



Seniors' Report 2025

Monitoring Key Indicators of Seniors' Wellbeing in Newfoundland and Labrador

Executive Summary from the Seniors' Advocate

I am pleased to present the second volume of the **Seniors' Report** which examines seniors' wellbeing in six broad areas: Individual Health, Health Care, Finances, Housing, Transportation, and Safety and Protection. Indicators and data are presented for the most recent year available. As last year's report was our baseline year, it is too early to perform any substantive trend analysis, but we have provided comments on some changes from previous years and provided the details of the data in an accompanying **Seniors' Report 2025 Data Tables**.

As predicted, the number of Newfoundland and Labrador (NL) seniors continues to grow with 24.6% of the province aged 65 and older, the highest percentages in Canada, and 4.9% aged 80 and older. While the greatest majority of seniors reside in the Eastern Zones, the proportion of seniors in Eastern-Rural, Central and Western is in the 30% range. This composition has critically important implications for programs and service delivery, especially in rural areas where resources and workforce are limited. Further, anticipated growth estimates predict that by 2034, 27.8% will be aged 65 years and over and 7.6% will be aged 80 years and over. It is critically important to secure improved wellbeing and access to the programs and services required to age well in the right place, now before this increased demand is realized.

Seniors are living longer, but are they living in better health? Fifty per cent of seniors perceive their health as very good or excellent, however, 46% live with three or more chronic diseases. Living with a chronic condition can significantly impact wellbeing. While Health Accord NL (2022) details NL's shortened life expectancy, high rates of disease and poor health system performance, this report continues to identify these issues. This is why it is critically important that the **Seniors' Report** be published annually to provide data on these factors, and more, such that over time we will be able to determine if these trends are improving.

Our current population statistics should surprise no one. Between 1946 and 1965 we saw the birth of the largest generation in Canadian history. As well, over the past few decades life expectancy has been increasing. Despite all the time government, industry and the service sector has had to prepare, all the information we have had on the poor health outcomes that needed to be overcome, and some investment by government in

programs and services for seniors, we were ill-prepared. Unfortunately, we continue to be unprepared and see many indicators worsening.

Areas of most concern outlined in this report include:

- Food security amongst NL seniors has dropped by 6% over the last year. This trend is aligned with national data indicating food security is decreasing. Research indicates that the rising cost of food could be one contributing factor.
- The number of NL seniors with access to a primary health care provider continues to decrease and is the lowest in Canada.
- In the last year, the rate of hospitalization per 1,000 seniors increased by 1.6% and the rate of emergency visits per 1,000 seniors increased 2.4%, more than double the Canadian rate. Further, the regional differences are substantial with more rural health zones having even higher rates. These increases may be indicative of the lack of access to primary care and/or insufficient preventative health practices.
- Knee, hip and cataract surgeries fall well below the national benchmarks and Canadian average at 37%, 48%, and 43% respectively.
- The number of seniors discharged from hospital but remaining there in Alternate Level of Care (ALC) because a required service (i.e., home support or long term care) was not available, increased in the last year, with the average length of stay being 30 days. There were significant differences across health zones; for example, the average length of stay in ALC ranged from 16 days in Eastern-Rural to 46 in Western.
- The number of long term care beds per 1,000 seniors is only 25 but the distribution is not equal, resulting in more seniors in rural zones like Central and Western (where proportionally there are more seniors) waiting much longer in hospital for long term care placement.
- Long term care residents experiencing pain, restraint use, and potentially inappropriate use of antipsychotics continues to be higher in NL than the national average.
- Loss, isolation, chronic illness and pain are some of the factors impacting mental health and placing older adults at risk of suicide. During 2022-23, there were 19 deaths by suicide, representing a 46% increase from the previous year and an increase of 11 people in the last 5 years.

- At 51%, NL seniors have the highest dependency on income transfers, including Old Age Security (OAS) and Guaranteed Income Supplement (GIS), from the federal government and Canada Pension Plan (CPP). This is even more pronounced in rural NL.
- In 2023, the median income of NL seniors was \$29,710, the lowest of all Canadian provinces and territories.
- Low income is an eligibility requirement to receive the GIS (\$22,400 for a single, widowed or divorced senior). And while the uptake in GIS has decreased 4% in the last 5 years, it is concerning that NL seniors have the highest dependency on GIS in Canada at 44%, even higher than the other Atlantic provinces which range from 32% to 38%. This percentage is higher in NL's Central and Western Zones at 56% and 57%, respectively.
- 6.1% of NL seniors have a core housing need. 30% of seniors who rent and live alone have a core housing need. Rural senior homeowners have a higher need for major home repairs.
- 21% of people using emergency shelters were aged 55 or older, this equates to an average of 91 individuals per month. 22% of people experiencing homelessness in St. John's are seniors. Moreover, 9% of people experiencing homelessness reported experiencing homelessness for the first time after turning 55.
- The number of violations involving a senior has been increasing over the last 5 years, even taking population growth into account. There was a slight decrease in 2024, however, this was only experienced in the more urban areas under the jurisdiction of the Royal Newfoundland Constabulary.

Despite the many challenges, there are positive findings:

- 88% of seniors are satisfied or very satisfied with their life and 84% feel a somewhat, or very strong, sense of belonging to their community; both are higher than the Canadian average.
- Influenza vaccination rates are higher than the national average.
- There are fewer falls in long term care than the national average. However, consideration must be given to the impact high use of restraints in long term care has on the number of falls.
- 97% of NL seniors receive CPP.

- Inflation was 3.9%, down almost 2.5%. The decrease in inflation means the purchasing power of seniors, especially those on fixed incomes, is not eroding as quickly as it did during the COVID-19 high-inflation period and that median income has held roughly constant from the previous year (0.1% increase).
- As of 2021, about 75% of seniors in NL aged 85 years and older continue to live independently. The proportion of seniors living independently in owned or rented accommodations is about 95%, about 3% living in personal care homes and 2% in long term care facilities.

To summarize, Newfoundland and Labrador has the oldest, poorest, most unhealthy seniors in Canada. Let that sink in. So, after all of this, we are faced with the question: What does it mean? It means that NL seniors are living with some serious challenges. It means that improvements are necessary and not optional. It means demand for programs and services is going to continue to increase and NL is not even close to keeping up. This deficit is negatively impacting seniors and their loved ones, the caregivers, who are desperately trying to fill the void. It means that policymakers and providers of services and programs have much more work to do. Governments must listen and expeditiously support seniors.

It also means the Office of the Seniors' Advocate NL (OSA) must continue our strong advocacy to ensure seniors in NL have the programs and services they deserve so they may age well.

Finally, producing a report of this scope is no small undertaking. It requires sifting through hundreds of potential indicators, selecting those deemed to be most relevant, and requesting, collecting and collating data from many sources. This task would be impossible without Newfoundland and Labrador Health Services and government departments and agencies providing much of the data for this report and the many dedicated public servants responding to our numerous questions. Thank you!

Sincerely,



Susan Walsh, MSW RSW

Seniors' Advocate NL

Acronyms & Abbreviations

ADLs	Activities of daily living
ALC	Alternate Level of Care
APA	Adult Protection Act
CCDSS	Canadian Chronic Disease Surveillance System
CCHS	Canadian Community Health Survey
CIHI	Canadian Institute for Health Information
CMHC	Canada Mortgage and Housing Corporation
CMWF	Commonwealth Fund
CPI	Consumer Price Index
CPP	Canada Pension Plan
DHCS	Department of Health and Community Services
GIS	Guaranteed Income Supplement
HMP	Home Modification Program
LTC	Long Term Care
LTCFs	Long Term Care Facilities
MCP	Newfoundland and Labrador Medical Care Plan
MRD	Motor Registration Division
NL	Newfoundland and Labrador
NLHC	Newfoundland and Labrador Housing Corporation
NLHS	Newfoundland and Labrador Health Services
NLMBM	Newfoundland and Labrador Market Basket Measure
NLPDP	Newfoundland and Labrador Prescription Drug Program
NLSA	Newfoundland and Labrador Statistics Agency
OAS	Old Age Security
OSA	Office of the Seniors' Advocate, Newfoundland and Labrador
PCHs	Personal Care Homes
PCRs	Protective Community Residences
PCV	Pneumococcal vaccine
PHRP	Provincial Home Repair Program
RCMP	Royal Canadian Mounted Police
RNC	Royal Newfoundland Constabulary
RSV	Respiratory Syncytial Virus

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Introduction

The Office of the Seniors' Advocate

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

The OSA 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 OSA 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

Seniors' Report 2024 was the first comprehensive profile of the wellbeing of seniors in Newfoundland and Labrador (NL) completed by the OSA. It included information in the form of statistical data on seniors' services, lifestyle trends, and the ability of seniors to age well. As the first volume of the **Seniors' Report**, the 2024 edition is a baseline and intended to create an overview of the wellbeing of seniors in the province. Wellbeing is often subjective and there is no universal definition; however, it can be defined as a positive physical, social and mental state.

It is the intention of the OSA to release a seniors' report annually. Over time, these indicators will provide us with the ability to track trends and draw informed conclusions specific to seniors in NL from the analysis. For the purpose of this report, seniors are considered to be those aged 65 years and older, however, where the data are not specific to this age group it will be noted.

The **Seniors' Report 2025** examines six broad areas of seniors' wellbeing: Individual Health, Health Care, Finances, Housing, Transportation, and Safety and Protection. Within the body of the report and within each of the six areas of wellbeing, indicators and data are presented for the most recent year available. Some information is available by calendar year and some is available by fiscal year (April to March).

Additional tables corresponding to the data are contained in a separate, companion report titled **Seniors' Report 2025 Data Tables** for reference. Where possible, data are compared to one year earlier and five years (or the closest to five years available) earlier to identify changes in the indicator. It is important to note that many indicators in 2020 were influenced by the COVID-19 pandemic, and any comparisons with that year may partly reflect this impact.

In many cases, data are also given for Canada for comparison purposes. When relevant, data are also compared to other provinces and territories. Where regional data exist, it is provided in the accompanying Data Tables document and in the Report when noteworthy.

This report is intended 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 work of the OSA.

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 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.

Diversity, Equity & Inclusion

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.

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



The OSA 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.

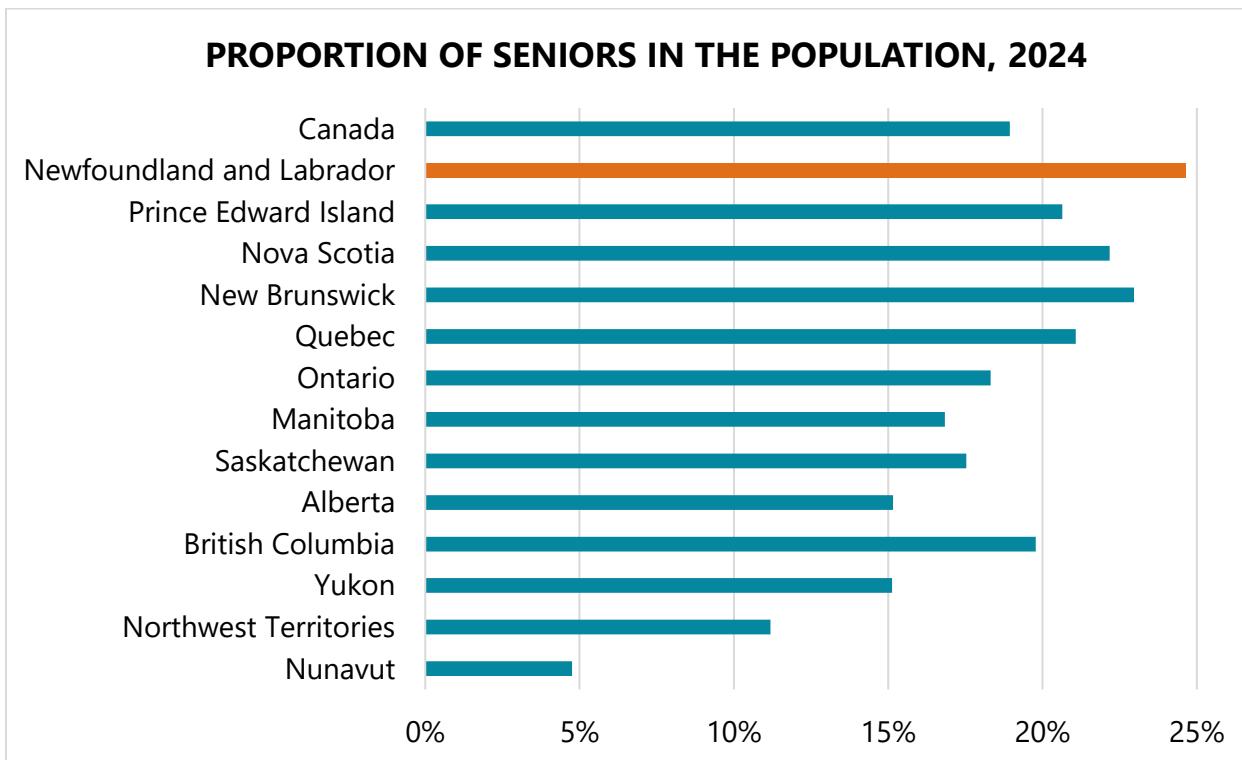
Demographics

Seniors are the fastest growing age group in Canada. Increases in life expectancy and declining fertility rates contribute to an aging population, especially for the Atlantic provinces. In NL, the out-migration of thousands of young adults exacerbate the aging trend. This shift in the age composition of the population comes with challenges and opportunities. While the demand for adequate health care and retirement options increases with age, 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.

According to the most recent demographic data, NL has the largest proportion of seniors and one of the fastest growing populations of seniors.² While the population of seniors refers to the total number of seniors in a geographic area, the proportion of seniors refers to the number of seniors compared with the total population. For example, if there are 50 seniors in a community of 100 people, the proportion of seniors would be 50 per cent. Understanding this proportion is important for planning services, allocating resources, and anticipating future needs in areas such as health care, housing, and transportation. In 2024, the proportion of seniors in NL was 24.6 per cent, the highest in Canada. **Table 0.1**

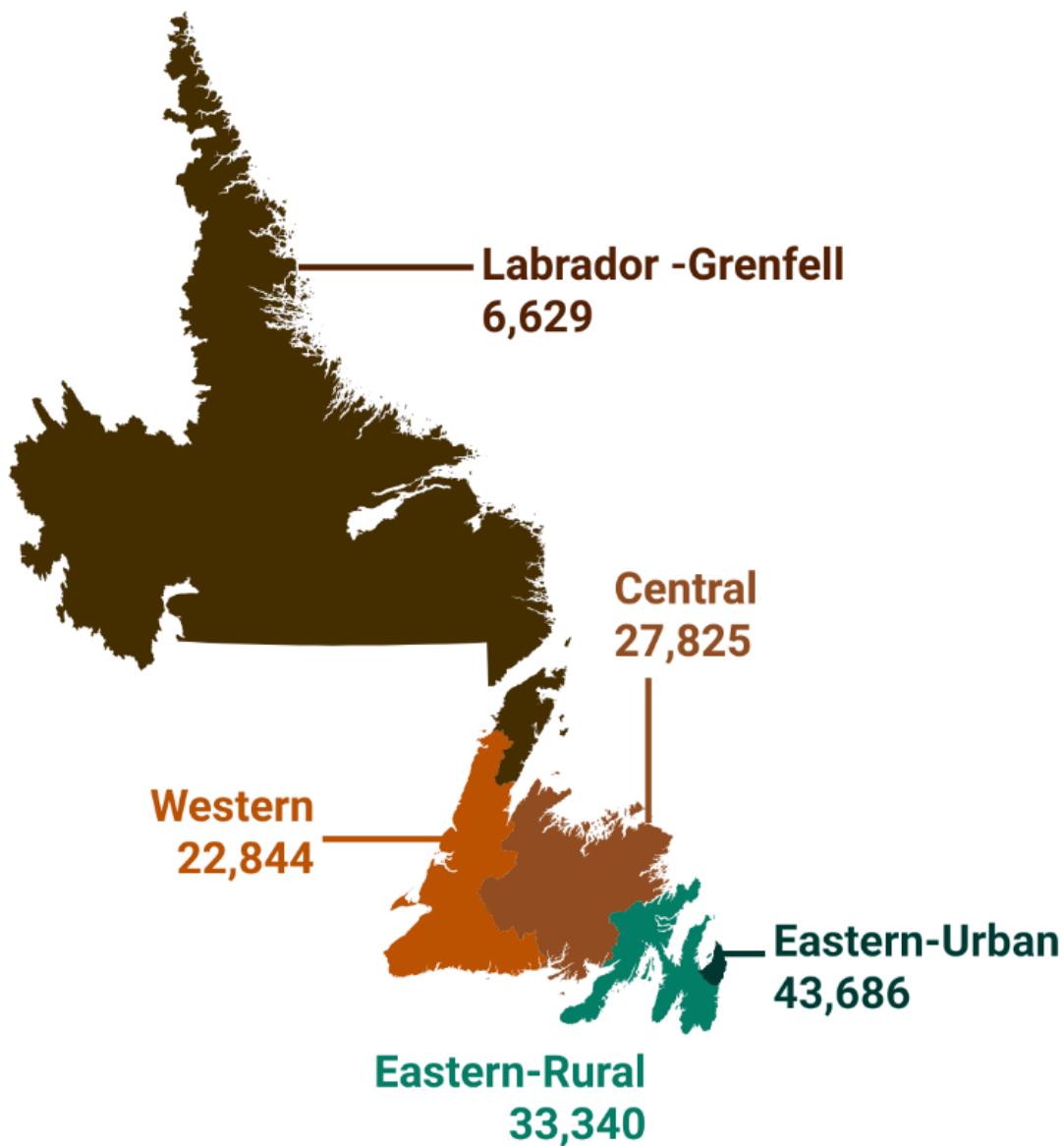


25% OF THE NL POPULATION IS OVER THE AGE OF 65.



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

POPULATION OF SENIORS BY HEALTH ZONES, NL, 2024

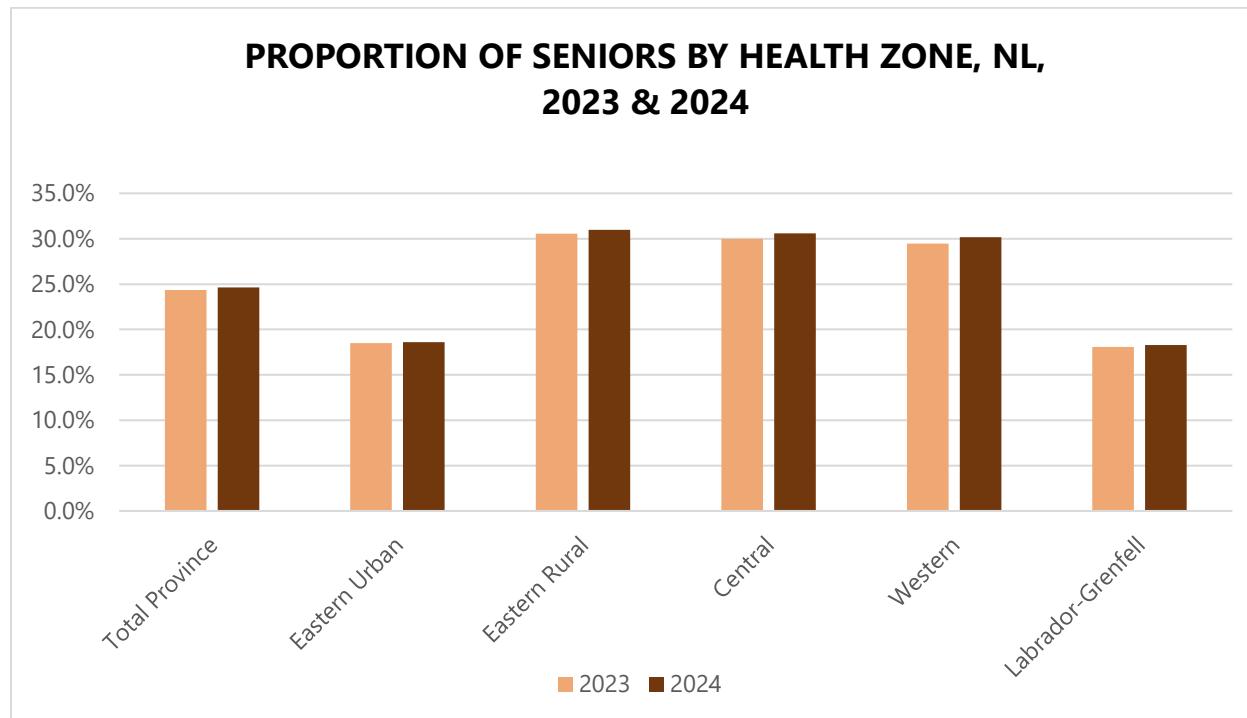


Map data: Statistics Canada • Created with Datawrapper

Data source: Newfoundland and Labrador Statistics Agency.

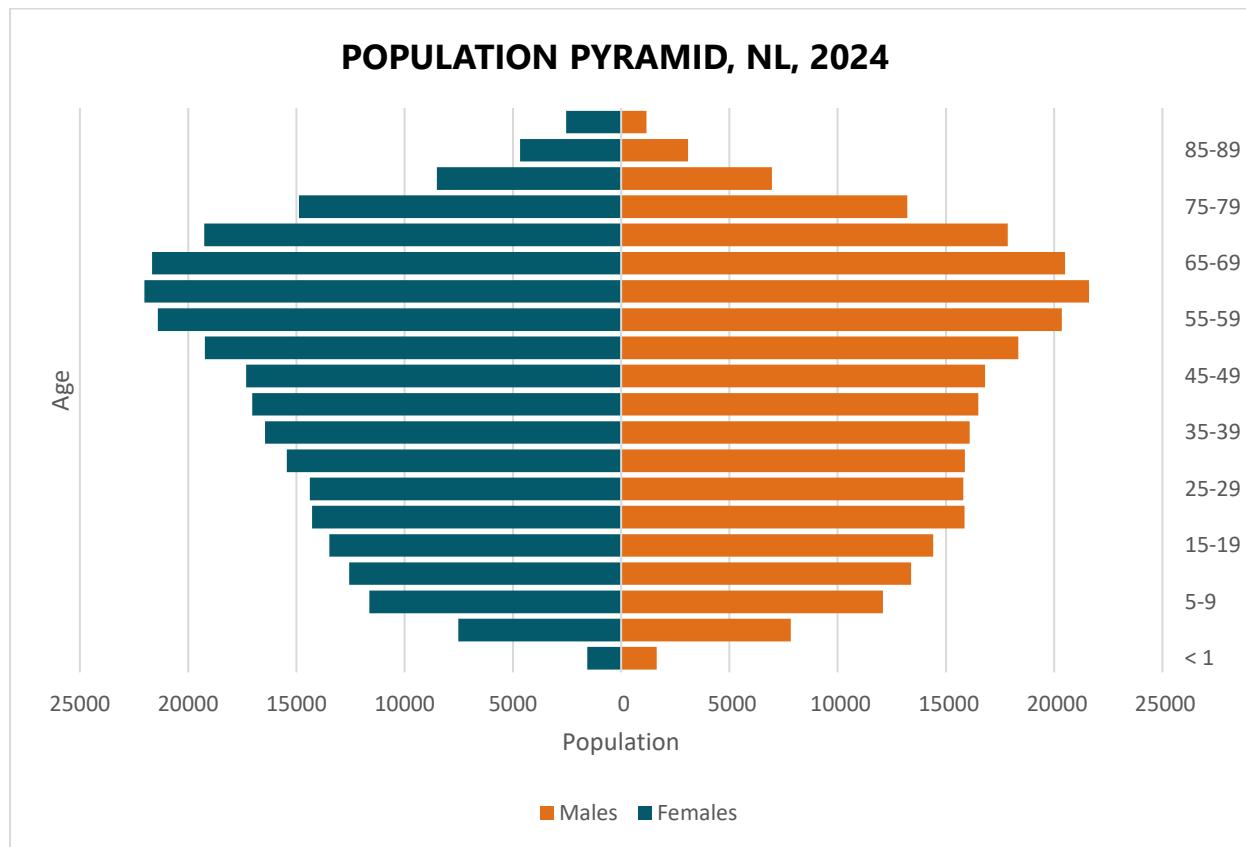
Like the general population of NL, the largest number of seniors live in the Eastern Zones with over 77,000 people aged 65 years and over residing in this area. This represents 57 per cent of the senior population in the province. **Table 0.2**

While most seniors live in the Eastern Zone, the proportion of the population that is seniors is highest in the Eastern-Rural, Central and Western Zones. In these Zones, 30 to 31 per cent of the population is aged 65 or older. This represents a slightly higher proportion of seniors than in the previous year in every Zone.



Data source: Newfoundland and Labrador Statistics Agency. gov.nl.ca/fin/economics/pop-projections/.

The large and growing proportion of seniors highlights the need to monitor seniors' data. Additionally, the number of seniors and the proportion of seniors compared with the total population are expected to continue to increase. Presently, the largest cohort of people in NL is aged 60 to 64. While migration, birth and death all impact population growth, it is anticipated that in just five years the largest age group will be individuals aged 65 to 70.

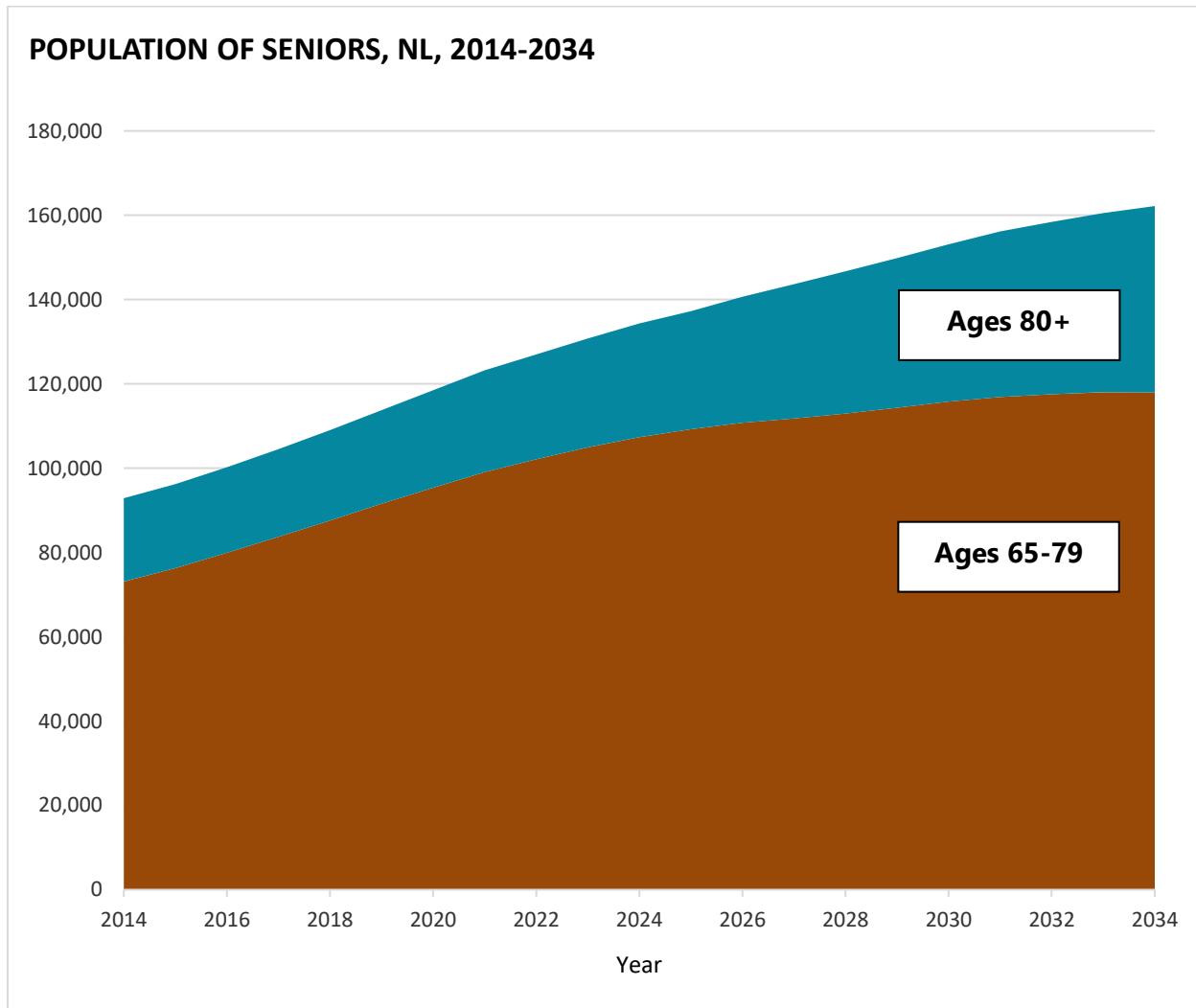


Data source: Statistics Canada. Table 17-10-0157-01.

According to Newfoundland and Labrador Statistics Agency (NLSA), by 2034, the population of NL seniors is expected to rise to 162,000, an increase of 21 per cent in ten years. This is based on medium growth projection, which assumes fertility rates stay constant, life expectancy keeps increasing, and migration patterns vary according to labour market conditions.³ The actual population could be higher or lower depending on how these factors evolve. With a medium projection, 28 per cent of the province's population will be seniors. Worth noting, in the Western and Central Zones the percentage is expected to be 35 and 36 per cent respectively. Furthermore, the composition of seniors is expected to change with more people in the older age groups. By 2034, the number of people aged 80 and over is expected to increase by 64 per cent to over 44,000 and comprise eight per cent of the population (compared to five per cent in 2024). This changing composition is important to recognize and monitor because of 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 Projections	NL	Eastern	Central	Western	Lab-Grenfell
Seniors	28% 2034	25% 2034	36% 2034	35% 2034	19% 2034

Data source: Newfoundland and Labrador Statistics Agency gov.nl.ca/fin/economics/pop-projections/.



Data source: Newfoundland and Labrador Statistics Agency. gov.nl.ca/fin/economics/pop-projections/.

INDIVIDUAL HEALTH

Are seniors generally healthy?

This section looks at physical health, smoking, alcohol consumption, nutrition, and mental health, as essential components of an individual's health, 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.⁴ Monitoring these key elements of wellbeing can help us better understand lifestyle trends and how these may impact our ability to age well.

Multimorbidity ⁱ	NL
Seniors diagnosed with one chronic condition	19% 2023-24
Seniors diagnosed with two chronic conditions	23% 2023-24
Seniors diagnosed with three or more chronic conditions	45% 2023-24

Data source: Department of Health and Community Services.

One objective indicator is the presence of a diagnosed health condition. While it is estimated that about one in ten seniors in NL live without any chronic health conditions, almost half live with three or more diagnosed health conditions. Living with more than

ⁱ Note: Compiled from seniors diagnosed with one or more chronic conditions and two or more chronic conditions, the remaining 13 per cent corresponds to seniors who do not have a diagnosed chronic condition.

one health condition is called multimorbidity, and it can significantly impact wellbeing.

Table 1.1

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 zone 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 that caution should be taken when comparing data from 2022 onward to data from previous years.⁵

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 helps maintain mobility and independence, and is associated with decreased risk of falls, heart disease, diabetes, cancer, and dementia, it is linked to better mental health outcomes as well.⁶

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.⁷ However, research indicates that seniors often have a very difficult time maintaining regular exercise routines and require significant support to meet those recommendations.⁸ Exercise programs are an excellent way for seniors to access the support 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, and physiotherapists).⁹ Further, self-monitoring and goal setting promote adherence to exercise programs.¹⁰ Unfortunately, exercise programs that meet all of these requirements can be costly and may not be affordable and/or geographically accessible for many seniors.

Physical Health	NL	Canada
Seniors who perceive their health as very good or excellent	50% 2023	47% 2023
Seniors who perceive their health as fair or poor	23% 2023	22% 2023
Seniors who report getting the recommended amount of physical activity ⁱⁱ	31% 2021	41% 2021

Data source: Statistics Canada, table 13-10-0905-01.

Only 31 per cent of seniors in NL reported getting the recommended amount of physical activity compared to 41 per cent nationally. Nonetheless, 50 per cent of NL seniors perceive their health as very good or excellent, 3 percentage points higher than the national average. While higher than the national average, and higher than the previous year, this measure is lower than in 2022, when it was 54 per cent. This may be partially due to the survey redesign or sampling variability and should be monitored closely. **Table 1.2**

Smoking and Alcohol Consumption

Lifestyle choices have a significant impact on the ability to age well, of which smoking and alcohol consumption play a large role. 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.¹¹ Excessive alcohol consumption (quantity rather than frequency) is linked with higher risk of mortality and cognitive disorders, and poorer health, which includes mental health.^{12,13}

Alcohol consumption and smoking nicotine are key factors in the health of seniors, due to the general negative impact they have on health. Furthermore, changes in these behaviours can be an indicator of psychological stress and overall poor wellbeing. **Table 1.2**

ⁱⁱ Data collected sporadically, 2021 is the latest year available.

Smoking & Alcohol Habits	NL	Canada
Seniors who report being a daily smoker (nicotine)	9% 2023	8% 2023
Seniors who report heavy drinking	12% 2023	10% 2023

Data source: Statistics Canada. Table 13-10-0905-01.

The percentage of NL seniors who smoke and drink heavily is slightly higher than the Canadian average, as it has been historically. While the percentage of smokers decreased slightly since last year, 9.2 per cent down to 8.5ⁱⁱⁱ, it is concerning to see the uptick in drinking in the previous years. It is important to monitor these because they can be a reflection of wellbeing.

Nutrition

Food security means people consistently have enough healthy food available to them to meet their dietary needs and food preferences so they can live active, healthy lives. The main cause of food insecurity in Canada is insufficient income, according to a 2022 report released by PROOF, a food insecurity research program based at the University of Toronto. Food insecurity may also result from limited food availability, and barriers to purchasing and preparing groceries; issues heightened by economic challenges.

When people are food insecure, they may worry about running out of food or not having enough selection of food; compromise the quality or quantity of food; and/or miss meals or go for longer periods without food.¹⁴

Proper diet contributes to physical health and cognitive function. Inadequate nutrition and food insecurity increases seniors' risk of chronic disease, hospitalization, falls, and mortality.¹⁵

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



ⁱⁱⁱ Summary tables included in this report have rounded numbers. When appropriate, the text includes decimals to highlight differences. To see detailed information please refer to the companion report titled **Seniors' Report 2025 Data Tables**.

Nutrition	NL	Canada
Seniors that are food secure	82% 2023	87% 2023
Seniors who are marginally food insecure	5% 2023	4% 2023
Seniors who are moderately or severely food insecure	13% 2023	9% 2023
Seniors who meet fruit and vegetable consumption recommendations	13% 2023	25% 2023

Data sources: Statistics Canada, tables 13-10-0835-01 & 13-10-0905-01.

Most recent data from Statistics Canada show that food security amongst NL seniors was 82 per cent and that it has dropped by 6 percentage points over the last year. Thirteen per cent of seniors were moderately or severely food insecure. These rates were the highest among Canadian provinces. According to PROOF and Statistics Canada, the rising cost of food may be a factor contributing to decreases in food security.^{16, 17}

Tables 1.2, 1.3

Data from the CCHS indicates that only 13 per cent of NL seniors meet the fruit and vegetable consumption recommendations of five or more servings per day, significantly lower than the Canadian average of 25 per cent.

Also of concern is the fact that the percentage of NL seniors getting the recommended amount of fruit and vegetables per day declined by 5 percentage points from 2017 to 2021 and another point between 2021 and 2024 (not all years are available). This may be partially related to the rising costs of fresh fruit and vegetables. It should be noted that frozen or canned produce can be just as nutritious as fresh produce and may be a more economical and accessible option.

Mental Health

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.¹⁸ 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.¹⁹ 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.²⁰ Seniors are especially susceptible to the negative impacts 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 that may be the result of systemic issues. **Table 1.2**

Mental Health	NL	Canada
Seniors that perceive their mental health as very good or excellent	66% 2023	62% 2023
Seniors that perceive their mental health as fair or poor	8% 2023	8% 2023
Seniors that report feeling quite a bit or extremely stressed most days	9% 2023	11% 2023
Life Satisfaction	NL	Canada
Seniors that report being satisfied or very satisfied with their life	88% 2023	87% 2023
Sense of Belonging	NL	Canada
Seniors that report feeling a somewhat or very strong sense of belonging to their local community	84% 2023	70% 2023

Data source: Statistics Canada. Table 13-10-0905-01.

Subjective measures of mental health (that is based on survey respondents' own perceptions) indicate that the percentage of seniors in NL who have very good or excellent mental health is higher than the national average. The percentage of NL seniors who indicate a high level of life satisfaction is on par with the national average and similar to last year's percentage. Further, NL seniors have a strong sense of belonging to their community which remains notably higher than the national average.

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. 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:

- 1. Primary care** refers to preventative care, and treatments for acute illnesses and injuries. This is generally the first point of access to any health care service.
- 2. Hospital care** includes both inpatient and outpatient services and may also be called acute care.²¹
- 3. Home care** refers to services and support delivered to seniors within their homes, aimed at preventing, delaying, or acting as a substitute for institutionalization. Home care includes nursing, personal care, physical therapy, dietitian services, household tasks, and respite services.
- 4. Residential care** refers to health care and personal care that is administered to seniors in residential settings, including long term care (LTC) and personal care homes (PCHs).
- 5. 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. Respite care can also include day programs, which provide social or recreational activities, care, and personal support during the day for people who live at home.

Institutionalization

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



In 2025, the C.D. Howe Institute, an independent not-for-profit research organization, compared Canada to nine other countries in health care, focusing on access to care,

process of care, administrative efficiency, equity, and health care outcomes.^{iv} While this analysis was not focused on seniors, we know seniors are a significant consumer of health services. Their report ranked Canada ninth out of the ten countries reviewed in overall health system performance. Their analysis also included all the Canadian provinces and territories. NL showed progress in safe care and was ranked second in virtual care, both subcategories of care process. However, NL performed the worst of all the provinces in three of the five categories (overall health performance, access to care, and care process), and below the international average in every category.²² **Table 2.1**

Availability & Accessibility

Primary Care

Accessing a regular health care provider is critical for seniors because preventative care is essential for healthy aging, and health care needs generally increase with age. In a survey developed by OurCare and answered by more than 9,000 Canadians, seniors were 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
Seniors who have a regular health care provider	84% 2023	92% 2023

Data source: Statistics Canada. Table 13-10-0905-01.

According to results from Statistics Canada's CCHS, in 2023 NL had the lowest rate of seniors connected with a regular health care provider compared to Canada as a whole and the other nine provinces. Prior to 2022, the difference between NL and Canada was in the range of 2 to 3 percentage points but since 2022 this gap widened significantly to over 8 percentage points. In other words, the number of NL seniors with access to a primary care provider decreased from 92 per cent in 2021 to 85 per cent in 2022 and 84

^{iv} The report used data from an international survey carried out by the Commonwealth Fund, a US-based foundation dedicated to improving health care systems.

per cent in 2023.²⁵ This decline in access is concerning and is consistent with what the OSA has heard; it should be monitored on an ongoing basis.²⁶ **Table 2.2**

According to data provided by Newfoundland and Labrador Health Services (NLHS), approximately 10,657 seniors in NL were on a waitlist for a regular primary care provider as of July 31, 2025. 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. **Table 2.3**

The Commonwealth Fund (CMWF) is a privately owned foundation that supports independent research and issues grants to support improved health care policies, programs, and practices in industrialized countries.²⁷ They generally conduct a survey every year, however, the topic of the survey varies, focusing on older adults every three years.²⁸ The 2024 survey focused on the views and experiences of adults aged 65 and older.²⁹ The survey results revealed:

- ➔ NL had the second lowest rate of all the provinces of seniors being able to get a same-day appointment with a nurse or doctor, the last time they needed care. Only 5 per cent of NL seniors reported getting a same-day appointment, while nearly 28 per cent reported having to wait more than two weeks.
- ➔ 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 emergency room, compared to every other province (NL reported 67 per cent; the second highest was PEI with 52 per cent).
- ➔ 60 per cent of NL seniors reported that when they contacted their usual place of care during regular practice hours, they always or often heard back within the same day.

This information is well-suited for monitoring access to primary care for NL seniors. Although the survey only focuses on older adults every three years, it is informative and provides some context into what key issues may be impacting access to primary care for seniors in NL.

Immunization

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 disease, and Shingles.³⁰ In addition, it recommends that adults 75 years of age and older and residents of nursing homes and other chronic care facilities receive the Respiratory Syncytial Virus (RSV) vaccine. These illnesses can be especially detrimental for seniors and can precede chronic and severe health issues.

Data related to immunizations among seniors stems from a couple of sources, thus, the latest year of available data are different. Data on the Influenza and Pneumococcal 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.

Immunization	NL	Canada
Seniors who had received an influenza vaccine in the past 12 months	69% 2023	67% 2023
Seniors who have received the 2024-25 updated COVID-19 vaccine ^v	33% 2024-25	N.A.
Seniors who received the RSV vaccine between April 2024 and March 2025 ^v	0.5% 2024-25	N.A.
Seniors who have received a shingles vaccine series between April 2024 and March 2025 ^v	1.9% 2024-25	N.A.
Seniors who had received a Pneumococcal vaccine (PCV)	31.5% 2019-20	51.1% 2019-20

Data sources: Statistics Canada, table 13-10-0905-01, NL Health Services, & doi.org/10.25318/82-003-x202400100002-eng.

Influenza vaccination rates among seniors in NL are higher than the national average but lower than the other Atlantic provinces. **Table 2.4.** Most seniors receive these

^vAs of May 29, 2025.

immunizations at pharmacies (27 per cent of the population compared with 15 per cent). **Table 2.5 & 2.6.** The uptake for the shingles and PCV vaccines is lower, even though they are recommended by the Public Health Agency of Canada. **Table 2.7.** This is probably because until recently there was a charge to receive these immunizations. It is important to note that some vaccinations are not required to be administered yearly. Therefore, a low percentage of seniors receiving these immunizations each year does not necessarily mean that a low percentage of the senior population is up to date on their immunizations. For example, according to Statistics Canada, in 2019-20 over 20 per cent of the senior population in NL had completed a shingles vaccine series; the 1.9 per cent of seniors who received a shingles vaccines series during 2024-25 adds to the cumulative total.

Currently, the COVID-19, flu, shingles and PCV vaccines are offered free-of-charge (there may be age and provider eligibility requirements). However, the shingles vaccine has only been publicly funded since June 1, 2025.³¹ As well, since April 1, 2025, the RSV vaccine is publicly funded for NL adults aged 60 years and older who reside in a congregate living facility i.e., long term care or personal care homes.³²

Medical and Prescription Programs

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, some things are not.

One of the main out-of-pocket health expenses for seniors is prescription drugs. Some 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 and individuals in receipt of subsidized services under the Long Term Care and Community Support Services program from NLHS (including all seniors in receipt of home services, as well as

subsidized residents of LTC or PCH) have access to this plan.^{vi} This plan offers 100 per cent coverage of eligible prescription drugs.

2. 65 Plus Plan: Seniors in receipt of Old Age Security (OAS) and the Guaranteed Income Supplement (GIS) automatically gain access to this plan. Members pay the dispensing fee, up to a maximum of \$6.

3. Access Plan: Individuals with low income can apply for this plan. Coverage is determined by net income and family status.^{vii}

4. Assurance Plan: Individuals can apply for this plan if their drug costs exceed a certain percentage of their annual income.^{viii} 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 is required.

In 2024-25, approximately 73,000 seniors, including recipients of home support and subsidized residents of LTC or PCH (52 per cent) were eligible for, and utilized, the NLPDP program, a decrease from 53 per cent in the previous year. Most seniors were covered under the 65 Plus Plan. In 2024-25, approximately 37 per cent of seniors were covered under the 65 Plus Plan, the same as the previous year. Table 2.8

Data from 2024-25 suggests that seniors who are eligible under the NLPDP, pay 9 per cent of the costs of eligible prescription medications on average, with the NLPDP paying the remaining 91 per cent. **Table 2.9**

^{vi} 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.

^{vii} 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.

^{viii} 5 per cent of net income for those who earn below \$40,000; 7.5 per cent of net income for those who earn from \$40,000 to under \$75,000; 10 per cent of net income for those who earn from \$75,000 to under \$150,000.

Hospital Care

During 2023-24 almost half of the hospitalizations in the province, including inpatient and day surgery, were for seniors. The inpatient average length of stay for seniors was 13 days. **Table 2.10.** In the last year, the rate of hospitalization per 1,000 seniors increased by 8 points, from 473 per 1,000 seniors to 481 per 1,000 seniors. **Table 2.11**

In 2023-24, the rate of emergency room visits per 1,000 seniors was 1,011. In other words, on average, seniors in NL visited an emergency room slightly more than once during that year. This was a 24 point increase since 2022-23. **Table 2.11.** These increases may be indicative of the lack of access to primary care and/or insufficient preventive health practices. In 2021-22, the most recent year with national data, the rate of emergency room visits for 1,000 seniors in NL was almost double that of Canada.³³

Differences among health zones were substantial. The rate of emergency room visits in Eastern-Rural was the lowest with 539 visits per 1,000 seniors, while Labrador-Grenfell had 3,886 visits per 1,000 seniors. **Table 2.11.** This difference could be related to lack of access to a primary care provider.

Hospital Care	NL	Eastern Urban	Eastern Rural	Central	Western	Lab-Grenfell	Canada
Emergency Room Visits Rate	1,011 2023-24	538 2023-24	1,245 2023-24	1,299 2023-24	1,098 2023-24	3,886 2023-24	483 2021-22
Hospitalization Rate	481 2023-24	430 2023-24	504 2023-24	488 2023-24	520 2023-24	494 2023-24	- 2021-22

Data source: Department of Health and Community Services.

Benchmarks are goals based on scientific evidence that express the amount of time that is appropriate to wait for a particular service. Data are readily available on wait times for priority procedures. CIHI reports the percentage of cases meeting the national benchmark wait times for several procedures. While this information is not specific to seniors, most people 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. In 2019, the percentage of knee replacement, hip replacement and cataract surgeries meeting the benchmarks were 72 per cent, 76 per cent and 63 per cent respectively. **Table 2.12.** Since that time,

the percentage of these three surgeries meeting national benchmarks in NL falls well below the Canadian average and have not yet rebounded to the levels prior to the COVID-19 pandemic. Government extended the provision of cataract surgeries to include non-hospital facilities and this should be considered as one factor improving the benchmark wait times for that surgery.^{34, 35} The number of knee and hip replacement surgeries increased, however the number of people waiting for those procedures and the wait time also increased. **Table 2.13**

Priority Procedures ^{ix}	NL	Canada
Knee replacement surgeries meeting benchmark wait time	37% 2024	61% 2024
Hip replacement surgeries meeting benchmark wait time	48% 2024	68% 2024
Cataract surgeries meeting benchmark wait time	43% 2024	69% 2024

Data sources: Data and Information Services, NL Health Services & CIHI Wait Times for Priority Procedures in Canada, 2008–2024.

Another measurable component is Alternate Level of Care (ALC), wherein a person is medically discharged from hospital but remains in an acute care hospital bed until appropriate care or living arrangement is arranged or available. Higher rates of ALC often means 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. During the last fiscal year, more than 3,200 seniors spent time in ALC. **Table 2.14**. Moreover, the time spent in ALC compared to the total number of days spent in the hospital was significant, accounting for almost one-third of the total time. **Table 2.15**. For seniors, 14 per cent of total inpatient cases were ALC.

Table 2.16. Typically, NL has higher rates of ALC than Canada, and the majority of these patients are waiting for placement into a residential facility.³⁶ **Table 2.17.** The provincial number of seniors in ALC increased in the last year from 3,133 to 3,258. The majority (28 per cent) of these patients were seniors waiting for LTC placement. **Table 2.18.** The average length of stay in ALC was 30 days. **Table 2.14.** The difference across heath

^{ix} 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.

zones was significant, for example, the average length of stay in ALC ranged from 16 days in Eastern-Rural to 46 in Western.

The measurement of potential delays in the transition from one care 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.

ALC Length of Stay (days)	NL	Eastern Urban	Eastern Rural	Central	Western	Lab-Grenfell	Canada
Median	8 2023-24	7 2023-24	6 2023-24	9 2023-24	9 2023-24	10 2023-24	8 2023-24
Average	30 2023-24	20 2023-24	16 2023-24	38 2023-24	46 2023-24	33 2023-24	- 2023-24

Data source: Department of Health and Community Services.

The difference in the median, which is similar to Canada, and the average length of stay indicates that some people are staying in ALC beds for a very long time.

Home Care

Home care is accessed through the Provincial Home Support Program and is administered by NLHS. Home care primarily assists with Activities of Daily Living (ADL) 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. There are three options available for service delivery: self-managed care where the person chooses and employs the care provider; paid family caregiving, which is similar to self-managed care, but the person chooses a family member to be the care provider (not including spouses and common-law partners); and agency-managed care where the person chooses to receive home support services through an approved agency in the community.³⁷

While not all who access home care are seniors, many are. 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, friends and community. Aging at home can also extend and/or improve overall quality of life by minimizing premature institutionalization.

There are 33 approved home care agencies throughout the province. Some of these agencies operate in multiple locations, so the total number of agency office locations is 80. The number of seniors receiving services during 2024-25 was 6,592. This is a decrease of 2% in the last year and an increase of 12% in the last 5 years. During 2023-24 there were 289 clients in receipt of the paid family caregiver option.

Availability of Home Support	NL	Eastern	Central	Western	Lab-Grenfell
Approved home support agencies	33 2022				
Locations of approved home support agencies ^x	80 2022	50 2022	19 2022	9 2022	2 2022
Seniors receiving home support	6,592 2024-25	5,752 2024-25	1,824 2024-25	2,823 2024-25	348 2024-25
Clients in receipt of paid family caregiver Option	289	-	-	-	-

Data Source: Department of Health and Community Services.

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. In 2023-24, CIHI reported that in Canada 10 per cent of hospital discharges were extended until home care supports were ready;³⁸ in NL that number was 14 per cent. **Table 2.16.** The median number of days the stay was extended was eight. The length of the stay extension has been relatively consistent over the last five years, ranging from seven to nine days.

^x Some agencies have more than one location, these are counted as individual locations to represent availability in different communities.

Access to Home Care	NL	Eastern Urban	Eastern Rural	Central	Western	Lab- Grenfell
Hospital discharges to home care that required an extended stay, until home care supports were ready (ALC)	11% 2023-24			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)	8 days 2023-24	7 days 2023-24	6 days 2023-24	9 days 2023-24	9 days 2023-24	10 days 2023-24

Data Source: Department of Health and Community Services.

Residential Care^{xi}

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 NL Health Services.

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.³⁹ 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.⁴⁰ 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.

For the purposes of this report, LTC homes encompasses both LTCFs and PCRs.

^{xi} 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.

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.⁴¹

When it comes to resources, there are significant issues with staff shortages and insufficient home and community-based care services and supports.⁴² 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.⁴³

Home and community-based care is essential for reducing LTC waitlists because research shows that these may be viable alternatives for those people with less complex needs, but they must be accessible, affordable, and available.⁴⁴ Thus, LTC waitlists "do not always imply the need for more LTC beds, but rather may be highlighting a lack of community-based care".⁴⁵ 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.⁴⁶ LTC homes are also costly to operate, so efforts to enhance home and community-based alternatives may be more economically viable for government.⁴⁷ For example, during the fiscal year 2024-25, government spent over \$460 million on LTC. **Table 2.21.** This corresponds to an average annual spending of \$148,820 per person.

In 2024-25, NL had 42 LTC homes with a total of almost 3,300 beds. These facilities have occupancy rates ranging from 93 to 96 per cent across zones, except in Central, where the occupancy rate is 85. **Table 2.23**

These beds, however, are not distributed equally throughout health zones. Sometimes forcing seniors to move far from their community to access LTC. In fact, many of the complaints received by the Department of Health and Community Services are related to placement/transfer. **Table 2.24**

On average, there were 413 persons on a waitlist for LTC admission in 2024-25. The waitlist represents all clients seeking LTC, however, the vast majority of these individuals

are aged 65 years or older. **Table 2.25**. Further, of those waiting for LTC placement, slightly more individuals are waiting in community than in acute care; however, the opposite is true for Central and Western. **Table 2.26**

Availability of LTC	NL	Eastern Urban	Eastern Rural	Central	Western	Lab- Grenfell
Facilities	42 2024-25	7 2024-25	9 2024-25	14 2024-25	8 2024-25	4 2024-25
Number of all LTC beds	3,281 2024-25	1311 2024-25	558 2024-25	668 2024-25	593 2024-25	151 2024-25
LTC beds per 1,000 seniors	25 2024	30 2024	17 2024	24 2024	26 2024	23 2024

Data Source: Department of Health and Community Services.

Access to LTC	NL	Eastern	Central	Western	Lab- Grenfell
Average occupancy rate	N/A	93% 2024-25	85% 2024-25	96% 2024-25	93% 2024-25
Average number of clients on a formal waitlist for LTC placement, per month	413 2024-25	138 2024-25	135 2024-25	88 2024-25	52 2024-25
Average number of clients waiting for LTC placement in the community, per month	155 2023-24	57 2023-24	41 2023-24	30 2023-24	24 2023-24
Average number of clients waiting for LTC placement in PCHs, per month	63 2023-24	17 2023-24	35 2023-24	14 2023-24	6 2023-24
Average number of clients waiting for LTC placement in acute care (ALC), per month	138 2023-24	24 2023-24	58 2023-24	50 2023-2	12 2023-2

Data Source: Department of Health and Community Services.

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.⁴⁸ About one in ten residents have moderate to very severe cognitive impairment.

Although these homes are privately owned and operated, they are licensed by the provincial government and monitored by NLHS. During the 2024-25 fiscal year, a total of 1,300 routine monitoring visits were conducted throughout the province. **Table 2.27**

Number of PCH Monitoring Visits	NL	Eastern Urban	Eastern Rural	Central	Western	Lab-Grenfell
2024-25	1300	336	304	416	224	20

Data Source: Department of Health and Community Services.

Depending on their financial circumstances, residents may be partially subsidized. In general, the majority of residents receive a subsidy. During the 2024-25 fiscal year, 87 per cent of PCH residents in NL received a subsidy, with ranges between health zones varying from 83 in Eastern-Urban to 100 per cent in Labrador-Grenfell. **Table 2.28**. The average monthly cost incurred by partially subsidized residents was \$1,467 during 2024-25. **Table 2.29**. During 2024-25, government spent approximately \$76 million on the PCH program. This corresponds to an average annual spending of \$26,097 per person.

Table 2.30

In 2024-25, there were 87 personal care homes, **Table 2.31**, with 5,197 beds and an average occupancy rate of 85 per cent. **Table 2.32**. The number of beds has increased by 13 per cent since 2019-20. **Table 2.32**. Although people have some freedom to choose the PCH they wish to live in, most of the complaints received by the Department of Health and Community Services are about placement/transfer, closely followed by complaints related to finances. **Table 2.33**

The average number of individuals on a waitlist per month for PCH was 162 in 2023-24. However, the Department of Health and Community Services 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, for example, choose to wait for the PCH of choice, or wait for a particular time of the year to move, etc. **Table 2.34**. In 2024-25, the average number of individuals placed in PCH per month was 117. **Table 2.35**

NLHS does not track the amount of time individuals wait before they are placed in a PCH. The Office of the Auditor General found that 47 per cent of a sample of residents had waited over 100 days for their assessment to be approved from the date their initial assessment was submitted; 18 per cent waited over 100 days from approval for admittance until being admitted to a PCH.⁴⁹ This means some people waited more than 200 days from the time they were assessed until they began living in a PCH. Additionally, people sometimes must wait for the assessment to take place, but this time is not tracked.

Most individuals enter into a PCH from the community and, to a lesser degree, from acute care. **Table 2.35**

Availability of PCHs	NL	Eastern		Central	Western	Lab-Grenfell
		Urban	Rural			
Licensed PCHs	87 2024-25	22 2024-25	20 2024-25	26 2024-25	14 2024-25	5 2024-25
Number of beds in licensed PCHs	5,197 2024-25	1,395 2024-25	1,178 2024-25	1,678 2024-25	798 2024-25	148 2024-25
Access to PCHs	NL	Eastern		Central	Western	Lab-Grenfell
		Urban	Rural			
Average occupancy rate	85% 2024-25	92% 2024-25	78% 2024-25	83% 2024-25	91% 2024-25	84% 2024-25
Average number of individuals on a waitlist for PCH placement, per month	162 2024-25	44 2024-25		23 2024-25	44 2024-25	51 2024-25

Data Source: Department of Health and Community Services.

The number of evictions from PCHs is an indicator available since 2022. Although the number of evictions is low compared to the overall number of PCH residents **Table 2.36**, the associated stress experienced by those affected is significant. The provincial rate of evictions per 1,000 residents of PCHs was 21, but the difference between Eastern and Labrador-Grenfell compared to Central and Western is noteworthy.

Rate of Evictions from PCHs	NL	Eastern	Central	Western	Lab-Grenfell
2024-25	21	27	14	14	32

Data Source: Department of Health and Community Services.

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. Day programs, as previously mentioned, can offer respite care. Some LTCs and PCHs provide respite services.

Day Programs

As well as offering a brief break for caregivers, adult day programs can provide social or recreational activities, care, and personal support. These programs can support a person's ability to age at home.

There are only two such programs in the province, The Neighbourhood Adult Day Program and the Day Program, both located in St. John's and partially funded by NLHS.

The Neighbourhood Adult Day Program is offered out of Bishops Gardens (a seniors healthcare campus including personal care homes, seniors' apartments, and NLHS geriatric medical clinic). Clinically eligible clients may be eligible for a financial subsidy based on a financial assessment by NLHS.

The Day Program is offered out of Saint Luke's Home (a LTC facility providing apartment living, ambulatory care, nursing care, and support services to its residents). It has two separate programs: the Adult Day Program is offered Mondays, Wednesdays, and Fridays and provides seniors with opportunities for socialization, recreation, and support services. The Respite Day Program is offered Tuesdays and Thursdays and is designed for seniors with moderate dementia or impaired social functioning, providing structured activities and support. These programs require a seven-dollar fee for meals and, if clients qualify for supervised transportation, a fee of four dollars and fifty cents.

During 2023-24, 111 adults were enrolled in one of these two programs and 24 were on the waitlist. **Table 2.19.** It is concerning that there are only two adult day programs in the province, both in the Eastern-Urban Zone; given NL's age demographics it is

reasonable to expect a higher demand throughout the province, especially in the older Zones of Eastern-Rural, Central and Western. While it is acknowledged that the two programs are only available in St. Johns, it is surprising that the waitlist is so low, given the demographics of our province and the correlation between age and dementia. This is an area that requires further review.

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 care). With that said, there are some data published by CIHI that reflect quality of care and are available for LTC. Data include information about ADLs, pressure ulcers, pain, depression symptoms, falls, and restraints. These indicators are not specifically reported for seniors alone; however, the majority 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.⁵⁰ 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.^{51, 52} 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.⁵³ Poor nutrition, dehydration, and chronic illness are other factors that can increase the risk of developing a pressure ulcer.⁵⁴ These painful sores are associated with a lower quality of life and a higher risk of mortality.⁵⁵ Preventative care is essential for managing pressure ulcers as they tend to heal slowly and can become chronic over time.⁵⁶

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.^{57, 58} Unfortunately, chronic pain is a very common issue with older adults, so monitoring the prevalence and severity is critical for understanding health outcomes for seniors.^{59, 60}

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.⁶¹

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 NL's results are worse is experiencing pain. Twelve per cent of residents in LTC 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 7 per cent in 2023-24. **Table 2.37**

Quality Of Care: Physical & Mental Wellbeing in LTC	NL	Eastern Urban	Eastern Rural	Central	Western	Lab- Grenfell	Canada
Improved Physical Functioning (ADLs)	40% 2023-24	47% 2023-24	37% 2023-24	38% 2023-24	38% 2023-24	30% 2023-24	31% 2023-24
Worsened Physical Functioning (ADLs)	30% 2023-24	31% 2023-24	28% 2023-24	30% 2023-24	30% 2023-24	34% 2023-24	33% 2023-24
Worsened Pressure Ulcer	2% 2023-24	3% 2023-24	3% 2023-24	2% 2023-24	1% 2023-24	1% 2023-24	3% 2023-24
Experiencing Pain	12% 2023-24	8% 2023-24	13% 2023-24	17% 2023-24	15% 2023-24	7% 2023-24	6% 2023-24
Experiencing Worsened Pain	7% 2023-24	10% 2023-24	5% 2023-24	7% 2023-24	5% 2023-24	4% 2023-24	9% 2023-24
Worsened Depressive Mood	14% 2023-24	18% 2023-24	12% 2023-24	13% 2023-24	12% 2023-24	16% 2023-24	20% 2023-24

Data Source: CIHI, Long-term care: Indicators [cihi.ca/en/topics/long-term-care/indicators](https://www.cihi.ca/en/topics/long-term-care/indicators).

Safety & Appropriateness of Care

Falls have been identified as “one of the most common preventable health care issues for older adults”, yet 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.⁶² 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.⁶³ The likelihood of falling increases with age, and doubles once an older adult has fallen once already.⁶⁴

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 with nearly one out of every four LTC admissions due to fall-related injuries.⁶⁵ There are many risk factors of falling, but seniors typically have these accidents when walking or using stairs.⁶⁶

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

The incidence of falling in LTC in NL is lower than that of Canada with just 10 per cent of residents of LTC in NL in 2023-24 having a fall in the previous 30 days compared to 17 per cent for Canada.

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 a person's ability to perform ADLs and lower cognitive ability, increase the risk of pressure ulcers, falls, incontinence, respiratory and circulatory complications, acute injury, and even death.^{67, 68} CIHI releases data annually on physical restraint use in LTC, but not on chemical or environmental restraints.

During 2023-24, physical restraint use in LTC was higher in NL than the national average, 12 per cent and 5 per cent respectively. This is the same percentage as the previous year. As well, there are some significant differences regionally. Physical restraint use was highest in the Western Zone, 19 per cent compared to 12 per cent for the province.

Although CIHI does not have information on chemical restraint use, there is information 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".⁶⁹ During 2023-24, the potentially inappropriate use of antipsychotics in LTC was higher in NL than the national average, 32 per cent in NL compared with 25 per cent nationally. This means that one in three prescriptions for antipsychotic medications are considered potentially inappropriate. Especially concerning is the potentially inappropriate use of antipsychotics in the Labrador-Grenfell Zone where it is estimated at 45 per cent. It is noted that this is a 3 per cent improvement compared to last year.

Table 2.37

Quality Of Care: Safety & Appropriateness of Care in LTC	NL	Eastern Urban	Eastern Rural	Central	Western	Lab- Grenfell	Canada
Falls in the last 30 days	10% 2023-24	12% 2023-24	10% 2023-24	9% 2023-24	10% 2023-24	9% 2023-24	17% 2023-24
Physical Restraint Use	12% 2023-24	6% 2023-24	7% 2023-24	16% 2023-24	19% 2023-24	10% 2023-24	5% 2023-24
Potentially Inappropriate Use of Antipsychotics	32% 2023-24	34% 2023-24	25% 2023-24	31% 2023-24	32% 2023-24	45% 2023-24	25% 2023-24

Data Source: CIHI, Long-term care: Indicators cihi.ca/en/topics/long-term-care/indicators.

Aging in the Right Place

The National Institute on Ageing defined the term 'Ageing in the Right Place' as "the process of enabling healthy ageing in the most appropriate setting based on an older person's personal preferences, circumstances and care needs."⁷⁰

Research consistently demonstrates that seniors want to age in their own homes, and this is true for seniors living throughout NL as well.^{71, 72} 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 community longer, promoting better wellbeing and reducing the reliance on institutionalization.⁷³ While aging in the right place may look different to different people, this section is about aging well at home.

Every year, CIHI releases data for an indicator on home care services helping the recipient stay at home. However, results exclude households on Indigenous settlements, which means these results may not be completely representative of the entire province. This information 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 are only collected from individuals who receive home care services and remain at home; individuals who receive 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 2023, 90 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 80 per cent. **Table 2.38**

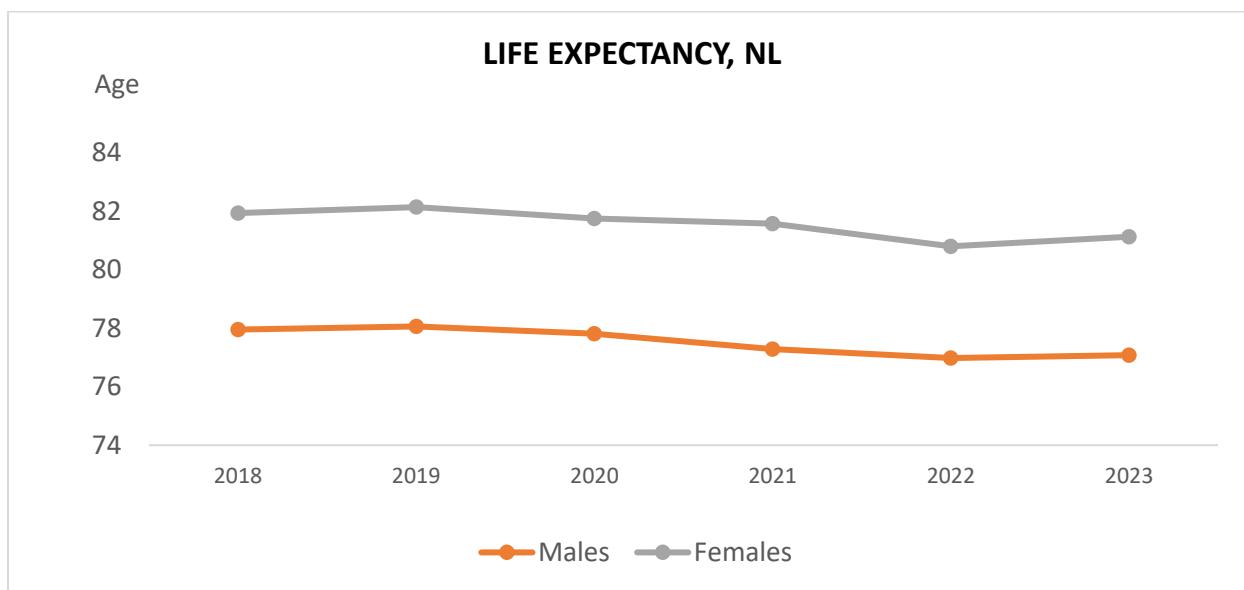
CIHI's data on new LTC residents who potentially could have been cared for at home is an indicator that tracks the number of newly admitted LTC residents whose clinical needs are similar to those who receive formal home care and are able to age in place.⁷⁴ This indicator sheds light on potentially unnecessary 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 7 per cent of new admissions who could have potentially been cared for at home, compared to the Canadian average of 10 per cent. Furthermore, this indicator has fallen from 12 per cent to 7 per cent in the last five years. Moreover, the regional dynamics do differ and will require more analyses as yearly data become available. **Table 2.39**

Aging in Place	NL	Eastern Urban	Eastern Rural	Central	Western	Lab- Grenfell	Canada
Home care services helped the recipient stay at home	90% 2023	NA	NA	NA	NA	NA	80% 2023
New LTC residents who potentially could have been cared for at home	7% 2023-24	8% 2023-24	3% 2023-24	9% 2023-24	7% 2023-24	15% 2023-24	10% 2023-24

Data sources: CIHI. Home Care Services Helped the Recipient Stay at Home & New Long-Term Care Residents Who Potentially Could Have Been Cared for at Home.

Life Expectancy

Life expectancy in NL has kept pace with Canada. In 2023, the life expectancy at birth was 79 years in NL and 82 years in Canada. On average, women have a life expectancy that is more than four years longer than men. By age 65, people in NL can expect to live an average of 19 additional years. **Table 2.40**



Other informative indicators are the number of deaths and mortality rates. The mortality rate represents the number of deaths per 1,000 people per year, thus allowing meaningful comparisons across populations. During 2023-24, the number of deaths among seniors in NL was 5,001 or 36 per 1,000 seniors. **Table 2.41**. This rate was fairly consistent across health zones. **Table 2.42**. The majority of these deaths were attributed to natural causes. Although the number of deaths attributed to suicide remains low compared to the overall total, this number has been steadily increasing. During 2022-23, there were 19 deaths by suicide, representing a 46 per cent increase from the previous year and an increase of 11 people in the last five years. **Table 2.43**. This area requires more research.

Seniors' Death and Fatality Rate	NL	Eastern Urban	Eastern Rural	Central	Western	Lab-Grenfell
Number of deaths	5,001 2023-24	1,593 2023-24	1,194 2023-24	1,109 2023-24	863 2023-24	242 2023-24
Deaths per 1,000	36 2023-24	36 2023-24	35 2023-24	38 2023-24	36 2023-24	36 2023-24
Deaths by suicide	19 2022-23	-	-	-	-	-

Data Source: Department of Health and Community Services.

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 health care and food, and a lesser percentage on shelter (likely because many seniors are mortgage-free) and clothing than younger age groups.^{75, 76} However, as individuals continue to live longer and the cost of living rises, more seniors are working past the traditional ages of retirement.

Data from the OSA's 2021 "What We Heard" report indicates that 32 per cent of NL seniors do not have enough income to meet their financial needs.⁷⁷ Seniors in this situation reported several negative impacts from this financial disparity, including:

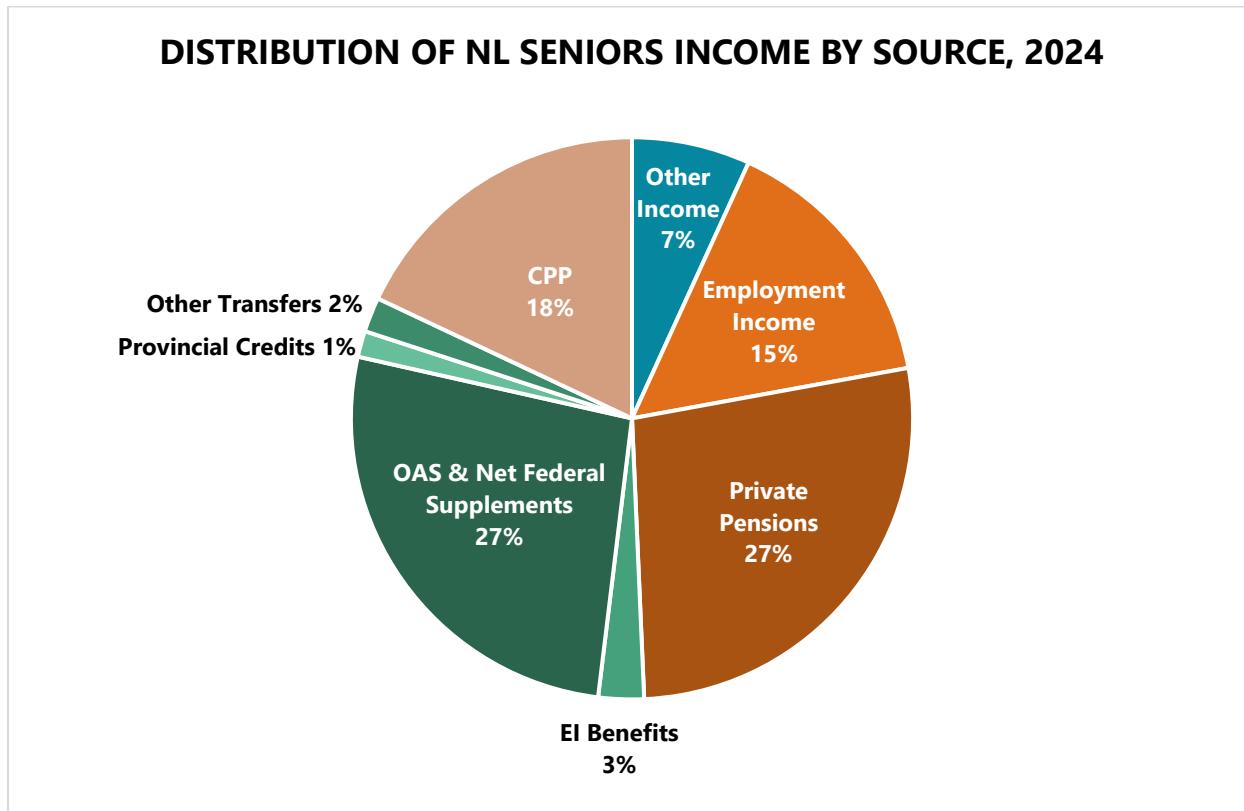
- ➔ 40 per cent said they couldn't afford food or to eat healthy.
- ➔ 26 per cent said they couldn't afford things in general.
- ➔ 22 per cent said they couldn't afford utilities.
- ➔ 13 per cent said they had a limited ability to attend social events.
- ➔ 10 per cent said they couldn't afford health 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 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 (CPP), OAS, GIS and the NL Seniors' Benefit.

Seniors' incomes are primarily comprised of transfers from the federal government, private pension plans, CPP^{xii}, and employment income. **Table 3.1.** In 2023, these four sources made up 93 per cent of the total income of seniors in NL. Federal government transfers are the largest component, accounting for 33 per cent of total income. Among the provinces, NL seniors have the highest dependence on transfers.⁷⁸ This is followed by seniors in New Brunswick who rely on transfers at 28 per cent, while the Canadian average share of total income, that is government transfer income, is 22 per cent. **Table 3.2.** This high reliance on government transfers by seniors in NL makes it very important to monitor these programs.

^{xii} It is important to note that although Statistics Canada includes CPP in their total government transfers, CPP is means tested, and benefits are based on contributions during the work life. The following percentages exclude CPP from total government transfers.



Data Source: Statistics Canada. Table 11-10-0039-01.

Public Pensions

The CPP is a taxable monthly payment that serves as a partial 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. In NL, 98 per cent of seniors receive CPP. **Table 3.3.** 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 \$1,433 at age 65.⁷⁹ During 2024-25, the monthly average for all seniors receiving CPP in NL was \$900.

Table 3.4. 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. **Table 3.5.** The CPP is indexed to inflation and is adjusted in January of each year.

The OAS pension is a taxable payment for Canadian citizens aged 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. There are 131,903 seniors receiving OAS in the province. **Table 3.6.** For July to September 2025, the maximum OAS monthly payment ranged from \$735 to \$808, depending on age. **Table 3.7.** The OAS is indexed to inflation and is adjusted quarterly (four times per year). If you are eligible for the OAS and your income is low, you may also receive the GIS, a non-taxable monthly payment that is added to the OAS payment. For 2025, the maximum GIS monthly payment is \$661 to \$1,098, depending on personal situation. **Table 3.7.** During the same period, 48 per cent of NL seniors received the GIS. **Table 3.6.**

Provincial Tax Credits

Most provinces and all territories have supplements for seniors. Monthly amounts vary from \$51.33 in New Brunswick to \$360.00 in Saskatchewan. **Table 3.8**

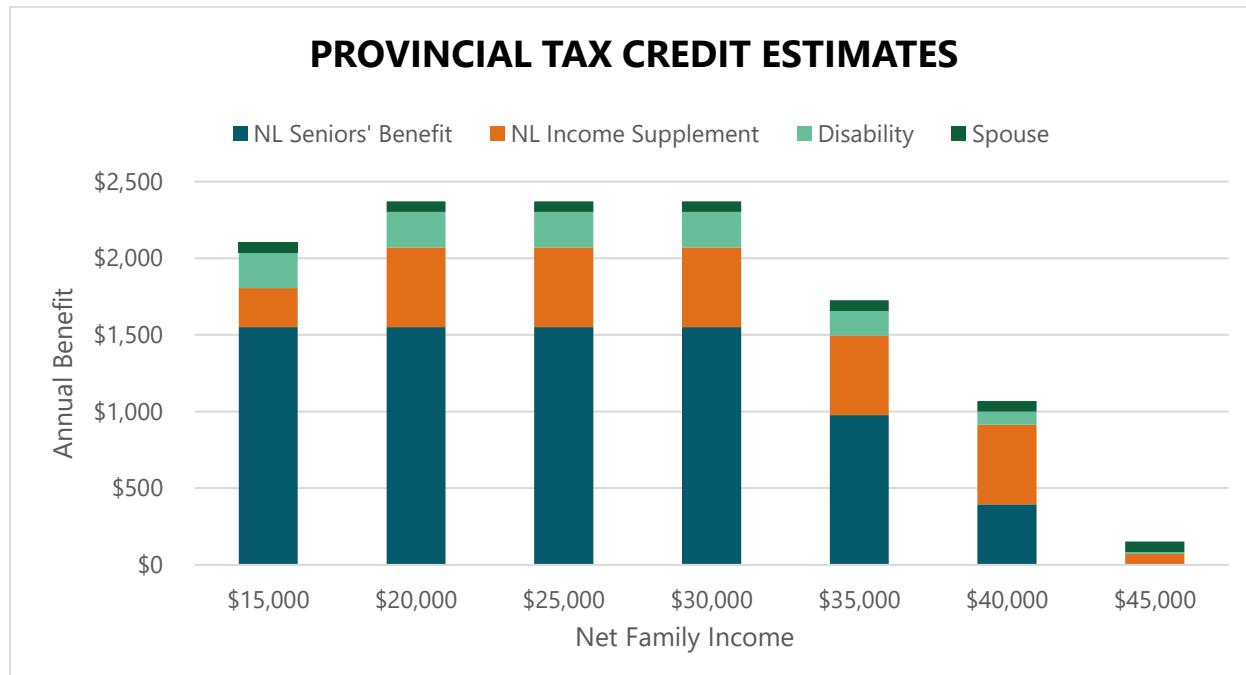
There are two provincial refundable tax credits for eligible seniors: NL Income Supplement and the NL Seniors' Benefit. These are both designed to help support people living with low income. These benefits are paid out quarterly (January, April, July, and October) and are added to federal GST credits. No application is needed because eligibility is determined by family net income for the previous year, as indicated on a person's 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 \$1,551 per year for seniors with a net family income equal to or less than \$30,078. 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. There are 41,861 seniors receiving the full NL income supplement **Table 3.9** and 28,068

receiving the full NL Seniors' Benefit. **Table 3.10.** This difference is due to eligibility requirements. **Table 3.11**

The chart below shows an estimated breakdown of annual provincial tax credit amounts for seniors.^{xiii} Under these circumstances, seniors meeting all eligibility criteria could qualify for \$2,371 (maximum) annually or just under \$200 per month (paid quarterly if there is a net annual family income of \$20,000 to \$30,000). **Table 3.12**



Data Source: Calculator for the NL Income Supplement and the NL Seniors' Benefit.

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. If they are a married or common-law 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 are not a couple, 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

^{xiii} Note that this chart does not account for additional amounts for children under the age of 18.

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. We know that assumption is not always the case, especially for seniors who may be widowed, separated or divorced, as they are less likely to pool income with a new partner.

Employment

According to Statistics Canada, the average age of self-reported retirement in 2024 was 65.3 years old, which is the highest it has been since 1977, when they began collecting this data.⁸⁰ The lowest was in 1998, when it was 61 years old. 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 2024, the participation rate for seniors in NL was 11.5 per cent,⁸¹ which means that 11.5 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 24.9 per cent; the rate for those aged 70 and over was just 5.2 per cent. The participation rate for the 65 to 69 year age group in NL increased by 2.6 percentage points over the last five years, higher than the increase at the national level, which was 0.5. This increase is likely due to financial need but may also be related to greater opportunities in the labour market and/or people aging with better health and therefore feeling more able to work. **Table 3.13**

Labour Force Statistics, Persons aged 65 and over	NL	Canada
Participation rate	11.5% 2024	15.0% 2024
Employment rate	10.3% 2024	14.4% 2024
Unemployment rate	10.7% 2024	4.3% 2024

Data source: Statistics Canada. Table 14-10-0327-01.

The following table provides the percentage of seniors in each zone that have the income source listed. For example, 98 per cent of seniors in NL derive some of their income from CPP.⁸²

Income Sources for Seniors	NL	Eastern		Central	Western	Lab-Grenfell
		Urban	Rural			
CPP	98% 2022	97% 2022	99% 2022	98% 2022	98% 2022	97% 2022
OAS	100% 2022	99% 2022	100% 2022	100% 2022	100% 2022	100% 2022
GIS	48% 2022	32% 2022	56% 2022	57% 2022	53% 2022	45% 2022
Provincial Tax Credits	96% 2022		94% 2022	98% 2022	99% 2022	96% 2022
Employment Income	15% 2023					

Data sources: Department of Finance & Community Accounts nl.communityaccounts.ca.

The majority of seniors receive CPP and 100 per cent of seniors in all zones receive OAS. The percentage of seniors who receive GIS varies significantly across zones. During 2022, a low of 32 per cent of seniors in Eastern-Urban zones collected GIS and a high of 57 per cent in Central.

During 2022, 96 per cent of seniors in the province received some kind of provincial tax credit. This percentage is considerably higher than in previous years, when less than 50 per cent of seniors received provincial tax credits. The primary contributor to this increase may have been the NL One-time Cost of Living Tax Credit, which was issued to residents with an adjusted income below \$125,000.⁸³

The percentage of seniors who receive employment income varies across zones. It is notably higher in Labrador Grenfell. This may be due to the high cost of living requiring seniors to continue working longer, return to the work force after retiring, or increased opportunities for employment.

Median Income

The median income indicates a number in which half of seniors are making more, and half are making less. In 2023, the median income of seniors in NL was \$29,710, a 6.9 per cent increase from the previous year but the lowest increase of all provinces and territories. Despite the increase, it remains the lowest median income in the country.

In 2022, the latest year with regional data available, the median income of seniors in NL was \$27,800. Provincially, seniors in Central had the lowest median income and Eastern had the highest. **Table 3.14**

Median Income	NL	Eastern ^{xiv}	Central	Western	Lab-Grenfell	Canada
Median individual income for seniors	\$27,800 2022	\$29,900 2022	\$25,500 2022	\$26,300 2022	\$28,200 2022	\$33,350 2022

Data sources: Statistics Canada, table 11-10-0039-01 & Community Accounts nl.communityaccounts.ca.

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 6.9 per cent in 2022, and inflation was 3.9 per cent, down almost 2.5 percentage points.⁸⁴ The decrease in inflation means the purchasing power of seniors, especially those on fixed incomes, is not eroding as quickly as it did during the COVID-19 high-inflation period and that the “real”^{xv} median income has held roughly constant from the previous year (0.1 per cent increase). **Table 3.15**

Low Income & Poverty

There are several measures available to determine if an individual or household is living in low income or poverty; each approach considers 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

^{xiv} Eastern-Urban has a median income of \$34,020, however, data for Eastern-Rural was not available.

^{xv} Real means that the income is adjusted for inflation.

of OAS and with incomes less than a pre-determined threshold. During 2023, 44 per cent of NL seniors received 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 44 per cent in 2024.

Regionally, rural areas have a far greater percentage of seniors who receive the GIS, reaching almost 60 per cent in the Central Zone. **Table 3.16**

Seniors Receiving GIS	NL	Eastern Urban	Eastern Rural	Central	Western	Lab-Grenfell	Canada
Seniors who receive GIS	44% 2022	33% 2022	55% 2022	56% 2022	52% 2022	45% 2022	32% 2023

Data source: Department of Finance.

Another way to estimate poverty is the Newfoundland and Labrador Market Basket Measure (NLMBM), which determines if a household has low income based on methodology developed by the Newfoundland and Labrador Statistics Agency. According to this measure, in 2022, the latest year available, 5.7 per cent of NL seniors were considered in low income. There are significant differences among health zones, from the lowest per cent of 4.0 in Eastern Rural to a high of 9.5 per cent in Labrador-Grenfell. The high per cent in Labrador-Grenfell may be due to higher living costs. **Table 3.17**

NLMBM	NL	Eastern Urban	Eastern Rural	Central	Western	Lab-Grenfell
Seniors with low income	5.7% 2022	6.1% 2022	4.0% 2022	5.2% 2022	6.9% 2022	9.5% 2022

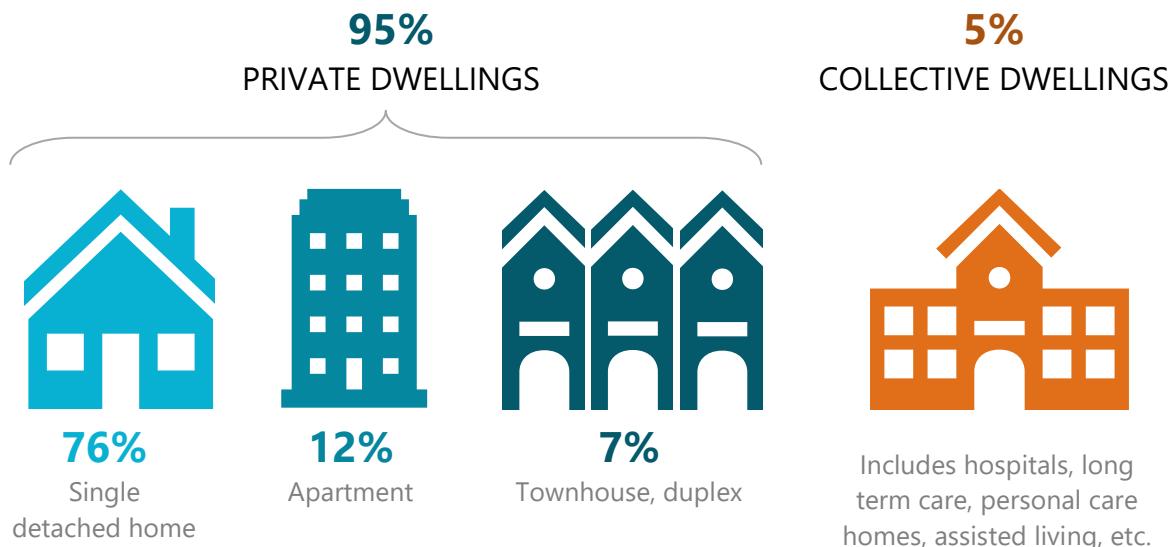
Data source: Centre for Income and Socioeconomic Well-being Statistics, Statistics Canada.

HOUSING

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



Housing options for seniors throughout Newfoundland and Labrador include owned homes, rentals, assisted living facilities, and long term care facilities. The proportion of seniors living independently in owned or rented accommodations is about 95 per cent, about three per cent living in personal care homes, and two per cent in long term care facilities. According to the 2021 Census, about 75 per cent of seniors in NL who are 85 years of age and older continue to live independently.⁸⁵



In 2021, there were an estimated 114,420 NL households with seniors (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 has 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.

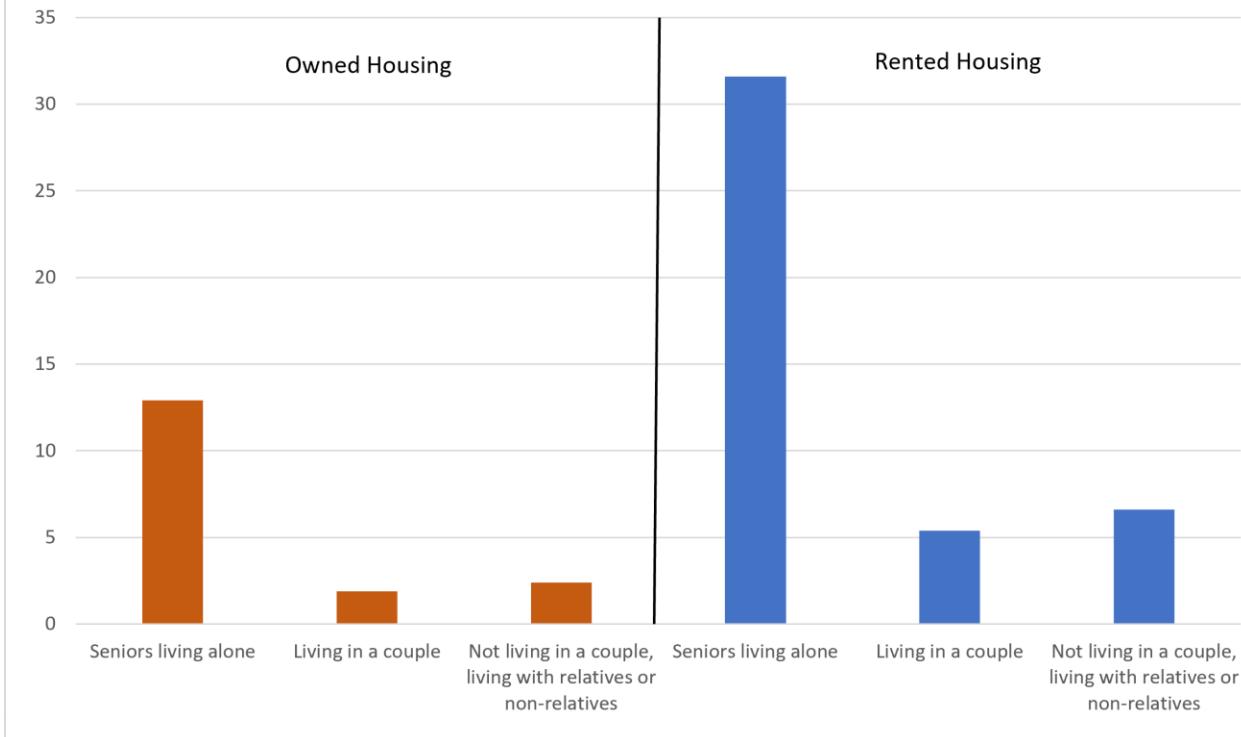
One measure available to monitor the housing situation of seniors is core housing need. According to the Canada Mortgage and Housing Corporation, a household is in core housing need if its housing is below one or more of the adequacy, suitability and affordability standards, and it would have to spend 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.⁸⁶

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 census was 2021.

Census data from 2021 indicates that 6.1 per cent of NL seniors have a core housing need, the Canadian average for seniors was 22.4 per cent.⁸⁷ 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. However, senior homeowners living in rural areas have a higher need of major repairs to their homes.⁸⁸

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



Data source: Statistics Canada. Table 98-10-0250-01.

Cost of Housing

In 2024, the cost of shelter in NL is estimated to have increased by 4.6 per cent compared to 5.7 per cent at the national level. The cost of shelter, as calculated by Statistics Canada, includes costs associated with rented accommodation, owned accommodation, electricity, and fuels.⁸⁹ **Table 4.1**

During the same period, the costs of owned and rented accommodations increased by five and eight per cent respectively. **Table 4.1**

Renters and homeowners alike face challenges when it comes to the cost of housing, however, those who rent are more likely to live in unaffordable housing. According to data from the latest census, over one-third of seniors who rent in NL indicate unaffordable housing.⁹⁰

The Consumer Price Index (CPI) is a widely used measure of inflation. It provides an estimate of how much the price of a defined list of goods and services changes through time.

Cost of Housing based on CPI	NL	Canada
CPI per cent change for shelter - total	5% 2024	6% 2024
CPI per cent change for rented accommodations	8% 2024	8% 2024
CPI per cent change owned accommodations	5% 2024	6% 2024
CPI per cent change for electricity	6% 2024	3% 2024
CPI per cent change for fuel oil and other fuels	-18% 2024	-8% 2024

Data source: Statistics Canada. Table 18-10-0005-01.

The average price of a two-bedroom apartment in NL was \$1,104 in 2024 according to Canada Mortgage and Housing Corporation (CMHC). This represents a 2.9 per cent increase from 2023 and a 25.5 per cent increase from 2019. 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. Supply has not kept up with demand. This is evidenced by the very low vacancy rates of apartments. In 2024, the vacancy rate for one-bedroom apartments was 2.5 per cent. The vacancy rate for two-bedroom apartments was 1.1 per cent. While the vacancy rate for a one-bedroom apartment increased since 2023, the vacancy rate for a two-bedroom apartment is the lowest rate recorded since 2012. **Table 4.2**

Apartment Prices and Vacancy Rates, NL	Average Price	Vacancy Rate
One-bedroom apartment	\$993 2024	2.5% 2024
Two-bedroom apartment	\$1,104 2024	1.1% 2024

Data source: CMHC Rental Market Survey.

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, Indigenous people, individuals with disabilities and others in need of housing.⁹¹ There are currently over 5,500 housing units throughout the province, although the majority are located in St. John's (3,192) and Corner Brook (802). NLHC also offers **Rent Assistance** (a government subsidy) to help households with low income afford rent in the private market.

In 2023-24, there were 1,282 NLHC units with a senior leaseholder, 34 more senior leaseholders than last year. During the same period, the number of seniors availing of Rent Assistance increased by 9 per cent. The combined number of seniors on a waitlist for NLHC units and Rent Assistance decreased by 23 per cent in the last year. It is important to note, however, that we have not seen a similar decrease in recent years. There are many factors that can contribute to these changes, including leaseholders becoming seniors, and the number of units available. **Table 4.3**

NLHC Rental Housing Program	NL
Number of senior leaseholders in NLHC units	1,282 2023-24
Number of senior leaseholders on Rent Assistance	1,147 2023-24
Number of seniors on a waitlist for NLHC units/Rent Assistance	433 2023-24

Data source: Newfoundland and Labrador Housing Corporation.

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.

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.⁹² Additionally, 40 per cent of seniors surveyed noted that they plan to make modifications to their home. 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, and over half of Canadians identify this as a barrier to aging in place.⁹³ Ultimately, while most seniors prefer to age in place, many do not feel prepared to do so.⁹⁴

Another barrier is the challenge of maintaining a home without support. Seniors living alone generally find it more challenging to manage household tasks, compared to couples and families.⁹⁵ The most common solution is to hire help, which is costly and not feasible for everyone. Seniors also report using assistive tools/technology, or moving into supportive housing, to mitigate the workload.⁹⁶

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 information for home improvement programs (discussed below), there is limited data available on high-level indicators i.e., how many seniors can afford home maintenance/modifications, how available are these resources to seniors who seek them, and how informed are seniors on, for example, 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.⁹⁷ The **Provincial Home Repair Program (PHRP)** is

designed to help homeowners with low incomes make basic and necessary repairs.^{xvi} 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 (\$15,500 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.^{xvii} This includes 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 4.4**

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 Exceeded

^{xvi} Prior to August 2025: homeowners with incomes of \$32,500 or less; \$65,000 in Labrador West and the North Coast of Labrador.

^{xvii} Prior to August 2025: homeowners with incomes of \$46,500 or less; \$65,000 in Labrador West and the North Coast of Labrador.

NLHC Home Improvement Programs	NL
Senior leaseholders that applied to the PHRP	965 2023-24
Senior leaseholders currently in the PHRP	845 2023-24
Seniors denied entry to the PHRP	415 2023-24
Senior leaseholders that applied to the HMP	565 2023-24
Senior leaseholders currently in the HMP	516 2023-24
Seniors denied entry to the HMP	0 2023-24

Data source: Newfoundland and Labrador Housing Corporation.

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.⁹⁸ Among 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 seniors' 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 zones, there is little provincial data available. It is also important to note that homelessness is frequently underreported, and even best efforts often do not capture the full picture. The National Shelter Study 2023 Update indicates that 4.2 per cent of shelter users in Canada in 2023

were seniors.⁹⁹ This is lower than other age groups, however the increase of late-life (50+) homelessness is growing much faster than population aging.

NLHC provided “point-in-time” counts for the number of individuals availing of emergency shelter placements throughout the province each month from July 2024 to March 2025. An average of 91 individuals aged 55 or older (data for 65 and older was not available) used emergency shelter per month. This equates to about 21 per cent of total use. Shelter use is slightly 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. According to a report released by End Homelessness St. John’s, 22 per cent of people experiencing homelessness are older than 55.¹⁰⁰ A separate study found the average age of seniors (55+) experiencing homelessness was age 69. Moreover, 9 per cent of individuals reported experiencing homelessness for the first time after the age of 55.¹⁰¹

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.

The vast majority of Canadian seniors use personal vehicles as their primary source of transportation.¹⁰²

Private Transportation

Active drivers

According to data received from the Motor Registration Division (MRD) of Digital Government and Service NL, there were 119,465 seniors who had active driver's licences in 2024. This is 89 per cent of all seniors in the province, similar to each of the past four years with available data. **Table 5.1.** This high proportion is likely due to the rural nature of the province and the fact that many seniors may not have access to public transportation.

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

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

depression.¹⁰³ There is evidence that driving cessation negatively impacts physical and cognitive functioning, as well as mortality.¹⁰⁴

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.^{xviii} 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 Registrar of Motor Vehicles 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 include all license classes. It is important to note that submission of a medical report for license renewal is dependent on age and class of license. **Table 5.2.** The number of seniors who had their driver's license medically suspended during 2024 was 2,606^{xix}. This is 2 per cent of seniors with a driver's license, and roughly 20 per cent of seniors who submitted a routine medical form.

^{xviii} 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.

^{xix} This statistic represents all medical reasons for which a licence may be suspended, including a routine medical that is provided for renewal purposes as determined by type/class of licence and age, medical condition that is declared by the driver when renewing a licence, and a report from a medical professional or police officer.

Senior Drivers	NL
Seniors with a driver's license	119,465 2024
Routine medical reports submitted by seniors	13,090 2024
Seniors that hold a valid driver's license	89% 2024
Senior drivers that have had their driver's license medically suspended ^{xx}	2% 2024

Data source: Digital Government and Service NL.

Affordability

Transportation is one of the largest expenditures of NL households, accounting for about 20 per cent of consumption. About 95 per cent of this expenditure is on private transportation.¹⁰⁵ 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. The cost of gasoline has increased 40 per cent and the cost of insurance premiums increased by 8 per cent from 2019 to 2024. **Table 5.3**

Cost of Private Transportation	NL	Canada
Average annual spending on private transportation	\$12,142 2023	\$10,292 2023
CPI per cent change for gasoline	0.3% 2024	-0.2% 2024
CPI per cent change for passenger vehicle insurance premiums	4.0% 2024	8.1% 2024

Data source: Statistics Canada. Table 18-10-0005-01.

^{xx} Please note that this data do not discern between temporary and indefinite medical suspensions.

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 government indicates that the majority of accessible parking permits are issued to seniors. From 2023 to 2024 there was a 23 per cent increase in the number of permits. **Table 5.4**

Accessible Parking	NL
Number of accessible parking permits issued to seniors	4,479 2024

Data source: Digital Government and Service NL.

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.¹⁰⁶

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.¹⁰⁷

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”.¹⁰⁸

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 wellbeing 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).¹⁰⁹

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.

Adults at risk of abuse and neglect who do not understand or appreciate the risk are protected by law in NL under the **Adult Protection Act (APA)**. The **APA** 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 480 reports made under the **APA** in NL in 2024. This represents an increase of almost 1 per cent from 2023 and 60 per cent from 2019. This coincides with the proclamation of the **APA** in 2021 and associated public awareness campaign on reporting suspected abuse and neglect. Compared with 2019, increases were reported in all zones of the province, with Labrador-Grenfell registering the greatest increase in reports since 2019 (160 per cent) and Western registering the smallest increase (2.1 per cent). **Table 6.1**

Each report can list more than one type of abuse. Each abuse type listed in a report is called an allegation. During 2024, there were 356 allegations. **Tables 6.2**. The most common allegation was self-neglect, almost 30 per cent, followed by financial abuse (23 per cent) and neglect (17 per cent). **Tables 6.3**. The distribution by type of report was fairly consistent among zones, however, some slight differences exist. **Tables 6.4**. Eastern had a markedly higher proportion of self-neglect allegations compared to other types of abuse and compare with other zones. Allegations of neglect were markedly higher in the Labrador-Grenfell region.

Elder Abuse/Neglect	NL	Eastern	Central	Western	Lab-Grenfell
Number of APA reports per year	480 2024	292 2024	66 2024	96 2024	26 2024
					NL
Prevalence of alleged self-neglect reported to APA per year					30% 2024
Prevalence of alleged financial abuse reported to APA per year					23% 2024
Prevalence of alleged neglect reported to APA per year					17% 2024
Prevalence of alleged physical abuse reported to APA per year					7% 2024
Prevalence of alleged verbal abuse reported to APA per year					8% 2024
Prevalence of alleged emotional abuse reported to APA per year					9% 2024
Prevalence of alleged sexual abuse reported to APA per year					1% 2024
Prevalence of alleged psychological abuse reported to APA per year					5% 2024

Data source: Department of Health and Community Services.

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.¹¹⁰

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 when they have increased frailty.

In NL, the Royal Newfoundland Constabulary (RNC) and the Royal Canadian Mounted Police (RCMP) provide policing services. 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. The number of violations involving a senior rose significantly from 329 in 2019 to 565 in 2023. In 2024, there was a provincial decrease of five per cent. While yearly variations are expected, it is noteworthy that the change is not equal across urban and rural areas. Data from the RNC, which primarily covers urban regions, shows a 20 per cent decrease over the past year. In contrast, RCMP data, which reflects rural areas, indicates a 12 per cent increase. **Table 6.5**

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 assists victims of crime. In 2024-25, 232 requests were made to victim services by or for seniors. In the last four years the number of referrals has increased every year and is more than double the referrals made in 2019-20. **Table 6.6**

These data indicate that crimes against seniors were 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 had also increased. Conversely, from 2023 to 2024, the rate of crimes against seniors decreased from 4.3 to 4.0. As noted earlier, yearly variations are expected. Nevertheless, it is worth noting that the change was not uniform across urban and rural areas. RNC data show a 12 per cent decrease, while RCMP data show a 17 per cent increase.

Overall Victimization of Seniors	NL
Criminal violations involving a senior victim - RNC	236 2024
Criminal violations involving a senior victim - RCMP	303 2024
Referrals to victim services made by seniors ^{xxi}	132 2024-25

Data source: Department of Justice and Public Safety.

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.¹¹¹ The number of criminal violations perpetrated by a senior declined by two per cent from 2019 to 2024 but increased by eight per cent from 2023 to 2024. **Table 6.5.** One possible consequence for unlawful activity is admission to a custodial facility. In 2024, a total of 53 seniors were in custody **Table 6.7**

Overall Unlawful Activity of Seniors	NL
Criminal violations perpetrated by a senior - RNC	83 2024
Criminal violations perpetrated by a senior - RCMP	228 2024
Number of unique seniors in custody ^{xxii}	53 2024

Data source: Department of Justice and Public Safety.

^{xxi} Victim services data refer to individuals aged 66+.

Conclusion

All of the indicators, numbers, percentages and comparisons presented in this report attempt to paint a picture of how NL seniors fare when compared to other provinces and territories and nationally. Over time, with the annual development and release of this report we will be in a position to better analyze provincial trends.

Some of the findings are clearly positive while others indicate areas where improvements are needed. And there are indicators where the findings could be interpreted positively or negatively. For example, the employment participation rate for seniors aged 65 to 69 years has increased by 2.6 per cent in the last five years, much higher than the national rate of 0.5 per cent. On the surface this may be a positive indicator of an active lifestyle, acknowledgment of the wealth of knowledge and skills or increases in labour market opportunities. But it can also indicate financial need.

The OSA is hopeful that the information provided in this document will be used for further exploration and to aid the development of strong policies to support the implementation of better programs and services for seniors, because we have no more time to waste.

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CONTACT INFORMATION

OFFICE OF THE SENIORS' ADVOCATE

P. O. BOX 13033

ST. JOHN'S NL A1B 3V8

(709) 729-6603

TOLL-FREE: 1-833-729-6603

SENIORSADVOCATE@SENIORSADVOCATENL.CA

WWW.SENIORSADVOCATENL.CA



SENIORS ADVOCATE NL (@SRSADVOCATENL)



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