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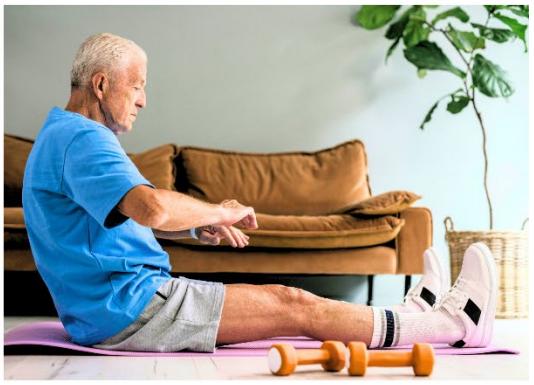


Seniors' Report 2024

Monitoring Key Indicators of Seniors' Wellbeing in Newfoundland and Labrador: A Baseline Report

Office of the
SENIORS' ADVOCATE
Newfoundland and Labrador

Contents

Introduction

The Office

The Office of the Seniors' Advocate Newfoundland and Labrador (NL) is a statutory office of the House of Assembly of Newfoundland and Labrador, established in 2017. The purpose, powers and duties of the Office are outlined in the **Seniors' Advocate Act**.

The Office was established to:

- Identify, review, and analyze systemic issues related to seniors;
- Work collaboratively with seniors' organizations, service providers, and others to identify and address systemic issues related to seniors; and
- Make recommendations regarding changes for improving seniors' services.

A **systemic issue** is any issue that affects a large number of people.

The office has a strong role as an independent voice for seniors. Our vision:

> *Seniors aging well and living their best lives in age-friendly communities: healthy, engaged, connected, supported, and fulfilled. Financially secure seniors with options to choose where they live (geographically and the type of living arrangement) and access to the programs and services they need.*

This Report

This document provides a profile of seniors in NL as well as information in the form of statistical data on seniors' services, lifestyle trends, and the ability of seniors to age well. This inaugural report is intended to create a baseline of how seniors in the province are doing on the key indicators. For the purposes of this report seniors are considered to be those aged 65 years and older, unless stated otherwise.

The report examines six subject areas of importance to seniors: wellbeing, health care, finances, housing, transportation and safety and protection. Within the body of the report, indicators are presented for the most recent year available. In many cases, data is also given for Canada for comparison purposes. Where regional data exists, this data is also provided.

The primary goal of this report is to inform, help monitor trends, identify gaps in the services available to meet seniors' needs, and facilitate meaningful action. The analysis of the data will also support the systemic advocacy of this office.

All tables, charts, and figures corresponding to the data are contained in a separate, companion report entitled *Seniors' Report 2024 Data Tables, Figures and Charts* for reference. Where possible, data is compared to one year earlier and five years (or the closest to five years available) earlier to identify changes in the indicator. When relevant, data is also compared to national and other provincial data.

It is important to note that there are limitations and considerations for all data presented and referenced in this report. The indicators come from various sources. Much of the data used comes from publicly available resources such as Statistics Canada and the Canadian Institute for Health Information (CIHI). In addition, provincial government departments provided information based on administrative data. Readers should be mindful of any notes included in the tables and charts, as these may provide helpful context to the methods used. For additional information, please refer to the source reference under each table.

Please note that information in this report may refer to Regional Health Authorities. On April 1, 2023, the four Regional Health Authorities and the Newfoundland and Labrador Centre for Health Information were amalgamated into one entity—Newfoundland and Labrador Health Services. Much of the data used in this report predates the transition, therefore references to the previous structure are sometimes used.

Acknowledgements

Contributors

The Office of Seniors' Advocate NL would like to extend thanks to the many government agencies and community organizations that provided the data to inform this report. These contributions have allowed us to lay the foundation of the key performance indicators. The continued support of these organizations will enable us to track trends related to the wellbeing of seniors in the province.

Diversity, Equity & Inclusion

In Canada, **minority** typically refers to people of colour and people with disabilities, although this does not encompass all minority groups.

The data presented in this report is intended to represent and inform the people of Newfoundland and Labrador. With that in mind, it is important to recognize the impacts of systemic inequalities. Minorities are typically under-represented in scientific research and data collection, due to systemic barriers and biases. One of the largest minority groups in our province is Indigenous peoples which comprise nearly 10 per cent of NL's population.[1] However, these communities account for a much larger portion of people who experience negative social, physical, financial, and mental health outcomes. Indigenous discrimination is relevant to every topic explored in this report, and we recognize that these communities and/or individuals face undue hardship due to systemic discrimination and racial inequality.

The Office of Seniors' Advocate NL strongly believes in equal access and opportunity, ample representation, and social inclusion of all people. We highlight Indigenous peoples because they account for a large portion of the minority population in our province, however, we recognize many other population groups face discrimination with similar consequences. This report should be interpreted with these inequalities in mind; when poor outcomes are noted in the general population, they are likely disproportionately affecting minority groups.

Executive Summary

The Office of the Seniors' Advocate (OSA), NL, has long wanted to produce a report detailing how seniors in the province are doing. To achieve this, we have collected and analyzed provincial and national data on several key indicators. Information that answers important questions like: What is the experience of seniors from a housing and safety perspective? How do the financial resources of seniors in NL compare with seniors nationally? Are seniors able to access the health services they require, and in a timely manner? Are these services making a difference?

This report presents the data on key indicators of seniors' well-being under six broad areas: Wellbeing, Health Care, Finances, Housing, Transportation, and Safety and Protection. The report also provides analysis of the data, however, all the tables and charts are provided to ensure transparency and independent analysis. The **Seniors' Report 2024** is a baseline report. It is the intention of the OSA that this report will be produced on an annual basis so that in the coming years we can determine if the wellbeing of seniors in NL is improving or worsening.

What are some of the core findings presented in this report?

In 2023, there were 131,214 seniors in NL, almost one-quarter (24.4 per cent) of the overall population. The population of seniors is projected to increase and reach 29 per cent of the population by 2033 – just 10 years.

In 2022, almost half (47 per cent) of NL seniors perceived their health as very good or excellent, five percentage points higher than the Canadian average. Despite this, there has been some erosion in subjective measures of health over the last several years, including increased alcohol and smoking behaviour.

Newfoundland and Labrador has a lower rate of seniors who are connected with a regular health care provider than the national average and all other provinces. Furthermore, the number of seniors on a waitlist for a family doctor or primary healthcare provider increased substantially from 2021 to 2022.

When it comes to preventative health measures such as diet, exercise and immunizations, NL seniors score below the national average. Affordability issues is believed to be one of the main causes of below average performance, which is aligned with the OSA research that 32 per cent of seniors cannot afford the necessities of life.

Other health performance measures also fall below the national average. The percentage of hip and knee replacement surgeries and the percentage of cataract surgeries that are performed within the national benchmark waiting times are

significantly below the Canadian average and have not yet recovered to pre-pandemic rates.

While NL seniors in long term care have a lower rate of falls than the national average, it is concerning that the use of restraints and antipsychotic drugs continue to be higher in this province that of Canada. Further the regional differences are troubling and require further investigation.

Seniors are equally concerned about income and affordability. At $27,800, NL seniors have the lowest median income in the country. NL also has the highest number of seniors receiving the Guaranteed Income Supplement (GIS). This indicates that many seniors in the province are likely struggling to make ends meet.

Most NL seniors (95 per cent) live in private dwellings in the community. Of those living in private dwellings, about 23 per cent live alone and 67 per cent live in a couple. Over 30 percent of seniors living alone and renting, are in core housing need and 12 per cent of senior homeowners living alone are in core housing need.

Safety and protection data indicate that there has been an erosion of seniors safety in the last several years. Both the number of reports under the **Adult Protection Act** and the number of criminal violations involving a senior victim have gone up notably in the last several years.

Newfoundland and Labrador has the highest proportion of seniors in Canada and the information compiled in this report indicates that seniors are lagging behind the rest of the country in many key indicators. Furthermore, in some areas the situation is worsening. These findings certainly support the importance of monitoring data over time and reporting it annually in an effort to ensure transparency in the outcomes of publicly funded programs and services.

Mahatma Gandhi said: “The true measure of any society can be found in how it treats its most vulnerable members”. In this regard, we are found lacking.

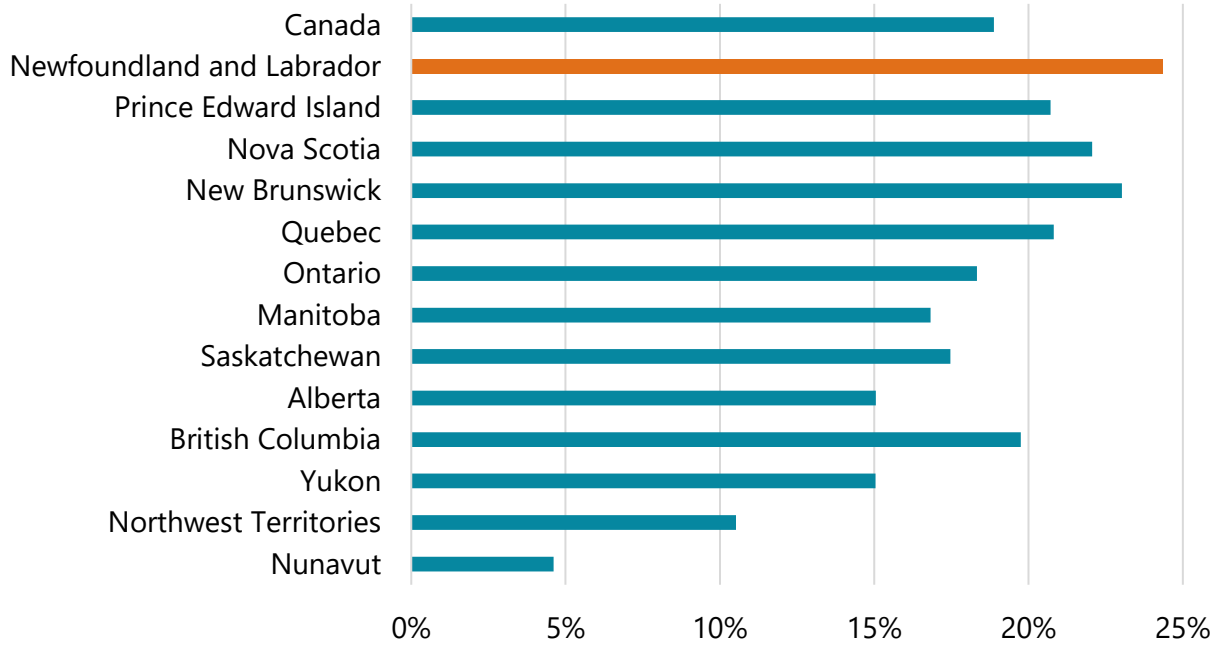
Background

Canada's population has been shifting dramatically since the 1980s, with a rapidly growing proportion of seniors every year. In fact, seniors are the fastest growing age group in Canada. Medical advancements, economic changes, and strikingly low birth rates have all contributed to an aging population, especially for the Atlantic provinces. In Newfoundland and Labrador, the out-migration of thousands of young adults exacerbated the aging trend. This shift in the age composition of the population comes with challenges and opportunities. While the demand for adequate healthcare and retirement options grows, older adults have a wealth of experience and knowledge that can be invaluable to their communities. Properly supporting an aging population means leveraging the strengths of seniors while providing the services necessary for them to age well.

NEARLY 25% OF THE NL POPULATION IS OVER THE AGE OF 65.

According to the most recent demographic data, NL has the largest proportion of seniors and one of the fastest growing population of seniors. **Table 1**

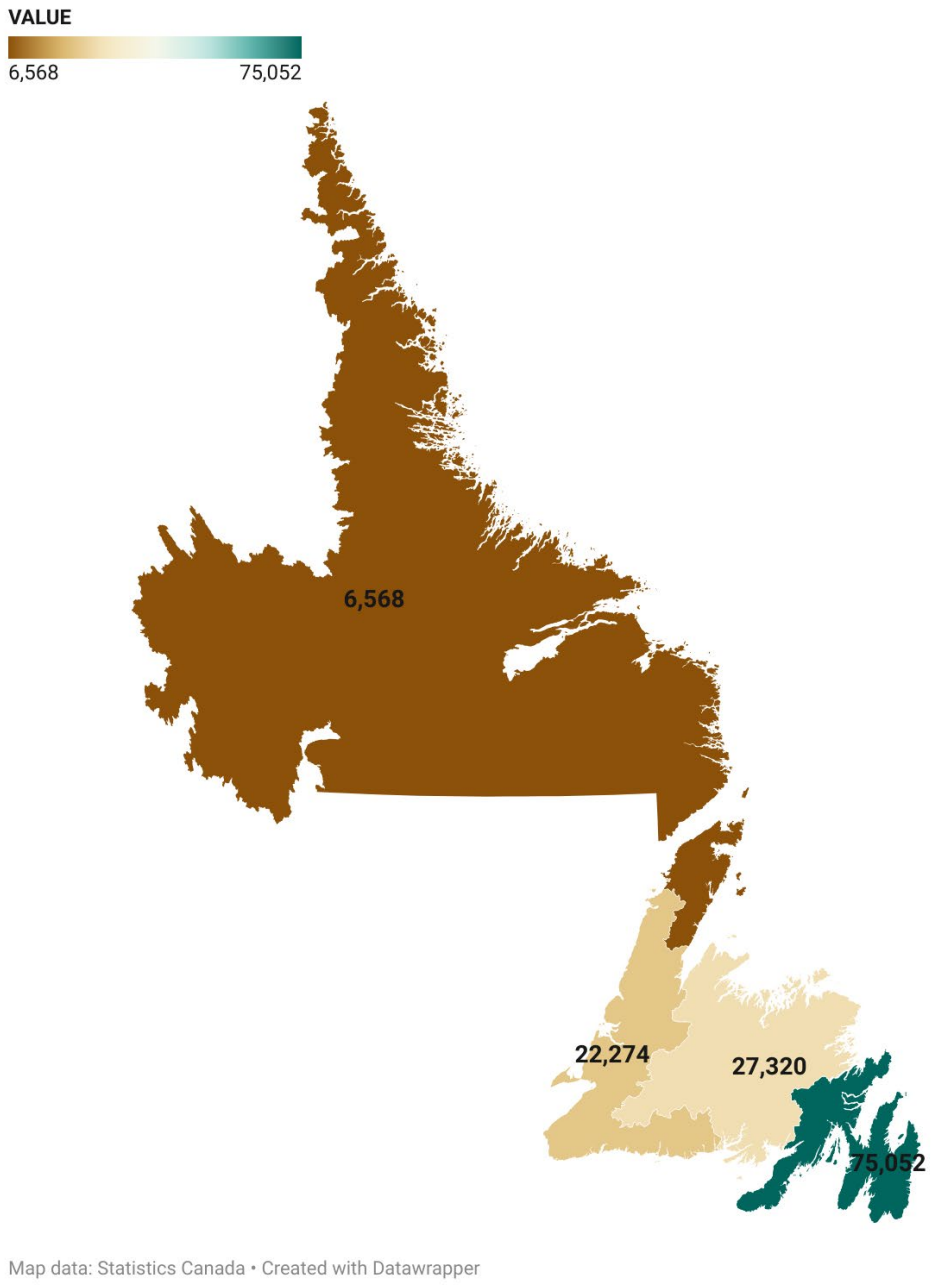
PROPORTION OF SENIOR POPULATION, 2023



Source: Statistics Canada Table 17-10-0005-01

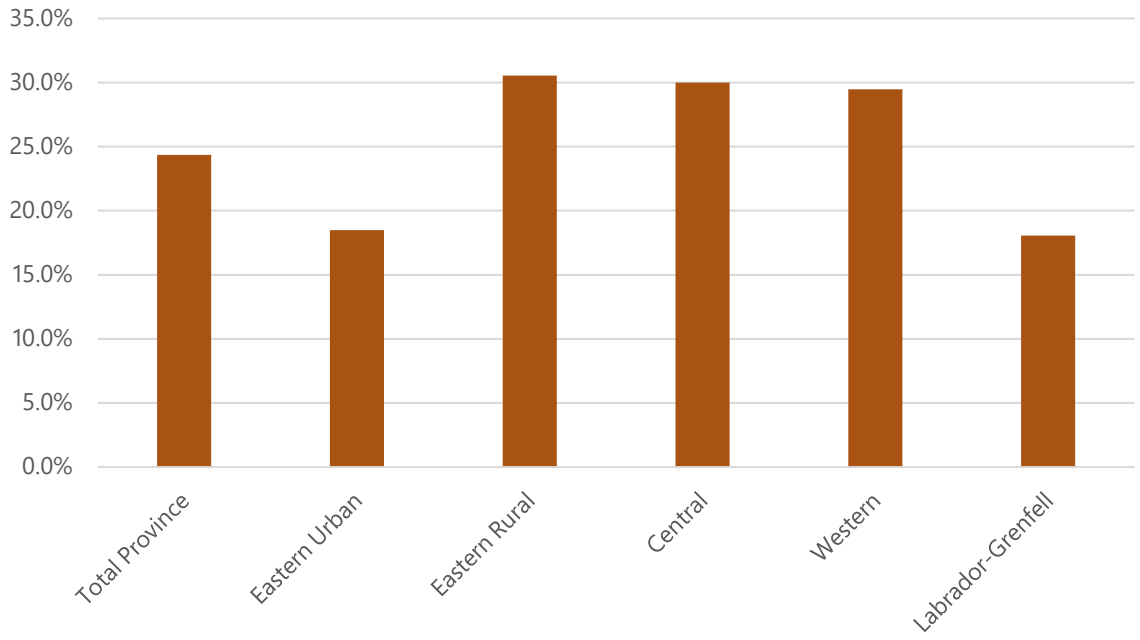
Like the general population, the largest number of seniors live in the Eastern Health region with over 75,000 people aged 65 years and over residing in this area. This represents 57 per cent of the senior population in the province. **Table 2**

POPULATION OF SENIORS BY HEALTH REGION, NL, 2023



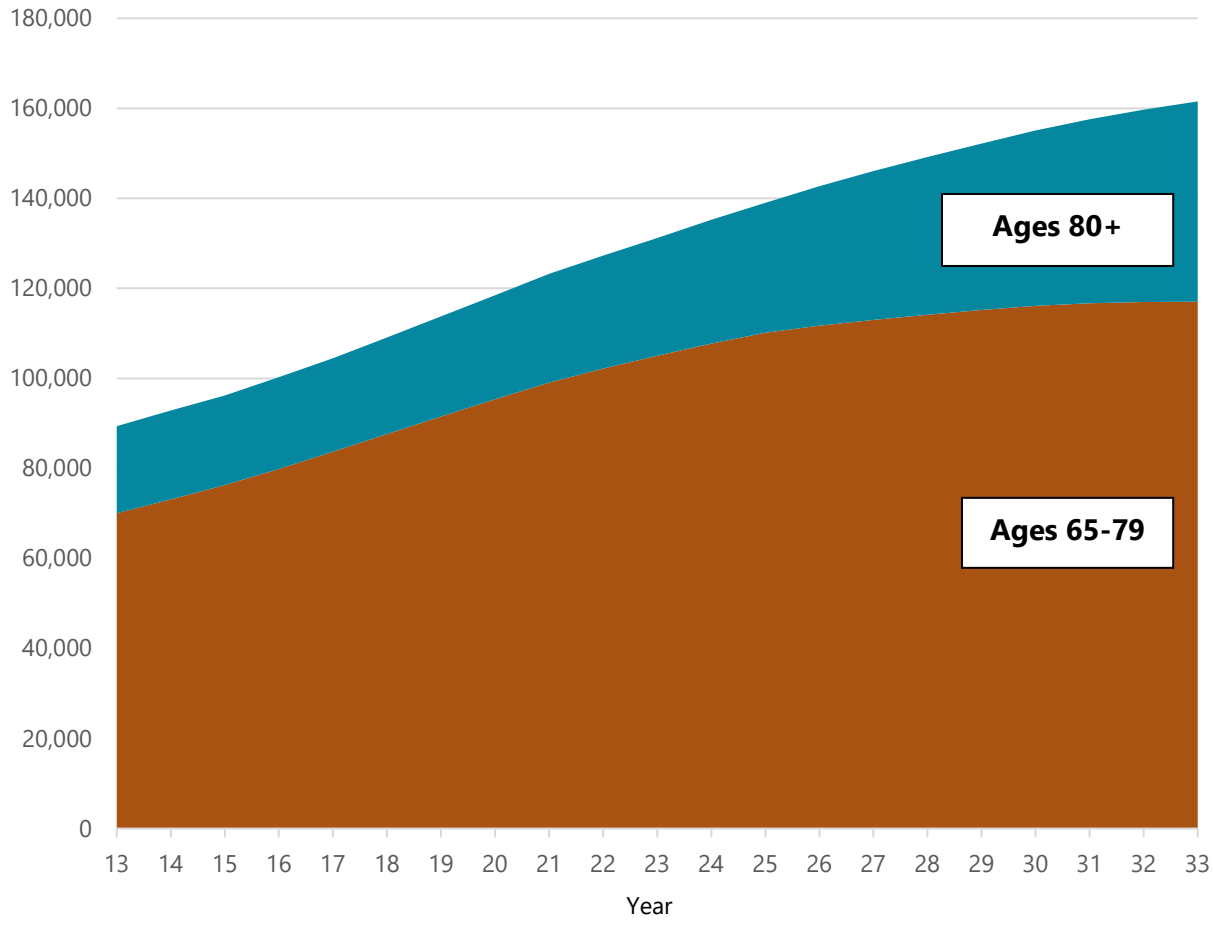
While most seniors live in the Eastern region, the proportion of the population that are seniors is highest in the Central and Western regions. In these two regions, almost 30 per cent of the population are aged 65 or older. As well, in rural areas of the Eastern Region, the population is also approximately 30 per cent seniors.

PROPORTION OF SENIORS BY HEALTH REGION, NL, 2023



The large and growing proportion of seniors in the province highlights the need for monitoring seniors' data. Additionally, the number of seniors and the proportion this is of the population is expected to continue to increase. Over the next ten years, the population of seniors in the province is expected to rise to 160,000, an increase of 23 per cent. This means that 29 per cent of the province's population will be seniors. (In the Western and Central regions the percentage is expected to be 36 per cent.) Furthermore, the composition of seniors is expected to change with more people in the older age groups. By 2033, the number of people aged 80 and over is expected to increase by 70 per cent to over 44,000 and comprise eight per cent of the population (compared to five per cent currently). This changing composition is important to recognize and monitor because it has important implications for the types and volume of programs and services required to meet the needs of this population group which can be very different from that of younger seniors.

POPULATION OF SENIORS, NL 2013-2033



Despite the general awareness of an aging population, Canada has not risen to the challenge of adequately supporting seniors, and neither has NL. In 2023, the C.D. Howe Institute compared Canada to ten other countries in seniors' care, focusing on access to care, process of care, equity, impact of COVID-19, and health status of seniors.[1] Their report found that Canada ranked fourth to last in seniors' healthcare performance, and NL performed the worst of all the provinces in nearly every single category.[2] While the pandemic did have a significant impact on the healthcare system, these results certainly warrant closer monitoring of seniors and seniors' services. **Table 3**

[1] The report used data from an international survey carried out by the Commonwealth Fund, a US-based foundation dedicated to improving healthcare systems. The Fund's 2021 International Health Policy Survey of Older Adults (CMWF) focused on a random sample of seniors aged 65 and older in 11 countries and asked about their experiences, interactions and perceptions of the healthcare system and health providers.

WELLBEING

Are seniors generally healthy and maintaining a good quality of life?

Wellbeing is often subjective and there is no universal definition. However, it can be defined as a positive physical, social and mental state. This section looks at physical health, smoking and alcohol consumption, nutrition, and mental and emotional health, as essential components of wellbeing, to help form a picture of how NL seniors are doing on a day-to-day basis.

Research suggests that implementing preventative lifestyle changes between the ages of 55 and 65 can prevent or delay the development of up to 80 per cent of age-related health issues.[3] Monitoring key elements of wellbeing can help us better understand lifestyle trends for NL seniors and how these may impact our ability to age well.

Statistics Canada conducts the Canadian Community Health Survey (CCHS) annually. The CCHS collects information related to health status, health care utilization and health determinants for the Canadian population and is designed to provide reliable estimates at the health region level. The survey provides self-reported estimates of a wide variety of health-related indicators including physical health, mental health, and activities that can impact health like exercise, smoking, drinking and dietary habits. This section relies on data from this survey. Statistics Canada advises that the survey underwent a redesign in 2022 and as a result of this redesign caution should be taken when comparing data from previous years to data released in 2022 and onwards.

Perception of Physical Health

How we perceive our health is an essential component to understanding our limitations and strengths and using preventative measures to support aging well.

Regular physical activity not only helps maintain mobility and independence, but is associated with decreased risk of falls, heart disease, diabetes, cancer, and dementia.[4] It is linked to better mental health outcomes as well.

For seniors, Health Canada recommends at least 150 minutes per week of moderately intense exercise (e.g. brisk walking) as well as muscle-strengthening activities at least twice per week.[5] However, research indicates that seniors often have a very difficult time maintaining regular exercise routines and require significant support to meet those recommendations.[6] Exercise programs are an excellent way for seniors to access the supports they need to meet daily activity recommendations. Research shows that older adults are more likely to adhere to an exercise program if it is evidence based, tailored to their needs, and administered/supervised by a multidisciplinary team (including psychologists, physicians, physiotherapists, etc.).[7] Further, self-monitoring and goal setting promote adherence to exercise programs.[8] Unfortunately, exercise programs that meet all of these requirements are often costly and may not be financially and/or geographically accessible for the majority of seniors.

Physical Health	NL	Canada
Percent of seniors who perceive their health as very good or excellent	**47%** 2022	**42%** 2022
Percent of seniors who perceive their health as fair or poor	**23%** 2022	**22%** 2022
Percent of seniors who report getting the recommended amount of physical activity	**30.5%** 2021	**41%** 2021

Only 30% of seniors in NL report getting the recommended amount of physical activity compared to 41% nationally. Nonetheless, 47% of seniors in the province perceive their health as very good or excellent, five percentage points higher than the national average. While higher than the national average, there was a notable decline in this measure in 2022. This may be partially due to the survey redesign but should be monitored closely. **Table 4**

Smoking and Alcohol Consumption

As mentioned previously, lifestyle choices have a significant impact on the ability to age well. It takes only two years for older adults to have a decreased risk of mortality once they quit smoking, as they develop a better quality of life and lower their risk of heart and lung disease.[9] Excessive alcohol consumption (quantity rather than frequency) is linked with higher risk of mortality and cognitive disorders, and poorer general and mental health.[10,11]

Alcohol consumption and smoking nicotine play a key factor in the wellbeing of seniors, not only due to the general negative impact they have on health, but also because changes in these behaviours can be an indicator of psychological stress and overall poor wellbeing. **Table 4**

Smoking & Alcohol Habits	NL	Canada
Percent of seniors who report being a daily smoker (nicotine)	**9%** 2022	**8%** 2022
Percent of seniors who report heavy drinking	**12%** 2022	**10%** 2022

The percentage of seniors who smoke and drink heavily in NL is slightly higher than the Canadian average, as it has been historically. More concerning is the uptick in both smoking and drinking in the last couple of years. This may be partially related to COVID, however, it is important to monitor this because, as noted, it can be reflection of wellbeing.

Nutrition

Proper dietary habits contribute to physical health and cognitive function. Seniors are at an increased risk of inadequate nutrition simply because people tend to eat less as they age.[12] Inadequate nutrition and food insecurity increases seniors' risk of chronic disease, hospitalization, falls, and mortality.[13]

Food security refers to our ability to afford and access safe and nutritious food.

Historically, access to nutritious food (and enough of it) has been an issue in NL. Thin soil and harsh climates make subsistence farming difficult at best in many areas of the province, so traditionally many living in NL have had to make do with very little in terms of fresh food, especially fruits and vegetables. Seasonal gardens, foraging, fishing, and hunting have always been essential to many communities throughout the province.

There is a growing body of research that suggests that many NL seniors living within their community do not get adequate nutrition from their food.[14,15] This is especially true for seniors who live in rural areas. Seniors in NL are primarily deprived of vitamin D, calcium, vitamin A, and magnesium.[16] **Table 4, 5**

Nutrition	NL	Canada
Percent of seniors that are food secure	**88%** 2022	**88%** 2022
Percent of seniors who meet fruit and vegetable consumption recommendations	**14%** 2021	**26%** 2021

This research is supported by data from the CCHS which indicates that only 14% of NL seniors meet the fruit and vegetable consumption recommendations of five or more servings per day, significantly lower than the Canadian average of 26%. Also of concern is the fact that the percentage of NL seniors getting the recommended amount of fruit and vegetables per day has declined by five percentage points from 2017 to 2021 (latest year available). This may be partially related to the rising costs of fresh fruit and vegetables. It should be noted that frozen or canned produce is just as nutritious as fresh and are often a more economical and accessible option.

Mental & Emotional Health

Many seniors face unique challenges in maintaining their social wellbeing, largely due to leaving the workforce and increasingly limited mobility (either due to physical decline or lack of transportation). However, research indicates that social engagements are an essential component of seniors' ability to age well because it decreases risk of mortality and depression, and is associated with better mental and physical health outcomes.[17] In fact, social isolation has been shown to be an equal (if not greater) risk to mortality as common lifestyle habits, such as drinking and smoking.[18] Monitoring seniors' sense of belonging sheds light on their social connections.

Stress is a well-known contributor to poor health, increasing risk of mortality and chronic disease.[19] Seniors are especially susceptible to the negative impact of stress because of the myriad of social, psychological, and mental changes that come with aging. Monitoring seniors' perceived stress and life satisfaction can help to highlight changes in overall wellbeing that may be the result of systemic issues. **Table 4**

Mental Health	NL	Canada
Percent of seniors that perceive their mental health as very good or excellent	**59.5%** 2022	**61%** 2022
Percent of seniors that perceive their mental health as fair or poor	**8%** 2022	**9%** 2022
Percent of seniors that report feeling quite a bit or extremely stressed most days	**9%** 2022	**11%** 2022
Life Satisfaction	NL	Canada
Percent of seniors that report being satisfied or very satisfied with their life	**91%** 2022	**88%** 2022
Sense of Belonging	NL	Canada
Percent of seniors that report feeling a somewhat or very strong sense of belonging to their local community	**82%** 2022	**70%** 2022

Subjective measures of mental health (that is based on survey respondents' own perception) indicate that the percentage of seniors in NL who have very good or excellent mental health is roughly on par with the national average. Furthermore, the percentage of NL seniors who indicate a high level of life satisfaction and a strong sense of belonging to their community is notably higher than the national average. This may be attributed to more rural and smaller communities.

The percentage of seniors who perceive their health as very good or excellent and the percentage who report feeling a somewhat or very strong sense of belonging to their local community both declined markedly in 2022. Similar to other measures from this survey, this may be due to the survey redesign. Nonetheless, it is important to continue to monitor these indicators to determine if this is the beginning of a trend or the result of the survey redesign.

HEALTH CARE

Do seniors have access to affordable and quality care at home, in hospital, and in residential facilities?

Health care plays a significant role in our ability to age well. Data from 2022 indicates that 6.5% of Canadian seniors had unmet healthcare needs.[20] Health care for seniors can be described as a continuum, from independent living to institutionalization. This report reviews five kinds of care across the continuum: primary care, hospital care, home care, long-term care, and respite care.

Primary health care refers to treatments for acute illnesses and injuries, and preventative care. This is generally the first point of access to any health care service. Hospital care includes both inpatient and outpatient services and may also be called acute care.[21] Home care refers to services and supports delivered to seniors within their own homes, aimed at preventing, delaying, or acting as a substitute for institutionalization.[22] Home care includes nursing, personal care, physical therapy, dietitian services, household tasks, and respite services. Long-term care refers to health care and personal care that is administered to seniors in residential settings. Respite care refers to short-term care provided for an individual that is typically cared for at home. This service is designed to provide relief for informal caregivers, like family and friends.

Institutionalization refers to the process of being involuntarily placed in a care facility, like LTC or a hospital.

Availability & Accessibility

Primary Care

Accessing a regular health care provider is critical for seniors because health care needs generally increase with age and preventative care is essential. Research indicates that seniors are more likely than younger age cohorts to feel it is very important to have a regular health care provider within a close distance of their home, and who can coordinate their care needs with other professionals.[23] Further, seniors are less likely

than younger individuals to use walk-in clinics, preferring to book an appointment in advance (if they are able) or take a phone appointment. [24]

Access to Primary Care	NL	Canada
Percent of seniors who have a regular health care provider	**85%** 2022	**93%** 2022

According to results from Statistics Canada's CCHS, NL has a lower rate of seniors who are connected with a regular health care provider compared to Canada as a whole and the other Atlantic provinces. Prior to 2022, the difference between NL and Canada was in the range of two to three percentage points but in 2022 this gap widened significantly to eight percentage points. This is due to a notable drop in the number of NL seniors with access to primary care from 92% in 2021 to 85% in 2022. While this decline in access is concerning and is consistent with anecdotal evidence, it may be at least partially due to the survey redesign mentioned earlier. Nevertheless, it should be monitored on an ongoing basis. **Table 6**

According to data provided by Newfoundland and Labrador Health Services (NLHS), approximately 19,395 seniors in NL were on a waitlist for a regular provider at some point in time between 2021 and 2023. As of March 2024, approximately 61% were still waiting. It should be noted that between 2021 and 2022, the number of seniors on waitlists increased substantially (1,382 in 2021; 8,998 in 2022). This corresponds to the decline in the percentage of seniors who have access to primary care.

While most seniors are connected to a regular provider, in-house research from 2022 revealed that of the 1,300 seniors surveyed, just under one quarter reported that they had difficulty accessing a family doctor. This was more evident in rural areas, and for younger seniors (under 80).

The Commonwealth Fund is a privately owned foundation that supports independent research and issues grants to support improved health care policies, programs, and practices in industrialized countries.[25] They generally conduct a survey every year, however, the topic of the survey varies. The 2021 survey focused on the views and experiences of adults aged 65 and older. The survey results revealed:

- NL had the second lowest rate of seniors being able to get a same-day appointment with a nurse or doctor, the last time they needed care, of all provinces. 10 per cent of NL seniors reported getting a same-day appointment, while nearly 25 per cent reported having to wait 2-5 days.[26]

- NL had the highest rate of seniors who reported that it was very difficult to get medical care in the evenings, weekends, or holidays, without going to the ER, compared to every other province (NL reported 45 per cent; the second highest was PEI with 37 per cent). NL also had the highest rate of seniors reporting that they had a medical appointment that had been cancelled due to the pandemic (NL reported 44 per cent; the second highest was Ontario with 36 per cent).[27]
- NL seniors reported that when they contacted their usual place of care, they heard back within the same day less often than most of Canada.[28]

This information is well-suited for monitoring access to primary care for NL seniors; however, the survey is not regularly scheduled and, as such, cannot be monitored over time. Nonetheless, it is still informative and provides some context into what key issues may be impacting access to primary care for seniors in NL.

In addition to preventative health measures (e.g., nutrition, physical health), a large aspect of preventing chronic illness for seniors is immunization. The Public Health Agency of Canada, which follows the advice of the National Advisory Committee on Immunization, recommends that seniors be up to date on vaccinations for influenza (flu), COVID-19, Pneumococcal, and Shingles.[29] In addition, it recommends that adults 75 years of age and older and residents of nursing homes and other chronic care facilities receive the RSV vaccine. These illnesses can be especially detrimental for seniors and can precede chronic and severe health issues. **Table 7, 8**

Immunization	NL	Canada
Percent of seniors who have received an influenza vaccine in the past 12 months	**68%** 2022	**62%** 2022
Percent of seniors who have received at least one dose of the 2023-24 updated COVID-19 vaccine*	**40.8%** 2024	N/A
Percent of seniors who have received a dose of RSV vaccine in the last 24 months	**0.9%** 2024	N/A
Percent of seniors who have completed a shingles vaccine series	**20.3%** 2019-20	**36.3%** 2019-20
Percent of seniors who have received a Pneumococcal vaccine (PCV)	**31.5%** 2019-20	**51.1%** 2019-20

* Data is from October 2023 (2023/24 vaccination campaign began) to March 2024

Data related to immunizations among seniors stems from a couple of sources. Data on the influenza, shingles and PCV vaccines comes from Statistics Canada and can be compared to Canada and other provinces. Data on other vaccines comes from NL's Department of Health and Community Services—as such, we do not have comparable data for other jurisdictions.

Influenza vaccination rates among seniors in NL are higher than the national average but lower than the other Atlantic provinces. Despite the fact that shingles and pneumococcal vaccines are recommended by the Public Health Agency of Canada, vaccine uptake remains low among seniors in the province.

Utilization of vaccines that are not publicly funded is low due to affordability issues. The COVID-19 and flu vaccine are offered free-of-charge to all residents. In addition, the PCV is free for seniors. However, other recommended vaccines are not publicly funded. The shingles vaccine is not provided free of charge by public health and could cost anywhere from $150-200 per dose and there are two required shots.[30] As well, the RSV vaccine is not covered. It is important to note that private insurance plans may or may not cover these costs, depending on the plan.

The NL **Medical Care Plan (MCP)** is offered to eligible residents to cover the costs of insured physician services and hospital care. While the majority of health care costs are covered by MCP, there are some things that are not.

One of the main out-of-pocket health expenses for non-institutionalized seniors is prescription drugs. Many seniors have private health insurance. In addition, the **Newfoundland and Labrador Prescription Drug Program (NLPDP)** is offered to eligible NL residents to help cover the costs of eligible prescription medications. There are five main plans:

(1) Foundation Plan: Individuals in receipt of income support benefits automatically gain access to this plan.[2] This plan offers full coverage.
(2) 65Plus Plan: Seniors in receipt Old Age Security and the Guaranteed Income Supplement automatically gain access to this plan. Members pay the dispensing fee, up to a maximum of $6.
(3) Access Plan: Low-income individuals can apply for this plan. Coverage is determined by net income and family status.[3]

[2] This includes persons and families in receipt of income support benefits through the Department of Children, Seniors and Social Development, and certain individuals receiving services through the regional health authorities, including children in the care of Child, Youth and Family Services, and individuals in supervised care.

[3] This plan is offered to families with children, including single parents, with net annual incomes of $42,870 or less; couples without children with net annual incomes of $30,009 or less; single individuals with net annual incomes of $27,151 or less.

(4) Assurance Plan: Individuals can apply for this plan if their drug costs exceed a certain percent of their annual income.[4] This plan offers partial coverage.
(5) Select Needs: This plan offers full coverage for disease specific medications and supplies for those living with Cystic Fibrosis and Growth Hormone Deficiency. No application required.

In 2023-24, over 53,000 seniors (or 40 per cent of seniors in the province) availed of the NLPDP. Most are covered under the 65 Plus Plan. **Table 9**

Data from 2023-24 suggests that seniors who avail of the NLPDP pay nine per cent of the costs of eligible prescription medications, while NLPDP pays the remaining 91 per cent of the costs.

Hospital Care

Currently there is minimal data pertaining to the accessibility and availability of hospital care specifically for seniors in the province. One area where data is readily available is wait times for priority procedures. CIHI reports the percentage of cases that meet the national benchmark wait times for several procedures. Benchmarks are evidence-based goals that express the amount of time that scientific evidence shows is appropriate to wait for a particular service. While this data is not specific to seniors, most persons undergoing these procedures are seniors. CIHI reports that the most common age group for hip replacement surgery was 75 and older and the most common age group for knee replacements was 65 to 74.

The percentage of surgeries meeting national benchmarks in NL for all three surgeries fall well below the Canadian average. Furthermore, while there has been some improvement since the lows experienced during the pandemic, the proportion meeting the benchmark is still significantly lower than pre-2020. In 2019 the percentage meeting the benchmark for knee replacement, hip replacement and cataract surgeries were 72 per cent, 76 per cent and 63 per cent respectively. **Table 10**

[4] 5% of net income for those who earn below $40,000; 7.5% of net income for those who earn from $40,000 to under $75,000; 10% of net income for those who earn from $75,000 to under $150,000.

Priority Procedures	NL	Canada
Percent of knee replacement surgeries meeting benchmark wait time	**37%** 2023	**59%** 2023
Percent of hip replacement surgeries meeting benchmark wait time	**48%** 2023	**66%** 2023
Percent of cataract surgeries meeting benchmark wait time	**43%** 2023	**70%** 2023

Notes: Benchmark wait time for knee and hip replacement is 182 days. Benchmark wait time for cataract surgery is 112 days.
Based on data from April to September.

Another measurable component is **Alternate Level of Care (ALC)**, wherein a person is medically discharged from the hospital but remains in an acute care bed until appropriate care or living arrangements are arranged or available. Higher rates of ALC mean fewer beds available to those seeking acute care, resulting in a less efficient health care system. It also means that seniors are in inappropriate arrangements that are not equipped to meet their needs. According to the Health Accord, 300 older adults occupy ALC beds every day, on average.[31] Typically, NL has higher rates of ALC than Canada, and the majority are waiting for placement into a residential facility.[32] ALC will be addressed in subsequent sections as it relates to the availability and accessibility of home care and residential care services.

Home Care

Home care is accessed through the Provincial Home Support Program and is administered by the Regional Heath Authorities. Home care primarily provides assistance with activities of daily living such as personal care (e.g. eating, bathing, dressing) and homemaking (e.g. light housekeeping, laundry). Home care services can also include respite care, wound care, serious injury care, or palliative care.

While not all who access home care are seniors, the vast majority are. CIHI data indicates that less than 10 per cent of home care clients are under the age of 65.[33] Data indicates that approximately 6 per cent of Canadian households received formal home care in 2021, and nearly 3 per cent had unmet home care needs.[34] Data is not available for most provinces, including NL, on unmet needs, however, 6 per cent of NL households received formal home care in 2021, the same as the Canadian average.

One of the primary benefits of home care is being able to age at home or "age in place". Being able to stay at home and maintain independence to the extent possible is

important for most seniors. Living at home allows them freedom to maintain their independence longer and to stay engaged with their normal daily activities, including regular interaction and companionship with family and community. It allows for more choices and encourages active participation in their own lives. Aging at home can also extend and/or improve overall quality of life by postponing institutionalization.

In 2021, there were 50 home care agencies providing services to 6,650 persons throughout the province. In addition to home care agencies, individuals can avail of home care by independently hiring a caregiver. Unfortunately, there is no current information on the number of people accessing home care through this route.

There are currently no active waitlists in NL for home care services and supports, according to the Department of Health and Community Services (DHCS). All eligible individuals can avail of services immediately if there are home care services and supports available in the region/community. However, there can be a wait time for some individuals discharged from hospital. CIHI releases data on how many patients are in ALC until the appropriate home care services or supports are in place. In 2022-23, 11 per cent of hospital discharges were extended until home care supports were ready similar to the Canadian average of 10 per cent. The median number of days the stay was extended was nine. The length of the stay extension has been relatively consistent over the last five years, ranging from seven to nine days. Across regions, the stay was shortest in Labrador-Grenfell region at six days and longest in Central at 11 days.

The measurement of potential delays in the transition of care from one setting to another can be helpful in monitoring how accessible these services are, as well as to assist with discharge planning and coordination with care providers.[35] **Table 11**

Availability of Home Care	NL	Eastern	Central	Western	Lab-Grenfell
Number of home care agencies	**50** 2021	**25** 2021	**10** 2021	**13** 2021	**2** 2021
Number of home care clients	**6,650** 2021	**4,267** 2021	**1,195** 2021	**1,121** 2021	**67** 2021
Access to Home Care	NL	Eastern	Central	Western	Lab-Grenfell
Percent of hospital discharges to home care that required an extended stay, until home care supports were ready (ALC)	**11%** 2022-23	N/A	N/A	N/A	N/A
Median number of days patients remain in hospital when no longer requiring it, until home care supports were ready (ALC)	**9 days** 2022-23	**8 days** 2022-23	**11 days** 2022-23	**10 days** 2022-23	**6 days** 2022-23

Residential Care[5]

In NL, there are three residential care options: (1) Long-Term Care Facilities, (2) Protective Community Residences, and (3) Personal Care Homes. Each of these settings are accessed through the Regional Health Authorities.

Long-Term Care Facilities (LTCFs) are designed to provide the highest level of care for residents. This includes round-the-clock medical and personal care, nutritional resources, pharmacy services, rehabilitative and restorative therapies, and volunteer services.[36] LTCFs are publicly owned and operated by the government.

Protective Community Residences (PCRs) are specially designed homes for individuals living with mild to moderate dementia.[37] They include safeguards for wandering behaviours, like orientation cues, and staff trained specifically to provide aid and support those with cognitive impairments. PCRs are publicly owned and operated by the government.

[5] It is important to note that in order to explore the full scope of availability of LTCs and PCHs, we reference several different sources. Numbers may vary between tables due to variations in the methodology. Interpret the tables cautiously, and always view original source material for further information.

For the purposes of this report, long-term care (LTC) homes encompasses both LTCFs and PCRs.

Long wait times for LTC has been an issue facing Canadian seniors for decades. A *Canadian Journal on Aging* article from 2024 reviewed existing literature on wait times for LTC and found several explanations for what may be driving long wait times, including poorly managed waitlists, available resources, and federal/provincial policy and funding.[38]

When it comes to resources, there are significant issues with staff shortages and insufficient home and community-based care services and supports.[39] Insufficient funds for hiring, shortages in qualified personnel, and a lack of interest in the profession have all been purported to contribute to insufficient staffing in many LTC homes.[40]

Home and community-based care is essential for reducing LTC waitlists because research shows that these may be viable alternatives for those with less complex needs, but they must be accessible, affordable, and available.[41] Thus, LTC waitlists "do not always imply the need for more LTC beds", but rather may be highlighting a lack of community-based care".[42] Rural communities tend to have fewer home and community-based care supports, largely due to low population density and lack of resources/infrastructure.

LTC need often exceeds capacity, but it is becoming more evident that home and community-based care services and supports could alleviate some of this need.[43] LTC homes are also costly to operate, so efforts to enhance home and community-based alternatives may be economically more viable for government entities.[44]

In 2023-24, there were 43 LTC homes with a total of almost 3,300 beds in the province. These facilities operate at or near capacity with occupancy rates ranging from 97 per cent to 100 per cent across regions. **Table 12**

On average, there were 362 persons on a wait list for LTC admission in 2022-23. Of these, 55 were in personal care homes and 155 were in acute care beds. Waitlist represents all clients seeking LTC, however, the vast majority of these individuals are aged 65 years or older. **Table 13**

Availability of LTC	NL	Eastern	Central	Western	Lab-Grenfell
Number of LTC facilities	**43** 2023-24	**17** 2023-24	**14** 2023-24	**8** 2023-24	**4** 2023-24
Number of all LTC beds	**3,296** 2023-24	**1,884** 2023-24	**668** 2023-24	**593** 2023-24	**151** 2023-24
Access to LTC	NL	Eastern	Central	Western	Lab-Grenfell
Average occupancy rate	N/A	**97%** 2021	**98%** 2021	**99%** 2021	**100%** 2021
Average number of clients on a formal waitlist for LTC placement, per month	**362** 2022-23	**160** 2022-23	**108** 2022-23	**71** 2022-23	**23** 2022-23
Average number of clients waiting for LTC placement in PCHs, per month	**55** 2022-23	**16** 2022-23	**29** 2022-23	N/A	N/A
Average number of clients waiting for LTC placement in acute care (ALC), per month	**155** 2022-23	**63** 2022-23	**39** 2022-23	N/A	N/A

Personal Care Homes (PCHs) are residential facilities for seniors and adults who need assistance with activities of daily life, but do *not* require round-the-clock medical services.[45] Although these homes are privately owned and operated, they are licensed by the provincial government and monitored by NLHS.

In 2023-24, there were 85 personal care homes with 5,103 beds and an average occupancy rate of 83%. Despite a decline of four per cent in 2023-24, the number of beds has increased by 23 per cent since 2018-19. **Table 14**

The average number of individuals on a waitlist per month for PCH was 113 in 2022-23. However, DHCS notes that caution should be taken when interpreting the PCH waitlist data, as this may not be a true measure of demand because many individuals may choose to wait for their home of choice, or wait for a particular time of the year to move, etc. **Table 15**

The majority of individuals enter into PCH from the community, or to a lesser degree, from acute care. The average number of individuals entering into PCH from the community has increased since the COVID-19 pandemic, primarily in the Eastern and Central regions. **Table 16**

Availability of PCHs	NL	Eastern	Central	Western	Lab-Grenfell
Number of licensed PCHs	**85** 2023-24	**41** 2023-24	**26** 2023-24	**13** 2023-24	**5** 2023-24
Number of beds in licensed PCHs	**5,103** 2023-24	**2,496** 2023-24	**1,678** 2023-24	**785** 2023-24	**144** 2023-24
Access to PCHs	NL	Eastern	Central	Western	Lab-Grenfell
Average occupancy rate	**83%** 2023-24	**83%** 2023-24	**80%** 2023-24	**87%** 2023-24	**93%** 2023-24
Average number of individuals on a formal waitlist for PCH placement, per month	**113** 2022-23	**31** 2022-23	**32** 2022-23	**22** 2022-23	**28** 2022-23

Respite Care

Respite care is offered in a variety of care settings, both at home (as a form of home care) and in residential care settings. Respite provides a break for usual service providers. Some LTCs and PCHs provide respite services. On average, between 10 and 15 clients avail of respite services in LTCs and PCHs per month.

Quality of Care

The impact of health care services and supports on our ability to age well is directly determined by the quality of the care that is received. While there are many indicators for determining quality of care, there are very few that are actively monitored and tracked *consistently* across different care settings (i.e., home care, residential care, respite). With that said, there are some data published by CIHI that reflect quality of care and are available for LTC. These indicators are not specifically reported for seniors alone, however, the majority of participants are over the age of 65.

Physical & Mental Wellbeing

Activities of daily living (ADLs) refer to the basic skills that are necessary for maintaining independence and taking care of oneself.[46] Research indicates that when people are limited in their ability to perform ADLs, they are more likely to have a lower quality of life, higher risk of mortality, and an increased likelihood of institutionalization.[47,48] Monitoring ADL performance can provide some indication of health status and ability to maintain independence and autonomy over time.

Pressure ulcers, also known as bed sores, can be caused by an individual remaining in the same position for an extended period. Age is a significant risk factor, as the majority of pressure ulcers develop in seniors.[49] Poor nutrition, dehydration, and chronic illness are other factors that can increase the risk of developing a pressure ulcer.[50] These painful sores are associated with a lower quality of life and a higher risk of mortality.[51] Preventative care is essential for managing pressure ulcers as they tend to heal slowly and can become chronic over time.[52]

Pain is a classic indicator of health and wellbeing for any age group, but especially seniors because chronic pain is linked with increased disability, premature death, cognitive decline, poor mental health, and dementia in older adults.[53,54] Unfortunately, chronic pain is an very common issue with older adults, so monitoring the prevalence and severity of pain is critical for understanding health outcomes for seniors.[55,56]

The worsening of depression symptoms is also an indicator of physical and mental wellbeing. Seniors may be more susceptible to depression due to factors such as social isolation, loss of loved ones, chronic health conditions, and reduced mobility. Ultimately, depression can lead to higher rates of institutionalization and mortality and worsen cognitive ability.[57]

Most indicators of physical and mental wellbeing for residents in LTC, show that NL is on par or somewhat better than the Canadian average. One area where the result is worse in NL is experiencing pain. 14 per cent of residents in long-term care indicate that they experience pain compared to just 6 per cent at the national level. Furthermore, there has been little change in these indicators over the last five years, with most varying only a percentage point or two. One area which has shown some improvement is experiencing worsened pain in LTC. This dropped from 11 per cent in NL in 2018-19 to eight per cent in 2022-23. **Table 19**

Quality Of Care: Physical & Mental Wellbeing in LTC	NL	Eastern	Central	Western	Lab-Grenfell	Canada
Improved Physical Functioning (ADLs)	**40%** 2022-23	**45%** 2022-23	**37%** 2022-23	**37%** 2022-23	**34%** 2022-23	**32%** 2022-23
Worsened Physical Functioning (ADLs)	**29%** 2022-23	**29%** 2022-23	**30%** 2022-23	**28%** 2022-23	**31%** 2022-23	**33%** 2022-23
Worsened Pressure Ulcer	**2%** 2022-23	**1%** 2022-23	**3%** 2022-23	**1%** 2022-23	**1%** 2022-23	**3%** 2022-23
Experiencing Pain	**14%** 2022-23	**11%** 2022-23	**16%** 2022-23	**19%** 2022-23	**18%** 2022-23	**6%** 2022-23
Experiencing Worsened Pain	**8%** 2022-23	**9%** 2022-23	**8%** 2022-23	**5%** 2022-23	**6%** 2022-23	**9%** 2022-23
Worsened Depressive Mood	**13%** 2022-23	**14%** 2022-23	**12%** 2022-23	**12%** 2022-23	**15%** 2022-23	**20%** 2022-23

Safety & Appropriateness of Care

Falls have been identified as "one of the most common preventable health care issues for older adults", because falls are a major contributing factor to injury, hospitalization, institutionalization, and death in seniors. Furthermore, the frequency and severity of falls for Canadian seniors has increased substantially in the past several decades.[58] In fact, the number of fall-related hospitalizations for those over the age of 65 has increased nearly 50 per cent in the last decade.[59] The likelihood of falling increases not only with age, but doubles once an older adult has fallen once already.[60]

Falls occur more often, and result in longer hospital stays, for seniors living in their own homes compared to those in LTC settings, hastening LTC admission in many cases—nearly one out of every four LTC home admissions are due to fall-related injuries.[61] There are many risk factors of falling, but seniors typically have these accidents when walking or using stairs.[62]

Preventing falls in senior populations is an important factor in promoting healthy and safe aging in our senior population, thus a high rate of falls may be indicative of ineffective prevention efforts, lacking supports, or poor care.

Restraints may be used in any environment where care is administered, primarily with the intent to protect an individual from hurting themselves or others. There are three primary types of restraints:

(1) Physical: physical items used to limit movement.
Examples include lap trays/belts, chair or bed belts or vests, and wrist/ankle bands.
(2) Chemical: medication used to sedate an individual.
Examples include the use of antipsychotics and benzodiazepines on individuals who do not have a diagnosis that would warrant the use of these medications.
(3) Environmental: modifying a person's surroundings to limit movement.
Examples include locked doors, bed rails, isolation, seclusion.

Frequent use of restraints is considered an indicator of potentially poor care because restraints can cause negative health outcomes over time, and thus should only be used in emergency situations. Repeated use of restraints can lower ability to perform ADLs and cognitive ability, increase the risk of pressure ulcers, falls, incontinence, respiratory and circulatory complications, acute injury, and even death.[63,64] Furthermore, the decision to use restraints can also be stressful for the caregiver (e.g., medical practitioner or family members), leading to feelings of guilt, concern, and anger.[65]

CIHI releases data annually on physical restraint use in LTC, but not on chemical or environmental restraints. However, there is data on "potentially inappropriate use of antipsychotics in long-term care". This represents the number of residents in LTC that are receiving antipsychotic medications, without having a diagnosis to support it, and thus can be used as an indicator for *possible* chemical restraint use. Research from 2021 suggests that seniors in LTC were "eight times more likely to be prescribed an antipsychotic, compared with seniors living in the community".[66]

The incidence of falling in LTC in NL is lower than that of Canada with just ten per cent of residents of LTC in NL in 2022-23 having a fall in the previous 30 days compared to 17 per cent for Canada. However, restraint use and the potentially inappropriate use of antipsychotics is higher in NL than the national average. As well, there are some significant differences regionally. Restraint use in the Western Health Region was 20 per cent compared to 12 per cent for the province. Even more concerning is the potentially inappropriate use of antipsychotics in the Labrador-Grenfell Health Region where it is estimated at 48 per cent. **Table 17**

Quality Of Care: Safety & Appropriateness of Care in LTC	NL	Eastern	Central	Western	Lab-Grenfell	Canada
Falls in the last 30 days	**10%** 2022-23	**11%** 2022-23	**9%** 2022-23	**10%** 2022-23	**6%** 2022-23	**17%** 2022-23
Restraint Use	**12%** 2022-23	**7%** 2022-23	**14%** 2022-23	**20%** 2022-23	**15%** 2022-23	**5%** 2022-23
Potentially Inappropriate Use of Antipsychotics	**29%** 2022-23	**28%** 2022-23	**29%** 2022-23	**27%** 2022-23	**48%** 2022-23	**25%** 2022-23

Aging in Place

Research consistently demonstrates that seniors want to age in their own homes, and this has been found to be true for seniors living throughout NL as well.[67,68] The concept of 'aging in place' has been growing in popularity for decades and represents the idea that providing the necessary supports to seniors will allow them to stay in their homes longer, promoting better wellbeing and reducing the reliance on institutionalization.[69]

CIHI releases data for the indicator home care services helped the recipient stay at home every year, however, results for NL are based on partial data, which means these results may not be completely representative of the entire province. This data is based on public and private home care services, and excludes informal home support (i.e., family, friends). CIHI does recognize that the responses to this indicator may be biased towards positive responses because data is only collected from individuals who receive home care services and remain at home; individuals who received home care services but have now been institutionalized are excluded. However, this indicator is still informative as a higher rate may suggest that home care services are being delivered appropriately and effectively to those who receive them and are able to continue to age in their own homes. In 2022, 86 per cent of households in NL receiving home care services in the previous 12 months reported that these services were very helpful in allowing the recipient to stay at home. This is higher than the Canadian rate of 83 per cent. **Table 18**

CIHI's data on new LTC residents who potentially could have been cared for at home is an indicator that tracks the number of newly admitted LTC residents whose clinical needs are similar to those who receive formal home care and are able to age in place.[70] This indicator sheds light on potentially unnecessary institutionalization, perhaps as a result of ineffective or unavailable home care services and supports. Compared to other provinces, NL does well in this category with only seven per cent of new admissions who

potentially could have been cared for at home compared to the Canadian average of ten per cent. Furthermore, this indictor has fallen from 12 per cent to seven per cent in the last five years. **Table 19**

Aging in Place	NL	Eastern	Central	Western	Lab-Grenfell	Canada
Home care services helped the recipient stay at home	**86%** 2022	N/A	N/A	N/A	N/A	**83%** 2022
New LTC residents who potentially could have been cared for at home	**7%** 2022-23	**5%** 2022-23	**7%** 2022-23	**10%** 2022-23	**19%** 2022-23	**10%** 2022-23

FINANCES

Are seniors financially stable and able to afford the necessities of life?

An aging population has a significant impact on the economy, resulting in changes to the workforce and flow of capital. Trends in income, poverty rates, and cost of living can indicate areas of growing concern for everyone, but especially for seniors who primarily live on a fixed income.

From an expenditure perspective, seniors tend to spend a greater percentage of their money on healthcare and food, and a lesser percentage on shelter (likely because many seniors are mortgage-free) and clothing than younger age groups.[71, 72] However, as individuals continue to live longer and the cost of living rises, more seniors are continuing to work past the traditional ages for retirement.

Data from the Office of the Seniors' Advocate 2021 report "What We Heard" indicates that 32 per cent of NL seniors do not have enough income to meet their financial needs.[73] Seniors in this situation reported several negative impacts from this financial disparity, including:

- 40 per cent said they couldn't afford food or to eat healthy.
- 26 per cent said they couldn't afford things in general.
- 22 per cent said they couldn't afford utilities.
- 13 per cent said they had a limited ability to attend social events.
- 10 percent said they couldn't afford health care.
- 7 per cent said they must choose which bills to pay.
- 7 per cent said they couldn't afford accommodations.

Income Sources

Income security is vital for seniors in order to continue to live a healthy and active lifestyle as they age. The provincial and federal governments provide a number of financial programs, such as Canada Pension Plan, Old Age Security, Guaranteed Income Supplement and the NL Seniors Benefit.

Public Pensions

The **Canada Pension Plan (CPP) retirement pension** is a taxable monthly payment that serves as a replacement to employment income upon retirement. Eligible individuals will receive this pension for the rest of their lives. To be eligible you must be at least 60 years old and have made at least one valid contribution to the CPP. The amount you receive will depend on your average income while in the workforce, the age you decide to take your pension, and the amount and frequency of your contributions to the CPP. The maximum CPP monthly payment is $1,365 at age 65, but the average monthly amount is $832.[74] This amount increases if you delay taking it, but only up until age 70. Additionally, the CPP has different benefits for disability, death of a spouse, and children. The CPP is indexed to inflation and is adjusted in January of each year. **Table 20**

The **Old Age Security (OAS) pension** is a taxable payment for Canadian citizens that you can get if you are 65 or older. Individuals usually begin receiving the monthly payment automatically, however, in some cases, seniors may have to apply themselves if there is insufficient information for the government to determine eligibility. The maximum OAS monthly payment ranges from $713 to $785, depending on age. The OAS is indexed to inflation and is adjusted quarterly (four times per year). If you are eligible for the OAS and you are low income, you may also receive the **Guaranteed Income Supplement (GIS)**, a non-taxable monthly payment that is added to the OAS payment. The maximum GIS monthly payment is $641 to $1,065. **Table 21**

Provincial Tax Credits

There are two provincial refundable tax credits for eligible seniors: **NL Income Supplement** and the **NL Seniors' Benefit**. These are both designed to help support people living with low income. These benefits are paid out quarterly (January, April, July, and October) and are added to federal GST credits. No application is needed because eligibility is determined by family net income for the previous year, as indicated on your income tax return.

A **refundable** tax credit is available to those who submit annual tax returns, even if they don't owe any tax.

The **NL Income Supplement** is available to all low-income residents, regardless of age. It offers a basic amount of $254-$589 per year, depending on income and marital status. An additional $231 is provided for individuals claiming the Disability Tax Credit and for each child under age 18 who is living in the household. The benefit increases when income ranges from $15,000 and $20,000, and then phases out at a rate of nine per cent on every dollar over $40,000, which works out to be $90 per every $1,000 of additional

net income. The **NL Seniors' Benefit** is available to low-income residents aged 65 years and older. It offers $1,516 per year for seniors with a net family income equal to or less than $29,402. The benefit phases out at a rate of 11.66 per cent on every dollar over this threshold, which works out to be $116.60 for every $1,000 of additional net income. **Table 22**

See **Chart 1** for an estimated breakdown of annual provincial tax credit amounts for seniors.[6] Under these circumstances, seniors meeting all eligibility criteria could receive $2,336 (maximum) annually or just under $200 per month, if they have a net annual family income of $20,000 to $25,000.

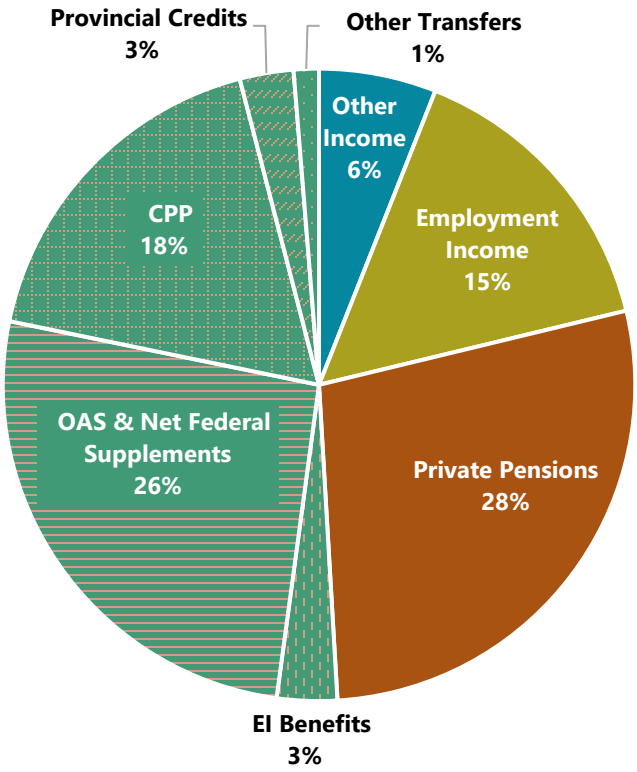
There are limitations to how these credits are granted because they are based on net family income. For example, consider a situation where two seniors are sharing a home and splitting living costs, and both are eligible for the provincial tax credits discussed above. If they filed their taxes as a couple, they would only receive one tax credit between them, albeit the NL Income Supplement offers an additional $69 per year for couples. If they filed taxes as single individuals, they can both receive the benefit.

This tax model is very common and is based on two underlying assumptions. The first assumption is that living costs do not differ drastically between one-person and two-person households. In other words, a two-person household does not cost twice as much as a one-person household, because of shared costs (rent, utilities, etc.). This is true to a degree, for housemates and couples *alike*. The second assumption is that couples pool their income. Ultimately, this taxing model may be inadvertently discouraging seniors from entering into a common-law or marital relationship, even though this could help them stay in their communities longer. This is especially true for seniors who may be widowed, separated, or divorced, as these individuals are less likely to pool income with a new spouse.

Seniors' incomes are primarily comprised of transfers from government, private pension plans and employment income. These three sources make up 94 per cent of total income of seniors in NL. Government transfers are the largest component by far, accounting for 51 per cent of total income. NL seniors have the highest dependence on transfers among provinces. Seniors in New Brunswick also rely heavily on transfers at 46 per cent while the Canadian average share of total income that is government transfer income is 37 per cent. This high reliance on government transfers by seniors in NL makes it very important to monitor these programs. **Table 23**

[6] Note that this chart does not account for additional amounts for children under the age of 18.

DISTRIBUTION OF NL SENIORS INCOME BY SOURCE, 2023



The following table provides the percentage of seniors in each region that have the income source listed. For example, 43 per cent of seniors in NL derive some of their income from provincial tax credits.

Income Sources for Seniors	NL	Eastern		Central	Western	Lab-Grenfell
		Urban	Rural			
Provincial Tax Credits	**43%** 2021	**37%** 2021	**47%** 2021	**46%** 2021	**47%** 2021	**40%** 2021
CPP	**98%** 2021	**97%** 2021	**99%** 2021	**98%** 2021	**98%** 2021	**99%** 2021
Employment Income	**23%** 2021	**26%** 2021	**21%** 2021	**19%** 2021	**21%** 2021	**32%** 2021
OAS	**100%** 2021	**100%** 2021	**100%** 2021	**100%** 2021	**100%** 2021	**100%** 2021
GIS	**44%** 2021	**33%** 2021	**58%** 2021	**59%** 2021	**55%** 2021	**49%** 2021

Seniors in all regions receive OAS (not surprisingly as it is a universal program) and the majority receive CPP. The percentage who receive employment income varies across regions. It is notably higher in Labrador Grenfell. This may be due to greater labour market demand, particularly in Labrador where the economy is generally strong. However, it also could be due to the high cost of living requiring seniors to continue working longer or to return to the work force after retiring. The percentage of seniors who receive GIS also varies significantly across regions, with a low of 33 per cent of seniors in the eastern urban region collecting GIS and a high of 59 per cent in the central region.

Employment

The average age of retirement in 2023 was 65 years old, which is the highest it has been since 1977, when Statistics Canada began collecting this data; the lowest was in 1998, when it was 61 years old.[75] More seniors are postponing their retirement, or choosing to rejoin the workforce in a different capacity once they retire.

Labour force participation may indicate whether seniors are having trouble making ends meet and joining the work force to help alleviate this. In 2023, the participation rate for seniors in NL was 11.8 per cent, which means that 11.8 per cent of seniors were either working or looking for work. As people continue to age, the propensity to participate in the workforce declines. In the 65 to 69 year age group, the participation rate was 24.0 per cent—the rate for those aged 70 and over was just 5.9 per cent. The participation rate for the 65 to 69 year age group in NL increased by 2.5 percentage points over the last five years, similar to the increase at the national level. This is likely due to financial need but may also be related to greater opportunities in the labour market. **Table 24**

Labour Force Statistics, Persons aged 65 and over	NL	Canada
Participation rate	**11.8%** 2023	**15.0%** 2023
Employment rate	**10.4%** 2023	**14.4%** 2023
Unemployment rate	**11.6%** 2023	**4.1%** 2023

Median Income

The median income indicates a number in which half of seniors are making more, and half are making less. The median income of seniors in NL in 2022 was $27,800, a 5.5 per cent increase compared to 2021. However, it was the lowest among provinces and territories and 17 per cent lower than the Canadian average. Regionally, the Central Health Region has the lowest median income of seniors and the Eastern Health Region has the highest. **Table 25**

Median Income	NL	Eastern[7]	Central	Western	Lab-Grenfell	Canada
Median individual income for seniors	**$27,800** 2022	**$28,510** 2021	**$23,780** 2021	**$24,570** 2021	**$27,300** 2021	**$33,350** 2022

While gains in income are positive and worthy of note, it is also informative to view gains in income over time relative to increases in the cost of living. As mentioned, the median income of seniors rose by 5.5 per cent in 2022, however, inflation was 6.3 per cent. This effectively reduced the "real"[8] median income by 0.8 per cent. In other words, the purchasing power of the median income fell by 0.8 per cent. **Table 26**

Low-Income & Poverty

There are several measures available to determine if an individual or household is living in low income or poverty; each approach takes into account different factors and has its own definition of what low income means. While each of these measures has its pros and cons, their suitability for the senior population is questionable. A very straightforward way of looking at low income among seniors is to examine the percentage of seniors who receive the GIS. As mentioned previously, the GIS is available for seniors in receipt of OAS and have incomes less than a pre-determined threshold. In NL, 44 per cent of seniors receive the GIS. This is the highest percentage in the country and correlates with the fact that median incomes are the lowest in the country. Nonetheless, some improvement has been made, with the percentage of seniors receiving the GIS falling from 47 per cent in 2018 to 43 per cent in 2023.

[7] Eastern Urban has a median income of $34,020, however, data for Eastern Rural was not available.

[8] Real means that the income is adjusted for inflation.

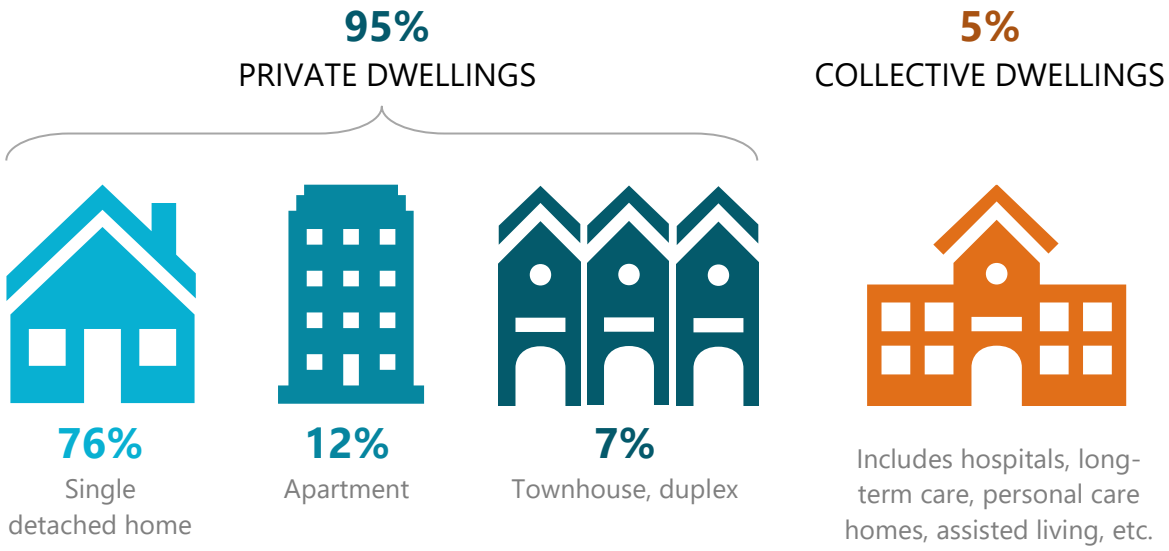
Regionally, rural areas have a far greater percentage of seniors who receive the GIS, reaching almost 60 per cent in the Central Health region. **Table 27**

Seniors Receiving GIS	NL	Eastern Urban	Eastern Rural	Central	Western	Lab-Grenfell	Canada
Percentage of Seniors who Receive GIS	**43.6** 2023	**33.2** 2021	**57.8** 2021	**59.5** 2021	**54.6** 2021	**49.2** 2021	**31.9** 2023

HOUSING

Do seniors have access to housing that is affordable and senior-friendly?

Housing options for seniors throughout Newfoundland and Labrador range from owned homes, rented apartments to assisted living facilities or long-term care facilities. The proportion of seniors living independently in owned or rented accommodations is about 95 per cent with the remaining five per cent residing in assisted living, personal care homes or long-term care facilities. About 75 per cent of seniors in NL who are 85 years of age and older continue to live independently.



In 2021, there were an estimated 114,420 households with seniors in NL (private dwellings only). Of these, most (67 per cent) were in a couple family and 23 per cent lived alone. The remaining 10 per cent lived with others (relative or non-relative).

Canada is currently facing a housing crisis. There is very little affordable housing available to those in need, and limited supply in the housing market has increased the price of shelter (buying or renting) to unprecedented extremes.

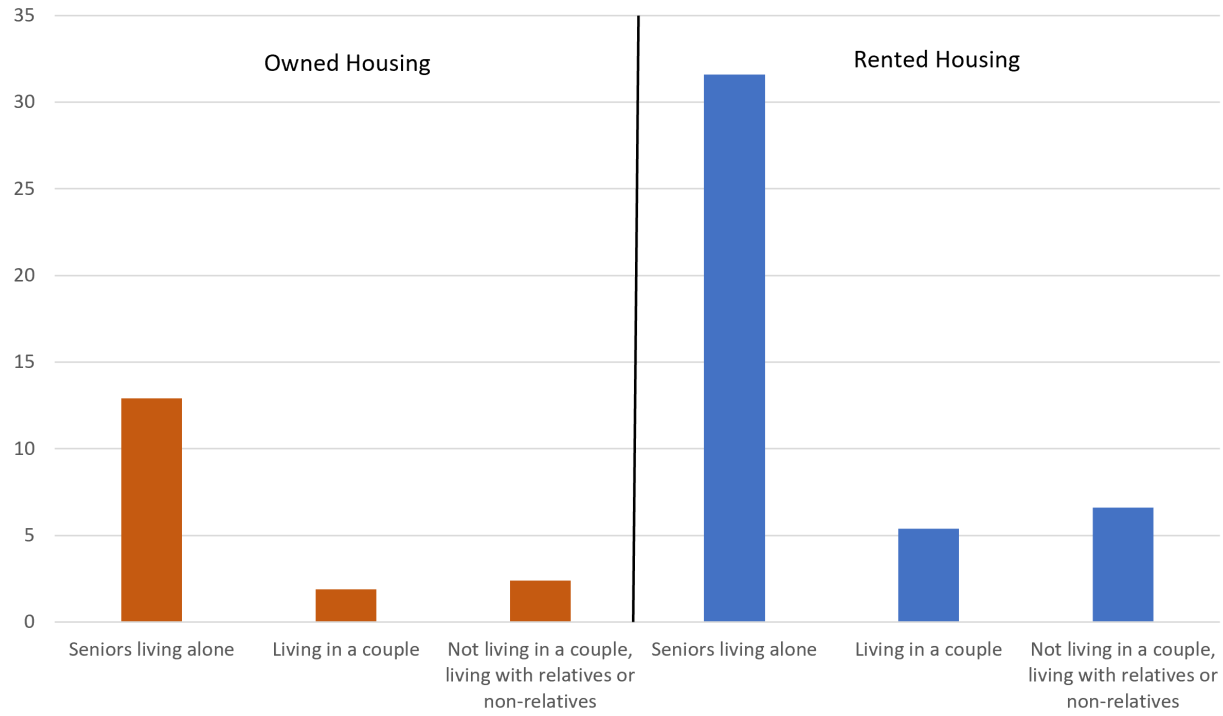
One measure available to monitor the housing situation of seniors is core housing need. According to the Canada Mortgage and Housing Corporation, a household is in core housing need if its housing is below one or more of the adequacy, suitability and affordability standards, and it would have to spend 30 per cent or more of its before-tax household income to access local housing that meets all three standards:

- Adequate housing: does not require any major repairs, according to the residents.
- Suitable housing: has a suitable number of bedrooms for the size and makeup for the household.
- Affordable housing: costs less than 30 per cent of before-tax household income. For renters, shelter costs include, as applicable, rent and payments for electricity, fuel, water, and other municipal services.

In other words, core housing need determines if a household can afford suitable and adequate housing in their community. Data on core housing need stems from the Census of Canada and as such is only available every five years—the latest year of data is for 2021.

Census data from 2021 indicates that 6.1 per cent of NL seniors have a core housing need. The incidence of core housing need varies depending on the housing situation of seniors. Seniors who live alone and rent have a much higher likelihood of being in core housing need. Over 30 per cent of this group have a core housing need. Furthermore, senior renters in urban areas are more likely to have a core housing need than those in rural areas.

INCIDENCE OF SENIOR-LED HOUSEHOLDS IN CORE HOUSING NEED, NL, 2021



Cost of Housing

The Consumer Price Index (CPI) is a widely-used measure of inflation. It provides an estimate of how much the price of goods and services changes through time. In 2023, the cost of shelter in NL is estimated to have increased by 4.9 per cent compared to 5.6 per cent at the national level.

The cost of both owned and rented accommodations increased by over six per cent in 2023. **Table 28**

Renters and homeowners alike face challenges when it comes to the cost of housing, however, those who rent are far more likely to live in unaffordable housing. Over one-third of seniors who rent in NL indicate unaffordable housing.

Cost of Housing based on CPI	NL	Canada
CPI percent change for shelter - total	**4.9%** 2023	**5.6%** 2023
CPI percent change for rented accommodations	**6.9%** 2023	**6.3%** 2023
CPI percent change owned accommodations	**6.1%** 2023	**6.2%** 2023
CPI percent change for electricity	**2.6%** 2023	**5.9%** 2023
CPI percent change for fuel oil and other fuels	**-10.8%** 2023	**-11.2%** 2023

The average price of a two-bedroom apartment in NL was $1,073 in 2023 according to CMHC. This represents a 14.4 per cent increase from 2022 and a 23.8 per cent increase from 2018. The price of a one-bedroom apartment also increased significantly over the last several years, although not as much as a two-bedroom. Additionally, the cost of homes and mortgage rates (notwithstanding recent declines in rates) have increased substantially, resulting in a greater need for rental units. However, supply has not kept up with demand. This is evidenced by the declining and very low vacancy rates of apartments. In 2023, vacancy rates for one- and two-bedroom apartments were 1.6 and 1.4 per cent respectively. These are the lowest rates recorded in over 10 years. **Table 29**

Apartment Prices and Vacancy Rates, NL	Average Price	Vacancy Rate
One-bedroom apartment	**$864** 2023	**1.6%** 2023
Two-bedroom apartment	**$1,073** 2023	**1.4%** 2023

CMHC also publishes data for rent ranges for **standard senior living spaces**. They note that "residences included must offer an on-site meal plan, offer at least five rental units, and at least 50 per cent of residents must be seniors. Both private and non-profit

residences are included".[9] These are also known as assisted living facilities. The majority of these spaces charge between $2,000-$2,499 per month in NL. It should be noted that a very small percentage of seniors live in assisted living facilities in NL.

Financial Support Programs

The Newfoundland and Labrador Housing Corporation (NLHC) offers a **Rental Housing Program**, designed to help provide suitable and affordable rental housing to families with low income, seniors, non-elderly single people, Aboriginal people, individuals with disabilities and others in need of housing.[76] There are currently over 5,500 housing units across the province, although the majority are located in St. John's (3,192) and Corner Brook (802). NLHC also offers **Rent Assistance** (government subsidy) to help low income households afford rent in the private market.

In 2022-23, there were 1,212 NLHC units with a senior leaseholder. While there has been minimal growth in the number of senior leaseholders over the last several years, the number availing of rent assistance has increased by 15 per cent in the last three years. This is likely a reflection of the increased cost of living. The number of seniors on a waitlist for NLHC units also increased significantly (11 per cent) in the last three years. **Table 30**

NLHC Rental Housing Program	NL
Number of senior leaseholders in NLHC units	**1,212** 2022-23
Number of senior leaseholders on Rent Assistance	**1,030** 2022-23
Number of seniors on a waitlist for NLHC units/Rent Assistance	**509** 2022-23

Adequacy

The adequacy of housing plays a huge role in seniors' ability to age in place. Most seniors are homeowners, and many do not have a mortgage, so staying in their homes is usually the most affordable option. However, there are several barriers to this.

[9] Standard spaces exclude respite, non-market/subsidy units, and nursing/long-term care homes (any space that mandates 1.5+ hours of care per day).

Home Maintenance & Modifications

Data from 2020 indicated that seniors accounted for 27 per cent of the one in four Canadians that modified their homes for care-related reasons.[77] Additionally, 40 per cent of seniors surveyed noted that they plan to make modifications to their home, for care-related reasons. The main reasons seniors either made the modifications, or planned to, was to promote independence and delay institutionalization. Many seniors have to pay out of pocket for these modifications, but over half of Canadians identify this as a barrier to aging in place.[78] Ultimately, while most seniors prefer to age in place, many do not feel prepared to do so.[79]

Another barrier is how challenging it can be to maintain a home without support. Seniors living alone generally find it more challenging to manage household tasks, compared to couples and families.[80] The most common approach to these challenges is to hire help, but seniors also report using assistive tools/technology, or moving into supportive housing, to mitigate the workload. [81]

Currently there is minimal data pertaining to the accessibility and availability of home modifications, maintenance, and repairs specifically for seniors in our province. While there is data for home improvement programs (discussed below), there is limited data available on high-level indicators, like how many seniors can afford home maintenance/modifications, how available these resources are to seniors who seek them, and how informed seniors are on implementing age-friendly modifications.

Home Improvement Programs

When it comes to home improvement programs offered by NLHC, seniors account for the majority of the applicants.[82] The **Provincial Home Repair Program (PHRP)** is designed to help homeowners with low incomes make basic and necessary repairs.[10] PHRP provides funding to eligible homeowners in the form of forgivable and repayable loans. Funding is limited to the costs associated with repairs. Forgivable loan funding is available for homeowners up to a maximum of $5,000 ($6,500 in Labrador). Repairs exceeding these levels may be addressed under a repayable loan of up to $12,500 ($15,500 in Labrador). The program has a lifetime assistance cap for the forgivable loan portion of $12,500 ($15,000 in Labrador) and can only be accessed every seven years. The cap was introduced about 10 years ago and has not been increased since.

The **Home Modification Program (HMP)** provides funding to low-to-moderate income individuals requiring accessibility modifications to their homes.[11] This includes

[10] Homeowners with incomes of $32,500 or less; $65,000 in Labrador West and the North Coast of Labrador.
[11] Homeowners with incomes of $46,500 or less; $65,000 in Labrador West and the North Coast of Labrador.

ramps, widened doorways/halls, roll/walk-in showers, bathtub grab bars and seats. The program provides funding to eligible homeowners in the form of forgivable grants and repayable loans. Funding is limited to the costs associated with repairs. Persons with accessibility needs may receive a forgivable loan of up to $7,500. Repairs exceeding these levels may be addressed under a repayable loan of up to $10,000 ($13,000 in Labrador).

Monitoring the number of seniors engaging with these programs can help identify if there are barriers to accessing these resources. According to data provided by NLHC, the PHRP has an acceptance rate of around 72 per cent, and the HMP has an acceptance rate of nearly 100 per cent, although it dropped to 84 per cent around the onset of COVID-19. **Table 31**

The primary reasons applications are denied are:

- Declined Assistance - Income Exceeds Limits
- Declined Assistance - Grant Not Earned (7 years has not passed since last application)
- Ineligible - $12,500 Maximum Grant

NLHC Home Improvement Programs	NL
Number of senior leaseholders that applied to the PHRP	**1,233** 2022-23
Number of senior leaseholders currently in the PHRP	**832** 2022-23
Number of seniors denied entry to the PHRP	**350** 2022-23
Number of senior leaseholders that applied to the HMP	**279** 2022-23
Number of senior leaseholders currently in the HMP	**260** 2022-23
Number of seniors denied entry to the HMP	**1** 2022-23

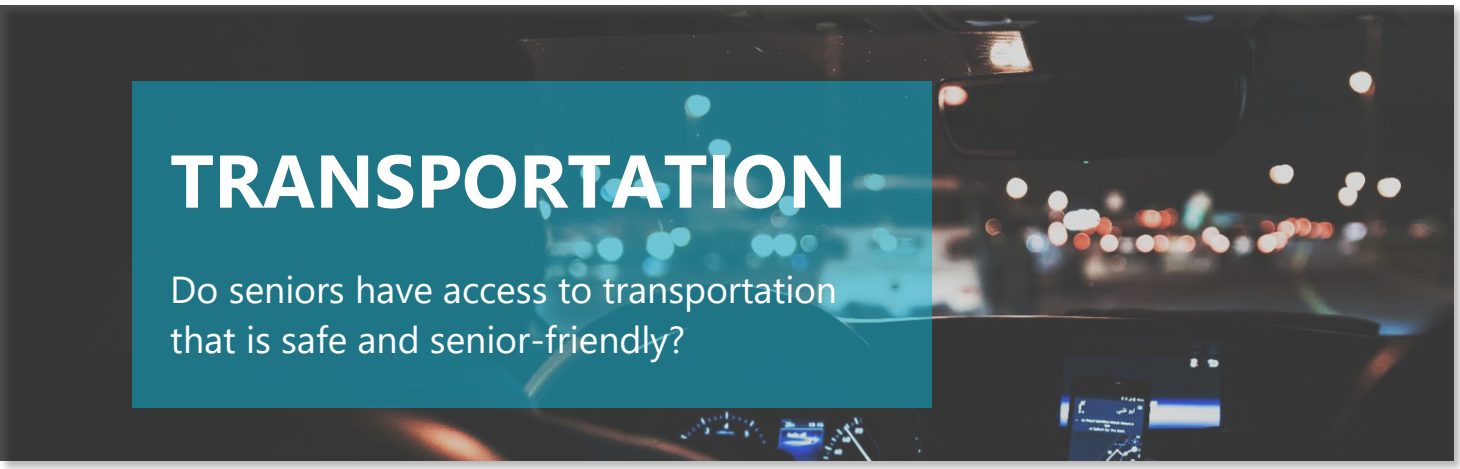
Homelessness

A national survey of homelessness that took place from 2020-2022 found that seniors have a higher prevalence of chronic homelessness (40 per cent) compared to children, youth, adults, or older adults.[83] In unhoused older adults and seniors, half had their first experience of homelessness at the age of 50 or above, suggesting that this is an issue that can affect anyone, at any point in their life. For seniors, the main reason for housing loss was insufficient income, and nearly 80 per cent of them reported their primary source of income as being senior's benefits.

Chronic homelessness refers to reoccurring and/or long-term homelessness.

Many seniors without stable housing have chronic and complex health needs that can become significantly worse without proper care and shelter. Monitoring the number of seniors without stable housing would be beneficial to complete the picture of seniors housing. While there is some information available for some regions, there is little provincial data available. It's also important to note that homelessness is frequently underreported, and even best efforts often do not capture the full picture. The National Shelter Study 2022 Update indicates that 4.0 per cent of shelter users in Canada in 2022 were seniors.

NLHC provided "point-in-time" counts for the number of individuals availing of emergency shelter placements throughout the province each month from July 2023 to February 2024. An average of 76 individuals aged 55 or older (data for 65 and older was not available) used emergency shelter per month. This equates to about 20 per cent of total use. Shelter use is generally higher in the winter months. In addition to NLHC emergency shelters, many organizations throughout NL provide shelters and transitional housing for seniors. Further, there are organizations throughout the province working to address homelessness. Future reports will seek to obtain and provide greater information on the prevalence of homelessness in the senior population of NL.



TRANSPORTATION

Do seniors have access to transportation that is safe and senior-friendly?

Transportation is critical to the wellbeing of seniors because it relates to mobility. Staying mobile ensures seniors have access to essential goods and services, social engagements, and community events. Additionally, it allows them to have options regarding prices and purchasing power. Given this, when seniors are unable to access appropriate means of transportation, they are at an increased risk of worsened mental (feeling isolated, depressed, having negative self-thoughts) and physical health.[84]

The vast majority of Canadian seniors use personal vehicles as their primary source of transportation. In 2022, about 80 per cent of Canadian seniors were licensed drivers.

Private Transportation

Active drivers

According to data received from the Motor Registration Division of Digital Government and Service NL, there were just over 116,000 seniors who had active drivers licences in 2023. This is almost 90 per cent of all seniors in the province. This compares to about 80 per cent at the national level.[12] This is likely due to the more rural nature of the province and the fact that many seniors may not have access to public transportation. **Table 32**

Driving cessation refers to the act of no longer driving, for any reason, and can be voluntary or involuntary.

Travelling by car remains the primary mode of transportation for most older Canadians. Research indicates that the ability to drive drastically impacts seniors' quality of life. Losing this ability marks a loss in independence and social engagement, increasing the risk of

[12] Note that the data for Canada and NL stem from different sources so it may not be strictly comparable.

depression.[85] There is evidence that driving cessation negatively impacts physical and cognitive functioning, as well as mortality.[86]

In NL, Class 5 drivers' licences are for passenger vehicles or light trucks. A person who holds a Class 5 driver's license must file a medical report at the ages of 75 and 80 years, and then every two years after the age of 80 years.[13] Generally, driver's licenses must be renewed every 5 years, and up until these age thresholds drivers must self-declare any medical conditions that may impact their ability to drive. Medical professionals and police officers are also able to notify the RMV if they have concerns about the ability of an individual to safely operate a vehicle.

The MRD provided data for the following indicators. This data includes all license classes. It's important to note that submission of a medical report for license renewal is dependent upon on age and class of license. As such, not all seniors are required to submit a medical report to renew their license, unless requested by the Registrar.

Senior drivers	NL
Number of seniors with a driver's licenses	**116,211** 2023
Number of routine medical reports submitted by seniors	**15,270** 2023
Portion of senior drivers that hold a valid driver's license	**82%** 2023
Portion of senior drivers that have had their driver's license medically suspended[14]	**18%** 2023

Affordability

Transportation is one of the largest expenditures of NL households, accounting for about 17 per cent of current consumption. About 95 per cent of this expenditure is on private transportation. After the purchase or lease of vehicles, the largest components of spending on private transportation are gasoline and insurance premiums. As many seniors are on a fixed income, the cost of transportation can be a limiting factor in their ability to get around. Despite a decline in 2023, the cost of gasoline has increased over

[13] Classes at a glance: (1) Semi-trailer trucks, (2) buses over 24 passengers, (3) trucks with 3+ axles, (4) taxis, ambulances, Class 5 motor vehicles, and buses up to 24 passengers, (5) passenger vehicle or light truck, (6) full motorcycle, (8) traction engine vehicles only.
[14] Please note that this data does not discern between temporary and indefinite medical suspensions.

25 per cent from 2018. In addition, the cost of insurance premiums increased by 15 per cent from 2018 to 2023. **Table 33**

Cost of Private Transportation	NL	Canada
Average annual spending on private transportation	**$9,991** 2021	**$9,501** 2021
CPI per cent change for gasoline	**-7.6%** 2023	**-6.8%** 2023
CPI per cent change for passenger vehicle insurance premiums	**4.5%** 2023	**-1.1%** 2023

Parking

In NL, accessible parking permits are issued to eligible individuals and allow holders to park in zones marked with a blue international wheelchair logo. These permits can either be temporary (valid for 6 months) or long-term (valid for five years). Permit holders are responsible for renewing their permit. Applications are required but there is no cost.

Monitoring the number and portion of permits issued to seniors can help inform the planning and implementation of accessible parking zones and, as such, better support seniors in staying independent safely. Further, it can help highlight trends in general disability. Data provided by DGSNL indicates that the majority of accessible parking permits are issued to seniors. **Table 34**

Accessible Parking	NL
Number of accessible parking permits issued to seniors	**3,999** 2023

SAFETY & PROTECTION

Are seniors protected from abuse and neglect and engaging lawfully with their communities?

Ensuring the safety and protection of seniors is a critical aspect of maintaining their wellbeing and quality of life. As our population ages, it becomes increasingly important to monitor and address issues related to elder abuse, victimization, and even the unlawful activity of seniors. These indicators can highlight systemic issues that may be impacting older adults, and where additional supports may be needed.

Crimes Against Seniors

Elder Abuse/Neglect

Elder abuse is a complex issue faced by seniors all around the world. Canada reports similar levels of elder abuse as the United States, the UK, and Australia.[87]

The government of NL defines elder abuse as "actions that harm an older person or puts the person's health or welfare at risk… this often results from the actions of someone who is trusted or relied on by the victim".[88]

Elder abuse is any form of mistreatment, action, or inaction by any individual or institution, which causes harm, threatens harm or jeopardizes the health or well-being of an older person.

There are several types of elder abuse:

(1) Physical abuse: Any act of violence or rough treatment causing injury or physical discomfort.

(2) Sexual abuse: Non-consensual sexual contact of any kind.

(3) Psychological or emotional or verbal: Any act that may diminish the sense of identity, dignity, or self-worth of an individual. Further, this may induce fear, anxiety, or stress.

(4) Financial or material: Theft or misuse of a senior's money or property.

(5) Neglect: The failure to meet the needs of an older adult who cannot meet these needs on his/her own. Neglect may have physical, psychological, and/or financial components, and can be active (intentional) or passive (non-intentional, likely due to lack of experience, information, or ability).

Further, seniors themselves can inflict self-neglect, which may result in negative outcomes such as unpaid bills (despite having adequate financial resources), unsafe living environment due to squalor or disrepair, and worsened health outcomes (due to refusal for care).[89]

Elder abuse can look very different for everyone who experiences it and can be incredibly distressing to seniors and those who care for them. Elder abuse also frequently goes unreported due to fear, shame, or cognitive impairments. Protecting seniors requires public education and awareness, appropriate support services, and adequate reporting and judicial processes.

Seniors who do not understand or appreciate the risk of abuse and neglect are protected by law in NL under the **Adult Protection Act, or APA**. The Act applies to every adult resident of NL to whom the **Children, Youth and Families Act** does not apply. This means individuals 18 years or older, regardless of living arrangement, even if they are resident in a health care facility, personal care home or long-term care facility. Every person has a legal obligation to report suspected abuse or neglect. Each report of abuse or neglect is reviewed by a social worker and, if appropriate, a plan is put in place to protect the adult.

There were 476 reports made under the **APA** in NL in 2023. This represents an increase of almost 24 per cent from 2022 and 58 per cent from 2019. Increases were reported in all regions of the province, with Labrador -Grenfell registering the greatest increase in reports since 2019 (up 210 per cent) and Western registering the smallest increase (up 6.4 per cent). **Table 35**

While there were 476 reports made, only 440 of these had the type of abuse listed. Therefore, the following information use 440 as the total. Almost 30 per cent of the 440 reports were for self-neglect. The next most commonly reported types of abuse were neglect (19 per cent) and financial (18 per cent). The distribution by type of report was fairly consistent among regions, however, some slight differences exist. Central had lower reports of self-neglect and financial abuse but higher reports of neglect and verbal abuse. Reports of financial abuse were markedly higher in the Labrador-Grenfell region. **Table 36, 37**

Elder Abuse/Neglect	NL	Eastern	Central	Western	Lab-Grenfell
Number of APA reports per year	**476** 2023	**265** 2023	**80** 2023	**100** 2023	**31** 2023

	NL
Prevalence of alleged self-neglect reported to APA per year	**29%** 2023
Prevalence of alleged financial abuse reported to APA per year	**19%** 2023
Prevalence of alleged neglect reported to APA per year	**18%** 2023
Prevalence of alleged physical abuse reported to APA per year	**12%** 2023
Prevalence of alleged verbal abuse reported to APA per year	**11%** 2023
Prevalence of alleged emotional abuse reported to APA per year	**8%** 2023
Prevalence of alleged sexual abuse reported to APA per year	**2%** 2023
Prevalence of alleged psychological abuse reported to APA per year	**1%** 2023

Victim Rates

Crimes against seniors encompass various offenses that take advantage of their vulnerabilities. Seniors are likely to refrain from reporting themselves as a victim of a crime in general, but especially to law enforcement. [90]

Seniors may be seen as 'easy targets' because they tend to have more physical and cognitive limitations than someone younger. Violent crimes are especially concerning for seniors because of their increased frailty.

In NL, the Royal Newfoundland Constabulary (RNC) and the Royal Canadian Mounted Police (RCMP) are each responsible for their own jurisdictions. The RNC provides services for three regions of the province: the Northeast Avalon, the Corner Brook Region and Labrador West. The RCMP provides services for all other areas of the

province. The number of violations involving a senior victim has risen significantly over the last several years, increasing from about 330 in 2019 to 580 in 2023. **Table 38**

In addition to data provided by police forces, information supplied by Victim Services provides another indication of violations against seniors. Victim Services is a free service offered by the Department of Justice and Public Safety that provides assistance to victims of crime. In 2022-23 approximately 150 requests were made to victim services by or for seniors. This is a 50 per cent increase from 2019-20.

These data indicate that crimes against seniors are increasing at an alarming rate. While the increase in the number of seniors plays a factor in the increase, the rate of crimes per 1,000 seniors has increased by almost 50 per cent, rising from 3.0 violations per 1,000 seniors to 4.4.

Overall Victimization of Seniors	NL
Number of criminal violations involving a senior victim - RNC	**309** 2023
Number of criminal violations involving a senior victim - RCMP	**271** 2023
Number of referrals to victim services made by seniors**	**152** 2022-23
** Victim services data refers to individuals aged 66+.	

Unlawful Activity by Seniors

It is also important to monitor the level of criminal behaviour exhibited by seniors, because sudden changes in this area may indicate a range of systemic issues such as financial insecurity, mental health and addiction issues, and lack of appropriate and necessary supports and services.[91] The number of criminal violations perpetrated by a senior declined by eight per cent from 2019 to 2023. **Table 38**

Overall Unlawful Activity of Seniors	NL
Number of criminal violations perpetrated by a senior - RNC	**98** 2023
Number of criminal violations perpetrated by a senior - RCMP	**195** 2023

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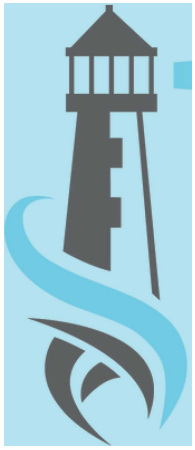

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