

What Golden Years?



Office of the
SENIORS' ADVOCATE
Newfoundland and Labrador

November 2023

The Voices of Seniors

"A livable income for starters. Many seniors are living below the poverty level, and this is unacceptable in a country like Canada."

"People rob seniors. They know who has pills or when they get their cheques. People are desperate."

"Greater financial assistance so that family members can afford to look after their love one."

"CPP and OAS do NOT pay enough, rising costs of food, gas, utilities, and mortgage costs."

"At this time general maintenance is the most necessary and very difficult to find help that is affordable."

"I can't always afford to buy groceries and are usually behind on bills because the income is not there to be able to pay everything each month."



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Introduction

The Office of the Seniors' Advocate Newfoundland and Labrador (NL) is a statutory office of the House of Assembly of Newfoundland and Labrador. The purpose, powers and duties of the Office are outlined in the **Seniors' Advocate Act** (the **Act**). The Office was established to identify, review and analyze systemic issues related to seniors; work collaboratively with seniors' organizations, service providers, and others to identify and address systemic issues related to seniors; and make recommendations regarding changes for improving seniors services.


Section 16 of the **Act** states that the Seniors' Advocate, in carrying out her powers and duties may:

- (a) receive and review matters related to seniors;
- (b) initiate and participate in reviews related to seniors;
- (c) conduct research related to seniors, including interviews and surveys;
- (d) consult with seniors, service providers and the public;
- (e) request information, other than personal health information within the meaning of the **Personal Health Information Act** and personal information within the meaning of the **Access to Information and Protection of Privacy Act, 2015**;
- (f) make recommendations to government, government agencies, service providers and community groups respecting legislation, policies, programs and services impacting seniors; and
- (g) inform the public about the Office of the Seniors' Advocate and promote awareness of systemic issues related to seniors.

In the Fall of 2022, my staff and I began an extensive engagement process to hear from seniors throughout the province and identify systemic issues impacting seniors. We held 15 in-person sessions, 2 online sessions, and had a public online survey. The engagement process was a tremendous and unprecedented success, with 390 seniors attending the in-person sessions and 1,087 surveys completed - 913 (84%) by seniors.

The large sample size, which provides a 95 per cent confidence interval, provides a very clear picture of the needs and concerns of seniors throughout Newfoundland and Labrador. The findings are outlined in the document **What We Heard: Engagement with Seniors, Family Members and/or Caregivers, and Service Providers (What We Heard report)**.

A key finding in the analysis of the data was that seniors' first priority was to age well in their homes; addressing the cost of living challenges was a very close second priority. Therefore, the research, analysis and subsequent recommendations in this report focus on the financial needs of seniors. Future reports will focus on other key findings outlined in the **What We Heard Report**.



Throughout the engagement process, we met with many seniors living with very low income. Seniors reported experiencing “no fault eviction” (whereby the landlord does not have to provide a reason for the eviction) and are now, for the first time in their lives, homeless because they cannot afford the current elevated rental rates. They are devastated. They cannot understand how such a thing could happen at this point in their lives and they are ill equipped to do anything about it.

We met with seniors who were struggling to maintain their care, or the care of their spouse, with little or no assistance because they could not afford to pay their portion of the home support cost. As a consequence, some had no choice but to leave their homes and go into Personal Care or Long-Term Care living arrangements.

Many seniors reported that accessing a food bank was physically challenging and if transportation was available, the cost was not within their means. Community organizations in the food charity sector relayed their experience of seniors being unable to get to the food bank and their lack of resources to bring food to the seniors’ homes. Often this resulted in many seniors existing on toast and tea.

Even seniors who were not living in very low income (that is in receipt of the Guaranteed Income Supplement) are struggling as proven through the results of our survey findings and noted in the **What We Heard** Report. Thirty-two per cent (32%) of seniors reported that they did not have enough income to meet their financial needs. Yet, only 14 per cent of respondents to the survey are in receipt of the Guaranteed Income Supplement (GIS). An analysis of these findings found the responses to be consistent throughout the province, ranging from a high of 40 per cent of seniors in Central NL to 30 to 31 per cent in all other regions of the province. It is noteworthy that when seniors who did not have enough income to meet their financial needs were asked the reason why, 49 per cent of seniors attributed it to the increase cost of living and 39 per cent noted insufficient provincial and federal benefits and pension income as the cause.

The impact of the Covid-19 pandemic, continued international disruption in global fuel supplies, increased interest rates, interruption in supply chain resulting in increased costs for oil, fuel, and just about all goods and services, coupled with the housing crisis, have resulted in a steep increase in the cost of living over the last couple of years. Further, the buying power of seniors has decreased because they are living on fixed incomes with very limited opportunity to supplement their income; and new business practices such as “shrinkflation” where the price of the product remains the same but the amount/size of the product is smaller, has resulted in seniors getting less for their limited dollars.

After approximately six years without an increase, in July 2022 the provincial government increased the NL Seniors’ Benefit by 10 per cent. It is important to note that our survey of seniors, which found 32 per cent of seniors could not afford the

necessities of life, occurred after the 10 per cent increase in the NL Seniors' Benefit. In 2023, the NL Seniors' Benefit increased by an additional 5 per cent. However, even for a senior receiving the maximum benefit both of these increases only equate to approximately \$200 a year.

Currently, some economists are acknowledging recent improvements in inflation, however, there are many outstanding factors that have yet to be resolved and are influencing future predictions. The Deputy Governor of the Bank of Canada in an October 2023 speech noted that current and anticipated increased frequency in price changes by businesses are linked to inflation. Further, volatility in supply chains, especially for oil, continues to have an impact and perhaps disproportionately in a province like NL, because we are reliant on it for heat, transportation and associated transport of all goods. The Department of Finance reports on its website an increase in several major categories when comparing September 2023 to September 2022. Year over year increases included gasoline (up 13.8 per cent), food (up 6.3 per cent), shelter (up 7 - 11.3 per cent for rental accommodations specifically) and health and personal care (up 9.8 per cent).

The bottom line is this: the cost of living remains higher than prior to the pandemic and the demand for affordable safe housing is at an all-time crisis level. Seniors financial resources have not kept pace with these increases and seniors are struggling; many are not able to cope. Until we address the financial needs of seniors and ensure they have access to safe affordable housing, adequate and nutritious food, and necessary health care, they will continue to have poor health outcomes; early admission to government subsidized residential options, and reduced quality of life.

The recommendations outlined in this report are a starting point to reverse this trend and give seniors the quality of life and dignity they deserve. To address the impacts of the increased cost of living on seniors, this report focuses on the following five areas:

- 1) Insufficient Pension Benefits;
- 2) Costs for Home Support Services;
- 3) Costs to Access Food;
- 4) Costs to Access Medical Care; and
- 5) Cost to Prevent Illness.

I wish to extend my sincere thanks to the many seniors who shared their experiences of poverty, financial hardship and stress. Newfoundland and Labrador seniors are a proud, independent group who have spent a lifetime working, volunteering and supporting others. I recognize it was not easy to share that you are now in the position needing the help. Your open and honest information has enabled us to have the data required to review this systemic issue, inform our analysis and formulate meaningful recommendations. You paid your taxes a lifetime to develop and maintain the social

safety net in Canada and in Newfoundland and Labrador. It is completely outside of your control that these programs are not managed to meet the demand of the rising cost of living. You should not be in the position of having to ask – What Golden Years!

This past year has been a wonderful opportunity to strengthen relationships with the many community organizations throughout the province that are working hard, with little resources, to try to meet the growing demand. I am in awe of your resourcefulness, commitment and accomplishments. Your collaboration means a lot to me and my Office.

Thank you to the officials in numerous departments of the provincial government that provided information and clarification on existing policy, standards and data. We recognize how busy you are, and appreciate your response to our requests.

Last, but not least, I frequently say the Office of the Seniors' Advocate NL has a small but mighty team – there are four of us. The truth is the “might” comes from the commitment of each of you to create positive change for the seniors of Newfoundland and Labrador. Completing systemic reviews, while responding to an average of 86 advocacy requests a month, maintaining community connection and producing regular reports is a remarkable feat for such a small group – it is only possible because of your commitment. Thank you!



Susan Walsh, MSW RSW

Seniors' Advocate NL

Insufficient Pension Benefits

To determine the number of people living in low-income, poverty or at risk, jurisdictions set “income thresholds”. The Newfoundland and Labrador Market Basket Measure (NLMBM) is one tool used in this province to indicate low-income and establishes low-income thresholds for this province, as shown in the table below. The “basket” is the cost of goods and services and there are eight major components in this basket: food; shelter; household operations, furnishings and equipment; clothing and footwear; transportation; health and personal care; recreation, education; and alcoholic beverages, tobacco products and recreational cannabis. When a person’s or a family’s income falls below that threshold, it can be assumed that they cannot reasonably afford the basket; they cannot afford to pay for the needed goods and services in the community where they live.

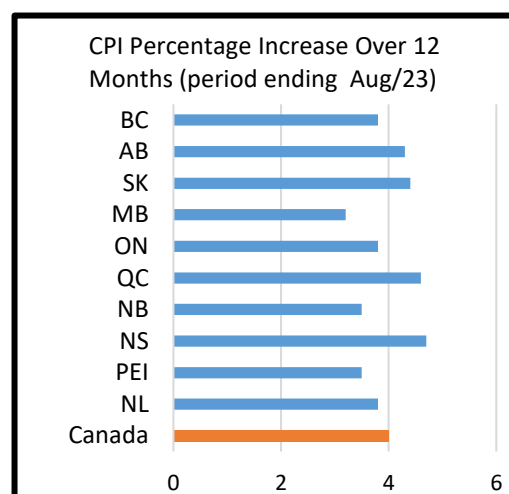
Weighted* NLMBM thresholds for 2020	
Member Family	\$41,079
Single Person	\$20,319
Single Parent – One Child	\$28,391
Single Parent – Two Children	\$35,243

** Weighted: Means the low-income threshold is a population-weighted average of the thresholds for the different communities and sizes. Weighted averages take into account the quantity of data points as well as their relative importance thereby giving a more accurate picture by taking into account these variations in data values.*

Data provided on Government’s Community Accounts reveals that in 2022, the median income for persons aged 65 and over was \$25,900; half of the aged 65 plus population earn less than \$25,900 and half earn more. While a low-income threshold designates the income level whereby purchasing basic, essential goods and services is essentially out-of-reach, it must be stated that there are many people, including seniors, who live above the threshold but remain unable to purchase the items and services they need for daily living. These seniors are most certainly ill-equipped to afford unforeseen or unplanned expenses. To be clear, living with an income above the threshold in no way means that a person or family lives without financial hardship.

The Consumer Price Index (CPI) compares the cost of the “basket” and measures price changes over a time period. According to Statistics Canada’s Consumer Price Index Portal (2023), over the past 12 month-period, Canada’s CPI rose 4.0 per cent (as of August 2023). Perhaps not surprisingly, this increase is largely the result of higher prices for gasoline and electricity. In addition, Canadians paid more for rent and interest

on mortgages. Statistics Canada's **Canadian Consumer Price Index Reference Paper** (2023) indicates that rent prices increased in eight provinces but the fastest growth was in NL (+8.4%), AB (+6.5%), NS (+9.5%) and MB (+6.1%). Although year-over-year prices for groceries slowed recently, price levels remain high. In fact, the Department of Finance's website indicated that food prices peaked at 11.1 per cent in November 2022 but remained elevated in September 2023 at 6.3 per cent.



The Office of the Seniors' Advocate 2023

What We Heard report revealed a number of key findings about financial hardship for seniors, including:

- 32 per cent of seniors do not have enough income to meet their needs. Of this subset:
 - 40 per cent reported being unable to afford food and 60 per cent go without food; and
 - 57 per cent cannot purchase needed medical supplies and devices, personal items (51 per cent), special dietary requirements (34 per cent) nor attend social events (60 per cent).
- 71 per cent of respondents knew a senior who did not have enough income to meet their needs.

These findings are particularly concerning when considered in the context of the fact that only 14 per cent of senior respondents captured in the **What We Heard** Report received the Guaranteed Income Supplement (GIS), which is provided to seniors with incomes lower than approximately \$21,000 and is an indicator of low income.

Specifically, 32 per cent of seniors reported not having enough income to meet their financial needs but only 14 per cent of respondents were the lowest income seniors; this means there is minimally another 18 per cent of seniors with incomes over \$21,000 who are struggling. Further, it is likely that the full 32 per cent are above the NLMBM thresholds.

The majority of Canadian provinces offer some type of financial benefit designed to supplement the Old Age Security Benefit (OAS) and the GIS for seniors. In NL the NL Seniors' Benefit is a provincial refundable tax credit available for eligible NL seniors and based on filed tax returns so no application is required. To qualify, a person must be 64 years of age or over by December 31st of the taxation year and also meet financial thresholds. According to the Department of Finance, in 2021-22 the benefit cost \$54.4 million; in 2022-23 the benefit was increased by 10 per cent and cost \$60.9 million.

Budget 2023-24 added another 5 per cent increase so the cost is estimated to be \$67.1 million. However, after approximately six years without an increase, even for a senior receiving the maximum benefit, both of these increases only equates to approximately \$200 a year.

To receive the full benefit amount of \$1516 per annum, net family income must be below \$29,402. Seniors with a net family income over \$29,402 but less than \$42,404 may still receive some money but this benefit phases out at a rate of 11.66 per cent for every dollar over \$29,402. The chart below approximates the annual benefit amounts based on the phase-out percentage.

NL Seniors' Benefit - Annual Amounts

\$ <29,402 \$ 1516 per annum	\$ 35,000 - \$ 863.27	\$ 40,000 - \$ 280.27
\$ 31,000 - \$ 1329.67	\$ 36,000 - \$ 746.67	\$ 41,000 - \$ 163.67
\$ 32,000 - \$ 1213.07	\$ 37,000 - \$ 630.07	\$ 42,000 - \$ 47.07
\$ 33,000 - \$ 1096.47	\$ 38,000 - \$ 513.47	\$ 42,404 - \$ 0
\$ 34,000 - \$ 979.87	\$ 39,000 - \$ 396.87	

As evidenced by the chart, when a senior's net family income exceeds the maximum income threshold of \$29,402, the benefit is significantly, and quickly, reduced. In fact, when incomes increase by just \$5,000 (approximately), the benefit is reduced by half. According to the Department of Finance, in 2021-22, there were 50,500 seniors who received the benefit; 29,500 of whom received the maximum amount. Seventy-eight per cent of the fund was paid out as maximums to seniors. This also means that only 22 per cent (11,110) of seniors with net family incomes between \$29,402 and \$42,404 were eligible to receive any portion of the benefit. Further, the impact of the benefit is certainly limited as the senior's net family income increases up to \$42,000.

The maximum net family income a senior can have so as to be eligible to receive the full NL Seniors' Benefit has not changed since 2016, however, the cost of living has increased since that time. Similarly, the buying power of a net family income above \$29,402 has significantly decreased. Therefore, it is prudent for the Department of Finance to review the phase out rate, as well as the maximum income threshold to receive the full benefit.

Recommendation 1: The Department of Finance annually index the NL Seniors' Benefit so it reflects increases in the cost of living. Further, the benefit amount must not decrease in the event the cost of living goes down.

Recommendation 2: The Department of Finance review both the current maximum net family income threshold of \$29,402 for full NL Seniors' Benefit eligibility and the 11.66 per cent phase out rate, and report publically on the outcome of the review and any program changes.

Seniors in receipt of OAS and/or the GIS, have expressed frustration with the challenge of pensions being distributed on a monthly basis. Budgeting for an entire month while balancing bills is no easy task and is made even more difficult when unplanned expenses arise. After a lifetime in the workforce where most people receive(d) their salary according to a weekly or biweekly schedule, pensioners are struggling to adjust to a once-a-month income installment. Additionally, through consultations with seniors in very low income, they noted that receiving a biweekly payment would make budgeting easier.

The Seniors' Advocate does not have legislative authority to make formal recommendations to the federal government. However, as it is important for the federal minister responsible for seniors to be apprised of issues shared by seniors across jurisdictions, the Seniors' Advocate has met with the previous minister on the number of matters including concerns regarding the monthly allocation for pension payments. This will also be discussed with the current federal minister responsible for seniors.

Provincial ministers meet and correspond regularly with federal/provincial/territorial colleagues to share, discuss and set collective work objectives to address cross-jurisdictional issues in support of seniors. The Government of Canada website shows that the Federal/Provincial/Territorial Ministers Responsible for Seniors met in April 2023 to discuss key priorities which included challenges related to the cost of living, senior abuse, housing, ageism and the role of technology in the lives of seniors.

The provincial government, through its Department of Children, Seniors and Social Development, should assume a leadership role on this issue and working with provincial-territorial counterparts to petition the federal government to advance a biweekly payment schedule for the OAS and GIS.

Recommendation 3: The Department of Children, Seniors and Social Development work with its provincial-territorial counterparts to petition the federal government to change the current OAS and GIS monthly pension payment schedules to biweekly.

When policies are created to improve financial circumstances for seniors, sometimes there are unintended consequences whereby seniors' income levels increase and negatively impact eligibility for other types of programs or services. For example, if the federal government were to raise the GIS, the income levels of those seniors would increase. That increase could shift the income levels upwards and beyond the threshold level for eligibility for provincial programs such as the NL Seniors' Benefit or Home Support services. Essentially, seniors could receive a financial increase from one source but lose benefits from other sources and would be, in effect, no better off than before. Some seniors have noted, for example, that even a small one time increase in income (like the provincial cost of living cheques) can increase their home support co-pay amount to a point where rise in income just adds to their already-high financial pressures. Eligibility thresholds for benefits, programs and services be adjusted whenever there are any pension income increases for seniors, including one-time relief payouts or permanent pension increases, to ensure seniors realize/receive the intended benefit and retain their current benefits/service level.

Recommendation 4: The Department of Finance in collaboration with all relevant departments, undertake measures to ensure that thresholds for all provincial benefits programs and services are adjusted to ensure that any increase to federal pension programs are realized by seniors and not lost through a “claw back” process.

Recommendation 5: The Department of Finance in collaboration with all relevant departments, ensure that any future one-time cost of living relief payouts by the provincial or federal governments, not impact seniors' eligibility for other benefits, programs and services.

Costs for Home Support Services

As outlined in our **What We Heard** report, 84 per cent of surveyed seniors noted they want to remain in their homes as they age. This approach to aging in place supports their connection to their communities, friends and family. Further, when asked to rank their priorities, the top ranked priority for seniors and family members/caregivers was supporting seniors with the goal to age well in their home.

For some seniors, the support required to age well in their home will be in the form of home support. Home support services can support people with the goal of remaining independent and aging in place while offering assistance with activities of daily living, such as personal care and household management, as well as behavioral support and respite.

In some cases, these services may be long-term; other seniors may only require the support of home support services for a short-term period. Home support services are an integral piece to aging in place. With some additional supports and assistance with activities of daily living, many seniors are able to avoid having to move into an institutional care setting such as a Personal Care Home or Long Term Care. They can remain in their home, in their communities, connected with family and friends, where they want to be.

Seniors and their families frequently reach out to the Office of the Seniors' Advocate with concerns about home support. In particular, the client contribution (the amount the individual must pay toward the service) for home support can be very high and some seniors struggle with the ability to afford it. In some instances, seniors are not utilizing the service, even when they have been assessed and approved for home supports, because they cannot afford the client contribution portion of the cost. During the engagement process, seniors who participated in the survey were asked what they would like to see changed or enhanced to improve the quality and/or access to home support services in NL, and increasing funding/affordability was one of the main suggestions brought forward.

The Provincial Home Support Program is funded through the Department of Health and Community Services. Referrals to the program are made through the appropriate zone in NL Health Services (Eastern, Central, Western and Labrador-Grenfell). It is available to residents of Newfoundland and Labrador, however eligibility for publically funded home support services requires a functional and financial assessment.

According to the **Provincial Home Support Program Operational Standards** (2005), eligibility is based on the need for service, place of residence and financial eligibility. The need for service is determined through a clinical assessment that must include an analysis of the medical, psychological, functional and social needs of an individual. It will also consider other formal or informal supports, as home support is intended to supplement, not replace, support provided by the family/support network. Where the individual resides impacts eligibility, as subsidized services are not provided to people who are in hospital, Personal Care Home or Long Term Care Homes, community care homes or health centers. An individual living in an assisted living facility is only eligible for personal care and respite, as the assisted living facility provides housekeeping and meal services. The financial eligibility is determined through a financial assessment, which is conducted in accordance with the **Income Based Financial Assessment Policy Manual for Long Term Care and Community Support Services** (2021). The financial assessment is based on net income (as defined by line 236 of the client's Federal Income Tax Return) and determines if the senior is eligible for a subsidy and the portion of the cost he/she must pay (client contribution).

The **Provincial Home Support Program Operational Standards** 2005 sets the guidelines that all individuals receiving services, home support workers (those who are individually hired or agency-employed), home support agencies and the Provincial Health Authority must adhere to. Individuals who are approved for home support services can hire a home support worker privately, or they can use an approved home support agency. When hiring privately, the individual is the employer and is responsible for hiring, training and staff supervision. They may choose to hire a bookkeeper/administrator for payroll duties.

Under Section 1, titled Program Description, of the **Provincial Home Support Program Operational Standards** (2005), it states:

“Home support operational standards contained within this document are the Department of Health and Community Services’ minimum standards for the provision of this service. These operational standards are designed to ensure the delivery of safe, quality supportive services to individuals who require assistance. They acknowledge the unique and complex needs of individuals and the service required to meet those needs. The operational standards provide a process for internal and external reviews and must be implemented in a manner that reflects the expectations of the Province.” (p. 3)

The most recent version of the **Provincial Home Support Program Operational Standards** is 2005. While there have been updates to some policy sections, the requirements on page 1 of the **Provincial Home Support Program Operational**

Standards (2005), which states that the Department of Health and Community Services complete a “review of the provincial operational standards regarding the home support program every three years” (p.1) has not been met. In 2016, Deloitte completed a review of the home support program and published a report titled **Provincial Home Support Program Review**. The report included an in-depth examination of the current (at that time) state of the program, future projections for the demand for the program, and 25 improvement opportunities. It is unclear if, or how many of, Deloitte’s recommendations were implemented. Many of the findings are still relevant today.


Client Contribution

In 2019, the Department of Health and Community Services changed the financial assessment for people applying for publically funded home support services. Liquid assets testing was eliminated, which meant individuals no longer had to show proof of their liquid assets (an asset that can easily be converted into cash, such as money in a bank account, investments, stocks, bonds etc). The new financial assessment is an Income Test. According to the **Income Based Financial Assessment Policy Manual for Long Term Care & Community Support Services**, the Income Test is based on the income reported on Line 236 of the Canada Revenue Agency Notice of Assessment, from the previous Income Tax Assessment year. A formula is then applied to the assessable income base, which is Line 236 Net Income, to determine the client contribution amount (the amount the senior will have to pay towards the service). This formula considers a range of factors including marital status, number of dependents, source of income and which service is requested.

In 2016, the provincial government increased the maximum client contribution for individuals who do not have any employment income from 15 per cent to 18 per cent of Line 236, where it remains today.

Making home support affordable was one of the top suggestions to the Office of the Seniors’ Advocate during the public engagement process, and it is also a significant concern expressed through many advocacy requests. Specifically, many seniors living on fixed incomes and their family members note the high cost of the client contribution, sometimes up to \$400-\$500 per month. For many seniors, it is a financial strain, and for some, it is a financial cost they simply cannot afford so they go without the needed support.

Section 6.6 of the **Income Based Financial Assessment Policy Manual for Long Term Care & Community Support Services** outlines a financial hardship consideration, which may be applied for a limited time period when clients demonstrate that the income test based client contribution will cause significant financial hardship. The client must provide documentation to verify current income and allowable



expenses. While the policy states that the amount of the adjustment to the client contribution will be determined based on what the family can afford, after meeting reasonable expenditures and expenses for basic needs, the Office of the Seniors' Advocate has heard from several seniors where, upon having the financial hardship consideration completed, the assessment determined that the individual must pay a higher client contribution than what was determined through the Income Test. When this happens, the lower contribution amount is used, but this does not resolve the fact that the client contribution amount is resulting in financial hardship for the individual.

February 2023, the Office of the Seniors' Advocate in British Columbia released a report on its review of on home supports titled **We Must Do Better: Home Support Services for BC Seniors**. The report compares the cost of home support services across all of the provinces and territories in Canada. Newfoundland and Labrador is one of only six jurisdictions in Canada who charge for home support services. Alberta, Manitoba, Ontario, Prince Edward Island, Yukon, Northwest Territories and Nunavut all have no co-pay for home support services.

Although home supports are not free in British Columbia (BC), seniors who are in receipt of GIS and other government income assistance programs, such as the spouse's allowance or the survivor's allowance under Old Age Security, are not required to pay a daily charge for home support services. This means seniors in BC who are receiving GIS have no financial barrier to receiving home supports.

In Nova Scotia, according to the Home Care Income Table (2023) in the **Home Care Policy Manual**, clients with an income of under \$29,010 have no client fee. Clients in a family of 2 or 3+ with an income from \$29,011 to \$44,010 also have no client fee, and clients in a family of 3+ with an income \$44,011 to \$54,010 have no client fee.

In Newfoundland and Labrador, according to the **Income Based Financial Assessment Policy Manual for Long Term Care & Community Support Services**, individuals and couples, with or without dependent children, who are in receipt of income support have no client contribution. They are automatically financially eligible for home support services. People in receipt of income support are the only group in NL that are automatically financially eligible for home support services.

As discussed above, many seniors are in receipt of OAS and GIS. GIS is a federal government supplement based on income and available to low income OAS pensioners. The total annual income a senior will receive with just OAS and GIS is \$20,904.60 for 65 – 74 years old and \$ 21,742.92 for 75+ years old.

In NL, seniors 65 years of age and over with an adjusted family net income of \$29,402 or less, receive the full NL Seniors' Benefit. The provincial government has determined that \$29,402 is a low enough income level to be eligible for the full NL Seniors' Benefit. Further, seniors with a net family income up to \$42,404 receive some portion of the NL Seniors' Benefit. At a minimum, seniors in receipt of GIS should not pay a client contribution. Seniors receiving GIS have already been determined by the federal government to be the lowest income pensioners and should not have to pay towards home support services, or worse, reject the services because of an inability to afford them. The current approach may very likely be forcing seniors prematurely into Personal Care Homes or Long Term Care Homes.

Recommendation 6: The Department of Health and Community Services revise the **Income Based Financial Assessment Policy Manual for Long Term Care & Community Support Services** to reflect that seniors in receipt of GIS would be exempt from the financial assessment requirement for access to Home Support Services; they would automatically be financially eligible, and not have any client contribution.

Individuals who are in receipt of the maximum benefit of the NL Seniors' Benefit (with a net family income of less than \$29,402) also should not have a client contribution. These seniors have already been determined by provincial government to be in the lowest income class for seniors. So much emphasis has been placed on the benefits of seniors aging well at home – from a health perspective as well as social/mental well-being. The Health Accord NL report **Our Province. Our Health. Our Future. A 10-Year Health Transformation: The Blueprint Summaries of Implementation Recommendations** outlines the importance of having a continuum of care for older adults that considers the social and health supports people need as they age. Within the community element of the continuum of care is the need for expansion of home support, as well as a defined Home First policy approach to care. The Department of Health and Community Services has a Home First philosophy which, according to Health Accord NL (2022), is “a philosophy to help frail patients get out of hospital and back into their homes as soon as possible” (p.86). Home support services is a key component to the Home First philosophy. Many seniors want to remain at home with supports in place, however, if they cannot afford the supports, they will be forced to go without the service which places them at risk, or forced to go into a Personal Care Home or Long Term Care Home.

Recommendation 7: The Department of Health and Community Services revise the **Income Based Financial Assessment Policy Manual for Long Term Care & Community Support Services** to reflect that households with a family net income of less than \$29,402, would be exempt from the financial assessment requirement to access Home Support Services; they would automatically be financially eligible, and not have any client contribution.

In the current **Income Based Financial Assessment Policy Manual for Long Term Care & Community Support Services**, Schedule 5 Income Test Bands and Assessment Percentages has the annual exemption thresholds income between \$28,001 to \$150,000 assessed at 18 per cent. This is a wide span between incomes.

When Recommendation 7 in this Report is implemented, the financial assessment process would begin at \$29,402. Seniors with an income between \$29,402 - \$42,404 also qualify for the NL Seniors' Benefit, however, the amount they receive is phased out at a rate of 11.66 per cent as their net income increases. The Office has heard from seniors within this income range who struggle to pay the client contribution, particularly given that the assessed percentage for the client contribution is 18 per cent. Seniors within this income category are finding it difficult to afford the client contribution.

With the above recommendations, the assessed rate of 18 per cent would be applied to seniors with family net incomes between \$42,405 to \$150,000. While this is an improvement for the lowest income seniors, the gap between incomes remains significant. With the rising cost of living, seniors have said they are struggling financially, even those who were once considered more financially situated. With over \$100,000 in the difference between the top and bottom of the income scale, it hardly seems fair that they are all assessed at the same percentage rate. Additionally, the assessed percentage rate was increased in 2016 from 15 per cent to 18 per cent - at a time when the cost of living was not as high as it is today.

Recommendation 8: The Department of Health and Community Services review the **Income Based Financial Assessment Policy Manual for Long Term Care & Community Support Services** specifically for seniors whose family net income is between \$29,402 and \$42,404, recognizing that they are also in receipt of some portion of the NL Seniors' Benefit, and reduce the current assess rate of up to 18 per cent.

Recommendation 9: The Department of Health and Community Services review the annual exemption thresholds outlined in the **Income Based Financial Assessment Policy Manual for Long Term Care & Community Support Services**, related to the highest income thresholds (\$42,405 to \$150,000), considering the substantial income range as it relates to the percentage rate (18%) which income is assessed at.

Additional Home Support Concerns

As noted in the Introduction, this recommendation report has focused on the cost of living and financial impacts for seniors. For that reason, the home support section focused on the client contribution, because the Office has heard from so many seniors who struggle financially to afford home support services. However, there were other issues with home support services that have come to the attention of the Office.

During our engagement process, participants were asked about home support services and what they would like to see changed or enhanced to improve quality and/or access to home support in NL. The suggestions and key findings are as follows:

- The top mention for seniors (23%), family members and/or caregivers (31%) and service providers (31%) was adequate staffing levels. This included the need for more hiring of home support workers and wage increases;
- The second mention for seniors (20%) and service providers (26%) was providing adequate training for workers;
- Less red tape to access home support, increased number of hours to be able to avail of home supports, and increased funding/affordability were also identified; and
- Recruitment and retention were a concern.

The Office is aware that on October 3, 2023 the Department of Health and Community Services issued a News Release on rate increases for home support agencies. The News Release (2023) stated, “The Department of Health and Community Services, Newfoundland and Labrador Health Services, and the Home Care Association of Newfoundland and Labrador are working collaboratively to develop new Home Care Agency Standards and a Service Level Agreement that focus on increasing quality of services provided through the program.”


The Office of the Seniors’ Advocate looks forward to these measures advancing and in response to our research will be looking for advancements in the following areas:

- Revisions to the current training programs for home support workers with a specific focus on geriatric care;
- Continual learning opportunities to ensure current home support workers remain up to date with best practice;
- Improved recruitment and retention initiatives;
- Improved salary rates and consideration given to a wage grid, which would match salary with increased training;
- Improved standards and reporting mechanisms to ensure quality support and oversight of home support workers by the agency employer; and
- Publication of annual audits of agency adherence to standards completed by NL Health Services.

Cost to Access Food

Food Banks Canada reports that 8 per cent of food bank users in Canada are seniors, a significant increase from 6.8 per cent in 2019. This is even more alarming when we look at the Newfoundland and Labrador data. NL has the highest rate of seniors (aged 65 years and over) reliant on a food bank in Canada, at 10.6 per cent. This confirms a very stark reality of poverty for older adults in this province and aligns with the findings of the Office of the Seniors’ Advocate that 30 per cent of seniors cannot afford the necessities of life and are going without food.

None of this is a surprise for provincial experts in the food security field nor for organizations working with seniors in the province. The Office of the Seniors’ Advocate has heard from seniors and many community organizations throughout the province that there are a growing number of seniors who are struggling and unable to access food and cannot access a food bank. It has been noted that many are living on tea and toast because they cannot afford food, cannot get to food banks, cannot carry heavy grocery bags and are often too embarrassed to advocate on their own behalf. It is recognized



that the provincial government is providing a free Metro Bus pass for seniors in receipt of the GIS and living in the St. John's and surrounding area. However, some older adults cannot physically carry groceries onto a bus and to their residence. Further, this is a province-wide issue and there is little community or public transportation available in other parts of the province. The situation will worsen with the onset of winter and the associated impact this has on travel, transportation, and increased heating costs that will have to take priority over food.

There are many community organizations doing all they can to support the food delivery system, however, without resources this is not possible. During the Covid 19 lock down the provincial government acknowledged the important role of the food charity sector and the clear requirement for capacity to deliver food. A Food Security Working Group co-chaired by government and Food First NL (FFNL), a non-profit organization that collaborates with a network of 300 organizations in the food charity sector to advance everyone's right to food, was established. As a result of this government and community collaboration and acknowledgement of the unprecedented increased demand on food banks and need for food delivery, a Community Food Program Support Fund with more than \$1,000,000 was established. These resources from the provincial government, coupled with other Covid 19 relief funding, enabled FFNL to provide grants to more than 75 provincial food organizations which included resources for food delivery.

In parallel, funding from the Government of Canada and then the Government of Newfoundland and Labrador was used to establish a "Community Food Helpline" service that provided both a connection to emergency food programs and direct aid (primarily in the form of gift cards). This service was active from 2020 until early 2023, and a core element of the operating model was the provision of food delivery. In Metro St. John's this was achieved through a contract with another nonprofit organization, the Local Wellness Collective, who were able to "piggyback" hamper deliveries from local food programs onto their gift card delivery service. Outside of Metro, deliveries were organized ad hoc using local resources where possible.

In early 2023, however, the Community Food Helpline wound down. Demand for food aid through this service had grown so large that it became impossible to operate without unacceptable delays. This wind-down, unfortunately, also removed the primary source of funding for food delivery.

Since that time, seniors and those with limited mobility have struggled. Food banks in NL do not have the resources to deliver food. Most are volunteer run, and any resources they may acquire pays for the purchase of food that is not donated and in some cases the cost of their space.

The Office of the Seniors' Advocate, FFNL and all community organizations involved in the food charity sector would first and foremost say access to food is a fundamental human right. The best possible solution to this issue is ensuring that all citizens have access to adequate financial resources to access and purchase food. However, until this goal is achieved we cannot ignore the critical and essential service provided by the food charity system. The provincial government, through its actions, has begun to acknowledge this not only through provision of resources through the Covid 19 pandemic but the Department of Health and Community Services also provided FFNL resources to complete a project to re-envision the scope and role of food charity in the province. This included an extensive consultation with people with lived and living experience of food insecurity, food charity staff and volunteers and community member input (which was also supported through funding from the Catherine Donnelly Foundation). FFNL developed the report **Rethinking Food Charity in Newfoundland and Labrador: Results, Reflections and Recommendations 2022-23**. The Report advances 23 recommendations for the food charity sector, government and systems-level organizations.

As it related to food delivery, recommendation 4a states:

Support the establishment of a shared delivery service.

FFNL explains that with adequate resources and collaboration, the Local Wellness Collective could provide delivery for all food programs in the St. John's Metro area and support delivery in the rest of the province. The recommendation is for this to be implemented immediately.

The Office of the Seniors' Advocate has responsibility to raise up systemic issues, work with community partners toward solutions and make recommendations where necessary. It is our assessment that the analysis of this issue has been thoroughly completed by FFNL in collaboration with community partners, which included the Office of the Seniors' Advocate, and that the recommendation already exists. Therefore, this Office joins with community partners in supporting the FFNL recommendation and notes that it is critically time sensitive that it be implemented given the continued pressures on household budgets and the impending impact of the winter on accessibility.

Recommendation 10: The Department of Health and Community Services, in collaboration with the Department of Children, Seniors and Social Development, implement recommendation 4a of the **Rethinking Food Charity in Newfoundland and Labrador: Results, Reflections and Recommendations 2022-23** report to ensure that food banks can provide food delivery in circumstances they assess as necessary.


Cost to Access Medical Care

People living further away from services, particularly if they are living in rural or remote regions, can incur significant expense related to medical travel. To alleviate this financial burden, many provincial/territorial governments offer programs to cover some or all of the travel costs. In Canada, there are three main types of government medical assistance programs: 1. discount programs, which allow eligible patients to receive reduced or waived prices for transportation and accommodations at designated sites. 2. non-reimbursement programs, which cover the costs of transportation and accommodations without requiring patients to pay for costs up-front. 3. reimbursement programs (used in most of the jurisdictions), where patients generally pay costs up-front and then submit claims for reimbursement afterwards. Rates, co-payments, availability, terms and conditions and maximum allowable amounts, vary widely by program and jurisdiction.

Research shows that the costs related to medical travel disproportionately affect people living with lower-income who do not qualify for income support due to age and/or income level. Further, lower-income earners are less likely to have private health insurance yet have poorer health and more chronic health conditions.

In Canada, medicare programs cover the costs of medical treatment provided in hospitals, and physician services in communities and in-hospital clinics. None of these provincial/territorial medicare programs cover travel for medical services. Therefore, in NL the Medical Care Plan, known as MCP, does not cover the cost of travel to access medical services.

However, the provincial government, through the Department of Labrador Affairs, administers two programs offering financial aid to residents who incur out-of-pocket travel costs in order to access medical services that are not available in their community and/or within the province: Medical Transportation Assistance Program (MTAP) and the



Medical Transportation Benefits for Income Support Clients. As the Medical Transportation Benefits for Income Support Clients is not accessible to people 65 years of age and older, this report will focus on the MTAP program.

The MTAP provides financial assistance to people/patients and their escort (if medically required). Patients required to travel for authorized medical services may be eligible to apply for financial assistance under MTAP to offset the costs of transportation (airfare, taxi, private vehicle, bus and/or ferry), accommodations and meals.

Recently, government announced positive changes to the MTAP which apply to residents of the Labrador-Grenfell Health Zone. All residents of this Zone - all communities in the Zone, which comprises the area north of Bartlett's Harbour and Englee and all of Labrador - are now entitled to the same rates for reimbursement of eligible expenses for medical travel. All residents of this Zone will also now have access to a flight voucher program with PAL Airlines which will offer higher flight assistance amounts upfront towards the booking of an in-province flight. As well, residents of this Zone travelling out of province will have access to higher flight assistance amounts after travel is complete.

The Office of the Seniors' Advocate's **What We Heard** report showed that 32 per cent of seniors reported that they did not have enough income to meet their financial needs. Responses were consistent among seniors throughout the province. When asked about the sorts of items not purchased due to inadequate income, two of the top mentions by seniors were transportation (19 per cent) and medical appointments (10 per cent). Further, seventy-one per cent of seniors reported knowing other seniors who do not have enough income to meet their financial needs, with seniors in Labrador-Grenfell region more often reporting that they know a senior who does not have enough income to meet their needs.

The geography of this province does not allow for easy, affordable transportation options and the more rural and remote the community, the more challenging and costly transportation becomes. The decision to travel for medical appointments may come down to whether the person has the funds readily available. Sometimes seniors are too embarrassed to share that they cannot afford the transportation cost so they do not notify the medical service provider that they will not attend their appointment. The Provincial Health Authority has noted concerns about missed appointments (unfulfilled appointments) and has outlined plans to address the issue, although it is unclear if the focus will be on the financial hardship aspect impacting missed appointments. The Health Accord also points to transportation challenges as a barrier to aging in place.

In 2019, the Office of the Seniors' Advocate recommended a review of the MTAP. The Department of Health and Community Services (which was responsible for this program at that time) informed the Office of the Seniors' Advocate that a review is underway. In 2023 the responsibility for the MTAP was transferred to the Department of Labrador Affairs. While it is understood the Department is continuing the review of the MTAP,

given the length of time it is taking government to complete this review and the significant travel costs individuals are incurring in the meantime, the Office of the Seniors' Advocate is recommending an immediate change to the per kilometer rate.

Presently, the MTAP offers a reimbursement rate of 20 cents/kilometer for private vehicle travel of more than 500 kilometers (during a 12-month period) if the medical services are not available within 50 kilometers (one way) of their home community. However, provincial government employees, volunteers on boards, etc. may avail of government's automobile reimbursement rate for using a private vehicle at work. As of October 1, 2023 the minimum rate paid is 42.03 cents/kilometer.

Recommendation 11: The Department of Labrador Affairs change the per kilometer allowance, which is currently set at 20 cents per kilometer, to make it in line with the travel policy offered to government employees (travel in employee owned vehicles), and extended frequently to volunteers members of government committees/working groups/councils; presently that reimbursement rate is 40.89 cents per kilometer. This recommended rate change should be effective immediately, irrespective of the status of the review of the Medical Transportation Assistance Program.

Cost to Prevent Illness

Influenza is a respiratory illness caused by the influenza A and B viruses and can cause mild to severe illness, including hospitalization or death. According to the Public Health Agency of Canada, the people at greatest risk of influenza-related complications are adults and children with chronic health conditions, residents of nursing homes and other chronic care facilities, adults 65 years of age and older, children 0 to 59 months of age, pregnant individuals, and Indigenous peoples.

In Canada, influenza activity begins to increase over the fall, and peaks in the winter months. Depending on the year, one or more peaks may occur as early as the fall and into the spring. Although one strain often predominates, more than one influenza strain typically circulates each season.

Together, influenza and pneumonia are ranked among the top 10 leading causes of death in Canada. Nationally, influenza has been estimated to cause approximately

12,200 hospitalizations and approximately 3,500 deaths annually. The national hospitalization database notes that adults age 65 years and older have the highest influenza-related hospitalization rates. For influenza-attributable deaths, the annual average mortality rate for adults age 65 years and older is approximately 108.8 per 100,000, which is substantially higher than the estimated mortality rate of 4.0 per 100,000 for adults 50–64 years of age.

In Canada, there are two types of influenza vaccines available to the public. The first vaccine is a very effective, so-called standard-dose vaccine and it is available to all citizens, free of charge. The second is a very effective high-dose or enhanced influenza, so called because it stimulates a stronger immune responses in older adults.

When determining yearly influenza strategies, provinces/territories consider the most current advice provided by the National Advisory Committee on Immunization (NACI). NACI makes individual-level and public health program-level recommendations. Individual-level recommendations are intended for people wishing to protect themselves from influenza or for vaccine providers wishing to advise individual patients about preventing influenza. Program-level recommendations are intended for provinces/territories responsible for making decisions on publicly funded immunization programs. Individual-level and program-level recommendations may differ, as the important factors to consider when recommending a vaccine for a population (e.g., population demographics, economic considerations) may be different than for an individual.

Presently, NACI's individual-level recommendation is that when available, the high-dose vaccine be used over standard-dose, given the burden of influenza A (H3N2) disease and the evidence of the high-dose vaccine providing better protection compared to standard-dose in adults age 65 and older. While NACI notes it has not yet completed enough cost-effectiveness assessments (to date) to make a public health recommendation regarding the usage of the high-dose vaccine within community, NACI does state that findings suggest that the high-dose vaccine is significantly more effective than standard-dose vaccine in preventing influenza-like illnesses, non-laboratory-confirmed influenza-related death and all-cause hospitalization. Further, there is evidence to suggest that the high-dose vaccine is more effective than standard dose in preventing serious cardiorespiratory events possibly related to influenza and the high-dose vaccine may provide additional benefit in the very elderly.

NACI states there is fair evidence that the regular dose vaccine may be effective at reducing the risk of hospitalization for influenza and influenza complications in the elderly, compared to unvaccinated individuals. Further, the evidence goes on to suggest that the high-dose vaccine for older adults should provide superior protection compared with the standard-dose vaccine.

In Newfoundland and Labrador, the standard-dose vaccine is publically funded (free of charge) and available to all citizens. The high-dose influenza vaccine is provided free of charge to seniors living in congregate living facilities including Long Term Care and Personal Care Homes. The high-dose influenza vaccine is available in limited quantities to all other seniors (living in community) to be paid out-of-pocket if the person does not have sufficient private insurance coverage. It is unfortunate that Newfoundland and Labrador is one of only three jurisdictions (Quebec, Nova Scotia) that does not publically fund the high-dose influenza vaccine for all people age 65+. All other jurisdictions in Canada are publically funding the high-dose vaccine for all citizens age 65 and older, regardless of whether they live in community or in a congregate setting.

The provincial government's Home First philosophy, as well as Health Accord NL, support the move from an institutional-based model of care to a person-centered, home-first approach to care with a focus on choice, wellness, and maximizing quality of life. It is reasonable, therefore, to expect that in the future more seniors with complex care needs are/will live in community; in their homes.

Vaccination is one of most effective ways to keep people healthy. If we can keep people – especially vulnerable seniors – from spending needless time in a physician's office, or out of hospital, we will reduce the burden on our already over-stressed healthcare system; to say nothing of the number of lives saved. The financial savings from fewer influenza-related emergency room visits, hospital stays, billings from family physicians and the possibly avoidable loss of human life must be considered.

Recommendation 12: The Department of Health and Community Services publically fund the high-dose influenza vaccine for all citizens age 65 and older.

Recommendation Summary

Recommendation 1: The Department of Finance annually index the NL Seniors' Benefit so it reflects increases in the cost of living. Further, the benefit amount must not decrease in the event the cost of living goes down.

Recommendation 2: The Department of Finance review both the current maximum net family income threshold of \$29,402 for full NL Seniors' Benefit eligibility and the 11.66 per cent phase out rate, and report publically on the outcome of the review and any program changes.

Recommendation 3: The Department of Children, Seniors and Social Development work with its provincial-territorial counterparts to petition the federal government to change the current OAS and GIS monthly pension payment schedules to biweekly.

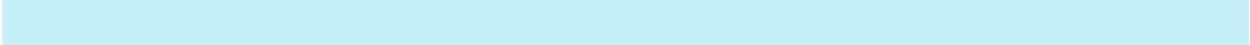
Recommendation 4: The Department of Finance in collaboration with all relevant departments, undertake measures to ensure that thresholds for all provincial benefits programs and services are adjusted to ensure that any increase to federal pension programs are realized by seniors and not lost through a "claw back" process.

Recommendation 5: The Department of Finance in collaboration with all relevant departments, ensure that any future one-time cost of living relief payouts by the provincial or federal governments, not impact seniors' eligibility for other benefits, programs and services.

Recommendation 6: The Department of Health and Community Services revise the **Income Based Financial Assessment Policy Manual for Long Term Care & Community Support Services** to reflect that seniors in receipt of GIS would be exempt from the financial assessment requirement for access to Home Support Services; they would automatically be financially eligible, and not have any client contribution.

Recommendation 7: The Department of Health and Community Services revise the **Income Based Financial Assessment Policy Manual for Long Term Care & Community Support Services** to reflect that households with a family net income of less than \$29,402, would be exempt from the financial assessment requirement to access Home Support Services; they would automatically be financially eligible, and not have any client contribution.

Recommendation 8: The Department of Health and Community Services review the **Income Based Financial Assessment Policy Manual for Long Term Care & Community Support Services** specifically for seniors whose family net income is between \$29,402 and \$42,404, recognizing that they are also in receipt of some portion of the NL Seniors' Benefit, and reduce the current assess rate of up to 18 per cent.



Recommendation 9: The Department of Health and Community Services review the annual exemption thresholds outlined in the **Income Based Financial Assessment Policy Manual for Long Term Care & Community Support Services**, related to the highest income thresholds (\$42,405 to \$150,000), considering the substantial income range as it relates to the percentage rate (18%) which income is assessed at.

Recommendation 10: The Department of Health and Community Services, in collaboration with the Department of Children, Seniors and Social Development, immediately implement recommendation 4a of the **Rethinking Food Charity in Newfoundland and Labrador: Results, Reflections and Recommendations 2022-23** report to ensure that food banks can provide food delivery in circumstances they assess as necessary.

Recommendation 11: The Department of Labrador Affairs change the per kilometer allowance, which is currently set at 20 cents per kilometer, to make it in line with the travel policy offered to government employees (travel in employee owned vehicles), and extended frequently to volunteers members of government committees/working groups/councils; presently that reimbursement rate is 40.89 cents per kilometer. This recommended rate change should be effective immediately, irrespective of the status of the review of the Medical Transportation Assistance Program.

Recommendation 12: The Department of Health and Community Services publically fund the high-dose influenza vaccine for all citizens age 65 and older.

Conclusion

The rising cost of living has negatively impacted many seniors in Newfoundland and Labrador. As prices rise, the ability to keep up with the cost of rent, food, medications, home supports, etc. becomes more challenging, and for some seniors, impossible. The impact of financial stress on quality of life cannot be understated. As seniors age, they should feel financially secure, with adequate access to the necessities that allow them to age in place.

The recommendations made in this report are aimed at improving access for seniors to home supports, food, and medical care such as medical transportation and vaccinations. However, they all center around one crucial component – finances.

The Office of the Seniors' Advocate has employed an approach in our recommendations to strike a balance in securing increased funds in seniors pockets while decreasing the cost of critical necessities to promote the health and well-being of seniors in their communities. The Office will monitor the implementation and impact of these recommendations and report on progress in our annual Status Report on Recommendations.

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