



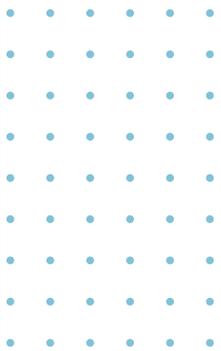
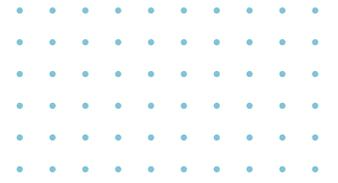
Office of the
SENIORS' ADVOCATE
Newfoundland and Labrador



BUDGET 2025
SUBMISSION TO
THE GOVERNMENT
OF
NEWFOUNDLAND
AND LABRADOR

January 2025







The Office of the Seniors' Advocate (OSA) is an independent, statutory office of the Legislature. The Seniors' Advocate Act (the Act) established the OSA to identify, analyze and address systemic issues impacting seniors.

The OSA offers this submission to the Newfoundland and Labrador's public consultation process for budget 2025-2026. This submission is informed by:

- Reports from the OSA:
 - **Seniors' Report 2024 Monitoring Key Indicators of Seniors' Wellbeing in Newfoundland and Labrador: A Baseline Report (Seniors Report 2024)** (Dec/24) and the extensive research and data analysis which informed this Report.
 - Research and information leading to 12 recommendations from **What Golden Years?**(Nov/23)
 - Findings from the Office of the Seniors' Advocate's 2022 Engagement Process and subsequent **What We Heard Report** (Mar/23) and **Cost of Living Data 2024**. This public engagement process included a public survey with 1,087 respondents (913 seniors, 135 caregivers, and 39 service providers) and public engagement sessions attended by approximately 390 seniors. The large, unprecedented sample size provides a 95 per cent confidence interval.
- Community engagement sessions (24 sessions during 2023-24 and 21 sessions, to date, for 2024-25) with hundreds of seniors and community members throughout the province;
- During 2023-24, 748 requests for advocacy;
- A survey focusing on aging well at home with more than 1,100 responses; and,
- National and international research, participation in national committees and reviews, and significant consultation with relevant community organizations.



Beginning in 1946, the number of births in Canada increased significantly. Although there have been year over year increases in birth numbers in subsequent years, the increases between 1946 - 1964 were unprecedented and unmatched. This “baby boom” period of growth continued every year through 1964 when the number of births began to decrease. With the baby boomer generation, Canada’s population has been shifting dramatically every year with a rapidly growing proportion of seniors. Medical advancements, economic changes, and strikingly low birth rates have all contributed to Canada’s aging population where it is most pronounced in the Atlantic provinces, and especially in NL where this province’s out-migration of thousands of young adults increased the aging trend.

In 2023, NL’s senior population (age 65 and older) was 131,214 - almost one-quarter (24.4 per cent) of the overall population, making NL the province with the highest proportion of seniors. This number is projected to reach 29 per cent of the population by 2033 meaning there will be 160,000 seniors in just 10 years. The composition of the senior population is also expected to change as the older age groups will grow; by 2033, the number of people aged 80 and older is estimated to increase by 70 per cent to over 44,000 people, increasing from five per cent to eight per cent of the total population. These demographic challenges are further pronounced when specific regions of the province are considered. The proportion of the population that are seniors is approximately 30 per cent in Central, Western and Eastern-Rural. These regional differences must be acknowledged and addressed as there are significant implications for policy-makers, as the types and volume of programs and services needed for seniors can differ between regions and between age-groups i.e., younger seniors and older seniors. NL must be preparing now for the needs of all seniors.

Research, discussions, data collection and analysis, has helped the OSA to develop a profile of NL seniors, as well as gathering statistical data on services, lifestyle trends, and the ability of seniors to age well particularly on certain key indicators: wellbeing, health care, finances, housing, transportation and safety and protection. The goal of the OSA is to inform, help monitor trends, identify gaps in the services available to meet seniors’ needs, and facilitate meaningful action.

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 be growing concerns for everyone but especially for seniors who primarily live on a fixed income. The aging trend will present challenges and opportunities for years to come. While the demand for adequate healthcare and retirement options grows, older adults have a wealth of experience and knowledge that can be invaluable to their communities. Properly supporting this aging population means leveraging the strengths of seniors while providing services for them to age well.



WELLBEING

Wellbeing can be defined as a positive physical, social and mental state. Research suggests that preventative lifestyle changes between the ages of 55-65 can prevent/delay the development of up to 80 per cent of age-related health issues.

Regular physical activity helps maintain mobility (and independence), decreases risk of falls and certain diseases, and is linked to better mental health outcomes. Only 30 per cent of seniors in NL report getting the recommended amount of physical activity compared to 41 per cent nationally. Social engagement is also associated with better physical and mental health outcomes. The percentage of seniors in NL who report very good or excellent mental health is roughly on par with the national average.

Inadequate nutrition and food insecurity increases seniors' risk of chronic disease, hospitalization, falls, and death. Only 14 per cent of NL seniors meet the required fruit and vegetable recommendations, significantly lower than the Canadian average of 26 per cent, which may be partially due to rising costs.

While government released a Seniors' Health and Well-Being Plan with some initiatives, it did not include a comprehensive approach to address poverty in the seniors' population.

BUDGET 2025/26:

Include the promised Poverty Reduction Plan for Seniors and associated funding.

HEALTH CARE

In 2022, 85 per cent of NL seniors were connected with a regular health care provider but this was lower than the Canadian average rate of 93 per cent. However, research from 2022 revealed that of 1,300 seniors surveyed, just under 25 per cent reported having difficulty accessing a family doctor. This was more evident in rural areas, and for seniors younger than 80 years. According to NL Health Services, as of March 2024, approximately 61 per cent of the 19,395 seniors on a waitlist for a health care provider were still waiting.



BUDGET 2025/26 :

Include funding to prioritize seniors, beginning with older seniors, to access a health care provider. This could include a nurse practitioner, with the ability to bill the healthcare system, not the senior.

Immunization plays a significant role in preventing chronic illness for seniors. Influenza vaccines, which are publicly funded (free of charge), show higher vaccination rates among NL seniors than the national average. Despite the fact that the shingles vaccine is recommended by the Public Health Agency of Canada, it is not publicly funded and vaccine uptake remains low. The shingles vaccine is unaffordable for many seniors. The OSA has previously recommended that government address this issue by making the shingles vaccine free to low income seniors.

BUDGET 2025/26 :

Provide funding to implement the Office of the Seniors' Advocate's recommendation that the shingles vaccine be offered free of charge to seniors living in low income and others with compromised immune systems.

While the pneumococcal vaccine is free of charge for seniors aged 65 and older if it is administered at a community health centre/public health office; public awareness of this is low. Government has implemented the expanded use of pharmacists to administer vaccines, which had proven to be successful for Covid-19 immunizations particularly as many rural communities have easier access to a pharmacist than a community health centre/public health office. However, government is not reimbursing pharmacies to administer the pneumococcal vaccine and, therefore, this cost is being passed on to seniors.

BUDGET 2025/26 :

Include funding to enable community/independent pharmacists to administer the pneumococcal vaccine, free of charge, to seniors aged 65 and older.



The primary benefits of receiving home supports and aging in place are to maintain as much independence as possible, as well as extending and/or improving overall quality of life by avoiding or postponing institutionalization. Home and community-based care support is essential for reducing long term care (LTC) waitlists for people with less complex needs, but these supports must be accessible, affordable, and available. Research indicates that LTC waitlists do not always imply the need for more LTC beds, but rather may be highlighting a lack of community-based care. Rural communities tend to have fewer home and community based care supports, largely due to low population density and lack of resources/infrastructure. LTC homes are also costly to operate, so efforts to enhance home and community-based alternatives may be economically more viable.

BUDGET 2025/26 :

Include funding to implement the Office of the Seniors' Advocate's recommendations related to home support as outlined in our What Golden Years? report and restated later in this submission.

Most indicators of physical and mental wellbeing for residents in LTC, show that NL is on par or somewhat better than the Canadian average. However, one area where the result is worse in NL is experiencing pain; 14 per cent of residents in LTC indicate experiencing pain, compared to just 6 per cent nationally. The likelihood of falling increases with age and doubles if an older adult has fallen once already. Falls can result in longer hospital stays and hasten LTC admission, in many cases. The incidence of falling in LTC in NL is lower than that of Canada. However, restraint use and the potentially inappropriate use of antipsychotics is higher in NL than the national average. As well, there are some significant differences regionally with restraint use in NL's Western Health Zone at 20 per cent compared to 12 per cent for the province. Even more concerning is the potentially inappropriate use of antipsychotics in the Labrador-Grenfell Health Zone where it is estimated at 48 per cent. Government is in receipt of the Long Term Care and Personal Home Care Review that was called for by the OSA. This report should be publicly released.

BUDGET 2025/26 :

Provide funding for the recommendations outlined in the Long Term Care and Personal Care Home Review.



FINANCES

Data from the OSA's 2021 report **What We Heard** indicates that 32 per cent of NL seniors do not have enough income to meet their financial needs. In fact, at \$27,800 (2022 data), the median income of NL seniors was the lowest in Canada and 17 per cent lower than the Canadian average. Further, receipt of the Guaranteed Income Supplement (GIS) can be considered an indicator of low income. In NL, 44 per cent of seniors receive the GIS; the highest percentage in Canada. Regionally, NL rural areas have a far greater percentage of seniors who receive the GIS, reaching almost 60 per cent in the Central Health region.

With more seniors postponing retirement or rejoining the workforce after retirement, labour force participation may indicate the financial struggles of some seniors. In 2023, the workforce participation rate for NL seniors was 11.8 per cent, which means that 11.8 per cent of seniors were either working or looking for work. The participation rate for the 65 to 69 year age group in NL increased by 2.5 percentage points over the last five years, similar to the increase at the national level.

When policies are created to improve financial circumstances for seniors, sometimes there are negative, unintended consequences. That is, as seniors' income levels increase, their eligibility for other types of programs and services may be detrimentally impacted; essentially, they could be no better off than before. Eligibility thresholds for benefits, programs and services must be adjusted whenever there are income increases, to ensure seniors receive the intended benefit with no loss to their current benefits/service level. With the rising cost of living, thresholds must consider the reduced buying power of incomes. Government is undertaking a review of all programs with income and means-tested thresholds. And while the OSA considers this to be a positive action, the review has been ongoing for well over a year.

BUDGET 2025/26 :

Release the review of government programs and services and fund improved program access.

In November 2023, Government announced a plan to release a targeted poverty reduction plan for seniors. In July 2024 the Seniors' Health and Well-Being Plan was released. While this plan outlines some initiatives to benefit some seniors, they are available for only the very lowest-income seniors. Further, with no analysis of



the root causes of poverty nor accompanying policies, how will these initiatives work to bring seniors out of poverty? However, in the interim of government releasing the Seniors' Poverty Reduction Plan, the OSA released the **What Golden Years?** report with some recommendations to address cost of living. These are restated later in this submissions.

BUDGET 2025/26:

Include the promised Poverty Reduction Plan for Seniors and associated funding.

HOUSING

“Core housing need” determines if a household can afford suitable and adequate housing in their community. The latest census data indicates that, overall, 6.1 per cent of NL seniors have a core housing need however, the incidence of which varies depending on the housing situation. Over 30 per cent of seniors who live alone and rent 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.

In 2023, the cost of shelter in NL is estimated to have increased by 4.9 per cent. Renters and homeowners alike face challenges when it comes to the cost of housing, however, those who rent are far more likely to live in unaffordable housing. Over one-third of seniors who rent in NL indicate unaffordable housing. A national survey of homelessness (from 2020-2022) found that seniors have a higher prevalence of chronic homelessness (40 per cent) compared to children, youth, adults, or older adults. In unhoused older adults and seniors, half had their first experience of homelessness at the age of 50 or older, suggesting 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 reported their primary source of income as being senior's benefits.

While there has been minimal growth in the number of senior leaseholders in NL Housing subsidized units over the last several years, the number of seniors availing of rent assistance has increased by 15 per cent in the last three years, likely a reflection of the increased cost of living. The number of seniors on a waitlist for subsidized units also increased significantly (11 per cent) in the last three years.



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, including home maintenance and modifications. The Provincial Home Repair Program (PHRP) and Home Modification Program (HMP) provides funding to what government considers to be "low-to-moderate" income individuals requiring basic and needed repairs and/or accessibility modifications to their homes in the form of forgivable and repayable loans. Low to moderate incomes for the PHRP is defined as \$32,500 or less (\$65,000 in Labrador West and the North Coast of Labrador) and \$46,500 or less (\$65,000 in Labrador West and the North Coast of Labrador) for the HMP. As previously mentioned, receipt of the GIS is an indicator of low income and in NL 44 per cent of seniors receive the GIS; the highest percentage in the country and correlates with the fact that NL median incomes are the lowest in the country. Given this, \$32,000-46,500 (\$65,000) can no longer be considered "moderate" income levels. The eligibility threshold for these programs must be adjusted. Further, the PHRP has a lifetime assistance cap of \$12,500 (\$15,000 in Labrador) for the forgivable loan portion, which have not been increased for about 10 years and can only be accessed every seven years; far too long for anyone awaiting assistance, but more so for seniors. This wait is a barrier to aging in place and can influence a person's decision to move into a care facility prematurely or leave their community in search of alternative housing.

BUDGET 2025/26:

Provide funding to increase the lifetime cap amounts and eligibility thresholds and lower the access timelines for the Provincial Home Repair and Home Modification Programs.

TRANSPORTATION

Staying mobile ensures seniors have options and ease in accessing essential goods and services, attending social engagements and community events, and helping their overall wellbeing. In 2023 there were just over 116,000 seniors who had active drivers licenses - almost 90 per cent of all NL seniors compared to 80 per cent at the national level. This is likely due to the rural geography and lack of access to public transportation.

Transportation is one of the largest expenditures of NL households, accounting for about 17 per cent of current consumption. About 95 per cent of this expenditure is on private transportation. Next to the acquisition of a vehicle, the largest components of spending on private transportation are gasoline and insurance premiums. Despite a decline in 2023, the cost of gasoline has increased over 25 per cent from 2018 and insurance premiums increased by 15 per cent from 2018 to 2023. These costs can be limiting factors.



Travel for medical services continues to be a considerable challenge for seniors who must travel any distance and/or who must travel very frequently for the service. Under the Medical Transportation Assistance Program (MTAP), financial help is only available for eligible kilometers traveled after the first 500 kilometers. This is a disadvantage to seniors who live relatively close, yet still must travel more than 50 kilometers (one way) to access medical services. Government increased the per kilometer allowance to 20 cents per kilometer but that is grossly inadequate. In its **What Golden Years?** report, the OSA recommended this per kilometer rate be increased, making 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 (currently 40.28/kilometer). As well, in the OSA's **What We Heard** report, seniors noted that the MTAP funding was inadequate and the coverage was insufficient.

BUDGET 2025/26 :

Provide funding to enhance the Medical Transportation Assistance Program; in addition to the previous OSA recommendation on kilometer rates, increase access by expanding the list of Specialized Insured Medical Services to include non-specialist physician appointments and appointments for bloodwork; increase funding allowances for meals and accommodation rates; improve the reimbursement process by lessening the paperwork; and decrease the minimum kilometer eligibility rate.

SAFETY AND PROTECTION

Ensuring the safety and protection of seniors is a critical aspect of maintaining their wellbeing and quality of life. Data indicates that crimes against seniors are increasing at an alarming rate. While the increase in the number of seniors plays a factor in the increase, the rate of crimes per 1,000 seniors has increased by almost 50 per cent.

As our population ages, it becomes increasingly important to monitor and address issues related to elder abuse, victimization, and to note where additional supports may be needed. Protecting seniors requires public education and awareness, appropriate community support services, and adequate reporting and judicial processes. The OSA outlined this need in its January 2024 [Submission to the Policing Transformation Working Group](#).

BUDGET 2025/26 :

Provide funding to address policing services with a specific focus on rural regions of the province.



BUDGET CONSIDERATIONS

In addition to new budgetary recommendations noted previously, any formal recommendations made in previous OSA reports that have not yet been implemented, are restated in this submission.

RECOMMENDATION: 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 (as previously recommended in **What Golden Years?** report).

RECOMMENDATION: Revise the Income Based Financial Assessment Policy Manual for Long Term Care and 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 (as previously recommended in **What Golden Years?** report).

RECOMMENDATION: Revise the Income Based Financial Assessment Policy Manual for Long Term Care and 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 (as previously recommended in **What Golden Years?** report).

RECOMMENDATION: Review the Income Based Financial Assessment Policy Manual for Long Term Care and 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 percent (as previously recommended in **What Golden Years?** report).



RECOMMENDATION: Review the annual exemption thresholds outlined in the Income Based Financial Assessment Policy Manual for Long Term Care and 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 (as previously recommended in **What Golden Years?** report).

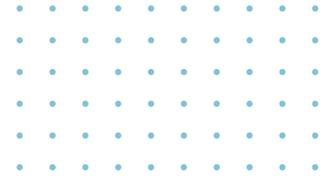
RECOMMENDATION: Offer the shingles vaccine free of charge to low income seniors and others with compromised immune systems (as previously recommended in **Long May Your Big Jib Draw: Setting Sail** report).

RECOMMENDATION: Government conclude it's review of program eligibility thresholds and 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 (as previously recommended in **What Golden Years?** report)

RECOMMENDATION: 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 (as previously recommended in **What Golden Years?** report). *NOTE: During the last sitting of the House of Assembly, the Minister of Finance committed to increasing and indexing the NL Seniors' Benefit to inflation in the upcoming budget cycle. The OSA reminds government of this commitment and looks forward to the implementation of this recommendation early in 2025 and its indexing yearly thereafter.*

RECOMMENDATION: Review both the current maximum net family income threshold of \$29,402 for full NL Seniors' Benefit eligibility and the 11.66% phase out rate, and report publicly on the outcome of the review and any program changes (as previously recommended in **What Golden Years?** report).

RECOMMENDATION: Change the per kilometer allowance under government's Medical Transportation Assistance Program, be increased 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 (as previously recommended in **What Golden Years?** report).



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