Catalogue no. 89-654-X2025005
ISBN 978-0-660-77559-3

Reports on Disability and Accessibility in Canada

Factors associated with unmet needs for disability supports, 2022

by Carrly McDiarmid

Release date: July 9, 2025

Statistics Canada Statistique Canada

Canada

How to obtain more information

For information about this product or the wide range of services and data available from Statistics Canada, visit our website, www.statcan.gc.ca.

You can also contact us by

Email at infostats@statcan.gc.ca

Telephone, from Monday to Friday, 8:30 a.m. to 4:30 p.m., at the following numbers:

- Statistical Information Service 1-800-263-1136
- National telecommunications device for the hearing impaired 1-800-363-7629
- Fax line 1-514-283-9350

Standards of service to the public

Statistics Canada is committed to serving its clients in a prompt, reliable and courteous manner. To this end, the Agency has developed standards of service which its employees observe in serving its clients. To obtain a copy of these service standards, please contact Statistics Canada toll-free at 1-800-263-1136. The service standards are also published on www.statcan.gc.ca under "Contact us" > "Standards of service to the public".

Note of appreciation

Canada owes the success of its statistical system to a long-standing partnership between Statistics Canada, the citizens of Canada, its businesses, governments and other institutions. Accurate and timely statistical information could not be produced without their continued co-operation and goodwill.

Published by authority of the Minister responsible for Statistics Canada

An HTML version is also available.

Cette publication est aussi disponible en français.

Table of contents

Factors associated with unmet needs for disability supports, 2022

Overview of the study

This paper uses the 2022 Canadian Survey on Disability (CSD) to explore the unmet needs of persons with disabilities for different types of disability supports. The following types of support are examined: health care services, prescription medication, assistive aids or devices and help with everyday activities. It takes a look at how each area of unmet need varies by different characteristics, such as, age, gender, income, or severity of disability.

- The rate of unmet needs among persons with disabilities varied by type of support: 13.5% for prescription medication, 22.7% for assistive aids or devices, 32.7% for help with everyday activities and 45.7% for health care services
- Severity of disability and encountering barriers to accessibility were significant predictors of having unmet needs in each area of support
- Other common predictors across areas of support included age and gender
- Individuals with fluctuating, recurrent or progressive limitations had higher odds of experiencing unmet needs for health care services and for help with everyday activities
- Negative self-rated health status was associated with unmet needs for health care services, medication and help with everyday activities
- Persons with disabilities who considered themselves housebound had higher odds of having unmet needs for health care services and help with everyday activities
- Loneliness was associated with increased odds of having unmet needs for health care services, medication and help with everyday activities

Introduction

Access to different programs, services and supports can play a key role in the lives of the nearly 8 million persons with disabilities in Canada. Persons with disabilities often require more services and supports than persons without disabilities, but many also report higher rates of unmet needs for various types of support (Casey, 2015; McColl et al., 2010). Previous studies have consistently shown that unmet needs for different types of support are associated with poorer scores on various quality of life measures (Chong et al., 2021; Ju et al., 2017). Some of the main areas where persons with disabilities require services and support include access to health care services, medication, assistive aids or devices and help with everyday activities.

Research has shown that many Canadians have unmet needs for health care services, including mental health care and home care, due to barriers related to availability, accessibility or acceptability of the services required (Gilmour, 2018; Sanmartin et al., 2002). Persons with disabilities are more likely to report unmet health care needs, compared with their counterparts without disabilities and characteristics such as, gender, age, and income, as well as having multiple conditions and higher assistance needs with daily activities, are associated with these unmet needs (McColl et al., 2010; Reichard et al., 2017). Perceived severity of disability is also an important factor, where research indicates that those who consider their disability as more serious expressed lower satisfaction with their health-related support than those who considered their disability as relatively minor (Blažeka Kokorić et al., 2012).

Use of prescription medication is more common among persons with disabilities or chronic conditions (Peklar et al., 2017; Rotermann et al., 2014). Cost-related issues have been linked to not refilling or delaying refilling a prescription, as well as skipping doses or taking less medication to ensure it lasted longer (Heidari et al., 2019). In 2021, almost 10% of Canadians who took prescribed medication reported cost-related non-adherence[1], with a higher proportion of those without insurance coverage reporting this situation (Cortes & Smith, 2022). Non-adherence behaviours among persons with disabilities have been linked to poorer health outcomes and to negative impacts on quality of life (Jensen & Li, 2012; Tamblyn et al., 2001). Medication adherence can be impacted by factors such as age, household income, employment status and having help with medication (Gupta et al., 2018; Huang et al., 2019).

1. Cost-related medication non-adherence refers to the population who delayed or did not fill a prescription, or reduced or skipped doses of medication because of cost, in the past year.

Assistive aids or devices can help persons with disabilities independently perform tasks and participate in daily activities and it is estimated that by 2050 the need for them will reach 3.5 billion people globally (WHO, 2022). However, many individuals report unmet needs for the aids and devices they require (WHO, 2018). Research has shown that the use of assistive devices leads to better rated functional performance, quality of life scores, and wellbeing (Ali et al., 2020; Hammel et al., 2002). Among persons with disabilities, a variety of barriers leading to unmet needs for aids or devices have been highlighted, including affordability, lack of support or information, or lack of availability (Mishra et al., 2024; WHO & UNICEF, 2022).

Formal and informal networks can play an important role in the daily lives of persons with disabilities in terms of providing help with everyday activities. In 2018, 25% of Canadians reported providing help or care for family or friends with a long-term condition, disability or challenges associated with aging (Arriagada, 2020). Informal support networks, such as support from family and friends, or more formal support from service providers, have been identified as facilitators for a variety of daily activities for persons with disabilities (Hammel et al, 2015; Heeb et al., 2022). This care and social support can impact various aspects of quality of life, as increased social support has been associated with higher perceived mental health status (Krokavcova et al., 2008) and some research points to a connection to physical functioning (Miller & Chan, 2008) as well as improved health outcomes (Chong et al., 2021).

A variety of individual and environmental factors can contribute to the requirements for and ability to access different services and supports. Gaining a better understanding of the profile of those with unmet needs and the factors associated with these unmet needs may inform service planning and interventions to ultimately allow for greater participation for persons with disabilities.

Given that health care services, prescription medication, assistive aids or devices and help with everyday activities are a diverse set of supports, a closer look at the dynamics surrounding each type of support is an important next step to better understand the impact of unmet needs on persons with disabilities.. The main objective of the current study is to examine each of the four support areas separately. It examines prevalence rates of unmet need in each area and then investigates the association of certain demographic, socioeconomic and disability or accessibility-related characteristics on each type of unmet need.

Data and Methods

Data source

The Canadian Survey on Disability

This study used data from the 2022 Canadian Survey on Disability (CSD), a national survey of Canadians aged 15 and over whose everyday activities are limited because of a long-term condition or health-related problem. The CSD provides comprehensive data on persons with disabilities for each province and territory. The survey also collects essential information on disability types and severity, supports for persons with disabilities, their employment profiles, income, education and other disability-specific information.

The survey population for the 2022 CSD was comprised of Canadians aged 15 years and over as of the date of the 2021 Census of the Population (May 2021) who were living in private dwellings. It excludes those living in institutions, on Canadian Armed Forces bases, on First Nations reserves, and those living in collective dwellings.[2] As the institutionalized population is excluded, the data, particularly for the older age groups, should be interpreted accordingly.

The CSD uses Disability Screening Questions (DSQ) which are based on the social model of disability (Grondin, 2016). They require that a limitation in daily activities be reported for the identification of a disability—the presence of a difficulty alone is not sufficient. To identify persons with a disability, the DSQ first measure the degree to which difficulties are experienced across various domains of functioning and then ask how often daily activities are limited by these difficulties. Only persons who report a limitation in their day-to-day activities are identified as having a

2. Collective dwellings include hospitals, residences for seniors, residential care facilities such as group homes for persons with a disability or an addiction, shelters, correctional and custodial facilities, lodging and rooming houses, religious establishments, Hutterite colonies, establishments offering temporary accommodation services, and other establishments. Please see Dictionary, Census of Population, 2021 – Collective dwelling for more information.

disability. The CSD definition of disability includes anyone who reported being "sometimes", "often" or "always" limited in their daily activities due to a long-term condition or health problem, as well as anyone who reported being "rarely" limited if they were also unable to do certain tasks or could only do them with a lot of difficulty.

Measures

Health care services

To determine the level of needs met for health care services, respondents were asked a series of questions about whether they received, needed more of, or needed but did not receive a variety of different types of therapies or services because of their condition. This included the following therapies or services: physiotherapy, massage therapy or chiropractic treatments; speech therapy; occupational therapy; counselling services from a psychologist, psychiatrist, psychotherapist or social worker; support group services, drop-in center services or telephone information or support lines; life sustaining therapies or specialized medical care; addiction services; life skills program or services; naturopathic, homeopathic or osteopathic treatments; acupuncture; nutrition or dietary services; specialized vision care from an ophthalmologist optometrist or optician; or other therapy or service. For the purposes of this report, those who indicated that they needed a therapy or service and did not receive it or those who indicated they needed to receive more of a required therapy or service were defined as having an "unmet need".

Prescription medication

To assess unmet needs for prescription medications, respondents were asked if they were ever unable to purchase required medication or took their medication less often because of cost, within the last 12 months. For the purposes of this report, those who said "yes" to one or both of these questions were defined as having an "unmet need". It is important to note that this need area asked respondents specifically about cost as the reason for each behaviour within the question, whereas the other need areas examined in this report did not specify the reason within the questions but instead had follow up questions on reasons, with cost as one of many reasons.

Assistive aids or devices

An aid or assistive device is any device or tool designed or adapted to help a person perform a particular task or activity. The CSD asked a number of questions regarding needs for various personal aids, devices or technologies (e.g., canes, recording or note taking equipment, large print materials, specialized software, or architectural features in the home such as widened doorways and ramps).[3] The questions were asked for specific disability types, with a module for seeing aids, hearing aids, physical aids (includes mobility, dexterity, flexibility) and cognitive aids (includes developmental and learning), as well as one module that was asked of all disability types. In each module, respondents were asked if there were any aids that they needed and did not have, and subsequently to identify the type of aid that they needed but did not have. For the purposes of this report, those who indicated that there was at least one type of aid or device that they needed but did not have were defined as having an "unmet need".

Help with everyday activities

To measure needs for help with activities of daily living, respondents were asked if, because of their condition, they received help, required help but did not receive it or needed more help with different types of everyday activities. The following activities were covered: preparing meals, everyday housework, heavy household chores, getting to appointments or running errands, looking after personal finances, personal care, basic medical care at home, moving around inside their residence or other type of help. This includes help received from family, friends, neighbours and organizations, whether paid or unpaid. For the purposes of this report, those who indicated that they needed a type of help and did not receive it or those who indicated they needed to receive more of a type of help were defined as having an "unmet need".

3. For more information on the complete list of assistive aids or devices, please see the 2022 CSD questionnaire.

Covariates

Demographics: Age was categorized into four groups: 15 to 24 years, 25 to 44 years, 45 to 64 years and 65 years and over. For gender, a two-category gender variable was used to protect the confidentiality of non-binary persons, given the relatively small size of this population in Canada. More specifically, non-binary persons have been redistributed into the "men" and "women" categories, denoted as "men+" and "women+".[4] Using questions on sex at birth, gender identity and sexual orientation, the 2SLGBTQ+ variable includes those who reported being lesbian, gay, bisexual, pansexual or another sexual orientation that is not heterosexual (LGB+), as well as non-binary persons and transgender women and men.[5]

Household living arrangement was classified as follows: no spouse, no children[6]; with spouse, no children[7]; two parent family[8]; one parent family.

Population centres are defined as having a Census population of at least 1,000 persons and a population density of 400 persons or more per square kilometre. All areas outside of population centres are classified as rural areas.

"Racialized" refers to whether a person is a visible minority as defined by the *Employment Equity Act* as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour". The racialized population consists mainly of the following groups: South Asian, Chinese, Black, Filipino, Arab, Latin American, Southeast Asian, West Asian, Korean and Japanese. The non-racialized category includes those who identified as White only and excludes Indigenous people. For the purposes of this report, immigrant status was defined as non-immigrant (born in Canada) or immigrant (which included non-permanent residents). Indigenous group was categorized as Indigenous (First Nations, Métis, and Inuit) or non-Indigenous; disaggregation for First Nations people, Métis and Inuit was not possible due to small sample sizes.

Socioeconomic status: Labour force status categories were employed, unemployed, or not in the labour force.[9] For the purposes of this paper, educational attainment was grouped in the following way: high school diploma or less; trade certificate, college diploma or university credentials below the bachelor's level; university certificate, diploma or degree at bachelor level or above.[10] Income was represented by quintiles which were based on after-tax economic family income adjusted by family size.[11]

Health and wellbeing characteristics: Respondents were asked to rate their general health by responding to the following question: "In general, would you say your health is: excellent, very good, good, fair, or poor?". For the purposes of this paper, this was coded as a binary variable where those who reported "excellent" or "very good" or "good" were classified as having positive self-rated health and those who reported "fair" or "poor" were classified as having negative self-rated health, similar to previous Statistics Canada studies on unmet needs (Chen at al., 2002; Gilmour, 2018). The three-item loneliness scale measures an individual's loneliness by asking respondents to answer on a scale of "hardly ever", "some of the time" or "often" to how often they: 1) feel they lack companionship, 2) feel left out, 3) feel isolated from others. Higher scores indicate greater loneliness, and for the purposes of this report, those with a score of 6 or more were coded as "lonely".

Disability and accessibility characteristics: A global severity score was developed for the CSD, which was calculated for each person using: the number of disability types that a person has, the level of difficulty experienced in performing certain tasks, and the frequency of activity limitations. To simplify the concept of severity, four severity classes were established: mild, moderate, severe and very severe.[12]

4. The category of "men+" includes cisgender and transgender men (and/or boys), as well as some non-binary persons, while "women+" includes cisgender and transgender women (and/or girls), as well as some non-binary persons.
5. The Government of Canada adopted the acronym 2SLGBTQI+ to refer to Two-Spirit, lesbian, gay, bisexual, transgender, queer and intersex people and those who use other terms related to gender and sexual diversity. Statistics Canada uses the acronym 2SLGBTQ+ for data analysis purposes, as information is not yet collected specifically about intersex people in surveys.
6. Includes those living alone or not in a census family.
7. Includes common-law partners and married couples.
8. Includes common-law partners and married couples.
9. Not in the labour force refers to persons unwilling or unable to work; that is, they were neither employed nor unemployed.
10. Both the education and labour force information were taken from the Census and therefore the reference period is 2021.
11. Income information was obtained from the 2021 Census and therefore reflects the reference year of 2020.
12. Note that the name assigned to each class is intended to facilitate use of a severity score and is not a label or judgement concerning the person's level of disability.

Episodic status was used to examine the dynamic nature of disability by categorizing individuals into a group who experience continuous limitations and another group who experience either fluctuating, recurrent or progressive limitations. This group may experience periods where they don't feel limited, may have periods where they can do more activities but fewer activities during other periods, or their ability to do daily activities is getting worse over time.

Based on the average number of barriers to accessibility experienced by persons with disabilities, which was around 6, the categories of "lower rate" and "higher rate" of barriers experienced were established.[13] The lower rate of barriers category includes those who experienced 1 to 6 barriers, while the higher rate category includes those who experienced 7 or more barriers. This includes barriers encountered within public spaces, in communication, with Internet use and related to behaviours, misconceptions or assumptions made about them from others.

Housebound status is defined as being unable to leave your home environment due to your condition. Respondents were asked if they considered themselves housebound on a scale of "No", "Rarely", "Sometimes", "Often" or "Always". For this report, those who indicated "Sometimes", "Often" or "Always" were classified as "housebound".

Analysis

Due to the subjective nature of some of the variables involved, proxy cases (10.4%) were excluded from the analysis. Those with missing data were also excluded from the analysis.[14] Descriptive statistics were used to estimate the prevalence of experiencing unmet needs for each disability support among persons with disabilities aged 15 years and over.

Logistic regression modeling was used to identify the key factors associated with higher or lower odds of having unmet needs, while controlling for the effects of other disability-related and sociodemographic covariates at the same time. Findings from the logistic regression analyses are reported using odds ratios (ORs) and their 95% confidence intervals (CIs). Interpreting odds ratio results should be done with caution. The value of odds ratio estimates determines the direction of the effect (i.e., whether a certain group has higher or lower odds of experiencing unmet needs) but their magnitude may vary given a different set of covariates or a different sample; they are accordingly challenging to interpret and should not be compared with odds ratios from other analyses (Norton et al., 2018).

For this report, the significance level was set at $p < 0.05$. All estimates were weighted to represent the Canadian population with disabilities aged 15 years and over. The bootstrap technique was used to estimate variance and 95% confidence intervals to account for the complex survey design.

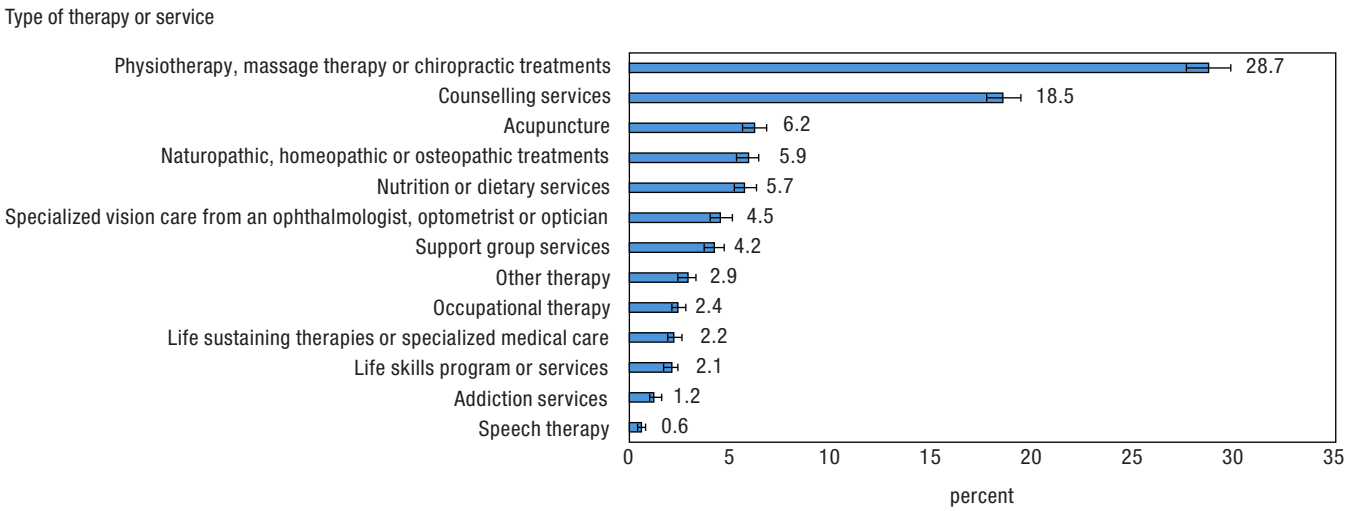
Results

Prevalence of unmet needs for health care services

In 2022, 45.7% of persons with disabilities reported at least one unmet need for health care services. The most commonly reported unmet needs were related to physiotherapy, massage therapy or chiropractic treatments (28.7%), counselling services from a psychologist, psychiatrist, psychotherapist or social worker (18.5%), followed by acupuncture (6.2%) (Chart 1).

13. The 2022 CSD collected information on 27 types of barriers to accessibility experienced by persons with disabilities because of their condition across four domains: public spaces; behaviours, misconceptions or assumptions; communication; and Internet use.
14. Depending on the unmet need area, the percentage of cases dropped due to missing data ranged from 1-3% of the sample.

Chart 1
Unmet needs for health care services, persons with disabilities aged 15 years and over, by type of therapy or service, Canada, 2022



Notes: Includes those who indicated they need a service or therapy but do not receive it and those who did not receive enough of a therapy or service. Respondents could have reported unmet needs for more than one type of health care service. Estimates were calculated based on the total population of persons with disabilities.
Source: Statistics Canada, Canadian Survey on Disability, 2022.

In terms of demographic characteristics, the proportion of persons who experienced unmet needs for health care services differed by age, gender, geography, being a 2SLGBTQ+ person, racialized identity and Indigenous group (Table 1.1). The proportion of persons with disabilities with unmet health care service needs was higher among those aged 25 to 44 years (56.6%) and lower among those aged 65 years and older (32.4%), when compared with youth (aged 15 to 24 years) (48.4%). Women (51.1%) were more likely than men (38.4%) to report an unmet need for health care services.

Those residing in rural areas (39.0%) were less likely to report unmet needs for health care services compared with those living in population centres (47.1%). A higher proportion of persons in one parent families (54.2%) had unmet needs for health care services, compared with those with no spouse and no children (45.1%). Conversely, couples without children (41.3%) were less likely to have unmet needs in this area than those with no spouse and no children (45.1%).

2SLGBTQ+ persons with disabilities (60.0%) were more likely than their non-2SLGBTQ+ counterparts (44.1%) to experience unmet needs for health care services. Racialized persons with disabilities (51.8%) were more likely to have unmet needs in this area, compared with their non-racialized, non-Indigenous counterparts (44.2%). Indigenous persons with disabilities (51.0%) were more likely than non-Indigenous persons with disabilities (45.4%) to have unmet needs for health care services.

Unmet needs for health care services among persons with disabilities varied by aspects of socioeconomic status. Those not in the labour force (40.7%) were less likely than employed individuals (49.2%) to have unmet needs in this area, while unemployed individuals (55.0%) were more likely to have unmet needs. Compared with those with a high school diploma or less (42.0%), individuals with a post-secondary education below the bachelor's level (46.4%) and those with a bachelor's degree or higher (51.7%) were more likely to report unmet needs for health care services. There were no significant differences in the prevalence of unmet needs for health care services by income quintile.

Unmet needs for health care services also differed by perceived health status as those with negative self-rated health (55.2%) were more likely to have such unmet needs, compared with those with positive self-rated health (40.6%). Those who experienced loneliness (59.9%) were more likely to report unmet needs for health care services than those who did not report being lonely (37.2%).

As disability severity increased, so did the proportion of persons with disabilities who experienced unmet needs for health care services. For example, persons with very severe disabilities (60.7%) were more likely to have unmet needs in this area, compared with those with mild disabilities (33.5%). Those with fluctuating, recurrent or progressive limitations (49.7%) were more likely to have unmet needs for health care services than those with continuous limitations (38.2%).

Experiencing unmet needs for health care services was more prevalent among those who encounter barriers to accessibility. The proportion of persons with disabilities who had unmet needs was both higher among those who experienced a lower rate of barriers (46.1%) and those who experienced a higher rate of barriers (61.6%), as compared with those who reported experiencing no barriers to accessibility (27.3%). Unmet needs for health care services were more likely among housebound individuals (59.4%) than their non-housebound counterparts (38.9%).

Key factors associated with the likelihood of having unmet needs for health care services

When all characteristics were considered simultaneously, many of the demographic and socioeconomic characteristics that were significant in the descriptive section, continued to be associated with unmet needs for health care services.[15,16,17] Results of the model indicate that higher odds of unmet needs for health care services were associated with being aged 25 to 44, being a woman, being part of the 2SLGBTQ+ population and having a higher education (Table 2.1). In addition, lower odds of experiencing unmet needs for health care services were associated with living in rural areas, being over the age of 65 and not being part of the labour force.

Many of these findings are in line with previous research, where women have been shown to more likely to have unmet needs (Casey, 2015; Lee at al., 2024; McColl et al., 2010) and prior analysis shows that those in early adulthood were found to be more likely to have unmet needs, while older individuals are less likely to have unmet needs (Casey 2015; Gilmour, 2018; Sibley & Glazier, 2009). Research suggests that lesbian, gay and bisexual people report lower rated health status and are more likely to report mental health disorders (Rauh, 2023). Additionally, the gender diverse population has been shown to report increased unmet health care needs (Mulcahy et al., 2022).

There is variation in findings on unmet health care needs and geography. Unmet health care needs have been shown to be both lower (Sibley & Glazier, 2009) and higher (Rahman, 2022) among rural residents, while in other cases, no differences were found by place of residence (Grimm & Ispen, 2022; Urbanoski et al., 2008).

There are also mixed results in terms of the association between education and unmet healthcare needs within the literature. There is some evidence that higher education can be a protective factor (Starkes et al., 2005), while other studies show higher educational attainment may result in an increased likelihood of reporting unmet needs (Sibley & Glazier, 2009), potentially due to increased awareness or expectation of care or increased dissatisfaction with the services being provided.

When controlling for other factors, well-being, disability and accessibility-related characteristics continued to be significant predictors of unmet needs for health care services. Those with negative self-rated health were more likely to report unmet needs in this area (OR=1.2; 95% CI: 1.0, 1.4), compared with those who had positive self-perceived health, which is consistent with previous research (Lee et al., 2024). Persons with disabilities who experienced loneliness (OR=1.5; 95% CI: 1.3, 1.7) were at a higher risk of unmet needs for health care services, compared with their counterparts who did not report being lonely. Social isolation has been tied to future health system utilization and shown to impact health outcomes (Courtin & Knapp, 2017; Mosen et al., 2021).

The odds of having unmet needs for health care services increased with disability severity. For example, those with very severe disabilities (OR=2.3; 95% CI: 1.9, 2.8) had over two times higher odds of experiencing unmet

15. Given that the information for experiences of unmet needs and the different health and disability characteristics were collected at the same time, the exact direction of the association between unmet needs and the health and disability related characteristics cannot be made. Those with poorer health may be higher users of different services or supports and this could contribute to the higher likelihood of having unmet needs.
16. It is important to note that access to health insurance coverage and access to a primary health care provider are not collected within the CSD and therefore cannot be considered in the analysis.
17. While income was not found to be associated with unmet needs for health care services, cost was cited as the most common reason for unmet needs in the area of health care services in the CSD.

needs in this area, compared with those with mild disabilities. Challenges such as needing multiple sources of care, difficulties with care coordination, being unsure of where to go for all care requirements and increased time spent seeking care have all been identified by persons with comorbid conditions within their health care access experiences (Van der Aa, 2017).

Those with limitations that were episodic in nature had higher odds of having unmet health care services needs (OR=1.2; 95% CI: 1.1, 1.4) than those with limitations that were continuous in nature. Changes in the pattern or severity of limitations experienced by persons with disabilities may lead to changes in the need for certain supports. For example, studies have found increased care-seeking behaviour and health care use in persons with multiple sclerosis as they often have co-morbid conditions and changes in limitations over time (Jones et al., 2016; Roux et al., 2019).

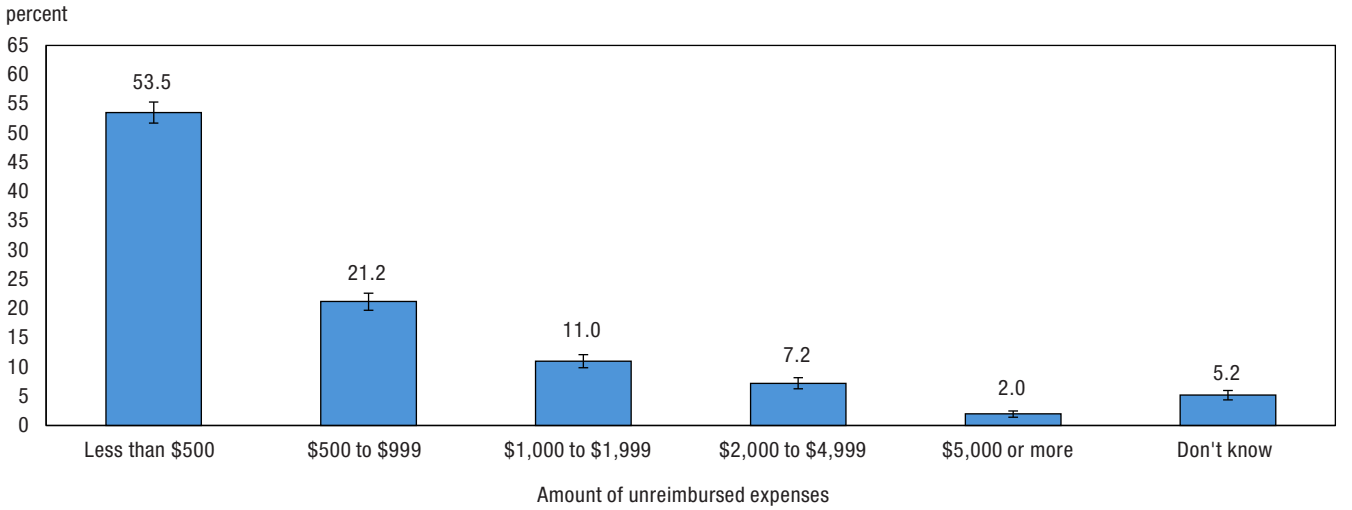
Those who faced a high number of barriers to accessibility had nearly three times higher odds (OR=2.9; 95% CI: 2.4, 3.4) of unmet needs for health care services when compared with those who experienced no barriers to accessibility. Persons with disabilities have highlighted a variety of barriers encountered in the health care setting, including issues with cost, transportation, the physical environment of facilities, communication with providers or misconceptions made about them by providers (Drainoni et al., 2006; Maart & Jelsma, 2014; Rahman et al., 2022).

Housebound individuals with disabilities were at an increased risk of experiencing unmet needs for health care services (OR=1.3; 95% CI: 1.1, 1.5), compared with their counterparts who were not housebound. In a previous study, housebound status was found to be a significant factor in having unmet health care needs among older people (Herr et al., 2013). Many of these individuals may require home-based services to reduce barriers and receive care. Unmet home care needs have been connected to negative self-rated health and increased number of chronic conditions, with the most commonly identified barrier being availability (Gilmour, 2018).

Prevalence of unmet needs for prescription medication

In 2022, 13.5% of persons with disabilities reported that they were unable to purchase medication or took medication less often due to cost. Among those who used prescription medications, 44.2% reported not being reimbursed for some of their expenses, with over 4 in 10 (41.3%) of these individuals indicating their out-of-pocket expenses were over $500 in the past 12 months (Chart 2).

Chart 2
Out of pocket expenses for prescription medication, persons with disabilities aged 15 years and over, Canada, 2022



Note: Includes those who indicated they have taken medication in the past 12 months and had expenses that were not reimbursed - not covered by insurance.
Source: Statistics Canada, Canadian Survey on Disability, 2022.

Compared with youth (aged 15 to 24 years) (15.2%), a lower proportion of those aged 65 years and older (7.4%) reported this type of unmet need (Table 1.1). Women (15.0%) were more likely than men (11.4%) to have unmet needs for medication due to cost.

Residents of rural areas (10.7%) were less likely to report unmet medication needs, compared with those living in population centres (14.1%). Unmet needs for medication also varied by household living arrangement as those with a spouse and no children (9.8%) and two-parent families (11.6%) were less likely to have unmet needs in this area than those with no spouse and no children (15.3%). Conversely, one-parent households (23.4%) were more likely to have unmet needs for medication, compared with those with no spouse and no children (15.3%).

Similar to unmet needs for health care services, unmet needs for medication varied among the 2SLGBTQ+, racialized and Indigenous populations. 2SLGBTQ+ persons with disabilities (20.8%) were more likely than their non-2SLGBTQ+ counterparts (12.5%) to experience unmet needs for medication. Racialized persons with disabilities (18.7%) were more likely to have unmet needs in this area, compared with their non-racialized, non-Indigenous counterparts (12.2%). Indigenous people with disabilities (18.8%) were more likely than non-Indigenous people with disabilities (13.2%) to have unmet medication needs.

In terms of labour force status, unemployed persons with disabilities (23.6%) were more likely to have unmet medication needs when compared with employed persons with disabilities (12.7%). A lower proportion of those with a bachelor's degree or higher (9.1%) reported unmet needs in this area than those with a high school diploma or less (14.9%). Unmet needs for medication were more prevalent in lower income groups, for example, those in the lowest income quintile (19.6%) were almost three times more likely to experience unmet needs in this area, compared with those in the highest income quintile (6.6%).

Persons with disabilities who reported negative self-rated health (20.8%) were more likely than those with positive self-rated health (9.6%) to have unmet needs for medication. The prevalence of unmet needs for medication was also higher among individuals who experienced loneliness (20.7%), compared with those who did not experience loneliness (8.5%).

Unmet needs for medication varied by disability severity, as 24.1% of those with very severe disabilities experienced this type of unmet need, compared with 7.0% of those with mild disabilities. Those with fluctuating, recurrent or progressive limitations (15.0%) were more likely to have unmet needs for medication than those with continuous limitations (10.8%).

Encountering barriers to accessibility was associated with unmet needs for medication, as those who experienced a high rate of barriers (21.4%) were more likely to report unmet needs in this area, compared with those who experienced no barriers to accessibility (6.5%). Persons with disabilities who reported being housebound (21.2%) were more likely to experience unmet needs for medication than their non-housebound counterparts (9.8%).

Key factors associated with the likelihood of having unmet needs for prescription medication

Results of the model indicate that unmet needs for prescription medication were associated with being a woman, being a 2SLGBTQ+ person, belonging to a racialized group, and being unemployed (Table 2.1). As anticipated, unmet needs for medication was strongly associated with income, given this area of need was directly related to cost. Those in the lowest income quintile faced over two and a half times higher odds (OR=2.7; 95% CI: 1.9, 3.8) of experiencing unmet needs for medication, when compared to those in the highest income quintile. A lower likelihood of having unmet needs for medication was associated with being 65 years or older, not being in the labour force and having a bachelor's degree or higher. While differences in unmet needs for medication emerged by place of residence, Indigenous group, household living arrangement, episodic disability status and housebound status in the descriptive analysis, these differences did not persist when all other factors were held constant.

Socioeconomic status has often been associated with facing financial barriers to medication use. Factors such as irregular employment, lower educational attainment and, most of all, lower income levels, have all been linked to cost issues with prescription medication (Gupta et al., 2018; Kapur & Basu, 2005; Rolnick et al., 2013). Cost-related non-adherence to medication has also been found to differ by gender, race or ethnicity and sexual orientation (Rebić et al., 2024).

Many of the demographic and socioeconomic factors may be reflective of certain characteristics of the health care system in Canada. Research into drug coverage in Canada has shown that it rises with age, with the majority of those age 65 and older being covered by public programs (Kapur & Basu, 2005), which could lead to a lower likelihood of having unmet needs for medication. Findings for labour force status can reflect that many working age Canadians are covered though employer provided plans, while those not working have a lower likelihood of being covered by any type of drug insurance plan (Yang & Gupta, 2024).

Consistent with previous research (Gupta et al., 2018; Law et al., 2018), those with poorer self-rated health were more likely to report unmet needs for medication (OR=1.5; 95% CI: 1.2, 1.8), compared with those who had positive self-perceived health. Loneliness was also associated with unmet needs in this area as those who experienced loneliness (OR=1.5; 95% CI: 1.2, 1.8) had higher odds of unmet needs, compared with their counterparts who did not report being lonely. This could be connected to a shortage of caregiving support due to social isolation, as the presence of social support resources is linked to increased medication adherence (Scheurer et al., 2012).

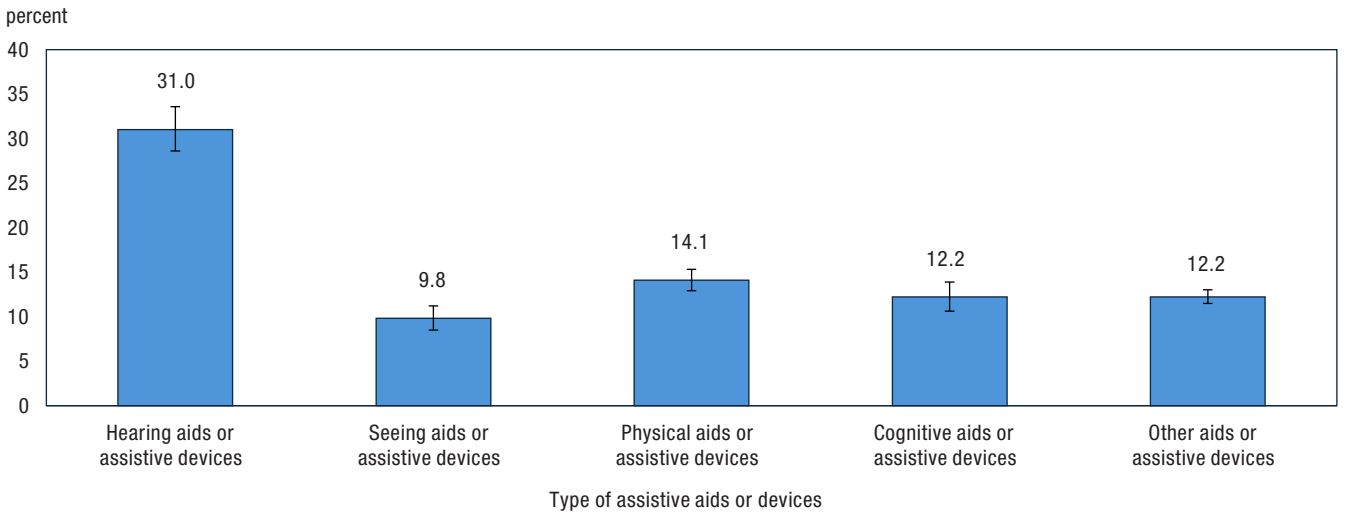
The odds of experiencing unmet needs for medication increased with severity of disabilities. Compared with persons with mild disabilities, those with moderate (OR=1.7; 95% CI: 1.3, 2.2), severe (OR=1.9; 95% CI: 1.5, 2.4) or very severe (OR=2.3; 95% CI: 1.7, 3.0) disabilities had higher odds of having unmet needs in this area. There is mixed evidence in terms of the association of severity of disability or illness and non-adherence to medication. However, there is some consistency in evidence showing that complex regimens or experiencing adverse side effects (Aljofan et al., 2023), or the presence of certain conditions, such as depression (Stewart et al., 2023), can increase the risk of non-adherence.

Persons with disabilities who encountered barriers to accessibility were at an increased risk of experiencing unmet needs for medication. Both those who experienced a low rate (OR=1.4; 95% CI: 1.1, 1.7) or high rate (OR=1.9; 95% CI: 1.5, 2.5) of barriers because of their condition had higher odds of having unmet needs for medication than those who experienced no barriers to accessibility. Barriers to communication between health care providers and persons with disabilities can lead to medication nonadherence behaviours (Goh et al., 2017).

Prevalence of unmet needs for assistive aids or devices

Overall, unmet needs for assistive aids or devices were experienced by 22.7% of persons with disabilities. There was some variation in the proportion of those with unmet needs by type of aid or device. Among those with hearing disabilities, 31.0% reported having at least one unmet need for a hearing-related aid or device (Chart 3). Close to one in ten (9.8%) persons with seeing disabilities reported an unmet need for a seeing-related aid or device, while 14.1% of those with physical disabilities (this includes mobility, flexibility or dexterity disabilities) reported an unmet need for a physical aid or device. Unmet needs for cognitive aids were reported by 12.2% of those with a learning or developmental disability.

Chart 3
Unmet needs for assistive aids or devices, persons with disabilities aged 15 years and over, by type of assistive aid or device, Canada, 2022



Notes: Includes those who indicated they need an assistive aid or device but do not have it. Respondents could have reported unmet needs for more than one type of assistive aid or device. For different types of assistive aids and devices, proportions were calculated based on persons with related disability types.
Source: Statistics Canada, Canadian Survey on Disability, 2022.

Among all persons with disabilities, 12.2% reported an unmet need for an "other" type of assistive aid or device. The most commonly reported specific types of "other" aids or devices included electrotherapy device for pain (26.7%), supportive devices, such as therapeutic cushions or special chair (25.9%), orthopaedic footwear (24.3%) or a cell phone, smartphone or smartwatch with specialized features or apps (20.1%).

Unmet needs for assistive aids or devices varied with age as those aged 45 to 64 years (24.8%) and those aged 65 year and older (25.6%) were more likely to have unmet needs in this area than those aged 15 to 24 years (17.7%) (Table 1.2). When examined by household living arrangement, couples with (19.2%) and without (20.8%) children were less likely to have unmet needs for assistive aids or devices, compared with those with no spouse or children (25.8%).

Racialized persons with disabilities (25.7%) were more likely to report unmet needs in this area than their non-racialized, non-Indigenous counterparts (21.8%). The prevalence of unmet needs for assistive aids or devices was higher among Indigenous persons with disabilities (28.4%), compared with non-Indigenous persons with disabilities (22.4%). Immigrants (26.3%) were more likely to experience unmet needs in this area than non-immigrants (21.8%).

Unmet needs for assistive aids or devices were associated with labour force status, education and income among persons with disabilities. Unemployed persons with disabilities (22.8%) and those not in the labour force (27.2%) were more likely to have unmet needs in this area, compared to employed persons with disabilities (18.2%). Those with a post-secondary education were less likely to have unmet needs for assistive aids or devices, where 22.4% of those with a trade certificate or college diploma and 18.6% of those with a bachelor's degree or higher experienced unmet needs, compared with 25.0% of those with a high school diploma or less. Experiencing unmet needs in this area was more prevalent in lower income groups as the proportion of persons with disabilities with unmet needs for assistive aids or devices increased from 17.7% among those in the highest income quintile to 29.2% among those in the lowest income quintile.

Health status was linked to the prevalence of unmet needs for assistive aids or devices, where those with negative self-rated health (32.4%) had almost twice the rate of unmet needs in this area than those with positive self-rated health (17.0%). Persons with disabilities who experienced loneliness (28.7%) were also more likely to report unmet needs for assistive aids or devices than their counterparts who did not report being lonely (18.5%).

Severity of disability was highly correlated with unmet needs for assistive aids or devices. For example, individuals with very severe disabilities were four times as likely to have unmet needs in this area, compared with those with mild disabilities (44.6% vs. 10.7%). Those with fluctuating, recurrent or progressive limitations were more likely to have unmet needs for assistive aids or devices (25.6%) than those with continuous limitations (17.1%).

The rate of unmet needs for assistive aids or devices increased with the number of barriers to accessibility that were encountered by persons with disabilities. Compared with those who experienced no barriers (10.0%), those who experienced a lower (20.0%) and higher (37.0%) than average number of barriers to accessibility were more likely to have unmet needs in this area. Unmet needs for assistive aids or devices were more likely among housebound individuals (33.5%) than their non-housebound counterparts (17.1%).

Key factors associated with the likelihood of having unmet needs for assistive aids or devices

Unmet needs for assistive aids or devices were associated with being aged 45 or older, identifying as a racialized group, identifying as Indigenous and being in the first or third income quintile (Table 2.2). While no gender differences were observed in the descriptive analysis, the results of the model showed a lower likelihood of experiencing unmet needs for assistive aids or devices among women (OR=0.9; 95% CI: 0.8, 1.0). Conversely, while differences in unmet needs emerged by place of residence, household living arrangement, labour force status and educational attainment in the descriptive analysis, these differences did not persist when all other factors were held constant.

Needs for assistive aids or devices have been shown to increase with age and while women are often more likely to need aids or devices, men often have a higher rate of access to these supports (WHO, 2022). Given that high out-of-pocket costs are frequently cited as a barrier in the area of access to aids or devices, the impact of income on unmet needs was anticipated (Boot et al., 2018). The results of higher odds for unmet needs for assistive aids or devices among racialized or Indigenous persons with disabilities mirror previous results (Lindsay & Tsybina, 2011) and could be linked to difficulties with communication with their service providers or with their sociocultural beliefs decreasing the acceptance of the use of assistive devices (Chan & Marsack-Topolewski, 2022; Orellano-Colón et al., 2016; Parette & Scherer, 2004).

Increased disability severity, experiencing episodic limitations and encountering barriers to accessibility were associated with increased odds of having unmet needs for assistive aids or devices. When controlling for all other variables, no significant differences emerged for self-rated health, social isolation or housebound status.

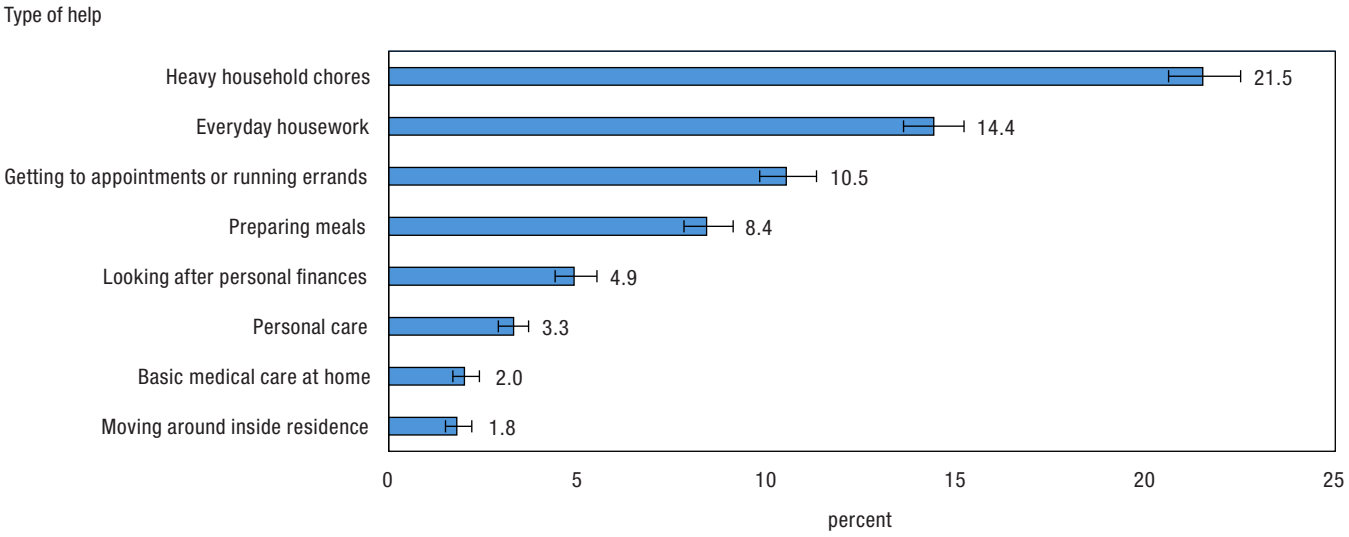
Compared with persons with mild disabilities, the odds of experiencing unmet needs for assistive aids or devices were higher among those with moderate (OR=1.6; 95% CI: 1.3, 1.9), severe (OR=2.4; 95% CI: 2.0, 2.9) or very severe (OR=3.7; 95% CI: 3.0, 4.6) disabilities. Individuals with fluctuating, recurrent or progressive limitations (OR=1.4; 95% CI: 1.2, 1.7) were at a higher risk of having unmet needs in this area, compared with those with continuous limitations. Those with more complex or more severe limitations can face additional challenges to gain access to all the assistive products they need across different domains of functioning. In one study, youth with more severe impairments were more likely to report unmet needs for assistive devices, compared with youth with mild impairments (Lindsay & Tsybina, 2011).

The odds of experiencing unmet needs for assistive aids or devices were higher among those who faced barriers to accessibility. For example, those encountering a higher than average number of barriers to accessibility had three times the odds (OR=3.0; 95% CI: 2.4, 3.7) of having unmet needs in this area than those who experienced no barriers. Difficulties with care staff, complicated processes to obtain necessary devices, difficulties with communication of information about devices, or stigma around use of a device have all been identified as barriers to access for assistive aids or devices (Mishra et al., 2024).

Prevalence of unmet needs for help with everyday activities

In 2022, 32.7% of persons with disabilities had unmet needs for help with everyday activities because of their condition. This help could come from a variety of sources including family, friends or organizations. The most commonly reported unmet needs for help were related to help with heavy household chores (21.5%), everyday housework (14.4%) and getting to appointments or running errands (10.5%) (Chart 4).

Chart 4
Unmet needs for help with everyday activities, persons with disabilities aged 15 years and over, by type of help, Canada, 2022



Notes: Includes those who indicated they need help with everyday activities but do not receive it and those who did not receive enough help with everday activities. Respondents could have reported unmet needs for help with more than one type of everyday activity. Estimates were calculated based on the total population of persons with disabilities.
Source: Statistics Canada, Canadian Survey on Disability, 2022.

Unmet needs for help with everyday activities varied by age, gender, immigrant status, Indigenous group and household composition. The proportion of those with unmet needs for everyday activities increased with age as 22.0% of youth aged 15 to 24 years had unmet needs in this area, compared with 38.0% of those aged 65 years and older (Table 1.2). Women (37.7%) were more likely than men (26.0%) to report unmet needs in this area. A higher proportion of those in one parent families (41.5%) reported unmet needs for help with everyday activities, when compared with those with no spouse and no children (35.5%), while couples with (28.6%) and without (30.8%) children were less likely to have unmet needs for help.

Immigrants with disabilities (36.1%) were more likely than non-immigrant persons with disabilities (31.9%) to have unmet needs for help with everyday activities. Indigenous persons with disabilities (37.8%) were more likely to have unmet needs in this area than non-Indigenous persons with disabilities (32.5%).

When looking at employment, education and income, there were once again differences in terms of unmet needs for help with everyday activities. Employed persons with disabilities were less likely to report unmet needs in this area (25.0%), compared with those who were not in the labour force (40.9%). Those with a bachelor's degree or higher were less likely to have unmet needs for help with everyday activities (30.1%) than those with a high school diploma or less (33.5%). Unmet needs varied by income as those in the lowest income quintile were more likely to have unmet needs (40.2%) than those in the highest income quintile (24.4%).

The prevalence of unmet needs for help with everyday activities was higher among those with negative self-rated health (49.2%) as compared with those with positive self-rated health (24.0%). Loneliness was also linked to unmet needs for help as those who experienced loneliness (43.4%) were more likely to report such unmet needs than those who did not report being lonely (25.8%).

As disability severity increased, so did the proportion of persons with disabilities who experienced unmet needs with help with everyday activities: 14.4% among those with mild disabilities, 28.8% among those with moderate disabilities, 45.7% among those with severe disabilities and 62.9% among those with very severe disabilities. When looking at episodic disability status, those who experienced fluctuating, recurrent or progressive limitations were more likely to have unmet needs for help (36.3%) than those who experienced continuous limitations (26.3%).

The more barriers to accessibility that were experienced by persons with disabilities in different areas of their life, the more likely they were to have unmet needs related to help with everyday activities. The rate of unmet needs varied from 13.1% among those who experienced no barriers, to 30.9% among those who experienced a lower

number of barriers and 52.5% among those who experienced a higher number of barriers. A higher proportion of those who reported being housebound due to their condition had unmet needs for help with everyday activities (54.2%), compared with those who were not housebound (22.3%).

Key factors associated with the likelihood of having unmet needs for help with everyday activities

After controlling for the other covariates, the odds of having unmet needs for help with everyday activities were higher among older age groups, as the odds were over twice as high for those aged 65 years and older (OR=2.5; 95% CI: 1.9, 3.2) than for those aged 15 to 24 years (Table 2.2). Women (OR=1.6; 95% CI: 1.4, 1.8) with disabilities continued to be more likely than men to have unmet needs in this area. Households with children were more likely to have unmet needs as couples with children (OR=1.4; 95% CI: 1.1, 1.7) and one parent families (OR=1.4; 95% CI: 1.1, 1.8) had higher odds of experiencing unmet needs for help when compared with those with no spouse or children.

Previous research indicates higher need levels and more unmet needs for support among older age groups (Albuquerque, 2022). Older individuals tend to have more disability types (Hébert at al., 2024) that could require multiple types of care or help, which could result in them having a higher likelihood of having unmet needs. In addition, a person's social network tends to shift or decrease with age, leading to less available resources for assistance (Wrzus et al., 2013). Much of the existing literature points to women having higher levels of social support compared to men, while still finding higher unmet needs among women (Scharf et al., 2025; Trezzini et al., 2019). An increased awareness of needs and help seeking behaviour may result in increased likelihood of unmet needs in the area of formal or informal support.

Higher education and lower income were associated with increased odds of having unmet needs for help with everyday activities. Those with a bachelor's degree or higher were more likely to report unmet needs in this area than those with high school diploma or less (OR=1.4; 95% CI: 1.2, 1.7). Persons with disabilities in the lowest income quintile (OR=1.4; 95% CI: 1.1, 1.7) were more at risk for experiencing unmet needs for help, compared with those in the highest income quintile. The findings related to lower income and increased unmet needs are well documented (Spiers et al., 2022; Trezzini et al., 2019), however the connection between unmet needs and education seems to have mixed results. In some cases, the link between education and unmet needs for help was not clear (Spiers et al., 2022), while in other instances lower education levels were found to be associated with higher unmet needs (Scharf et al., 2025).

Consistent with existing research (Spiers et al., 2022), lower perceived health (OR=1.3; 95% CI: 1.1, 1.5) was associated with increased odds of having unmet needs in the area of help with everyday activities, compared with higher perceived health status. Persons with disabilities have higher rates of loneliness and lower perceived social support (Emerson et al., 2021) and studies have found loneliness was associated with increased risk of unmet needs for care (Dahlberg & McKee, 2016). Consistent with this research, the current study found increased odds of having unmet needs for help among persons with disabilities who reported loneliness. There is most likely a reciprocal relationship as access to support and companionship can mitigate feelings of loneliness and exclusion.

Disability severity and episodic disability status were predictors of the likelihood of having unmet needs for help with everyday activities. The odds of having unmet needs were over four times higher among those with very severe disabilities (OR=3.9; 95% CI: 3.1, 4.8), compared with those with mild disabilities. In addition, those with fluctuating, recurrent or progressive limitations had higher odds of experiencing unmet needs than those with continuous limitations. Individuals with more severe impairments have been shown to be less likely to have natural support networks than those with less severe impairments (Friedman, 2020). Research shows that those with more complex needs tend to rely on support professionals (van Asselt-Goverts et al., 2015), however many persons with disabilities report greater satisfaction with informal support for everyday challenges but rank satisfaction with service providers as more important than informal support (Blažeka Kokorić et al., 2012).

When all other variables were held constant, both housebound status and encountering barriers to accessibility were associated with unmet needs for help with everyday activities. Those who faced a high number of barriers to accessibility were at a higher risk of unmet needs for help with everyday activities when compared to those who

experienced no barriers to accessibility. Research has demonstrated that barriers related to lack of information, transportation, communication, or negative attitudes have been linked to access issues for support services (Grills et al., 2017; Maart & Jelsma, 2014).

Persons who considered themselves housebound had 1.8 (95% CI: 1.6, 2.1) times higher odds of experiencing unmet needs for help than those who were not housebound. Often housebound individuals experience greater difficulties within the area of activities of daily living while also reporting low social support (Charlson et al., 2008). A higher amount of caregiving support per week is linked to an increased ability to leave the home environment (Reckrey et al., 2020).

Conclusion

Using data from the 2022 Canadian Survey on Disability, this study demonstrated the relationship of a variety of sociodemographic and disability or accessibility-related factors on the unmet needs for disability supports among persons with disabilities. Across all areas of unmet needs, severity of disability and encountering barriers to accessibility were associated with an increased odds of experiencing unmet needs, pointing to the importance of condition-specific issues and the removal and prevention of barriers within environments and systems. The other health and disability-related characteristics were significant predictors in most of the areas of unmet needs as well. Lower self-rated health status and loneliness were associated with unmet needs within health care services, medication and help with everyday activities. Episodic disability status was associated with unmet needs for health care services, assistive aids or devices and help with everyday activities, while housebound status was a predictor of unmet needs for health care services and help with everyday activities.

Age was another consistently significant factor, with variation in the direction of the relationship, as older individuals had higher odds of unmet needs for health care services, assistive aids or devices and help with everyday activities but lower odds of having unmet needs for medication. Similarly, gender was a common factor across the unmet needs areas with women being more likely to experience unmet needs for health care services, medication and help with everyday activities, while being less likely to encounter unmet needs for aids or devices.

Certain aspects of socioeconomic status were predictors in each area of unmet needs. Lower income was a predictor of unmet needs for assistive aids or devices and help with everyday activities, with a particularly strong association with unmet needs for medication, owing to how survey questions in this area were cost specific. Those not in the labour force had lower odds of having unmet needs for health care services and medication, while unemployed individuals had higher odds of unmet needs for medication. Higher levels of education were associated with higher odds of having unmet needs for health care services and help with everyday activities, but lower odds of unmet needs for medication.

The current study did have some limitations. The CSD refers only to the Canadian population living in private households and does not cover those living in institutions, which could represent a large proportion of persons with disabilities who require support or services. Additionally, since proxy cases are collected in cases where the respondent is not able to complete the survey themselves, proxy cases could represent a proportion of those with more severe or complex disability statuses, that would then not be included in the analysis. It is also important to note that the income information used in this report reflects year of 2020, which carries the complexities that came with the COVID-19 pandemic. Given the strong association of disability severity on each unmet need area, analysis was done to better understand the specific factors that were associated with milder and more severe disabilities separately, however due to sample size restrictions, the variability in the estimates made it difficult to detect real differences among the various characteristics.

The results of this study highlight the need for a service delivery approach that addresses the multitude of factors that could impact social participation and health outcomes of persons with disabilities. In addition, it provides information on specific elements that could be targeted for different support areas to improve access for persons with disabilities. Future research could explore the experiences of unmet needs for different disability types, as certain conditions or combinations of conditions can lead to complex needs that require tailored and coordinated care. Examining effective interventions for addressing unmet needs, particularly in relation to the severity of disability or for specific population groups, could offer important insights.

Appendix

Table 1.1
Unmet needs for disability support, persons with disabilities aged 15 years and over, by select characteristics, Canada, 2022

	Unmet needs for health care services			Unmet needs for prescription medication		
		95% confidence interval			95% confidence interval	
Characteristics	Percent	lower	upper	Percent	lower	upper
Overall	**45.7**	**44.5**	**46.8**	**13.5**	**12.7**	**14.3**
Age group						
15 to 24 years (reference category)	48.4	45.7	51.1	15.2	13.4	17.1
25 to 44 years	56.6*	54.2	58.8	17.4	15.6	19.3
45 to 64 years	47.6	45.4	49.8	15.1	13.5	16.8
65 years and over	32.4*	30.4	34.4	7.4*	6.3	8.7
Gender						
Men+ (reference category)	38.4	36.6	40.1	11.4	10.2	12.6
Women+	51.1*	49.5	52.6	15.0*	13.9	16.2
Place of residence						
Population centre (reference category)	47.1	45.8	48.4	14.1	13.2	15.1
Rural area	39.0*	36.5	41.5	10.7*	9.2	12.4
Household living arrangement						
No spouse, no children (reference category)	45.1	42.9	47.4	15.3	13.7	17.1
With spouse, no children	41.3*	39.2	43.4	9.8*	8.6	11.2
Two parent family	47.4	45.1	49.7	11.6*	10.2	13.1
One parent family	54.2*	50.8	57.6	23.4*	20.5	26.6
2SLGBTQ+						
Non-2SLGBTQ+ (reference category)	44.1	42.8	45.3	12.5	11.6	13.4
2SLGBTQ+	60.0*	56.5	63.4	20.8*	18.1	23.8
Racialized group						
Non-racialized, non-Indigenous (reference category)	44.2	42.9	45.4	12.2	11.3	13.1
Racialized, non-Indigenous	51.8*	48.3	55.3	18.7*	16.0	21.7
Indigenous group						
Non-Indigenous (reference category)	45.4	44.2	46.6	13.2	12.4	14.1
Indigenous	51.0*	46.4	55.6	18.8*	15.1	23.1
Immigrant status						
Non-immigrants (reference category)	44.9	43.7	46.2	13.0	12.1	13.9
Immigrants	48.8	45.7	51.9	15.7	13.5	18.2
Labour force status						
Employed (reference category)	49.2	47.4	51.0	12.7	11.5	13.9
Unemployed	55.0*	50.0	59.9	23.6*	19.3	27.9
Not in the labour force	40.7*	39.0	42.4	12.8	11.5	14.0
Educational attainment						
High school diploma or less (reference category)	42.0	40.3	43.8	14.9	13.7	16.3
Trade certificate, college diploma or university credentials below the bachelor's level	46.4*	44.4	48.4	14.5	13.1	16.1
University certificate, diploma or degree at bachelor level or above	51.7*	49.1	54.3	9.1*	7.6	10.8
Income quintile						
Fifth quintile, highest income (reference category)	44.1	41.1	47.1	6.6	5.3	8.2
Fourth quintile	46.7	43.8	49.6	10.5*	8.8	12.5
Third quintile	47.0	44.5	49.5	12.4*	10.7	14.3
Second quintile	43.9	41.4	46.4	16.2*	14.3	18.3
First quintile, lowest income	46.5	44.1	48.9	19.6*	17.7	21.6
Perceived health status						
Excellent, very good, good (reference category)	40.6	39.1	42.0	9.6	8.7	10.5
Fair, poor	55.2*	53.1	57.2	20.8*	19.1	22.7
Social isolation						
Not lonely (reference category)	37.2	35.7	38.8	8.5	7.7	9.5
Lonely	59.9*	57.9	61.9	20.7*	19.1	22.7
Severity						
Mild (reference category)	33.5	31.7	35.3	7.0	6.1	8.0
Moderate	47.8*	45.1	50.5	12.8*	11.1	14.8
Severe	54.1*	51.5	56.7	17.2*	15.4	19.2
Very severe	60.7*	58.1	63.3	24.1*	21.8	26.6
Episodic status						
Continuous limitations (reference category)	38.2	36.3	40.2	10.8	9.6	12.1
Fluctuating, recurrent or progressive limitations	49.7*	48.2	51.2	15.0*	14.0	16.1

Table 1.1
Unmet needs for disability support, persons with disabilities aged 15 years and over, by select characteristics, Canada, 2022

Characteristics	Unmet needs for health care services			Unmet needs for prescription medication		
		95% confidence interval			95% confidence interval	
	Percent	lower	upper	Percent	lower	upper
Barriers						
No barriers experienced (reference category)	27.3	25.2	29.4	6.5	5.4	7.7
Lower rate of barriers experienced	46.1*	44.2	48.0	12.2*	11.0	13.5
Higher rate of barriers experienced	61.6*	59.6	63.6	21.4*	19.7	23.3
Housebound status						
Not housebound (reference category)	38.9	37.5	40.3	9.8	9.0	10.7
Housebound	59.4*	57.4	61.5	21.2*	19.5	23.0

* significantly different from reference category ($p < 0.05$)
Notes: Given that the non-binary population is small, data aggregation to a two-category gender variable is sometimes necessary to protect the confidentiality of responses. In these cases, individuals in the category "non-binary persons" are distributed into the other two gender categories and are denoted by the "+" symbol. 2SLGBTQ+ includes persons who are Two-Spirit, lesbian, gay, bisexual, transgender, and queer or who use other terms related to gender or sexual diversity. Non-2SLGBTQ+ includes heterosexual and cisgender persons (those whose gender corresponds to their sex at birth). In this release, data on 'racialized groups' is measured with the 'visible minority' variable. The 'non-racialized group' is measured with the category 'Not a visible minority' of the variable, excluding Indigenous respondents.
Source: Statistics Canada, Canadian Survey on Disability, 2022.

Table 1.2
Unmet needs for disability support, persons with disabilities aged 15 years and over, by select characteristics, Canada, 2022

Characteristics	Unmet needs for assistive aids or devices			Unmet needs for help with everyday activities		
		95% confidence interval			95% confidence interval	
	Percent	lower	upper	Percent	lower	upper
Overall	**22.7**	**21.7**	**23.7**	**32.7**	**31.7**	**33.8**
Age group						
15 to 24 years (reference category)	17.7	15.5	19.9	22.0	19.7	24.2
25 to 44 years	18.5	16.7	20.3	29.1*	27.0	31.3
45 to 64 years	24.8*	22.9	26.7	34.1*	32.0	36.1
65 years and over	25.6*	23.8	27.4	38.0*	36.0	40.0
Gender						
Men+ (reference category)	22.6	21.1	24.2	26.0	24.4	27.5
Women+	22.7	21.4	24.0	37.7*	36.2	39.3
Place of residence						
Population centre (reference category)	23.0	21.9	24.1	32.8	31.6	34.1
Rural area	21.2	19.1	23.3	32.4	30.0	34.7
Household living arrangement						
No spouse, no children (reference category)	25.8	23.8	27.9	35.5	33.3	37.7
With spouse, no children	20.8*	19.2	22.4	30.8*	29.0	32.7
Two parent family	19.2*	17.5	20.8	28.6*	26.6	30.6
One parent family	28.8	25.3	32.3	41.5*	38.0	45.1
2SLGBTQ+						
Non-2SLGBTQ+ (reference category)	21.8	20.8	22.9	32.1	31.0	33.3
2SLGBTQ+	23.9	20.8	27.1	33.8	30.4	37.2
Racialized group						
Non-racialized, non-Indigenous (reference category)	21.8	20.7	22.8	32.2	31.0	33.4
Racialized, non-Indigenous	25.7*	22.5	28.8	33.7	30.3	37.2
Indigenous group						
Non-Indigenous (reference category)	22.4	21.4	23.4	32.5	31.3	33.6
Indigenous	28.4*	24.1	32.7	37.8*	33.1	42.6
Immigrant status						
Non-immigrants (reference category)	21.8	20.8	22.8	31.9	30.8	33.1
Immigrants	26.3*	23.5	29.1	36.1*	33.0	39.1
Labour force status						
Employed (reference category)	18.2	16.9	19.5	25.0	23.4	26.6
Unemployed	22.8*	18.9	26.7	30.4*	26.0	34.9
Not in the labour force	27.2*	25.6	28.7	40.9*	39.3	42.5
Educational attainment						
High school diploma or less (reference category)	25.0	23.4	26.5	33.5	31.9	35.1
Trade certificate, college diploma or university credentials below the bachelor's level	22.4*	20.7	24.1	33.5	31.5	35.5
University certificate, diploma or degree at bachelor level or above	18.6*	16.6	20.5	30.1*	27.8	32.5

Table 1.2
Unmet needs for disability support, persons with disabilities aged 15 years and over, by select characteristics, Canada, 2022

Characteristics	Unmet needs for assistive aids or devices			Unmet needs for help with everyday activities		
		95% confidence interval			95% confidence interval	
	Percent	lower	upper	Percent	lower	upper
Income quintile						
Fifth quintile, highest income (reference category)	17.7	15.4	20.0	24.4	22.0	26.9
Fourth quintile	19.1	16.9	21.3	30.2*	27.8	32.8
Third quintile	23.2*	21.0	25.3	32.5*	30.1	35.0
Second quintile	22.3*	20.2	24.4	33.8*	31.5	36.3
First quintile, lowest income	29.2*	26.8	31.5	40.2*	37.8	42.7
Perceived health status						
Excellent, very good, good (reference category)	17.0	15.9	18.0	24.0	22.8	25.2
Fair, poor	32.4*	30.6	34.1	49.2*	47.1	51.2
Social isolation						
Not lonely (reference category)	18.5	17.2	19.7	25.8	24.5	27.1
Lonely	28.7*	27.0	30.5	43.4*	41.3	45.5
Severity						
Mild (reference category)	10.7	9.5	11.9	14.4	13.2	15.8
Moderate	19.0*	16.8	21.2	28.8*	26.4	31.2
Severe	30.1*	27.7	32.6	45.7*	43.0	48.3
Very severe	44.6*	41.9	47.3	62.9*	60.2	65.4
Episodic status						
Continuous limitations (reference category)	17.1	15.6	18.6	26.3	24.6	28.1
Fluctuating, recurrent or progressive limitations	25.6*	24.3	27.0	36.3*	34.9	37.7
Barriers						
No barriers experienced (reference category)	10.0	8.7	11.4	13.1	11.5	14.7
Lower rate of barriers experienced	20.0*	18.5	21.6	30.9*	29.2	32.7
Higher rate of barriers experienced	37.0*	35.0	38.9	52.5*	50.4	54.6
Housebound status						
Not housebound (reference category)	17.1	16.0	18.2	22.3	21.6	23.5
Housebound	33.5*	31.6	35.5	54.2*	52.1	56.2

* significantly different from reference category ($p < 0.05$)
Notes: Given that the non-binary population is small, data aggregation to a two-category gender variable is sometimes necessary to protect the confidentiality of responses. In these cases, individuals in the category "non-binary persons" are distributed into the other two gender categories and are denoted by the "+" symbol. 2SLGBTQ+ includes persons who are Two-Spirit, lesbian, gay, bisexual, transgender, and queer or who use other terms related to gender or sexual diversity. Non-2SLGBTQ+ includes heterosexual and cisgender persons (those whose gender corresponds to their sex at birth). In this release, data on 'racialized groups' is measured with the 'visible minority' variable. The 'non-racialized group' is measured with the category 'Not a visible minority' of the variable, excluding Indigenous respondents.
Source: Statistics Canada, Canadian Survey on Disability, 2022.

Table 2.1
Results from logistic regression showing the associations between unmet needs for disability supports and select characteristics, persons with disabilities aged 15 years and over, Canada, 2022

Characteristics	Unmet needs for health care services			Unmet needs for prescription medication		
		95% confidence interval			95% confidence interval	
	Odds ratio	lower	upper	Odds ratio	lower	upper
Age group						
15 to 24 years (reference category)	…	…	…	…	…	…
25 to 44 years	1.3*	1.1	1.5	1.3	1.0	1.7
45 to 64 years	0.9	0.7	1.1	1.1	0.8	1.4
65 years and over	0.5*	0.4	0.7	0.5*	0.4	0.8
Gender						
Men+ (reference category)	…	…	…	…	…	…
Women+	1.6*	1.4	1.8	1.3*	1.1	1.5
Place of residence						
Population centre (reference category)	…	…	…	…	…	…
Rural area	0.8*	0.7	1.0	0.9	0.7	1.1
Household living arrangement						
No spouse, no children (reference category)	…	…	…	…	…	…
With spouse, no children	1.2	1.0	1.4	1.0	0.8	1.2
Two parent family	1.1	0.9	1.3	0.8	0.6	1.0
One parent family	1.1	0.9	1.4	1.2	0.9	1.6

Table 2.1
Results from logistic regression showing the associations between unmet needs for disability supports and select characteristics, persons with disabilities aged 15 years and over, Canada, 2022

	Unmet needs for health care services			Unmet needs for prescription medication		
		95% confidence interval			95% confidence interval	
Characteristics	Odds ratio	lower	upper	Odds ratio	lower	upper
2SLGBTQ+						
Non-2SLGBTQ+ (reference category)	…	…	…	…	…	…
2SLGBTQ+	1.3*	1.1	1.5	1.3*	1.0	1.6
Population group						
Non-racialized, non-Indigenous (reference category)	…	…	…	…	…	…
Racialized, non-Indigenous	1.1	0.9	1.5	1.6*	1.2	2.1
Indigenous	1.0	0.8	1.3	1.2	0.9	1.7
Immigrant status						
Non-immigrants (reference category)	…	…	…	…	…	…
Immigrants	1.1	0.9	1.3	0.9	0.7	1.3
Labour force status						
Employed (reference category)	…	…	…	…	…	…
Unemployed	1.3	1.0	1.6	1.5*	1.1	2.1
Not in the labour force	0.6*	0.6	0.7	0.7*	0.6	0.9
Educational attainment						
High school diploma or less (reference category)	…	…	…	…	…	…
Trade certificate, college diploma or university credentials below the bachelor's level	1.2*	1.1	1.4	1.0	0.8	1.2
University certificate, diploma or degree at bachelor level or above	1.6*	1.4	1.9	0.7*	0.5	0.9
Income quintile						
Fifth quintile, highest income (reference category)	…	…	…	…	…	…
Fourth quintile	1.1	0.9	1.4	1.6*	1.1	2.2
Third quintile	1.2	1.0	1.4	1.9*	1.4	2.6
Second quintile	1.1	0.9	1.3	2.4*	1.8	3.3
First quintile, lowest income	1.1	0.9	1.4	2.7*	1.9	3.8
Perceived health status						
Excellent, very good, good (reference category)	…	…	…	…	…	…
Fair, poor	1.2*	1.0	1.4	1.5*	1.2	1.8
Social isolation						
Not lonely (reference category)	…	…	…	…	…	…
Lonely	1.5*	1.3	1.7	1.5*	1.2	1.8
Severity						
Mild (reference category)	…	…	…	…	…	…
Moderate	1.6*	1.4	1.9	1.7*	1.3	2.2
Severe	1.9*	1.6	2.2	1.9*	1.5	2.4
Very severe	2.3*	1.9	2.8	2.3*	1.7	3.0
Episodic status						
Continuous limitations (reference category)	…	…	…	…	…	…
Fluctuating, recurrent or progressive limitations	1.2*	1.1	1.4	1.2	1.0	1.4
Barriers						
No barriers experienced (reference category)	…	…	…	…	…	…
Lower rate of barriers experienced	2.0*	1.7	2.3	1.4*	1.1	1.7
Higher rate of barriers experienced	2.9*	2.4	3.4	1.9*	1.5	2.5
Housebound status						
Not housebound (reference category)	…	…	…	…	…	…
Housebound	1.3*	1.1	1.5	1.1	0.9	1.4

… not applicable
* significantly different from reference category ($p < 0.05$)
Notes: Given that the non-binary population is small, data aggregation to a two-category gender variable is sometimes necessary to protect the confidentiality of responses. In these cases, individuals in the category "non-binary persons" are distributed into the other two gender categories and are denoted by the "+" symbol. 2SLGBTQ+ includes persons who are Two-Spirit, lesbian, gay, bisexual, transgender, and queer or who use other terms related to gender or sexual diversity. Non-2SLGBTQ+ includes heterosexual and cisgender persons (those whose gender corresponds to their sex at birth). In this release, data on 'racialized groups' is measured with the 'visible minority' variable. The 'non-racialized group' is measured with the category 'Not a visible minority' of the variable, excluding Indigenous respondents.
Source: Statistics Canada, Canadian Survey on Disability, 2022.

Table 2.2
Results from logistic regression showing the associations between unmet needs for disability supports and select characteristics, persons with disabilities aged 15 years and over, Canada, 2022

	Unmet needs for assistive aids or devices			Unmet needs for help with everyday activities		
		95% confidence interval			95% confidence interval	
Characteristics	Odds ratio	lower	upper	Odds ratio	lower	upper
Age group						
15 to 24 years (reference category)	…	…	…	…	…	…
25 to 44 years	1.1	0.9	1.4	1.5*	1.2	1.9
45 to 64 years	1.5*	1.2	2.0	1.9*	1.5	2.3
65 years and over	1.6*	1.2	2.1	2.5*	1.9	3.2
Gender						
Men+ (reference category)	…	…	…	…	…	…
Women+	0.9*	0.8	1.0	1.6*	1.4	1.8
Place of residence						
Population centre (reference category)	…	…	…	…	…	…
Rural area	0.9	0.8	1.1	1.1	0.9	1.2
Household living arrangement						
No spouse, no children (reference category)	…	…	…	…	…	…
With spouse, no children	1.0	0.8	1.1	1.0	0.8	1.2
Two parent family	1.0	0.8	1.2	1.4*	1.1	1.7
One parent family	1.1	0.9	1.4	1.4*	1.1	1.8
2SLGBTQ+						
Non-2SLGBTQ+ (reference category)	…	…	…	…	…	…
2SLGBTQ+	1.2	1.0	1.5	1.2	1.0	1.5
Population group						
Non-racialized, non-Indigenous (reference category)	…	…	…	…	…	…
Racialized, non-Indigenous	1.3*	1.0	1.7	1.1	0.8	1.4
Indigenous	1.4*	1.1	1.7	1.1	0.8	1.4
Immigrant status						
Non-immigrants (reference category)	…	…	…	…	…	…
Immigrants	1.1	0.9	1.4	0.9	0.8	1.2
Labour force status						
Employed (reference category)	…	…	…	…	…	…
Unemployed	1.0	0.8	1.3	1.1	0.8	1.4
Not in the labour force	0.9	0.8	1.1	1.1	0.9	1.3
Educational attainment						
High school diploma or less (reference category)	…	…	…	…	…	…
Trade certificate, college diploma or university credentials below the bachelor's level	1.0	0.8	1.1	1.3*	1.1	1.5
University certificate, diploma or degree at bachelor level or above	0.9	0.7	1.1	1.4*	1.2	1.7
Income quintile						
Fifth quintile, highest income (reference category)	…	…	…	…	…	…
Fourth quintile	1.0	0.8	1.2	1.2	1.0	1.5
Third quintile	1.3*	1.0	1.6	1.3*	1.0	1.6
Second quintile	1.1	0.9	1.4	1.3*	1.1	1.6
First quintile, lowest income	1.4*	1.1	1.7	1.4*	1.1	1.7
Perceived health status						
Excellent, very good, good (reference category)	…	…	…	…	…	…
Fair, poor	1.1	1.0	1.3	1.3*	1.1	1.5
Social isolation						
Not lonely (reference category)	…	…	…	…	…	…
Lonely	1.0	0.9	1.2	1.2*	1.0	1.4
Severity						
Mild (reference category)	…	…	…	…	…	…
Moderate	1.6*	1.3	1.9	1.8*	1.5	2.1
Severe	2.4*	2.0	2.9	2.7*	2.3	3.2
Very severe	3.7*	3.0	4.6	3.9*	3.1	4.8
Episodic status						
Continuous limitations (reference category)	…	…	…	…	…	…
Fluctuating, recurrent or progressive limitations	1.4*	1.2	1.7	1.2*	1.1	1.4

Table 2.2
Results from logistic regression showing the associations between unmet needs for disability supports and select characteristics, persons with disabilities aged 15 years and over, Canada, 2022

	Unmet needs for assistive aids or devices			Unmet needs for help with everyday activities		
		95% confidence interval			95% confidence interval	
Characteristics	**Odds ratio**	lower	upper	**Odds ratio**	lower	upper
Barriers						
No barriers experienced (reference category)	…	…	…	…	…	…
Lower rate of barriers experienced	1.6*	1.3	2.0	2.2*	1.8	2.7
Higher rate of barriers experienced	3.0*	2.4	3.7	3.5*	2.9	4.3
Housebound status						
Not housebound (reference category)	…	…	…	…	…	…
Housebound	1.0	0.9	1.2	1.8*	1.6	2.1

… not applicable
* significantly different from reference category ($p < 0.05$)
Notes: Given that the non-binary population is small, data aggregation to a two-category gender variable is sometimes necessary to protect the confidentiality of responses. In these cases, individuals in the category "non-binary persons" are distributed into the other two gender categories and are denoted by the "+" symbol. 2SLGBTQ+ includes persons who are Two-Spirit, lesbian, gay, bisexual, transgender, and queer or who use other terms related to gender or sexual diversity. Non-2SLGBTQ+ includes heterosexual and cisgender persons (those whose gender corresponds to their sex at birth). In this release, data on 'racialized groups' is measured with the 'visible minority' variable. The 'non-racialized group' is measured with the category 'Not a visible minority' of the variable, excluding Indigenous respondents.
Source: Statistics Canada, Canadian Survey on Disability, 2022.

References

Albuquerque, P.C. (2022). Met or unmet need for long-term care: Formal and informal care in southern Europe. *The Journal of the Economics of Ageing,* 23, p.100409. https://doi.org/10.1016/j.jeoa.2022.100409

Ali, M.A., Alam, K. and Taylor, B. (2020). The mediating effect of information and communication technology usages on the nexus between assistive technology and quality of life among people with communication disability. *Cyberpsychology, Behavior, and Social Networking,* 23(5), pp.338-345. https://doi.org/10.1089/cyber.2019.0598

Aljofan, M., Oshibayeva, A., Moldaliyev, I., Saruarov, Y., Maulenkul, T. and Gaipov, A. (2023). The rate of medication nonadherence and influencing factors: A systematic Review. *Electronic Journal of General Medicine,* 20(3). https://doi.org/10.29333/ejgm/12946

Arriagada, P. (2020). The experiences and needs of older caregivers in Canada. *Insights on Canadian Society.* Statistics Canada catalogue no. 75-006-X. Available at: https://www150.statcan.gc.ca/n1/pub/75-006-x/2020001/article/00007-eng.htm

Blažeka Kokorić, S., Berc, G., and Rusac, S. (2012). Satisfaction with life and informal and formal sources of support among people with disabilities. *Društvena istraživanja: časopis za opća društvena pitanja,* 21.1 (115) 19-38. https://doi.org/10.5559/di.21.1.02

Boot, F.H., Owuor, J., Dinsmore, J. and MacLachlan, M. (2018). Access to assistive technology for people with intellectual disabilities: a systematic review to identify barriers and facilitators. *Journal of Intellectual Disability Research,* 62(10), 900-921. https://doi: 10.1111/jir.12532

Casey, R. (2015). Disability and unmet health care needs in Canada: A longitudinal analysis. *Disability and Health Journal,* 8(2), 173-181. https://doi: 10.1016/j.dhjo.2014.09.010

Chan, K.T.K. and Marsack-Topolewski, C. (2022). Examining social determinants in use of assistive technology for race/ethnic groups of older adults. *Disability and Rehabilitation: Assistive Technology,* 17(6), 703-711. https://doi.org/10.1080/17483107.2020.1814430

Charlson, M.E., Peterson, J.C., Syat, B.L., Briggs, W.M., Kline, R., Dodd, M., Murad, V. and Dionne, W., (2008). Outcomes of community-based social service interventions in homebound elders. *International Journal of Geriatric Psychiatry: A journal of the psychiatry of late life and allied sciences,* 23(4), pp.427-432. https://doi.org/10.1002/gps.1898

Chen, J., F. Hou, C. Sanmartin, C. Houle, S. Tremblay, and J.M. Berthelot. (2002). Unmet health care needs. *Health Reports.* Statistics Canada Catalogue no. 82-003-X, 13 (2), 19–22. Available at: https://www150.statcan.gc.ca/n1/pub/82-003-x/2001002/article/6061-eng.pdf

Chong, N., Akobirshoev, I., Caldwell, J., Kaye, HS., Mitra, M. (2021). The relationship between unmet need for home and community-based services and health and community living outcomes. *Disability and Health Journal,* 15(2), 101222. https://doi.org/10.1016/j.dhjo.2021.101222.

Cortes, K. and Smith, L. (2022). Pharmaceutical access and use during the pandemic. *Insights on Canadian Society.* November. Statistics Canada catalogue no. 75-006-X. https://www150.statcan.gc.ca/n1/pub/75-006-x/2022001/article/00011-eng.htm

Courtin, E. and Knapp, M. (2017). Social isolation, loneliness and health in old age: a scoping review. *Health & social care in the community,* 25(3), 799-812. https://doi.org/10.1111/hsc.12311

Dahlberg, L. and McKee, K.J. (2016). Living on the edge: Social exclusion and the receipt of informal care in older people. *Journal of aging research,* 2016(1), 6373101. http://dx.doi.org/10.1155/2016/6373101

Drainoni, M.L., Lee-Hood, E., Tobias, C., Bachman, S.S., Andrew, J. and Maisels, L. (2006). Cross-disability experiences of barriers to health-care access: consumer perspectives. *Journal of Disability Policy Studies,* 17(2), 101-115. https://doi.org/10.1177/10442073060170020101

Emerson, E., Fortune, N., Llewellyn, G. and Stancliffe, R. (2021). Loneliness, social support, social isolation and wellbeing among working age adults with and without disability: Cross-sectional study. *Disability and health journal,* 14(1), 100965. https://doi.org/10.1016/j.dhjo.2020.100965

Friedman, C. (2020). Quality of life outcome and support disparities among people with more severe impairments. *Intellectual and Developmental Disabilities,* 58(6), 513-524. https://doi.org/10.1352/1934-9556-58.6.513

Gilmour, H. (2018). Unmet home care needs in Canada. *Health Reports,* Statistics Canada Catalogue no. 82-003-X, 29 (11), 3-11. Available at: https://www150.statcan.gc.ca/n1/pub/82-003-x/2018011/article/00002-eng.htm

Grimm, G. and Ipsen, C. (2022). Examining rural-urban disparities in perceived need for health care services among adults with disabilities. *Frontiers in Rehabilitation Sciences,* 3, 875978. https://doi.org/10.3389/fresc.2022.875978

Global report on assistive technology (2022). Geneva: World Health Organization and the United Nations Children's Fund (UNICEF).

Goh, H., Kwan, Y.H., Seah, Y., Low, L.L., Fong, W. and Thumboo, J. (2017). A systematic review of the barriers affecting medication adherence in patients with rheumatic diseases. *Rheumatology international,* 37, 1619-1628. https://doi.org/10.1007/s00296-017-3763-9

Grills, N., Singh, L., Pant, H., Varghese, J., Murthy, G.V.S., Hoq, M. and Marella, M. (2017). Access to services and barriers faced by people with disabilities: a quantitative survey. *Disability, CBR & Inclusive Development,* 28(2), 23-23. https://doi.org/10.5463/DCID.v28i2.615

Grondin, C. (2016). A new survey measure of disability: The Disability Screening Questions (DSQ). *Canadian Survey on Disability,* 2012, Statistics Canada Catalogue no. 89-654-X2016003.

Gupta, S., McColl, M.A., Guilcher, S.J. and Smith, K. (2018). Cost-related nonadherence to prescription medications in Canada: a scoping review. *Patient preference and adherence,* 12, 1699-1715. https://doi.org/10.2147/PPA.S170417

Hammel, J., Magasi, S., Heinemann, A., Gray, D.B., Stark, S., Kisala, P., Carlozzi, N.E., Tulsky, D., Garcia, S.F. and Hahn, E.A. (2015). Environmental barriers and supports to everyday participation: a qualitative insider perspective from people with disabilities. *Archives of physical medicine and rehabilitation,* 96(4), 578-588. https://doi.org/10.1016/j.apmr.2014.12.008

Hébert, B.-P., Kevins, C., Mofidi, A., Morris, S., Simionescu, D., & Thicke, M. (2024). A demographic, employment and income profile of persons with disabilities aged 15 years and over in Canada, 2022. *Reports on Disability and Accessibility in Canada,* Statistics Canada Catalogue no. 89-654-X2024001. https://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2024001-eng.htm

Heeb, R., Putnam, M., Keglovits, M., Weber, C., Campbell, M., Stark, S. and Morgan, K. (2022). Factors influencing participation among adults aging with long-term physical disability. *Disability and health journal,* 15(1), 101169. https://doi.org/10.1016/j.dhjo.2021.101169

Heidari, P., Cross, W., Weller, C., Nazarinia, M., & Crawford, K. (2019). Medication adherence and cost-related medication non-adherence in patients with rheumatoid arthritis: a cross-sectional study. *International Journal of Rheumatic Diseases,* 22(4), 555-566. https://doi.org/10.1111/1756-185X.13549

Herr, M., Arvieu, J.J., Aegerter, P., Robine, J.M. and Ankri, J. (2014). Unmet health care needs of older people: prevalence and predictors in a French cross-sectional survey. *The European Journal of Public Health,* 24(5), 808-813. https://doi.org/10.1093/eurpub/ckt179

Huang, J., Jiang, Z., Zhang, T., Wang, L., Chu, Y., Shen, M., ... & Liu, C. (2019). Which matters more for medication adherence among disabled people in Shanghai, China: family support or primary health care?. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing,* 56. https://doi.org/10.1177/0046958019883175

Jensen, G.A. and Li, Y. (2012). Long-run health effects of cost-related non-adherence to prescribed medications among adults in late midlife. *Journal of Pharmaceutical Health Services Research,* 3(2), 85-93. https://doi.org/10.1111/j.1759-8893.2012.00087.x

Jones, E., Pike, J., Marshall, T. and Ye, X. (2016). Quantifying the relationship between increased disability and health care resource utilization, quality of life, work productivity, health care costs in patients with multiple sclerosis in the US. *BMC Health Services Research,* 16, 1-9. https://doi.org/10.1186/s12913-016-1532-1

Ju, Y. J., Kim, T. H., Han, K. T., Lee, H. J., Kim, W., Ah Lee, S., & Park, E. C. (2017). Association between unmet healthcare needs and health-related quality of life: a longitudinal study. *The European Journal of Public Health,* 27(4), 631-637. https://doi.org/10.1093/eurpub/ckw264

Kang, H., Lobo, J.M., Kim, S. and Sohn, M.W. (2018). Cost-related medication non-adherence among US adults with diabetes. *Diabetes research and clinical practice,* 143, 24-33. https://doi.org/10.1016/j.diabres.2018.06.016

Kapur, V. and Basu, K. (2005). Drug coverage in Canada: who is at risk?. *Health policy,* 71(2), 181-193. https://doi.org/10.1016/j.healthpol.2004.08.006

Krokavcova, M., van Dijk, J.P., Nagyova, I., Rosenberger, J., Gavelova, M., Middel, B., Gdovinova, Z. and Groothoff, J.W. (2008). Social support as a predictor of perceived health status in patients with multiple sclerosis. *Patient education and counseling,* 73(1), 159-165. https://doi.org/10.1016/j.pec.2008.03.019

Law, M.R., Cheng, L., Kolhatkar, A., Goldsmith, L.J., Morgan, S.G., Holbrook, A.M. and Dhalla, I.A. (2018). The consequences of patient charges for prescription drugs in Canada: a cross-sectional survey. *Canadian Medical Association Open Access Journal,* 6(1), E63-E70. https://doi.org/10.9778/cmajo.20180008

Lee, S., Park, H.N., Nam, H.J., Kim, B. and Yoon, J.Y. (2024). A comparison of factors associated with unmet healthcare needs in people with disabilities before and after COVID-19: a nationally representative population-based study. *BMC Health Services Research,* 24(1), 134. https://doi.org/10.1186/s12913-024-10579-y

Lindsay, S. and Tsybina, I. (2011). Predictors of unmet needs for communication and mobility assistive devices among youth with a disability: the role of socio-cultural factors. *Disability and Rehabilitation: Assistive Technology,* 6(1), 10-21. https://doi.org/10.3109/17483107.2010.514972

Maart, S. and Jelsma, J. (2014). Disability and access to health care–a community based descriptive study. *Disability and rehabilitation,* 36(18), 1489-1493. https://doi.org/10.3109/09638288.2013.807883

McColl, M. A., Jarzynowska, A., & Shortt, S. E. D. (2010). Unmet health care needs of people with disabilities: Population level evidence. *Disability & Society,* 25(2), 205-218. https://doi.org/10.1080/09687590903537406

Mishra, S., Laplante-Levesque, A., Barbareschi, G., Witte, L.D., Abdi, S., Spann, A., Khasnabis, C. and Allen, M. (2024). Assistive technology needs, access and coverage, and related barriers and facilitators in the WHO European region: a scoping review. *Disability and Rehabilitation: Assistive Technology,* 19(2), 474-485. https://doi.org/10.1080/17483107.2022.2099021

Mosen, D.M., Banegas, M.P., Tucker-Seeley, R.D., Keast, E., Hu, W., Ertz-Berger, B. and Brooks, N. (2021). Social isolation associated with future health care utilization. *Population Health Management,* 24(3), 333-337. https://doi.org/10.1089/pop.2020.0106

Mulcahy, A., Streed Jr, C.G., Wallisch, A.M., Batza, K., Kurth, N., Hall, J.P. and McMaughan, D.J. (2022). Gender identity, disability, and unmet healthcare needs among disabled people living in the community in the United States. *International journal of environmental research and public health,* 19(5), 2588. https://doi.org/10.3390/ijerph19052588

Norton, E. C., Dowd, B. E., & Maciejewski, M. L. (2018). Odds ratios—Current best practice and use. *JAMA,* 320(1), 84-85. https://doi.org/10.1001/jama.2018.6971

Orellano-Colón, E.M., Mann, W.C., Rivero, M., Torres, M., Jutai, J., Santiago, A. and Varas, N. (2016). Hispanic older adult's perceptions of personal, contextual and technology-related barriers for using assistive technology devices. *Journal of racial and ethnic health disparities,* 3, 676-686. https://doi.org/10.1007/s40615-015-0186-8

Parette, P. and Scherer, M. (2004). Assistive technology use and stigma. *Education and training in developmental disabilities,* 39 (3), 217-226.

Peklar, J., Kos, M., O'Dwyer, M., McCarron, M., McCallion, P., Kenny, R.A. and Henman, M.C. (2017). Medication and supplement use in older people with and without intellectual disability: an observational, cross-sectional study. *PLoS One,* 12(9), e0184390. https://doi.org/10.1371/journal.pone.0184390

Rahman, M.M., Rosenberg, M., Flores, G., Parsell, N., Akter, S., Alam, M.A., Rahman, M.M. and Edejer, T. (2022). A systematic review and meta-analysis of unmet needs for healthcare and long-term care among older people. *Health Economics Review,* 12(1), 60. https://doi.org/10.1186/s13561-022-00398-4

Rauh, K. (2023). Functional health difficulties among lesbian, gay and bisexual people in Canada. *Studies on Gender and Intersecting Identities,* Statistics Canada catalogue no. 45-20-00022023003. Available at: https://www150.statcan.gc.ca/n1/pub/45-20-0002/452000022023003-eng.htm

Rebić, N., Cheng, L., Law, M.R., Cragg, J.J., Brotto, L.A. and De Vera, M.A. (2024). Predictors of cost-related medication nonadherence in Canada: a repeated cross-sectional analysis of the Canadian Community Health Survey. *CMAJ,* 196(40), E1331-E1340. https://doi.org/10.1503/cmaj.241024

Reckrey, J.M., Federman, A.D., Bollens-Lund, E., Morrison, R.S. and Ornstein, K.A. (2020). Homebound status and the critical role of caregiving support. *Journal of aging & social policy,* 32(6), pp.590-603. https://doi.org/10.1080/08959420.2019.1628625

Reichard, A., Stransky, M., Phillips, K., McClain, M. and Drum, C. (2017). Prevalence and reasons for delaying and foregoing necessary care by the presence and type of disability among working-age adults. *Disability and health journal,* 10(1), pp.39-47. https://doi.org/10.1016/j.dhjo.2016.08.001

Rolnick, S.J., Pawloski, P.A., Hedblom, B.D., Asche, S.E. and Bruzek, R.J. 2013. Patient characteristics associated with medication adherence. *Clinical medicine & research,* 11(2), pp.54-65. https://doi.org /10.3121/cmr.2013.1113

Rotermann, M., Sanmartin, C., Hennessy, D. and Arthur, M. (2014). Prescription medication use by Canadians aged 6 to 79. *Health reports,* Statistics Canada Catalogue no. 82-003-X, 25(6), 3. Available at: https://www150.statcan.gc.ca/n1/pub/82-003-x/2014006/article/14032-eng.pdf

Roux, J., Guilleux, A., Lefort, M. and Leray, E. (2019). Use of healthcare services by patients with multiple sclerosis in France over 2010–2015: a nationwide population-based study using health administrative data. *Multiple Sclerosis Journal–Experimental, Translational and Clinical,* 5(4). https://doi.org/10.1177/2055217319896090

Sanmartin, C., C. Houle, S. Tremblay, and J.M. Berthelot. (2002). Changes in unmet health care needs. *Health Reports,* Statistics Canada catalogue no. 82-003-X, 13(3), 15–21. Available at: https://www150.statcan.gc.ca/n1/pub/82-003-x/2001003/article/6101-eng.pdf

Scharf, A., Michalowsky, B., Rädke, A., Kleinke, F., Schade, S., Platen, M., Buchholz, M., Pfaff, M., Iskandar, A., van den Berg, N. and Hoffmann, W. (2025). Identifying and Addressing Unmet Needs in Dementia: The Role of Care Access and Psychosocial Support. *International Journal of Geriatric Psychiatry,* 40(4), e70066. https://doi.org/10.1002/gps.70066

Scheurer, D., Choudhry, N., Swanton, K.A., Matlin, O. and Shrank, W. (2012). Association between different types of social support and medication adherence. *The American journal of managed care,* 18(12), e461-7.

Sibley, L.M. and Glazier, R.H. (2009). Reasons for self-reported unmet healthcare needs in Canada: a population-based provincial comparison. *Healthcare policy,* 5(1), 87-101.

Spiers, G.F., Kunonga, T.P., Stow, D., Hall, A., Kingston, A., Williams, O., Beyer, F., Bower, P., Craig, D., Todd, C. and Hanratty, B. (2022). Factors associated with unmet need for support to maintain independence in later life: a systematic review of quantitative and qualitative evidence. *Age and Ageing,* 51(10), 228. https://doi.org/10.1093/ageing/afac228

Starkes, J.M., Poulin, C.C. and Kisely, S.R. (2005). Unmet need for the treatment of depression in Atlantic Canada. *The Canadian Journal of Psychiatry,* 50(10), 580-590. https://doi.org/10.1177/070674370505001003

Stewart, S.J.F., Moon, Z. and Horne, R. (2023). Medication nonadherence: health impact, prevalence, correlates and interventions. *Psychology & health,* 38(6), 726-765. https://doi.org/10.1080/08870446.2022.2144923

Tamblyn, R., Laprise, R., Hanley, J.A., Abrahamowicz, M., Scott, S., Mayo, N., Hurley, J., Grad, R., Latimer, E., Perreault, R. and McLeod, P. (2001). Adverse events associated with prescription drug cost-sharing among poor and elderly persons. *Jama,* 285(4), 421-429. https://doi.org /10.1001/jama.285.4.421

Trezzini, B., Brach, M., Post, M., Gemperli, A. and SwiSCI Study Group. (2019). Prevalence of and factors associated with expressed and unmet service needs reported by persons with spinal cord injury living in the community. *Spinal cord,* 57(6), 490-500. https://doi.org/10.1038/s41393-019-0243-y

Urbanoski, K.A., Cairney, J., Bassani, D.G. and Rush, B.R. (2008). Perceived unmet need for mental health care for Canadians with co-occurring mental and substance use disorders. *Psychiatric services,* 59(3), 283-289. https://doi.org/10.1176/ps.2008.59.3.283

van Asselt-Goverts, A.E., Embregts, P.J.C.M., Hendriks, A.H.C., Wegman, K.M. and Teunisse, J.P. (2015). Do social networks differ? Comparison of the social networks of people with intellectual disabilities, people with autism spectrum disorders and other people living in the community. *Journal of autism and developmental disorders,* 45, 1191-1203. https://doi.org/10.1007/s10803-014-2279-3

Van der Aa, M.J., van den Broeke, J.R., Stronks, K. and Plochg, T. (2017). Patients with multimorbidity and their experiences with the healthcare process: a scoping review. *Journal of comorbidity,* 7(1), 11-21. https://doi.org/10.15256/joc.2017.7.97

Wrzus, C., Hänel, M., Wagner, J. and Neyer, F.J. (2013). Social network changes and life events across the life span: a meta-analysis. *Psychological bulletin,* 139(1), 53. https://doi.org/10.1037/a0028601

Yang, F.J. and Gupta, S. (2024). Exploring gaps in prescription drug insurance coverage among men and women in Canada using an intersectional lens. *Insights on Canadian Society,* Statistics Canada catalogue no.75-006-X. Available at: https://www150.statcan.gc.ca/n1/pub/75-006-x/2024001/article/00001-eng.htm