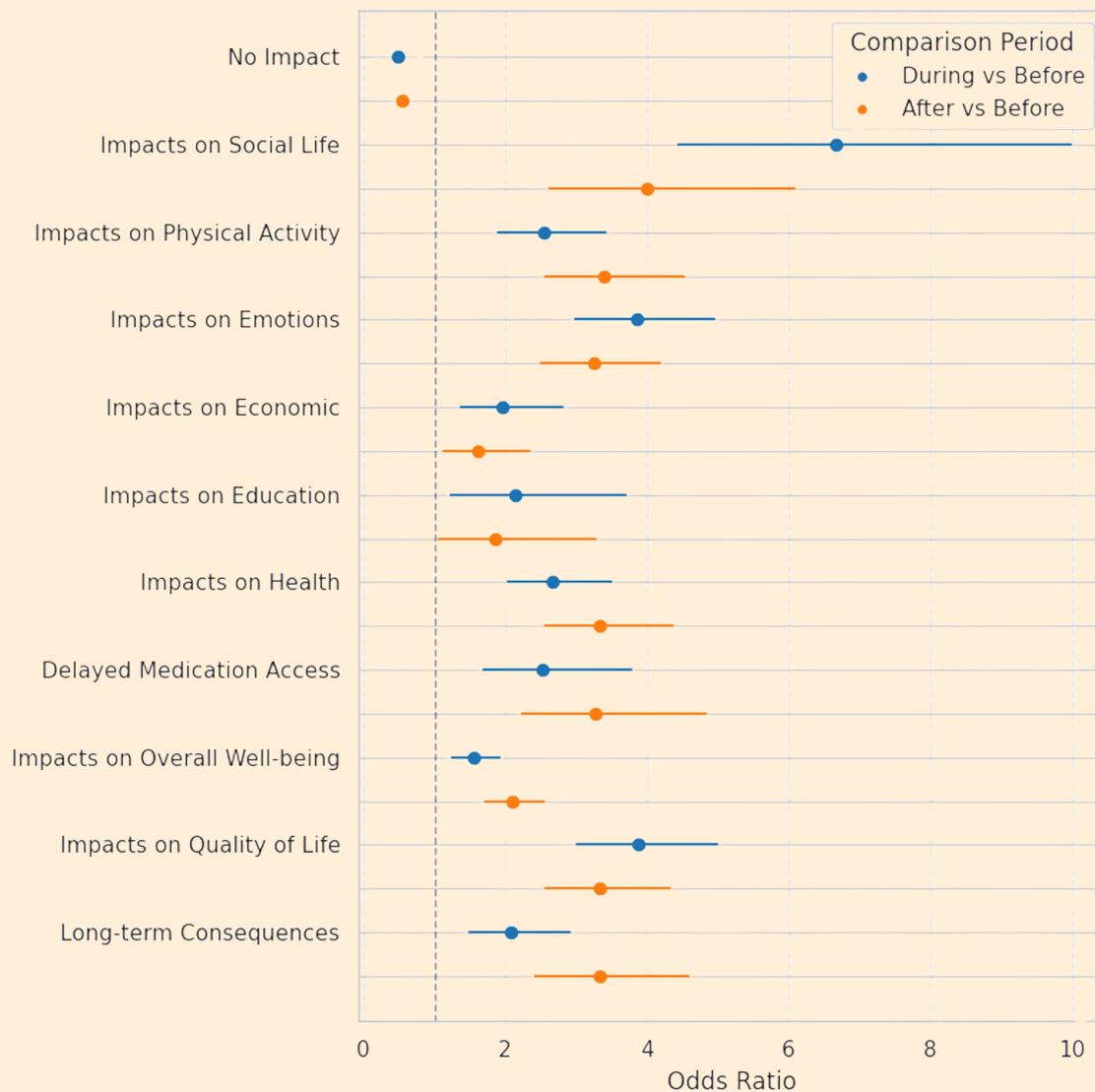


Fig3. Impacts of delayed primary care access among Canadian older adults, 2015-2024: trends over time

Over five years since the onset of COVID-19, its disruptions to primary care access for Canadian older adults remain evident. Continuity and coordination of care are still strained, with inequities affecting the most vulnerable groups. Ensuring FP attachment is a cornerstone of resilient and equitable primary care, especially as hybrid care models expand. Older adults in our cohort reported universal impacts of delayed care. While social impacts largely resolved after the lifting of distancing policies, other domains—emotional well-being, physical activity, and quality of life—remain strongly affected.

Recommendations: Improving Access to Care

Restoring service volumes is not sufficient to address the long-term effects of the pandemic. Efforts must focus on:

1. Equity in delivery: Understanding who continues to be left behind and what matters most to older adults with multiple chronic conditions.
2. Innovation & technology: Examining how digital tools and new models of care affect access and outcomes, particularly for those with complex health needs who risk missing timely care.
3. Family physician (FP) attachment: Reversing the declining trend in FP attachment by prioritizing policies that strengthen and sustain long-term patient–provider relationships as a cornerstone of equitable, continuous care.



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