

WHAT WE HEARD:

Engagement with Seniors, Family Members and/or Caregivers, and Service Providers





Executive Summary

The Office of the Seniors' Advocate, Newfoundland and Labrador (OSA) is responsible for identifying, reviewing, and analyzing systemic issues related to seniors; working collaboratively with seniors' organizations, service providers, and others to identify and address systemic issues related to seniors; and making recommendations to government and government agencies regarding changes for improving seniors services. To support its responsibilities and to hear directly from seniors on key priority areas of improvement, the OSA undertook stakeholder engagement initiatives throughout Newfoundland and Labrador.

The OSA heard from Newfoundland and Labrador residents who were 65 years or older, younger than 65 and receiving seniors services, family members and caregivers, and service providers. This initiative included two approaches: a public survey available online and on paper, and public engagement sessions held both in person and online. In total, 1,087 surveys were completed (913 from seniors, 135 from caregivers, and 39 from service providers), and approximately 390 seniors attended engagement sessions.

Across seniors, family members and caregivers, and service providers responding to the survey, responses were consistent. Key action areas to improve the lives of seniors include:

- 1. Supporting seniors with the goal to age well in their home
- 2. Addressing cost of living challenges
- Providing alternative or short-term solutions for some health care needs to improve access to health care; and
- 4. Removing barriers to home support.

Supporting seniors to age well in their home requires ensuring that seniors have what they need to remain in their homes as they age. Aging well typically refers general health and wellbeing, including high mental and physical functioning, and active engagement in all aspects of life and community. Key supports to aging well include access to primary health care to address health care concerns as they arise.

Key findings from this engagement process are as follows.

- 1. Access to health care is a major issue for seniors in Newfoundland and Labrador.
 - Seniors, family members and caregivers, and service providers identified that access to health care and addressing health concerns is a key area in need of improvement. This was consistent across survey results and public engagement session feedback.





- Access to family doctors and other primary health care professionals is the most important health care issue to be addressed. Long waits to access primary health care professionals were highlighted by seniors, family members and caregivers, and service providers. These issues were prevalent for seniors across the province and were particularly acute for seniors in Labrador-Grenfell.
- Regarding long-term care, key issues identified were the need for increased staff levels, the number of spaces and/or available facilities, and ensuring quality standards are met. Number of spaces and/or available facilities was a larger issue for seniors in Labrador-Grenfell than in other areas. Key issues were tied to both access to long-term care (more beds or facilities, reduce red tape) and quality of care (staffing levels, ensure quality standards are met), as well as a key quality of life issue for seniors do not separate couples in long-term care.
- ➤ The **first available bed policy** for long-term care is an issue for seniors. Participants attending the engagement sessions explained that seniors want to stay close to their community or, better yet, in their own homes.
- ➤ Regarding home support, achieving adequate staffing levels and better-trained workers were identified as important areas for improvement. Adequate staffing levels was a larger issue for seniors in Labrador-Grenfell than in other areas. Many seniors also felt that home support should be easier to access (less red tape) and more comprehensive, with more hours or overnight care.
- 2. Cost of living and financial concerns are a key issue for seniors.
 - About one-third of seniors reported that they do not have enough income, driven primarily by increased costs of living and insufficient provincial and federal benefits, and pension income.
 - Financial challenges are widespread. Three in four seniors surveyed (75%) reported that either themselves or a senior they know do not have enough income to meet their needs.
 - Quality of life is negatively impacted by financial challenges, impacting seniors' food choices, ability to afford essentials and pay their bills, as well as impacting their ability to attend social events and being a source of stress and anxiety.
 - Seniors reported skipping social events and being unable to purchase food or medical devices due to income constraints.





- Cost of living issues overlapped with other areas, including health (e.g., ability to afford medical devices), housing (e.g., cost of rentals), and transportation (e.g., price of gas). Financial issues are a sensitive topic and as a result, it is not surprising that cost of living concerns were more often identified through the anonymous survey, compared to the public engagement sessions.
- 3. Most seniors prefer to remain in their homes as they age and a smaller number are seeking affordable options in their communities that meet their needs.
 - Seniors viewed household repairs and property maintenance as a key support to enable them to remain in their homes as they age, whereas family members and caregivers and service providers emphasized homecare and support.
 - The availability and affordability of support for household repair and maintenance, lawncare, and snow removal were concerns for seniors.
 - Access and affordability of housing were also issues for seniors in the province, particularly among renters and those interested in downsizing. Concerns related to access and affordability included: waitlists for seniors' housing, cost of rent exceeding seniors' income, volatility with rent increases, low-income threshold for government rental subsidies, and a rental market that has been impacted by vacant houses used as short-term rentals such as Airbnb.
 - ➤ Poor quality housing was a particular concern among low-income seniors living in St. John's. Comments covered a wide range of topics, including apartments not being suitable to live in due to the presence of mould and the building being dirty, increased cost of rentals and insufficient government support, and personal safety issues such as constantly having break-ins in their homes and having personal items and medications stolen.
- 4. While transportation challenges existed for some seniors, others did not experience many barriers to obtaining transportation.
 - For seniors who face challenges accessing transportation, top areas of concern included expenses/affordability, bad travelling conditions, and being dependent on family and friends.
 - > Service providers feel that access to **public transit** and **financial assistance** would improve access to transportation for seniors in the province.





- 5. Addressing social issues, access to community resources, and other related areas can improve the quality of life for seniors.
 - Navigator services specifically for seniors to help fill a knowledge gap and highlight programs and services for seniors. An easy-to-use document outlining services for seniors that is accessible.
 - > Better education for seniors on **financial abuse** and **fraud** targeting seniors.
 - > Valuing seniors and addressing ageism.
 - ➤ **Community integration** through intergenerational programs (e.g., such as snow removal for seniors as school credits), technology support (e.g., technology support person at libraries), and community check-ins for seniors, where a service/group would call seniors who live alone every morning to check-in.

Next Steps

This report outlines what we heard from seniors, family members and caregivers, and service providers on the concerns and needs of seniors, as well as some of their solutions. Guided by the prioritization that seniors placed on their concerns through the Engagement Sessions (see Appendix F), the Office of the Seniors' Advocate will analyze all of this valuable information, collaborate where necessary, and conduct research to advance improvements in seniors services. This may take the form of recommendations to government, service providers, and community groups regarding legislation, policies, and programs and services impacting seniors.





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1.0 Introduction and Background

The Office of the Seniors' Advocate, Newfoundland and Labrador (OSA) is focused on addressing systemic issues that are common among many or all senior residents in the province. OSA's advocacy is focused on five broad categories: health care, personal care, housing, transportation, and finances.

During a media announcement on June 16, 2022¹, the Seniors' Advocate outlined a series of key priorities, including:

- The transformation of the acute, long term and community health care system
- > The response to the rising cost of living
- The plan to address housing challenges
- > The programs and services that support Aging in Place
- A status report on the current recommendations of the OSA

With the announcement of these key priorities, the Seniors' Advocate committed to hear from seniors to learn further about the landscape facing seniors in Newfoundland and Labrador. Learnings from these engagement sessions would inform the direction of the OSA and any necessary recommendations to improve senior services.

Therefore, the OSA advanced an engagement process which primary objectives were to:

- a) hear directly from seniors in Newfoundland and Labrador about the issues facing them and ensure OSA's priorities align to meet seniors' needs.
- b) gain objective insight into the priority issues and potential solutions to help inform recommendations to government decision-makers.
- engage with as many seniors in Newfoundland and Labrador as possible to ensure the entire population feels represented, including stakeholders and caregivers within the community.
- d) design and successfully implement an engagement process which could be replicated in the future.

¹ "Message from the Advocate." Office of the Seniors' Advocate, Newfoundland & Labrador, 16 June 2022, https://www.seniorsadvocatenl.ca/AdvocateMessage.aspx.





1.1 List of Definitions and Acronyms

A list of terms and acronyms used throughout this report and associated explanations are provided below.

Assisted Living: Assisted living is for people who need help with daily care, but not as much help as a provided by long-term care or personal care homes. Assisted living residences usually include a combination of private (e.g., rooms or apartments) and shared spaces.

Confidence interval: Frequency at which the incidence of metrics will be observed within the margin of error in the targeted populations.

Convenience sampling: Indicates that not all members of the targeted populations (seniors, family and caregivers, and service providers) had an equal and higher than 0 chance of participating in the survey.

Close-ended questions: Questions with pre-defined possible answers. Respondents had to choose the option that best represented their views among the presented options.

Family and Caregivers: a family member who may or may not provide direct care to a senior, or a paid individual helper who provides care for a senior.

LTC: Long-term care

Margin of error: Indicates how much the survey results can differ from the actual incidence of the metric in the targeted populations.

Miscellaneous mentions: Any topic or issue area that didn't make up to 1% of responses were coded as miscellaneous mentions.

N: Population size.

n: Sample size or counts.

Open-ended questions: Questions without pre-defined answers. Respondents were asked to respond in their own words.

OSA: Office of the Seniors' Advocate, Newfoundland & Labrador.

PCH: Personal Care Homes

RHA: Regional Health Authority

Sample: A small part or quantity intended to show what the whole is like.

Senior: A senior is defined as an individual who is 65 years or older; or less than 65 years and receives seniors' services.

Senior Service: the following programs, services and systems of support that are used by or associated with seniors are senior services:





- a) primary, secondary and tertiary health care programs and services for healthy aging
- b) personal care home facilities, programs and services
- c) long term care facilities, programs and services
- d) wellness programs and services for healthy aging
- e) community support programs and services for healthy aging
- f) adult day programs and services for healthy aging
- g) housing repair programs and services for aging-in-place
- h) home modification programs and services for aging-in-place
- i) assisted living programs and services
- j) transportation programs and services for safe, independent aging
- k) financial programs and services for safe, independent aging; and
- I) legal programs and services for safe, independent aging.

Service provider: organization or business, or employee of an organization or business, which supports seniors in Newfoundland and Labrador.

Statistically significant differences: To identify statistical differences, statistical tests of significance have been assessed at a p-value of less than .05. Essentially, when comparing two values (whether obtained from the same or different populations), a statistical test will guide us to be confident that any apparent difference between the values is statistically significant at less than a 5% (p < .05) level. Throughout this report, unless specifically stated as "significant," differences do not meet this threshold for statistical significance. It is important to note that the term "significant" is used to denote statistically significant differences, and it is not synonymous with "important".

Zoom: Computer and smartphone-based software through which online public engagement sessions were conducted.





2.0 Methodology

To address the research objectives, the OSA consulted with Newfoundland and Labrador residents who were 65 years or older, younger than 65 and receiving seniors services, family members and caregivers, and service providers by combining two main approaches (a) a public survey available online and on paper; and (b) online and in-person public engagement sessions.



15 in-person sessions

- 390 attending
- 655 prioritization votes cast
- 2 online sessions
- 1,087 surveys
- 913 seniors (84%)
- 135 family members & caregivers (12%)
- 39 service providers (4%)

The OSA engaged MQO Research to support with engaging seniors, family members and caregivers, and service providers. Working in collaboration with the OSA, MQO assisted in the design of the engagement process and tools (including survey questionnaire, communication and social media posts for distribution, and engagement session guide), as well as providing technical support in online sessions, collecting survey data, and analyzing and reporting findings.

2.1 Public Survey

The survey was available online as an open-link survey using a convenience sampling model. OSA worked to reach out to the target audience to encourage participation through various means, including media, social media posts, an internal mailing list, partner stakeholders, and caregivers. Importantly, to increase the accessibility of the survey it was also available through paper copy and by phone². The survey was available from September 22, 2022, through December 20, 2022.

A copy of the questionnaire is provided in **Appendix A**.

In total, 1,087 surveys were completed: 913 with seniors (84% of all surveys), 135 with family members and caregivers (12% of all surveys), and 39 with service providers (4% of all surveys).

Seniors: With over 120,000 seniors 65 years or older in Newfoundland and Labrador, according to the latest Census data³, the 913 completed surveys from seniors represent a strong sample

https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E





² Respondents could call into the Office of the Seniors' Advocate and complete the survey by phone.

³ Statistics Canada. 2022. (table). Census Profile. 2021 Census of Population. Statistics Canada Catalogue no. 98-316-X2021001. Ottawa. Released December 15, 2022.

with a margin of error of $\pm 3.2\%$ at the 95% confidence interval. While margin of error is not typically reported in convenience samples, it has been provided for context to demonstrate that the size of the sample in this survey is quite large, exceeding typical industry standards of desired $\pm 5\%$ margin of error at the 95% confidence interval.

A comparison of key characteristics from the sample of seniors surveyed to the population of seniors in the province is provided below. It should be noted that some survey respondents who identified as seniors were under the age of 65. As a result, the population data for comparison used the same age profile as seniors responding to the survey (50+).

	NL Population	Survey Sample
Age		
50-54	16%	<1%
55-59	17%	2%
60-64	17%	12%
65-69	17%	36%
70-74	14%	29%
75-79	9%	15%
80-84	5%	5%
85-89	3%	1%
90-94	1%	-
95 or over	<1%	<1%
Gender*		
Men	48%	43%
Women	52%	56%
Prefer to self identify	-	<1%
Region**		
Eastern	58%	73%
Central	20%	12%
Western	16%	9%
Labrador-Grenfell	6%	6%

Excluding "prefer not to say" responses.

⁵ Source: Compiled by the Community Accounts Unit based on information provided from the Census of Population 1986, 1991, 1996, 2001, 2006, 2011, 2016 and 2021 Statistics Canada.





^{*}Gender based on NL 50+, as identified in the 2021 Census.⁴

^{**}Population by health authority is provided for all residents 50+, based on 2021 Census data. 5

⁴ Statistics Canada. 2022. (table). Census Profile. 2021 Census of Population. Statistics Canada Catalogue no. 98-316-X2021001. Ottawa. Released December 15, 2022. https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E

Family Members and Caregivers

A total of 135 survey respondents identified as family members and caregivers. These respondents provided profiling information about their family member or the senior they care for. As shown in the following table, family members and caregivers more often spoke on behalf of older seniors 80 years of age or older, women, and disproportionately represented seniors in Labrador.

	NL Population	Survey Sample - Seniors (n=913)	Survey Sample – Family Member and Caregivers (135)
Age			
50-64	50%	14%	4%
65-79	40%	80%	35%
80 or over	10%	6%	60%
Gender*			
Men	48%	43%	27%
Women	52%	56%	73%
Prefer to self identify	-	<1%	-
Region**			
Eastern	58%	73%	60%
Central	20%	12%	15%
Western	16%	9%	6%
Labrador-Grenfell	6%	6%	20%

Excluding "prefer not to say" responses.

Service providers

Service providers completing the survey included representatives of organizations providing homecare or long-term care, supporting healthy eating, and community organizations in various areas such as public transportation, access to housing, as well as community centers and other service providers.

For further profiling information on all surveyed groups that completed the survey, refer to **Appendix B: Survey Sample Characteristics**.

⁷ Source: Compiled by the Community Accounts Unit based on information provided from the Census of Population 1986, 1991, 1996, 2001, 2006, 2011, 2016 and 2021 Statistics Canada.





^{*}Gender based on NL 50+, as identified in the 2021 Census.⁶

^{**}Population by health authority is provided for all residents 50+, based on 2021 Census data.⁷

⁶ Statistics Canada. 2022. (table). Census Profile. 2021 Census of Population. Statistics Canada Catalogue no. 98-316-X2021001. Ottawa. Released December 15, 2022. https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E

2.2 In-Person and Online Public Engagement Sessions

The in-person and online public engagement sessions were designed to gather in-depth information, including opinions, explanations, examples, and experiences of seniors in Newfoundland and Labrador with respect to support needed, the current state of important services, and their expectations. The OSA conducted 15 in-person and two online public engagement sessions to provide seniors from across several communities in the province with the opportunity to provide their feedback.

The sessions were hosted between September 28, 2022, and January 12, 2023. A list with dates, times, and locations for all sessions is provided in <u>Appendix E</u>.

A copy of the in-person and online guide for the sessions can be found in **Appendix C** and **Appendix D**.

2.3 Data Analysis and Reporting

Quantitative and qualitative data were reviewed, analyzed and reported by major research theme throughout this report. Detailed results are provided separately for survey data (<u>Section 3. Survey Results</u>) and in-person and online public engagement sessions (<u>Section 4. Public Engagement Sessions</u>).

A combination of text, data tables, and data figures are used throughout this report to present results. Analysis and reporting of survey data included comparisons of responses by all surveyed groups and regions, with differences highlighted between regions where applicable.

Surveyed Groups

There are three main surveyed groups:

- 1. **Seniors** an individual who is 65 years or older; or less than 65 years and receives seniors' services.
- 2. **Family members and caregivers** a family member who may or may not provide direct care to a senior, or a paid individual helper who provides care for a senior.
- **3. Service providers** organization or business, or employee of an organization or business, which supports seniors in Newfoundland and Labrador.

Regions

Regions used for analysis and reporting were aligned with Regional Health Authorities according to the following table.





Newfoundland and Labrador						
Eastern	Central	Western	Labrador-Grenfell			
St. John's and Metro areaAvalon Peninsula	 Central Newfoundland 	Western Newfoundland	Northern PeninsulaLabrador			
(excluding St. John's) • Bonavista						
Peninsula, including Clarenville area • Burin Peninsula						
• Burili PerilliSula						

2.3.1 What We Heard Reporting

This document reflects what we heard in the engagement through both the survey and series of engagement sessions.

Interpretation of Differences Between Survey and Sessions.

The public engagement sessions provided an opportunity to hear directly from seniors across the province. However, it should be noted that some topics, particularly around financial concerns, may be sensitive to discuss in group settings — whether in-person or online. As a result, this may have impacted how often financial issues were discussed in the engagement sessions compared to the confidential anonymous survey.

Sessions with low-income seniors emphasized the cost of living and quality housing as key concerns. The concerns raised in these groups were distinct and profound, and as a result there are several places in this report where issues and concerns raised by this group are highlighted. This report summarizes what we heard across all participants; however, it should be noted that the issues seniors face and the concerns they have vary not only by where they live in the province, but also by their socio-economic status.

Suggested Solutions and Recommendations Presented in this Report.

We heard a series of issues and concerns impacting the lives of seniors in Newfoundland and Labrador – and we also heard suggestions regarding potential solutions, considerations, and recommendations to address these concerns. The suggestions and recommendations included in this report come directly from the seniors, family members and caregivers, and service providers who participated in the engagement – they are not the recommendations of the OSA or MQO Research.





2.3.2 Technical Notes

The following section includes technical notes to aid understanding and interpretation of the results.

- Survey data is reported separately for each surveyed group (i.e., seniors, family members and caregivers, service providers), and should not be combined across surveyed groups.
- > Survey questions for which more than one response could be provided are referred to as multiple response questions and are noted throughout this report. For multiple response questions, percentages may sum to more than 100%.
- Due to rounding, percentages presented throughout this report may not always add up to exactly 100%.
- > Survey questions include a combination of open-end and close-end questions. For openend questions respondents can provide any response in their own words, whereas with close-end questions respondents choose from a list of possible responses.
- Open-ended responses were content-coded to quantify the prevalence of the emergent themes. Responses that were infrequent and did not warrant their own code are reported as "miscellaneous mentions".
- Figures that include data across surveyed groups report most frequent responses, in descending order, for seniors data since seniors represent the majority of survey responses. If applicable, "miscellaneous mentions" and "don't know" are reported last, regardless of response frequency.
- Labels in figures may be shortened, due to length, if needed.
- Quotes from survey responses are provided for open-end questions only.
- ➤ Statistical differences are noted throughout the report. Throughout this report differences in responses between surveyed groups or differences between regions may appear large; however, unless specifically stated as "significant," differences do not meet the threshold for statistical significance.⁸

⁸ To identify statistical differences, statistical tests of significance have been assessed at a p-value of less than .05. Essentially, when comparing two values (whether obtained from the same or different populations), a statistical test will guide us to be confident that any apparent difference between the values is statistically significant at less than a 5% (p < .05) level. Throughout this report, unless specifically stated as "significant," differences do not meet this threshold for statistical significance. It is important to note that the term "significant" is used to denote statistically significant differences, and it is not synonymous with "important."







Picture taken during St. John's engagement session on December 5, 2022





3.0 Survey Results

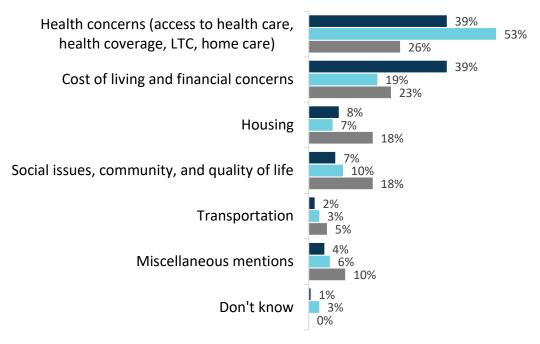
3.1 Priorities

The OSA seeks to better understand seniors' priorities and help direct their efforts and focus on the most critical issues. To better understand seniors' priorities, survey respondents were asked a series of questions to assess their priorities for seniors. First, respondents were asked to choose one thing that, in their opinion, would significantly improve the lives of seniors in Newfoundland and Labrador. Second, respondents were presented with a list of eight action areas⁹ and were asked to rank these areas from highest to lowest priority.

3.1.1 Priorities - Top of Mind

Top of mind suggestions to significantly improve the lives of seniors included a wide variety of suggestions, often tied to **health concerns** (including access to health care, health coverage, long-term care, and home care) or **cost of living and financial challenges**.

Figure 1: Top of Mind Priorities to Improve Lives of Seniors in NL¹⁰



[■] Seniors (n=913) ■ Family Members and Caregivers (n=135) ■ Service Providers (n=39)

¹⁰ Figure 1. B1_1: If you could choose one thing that would significantly improve the lives of seniors in Newfoundland & Labrador, what would it be? (Seniors); B1_2 (Family Members and Caregivers); B1_3 (Service Providers).





⁹ The Office of the Seniors Advocate consulted with seniors in the province in 2019. This work, along with other feedback received from seniors and support organizations in the past two years and research completed by the OSA, informed the development of these eight high-level action areas which were used for the ranking question.

While health concerns were frequently reported by seniors and family members and caregivers, family members and caregivers more often identified addressing health concerns as the top opportunity to improve the lives of seniors compared to seniors themselves (53% vs 39%).¹¹ However, in comparison, seniors ranked health care and cost of living as equally important priorities to improve their lives.

Miscellaneous mentions as to what would significantly improve seniors' quality of life included suggestions such as: community engagement to assist seniors in various areas, actively listening to seniors' issues, and having the government act on these issues.

Seniors

For seniors, both addressing health concerns (39%) and cost of living and financial challenges (39%) were key areas to improve lives of seniors – accounting for 78% of all responses from seniors. Housing concerns were more frequently mentioned by seniors in Labrador-Grenfell region, compared to Eastern and Central regions. ¹² See **Table 1** for top responses among seniors by region.

Family Members and Caregivers

For family members and caregivers, addressing health concerns was the top opportunity to improve the lives of seniors (53%), with a large component of those health concerns centering on better home care (23%).¹³ While responses varied across regions, there were no significant differences or trends in top priorities by region.¹⁴

Suggestions related to **health concerns** include:

- Health care / better health care / easier access to health care
- Home care / better home care
- Access to family doctor / doctors
- Dental care program / dental coverage
- Drug plan / drug coverage
- Better / more long-term care facilities
- Don't separate couples (e.g., LTC)

Suggestions related to **cost of living and financial challenges** include:

- Cost of living / cost of living adjustment / indexed to inflation
- Financial assistance / more money
- Increase OAS/CPP
- Reduce taxes / reduce property taxes

Suggestions related to **social issues**, **community**, **and quality of life** include:

- Social connections / social interactions
- Respect / address ageism
- Assistance with home maintenance (e.g., snow clearing, lawn care, repairs, etc.)
- Free / discounted gym membership / physical activities
- Access to information

¹⁴ Regional comparisons should be interpreted with caution due to small sample sizes in some regions; Central and Western (n<20).





¹¹ Difference was statistically significant.

¹² Difference was statistically significant.

¹³ Remaining 30% of addressing health concerns included better health care (22%), access to family doctor (2%), LTC (2%), drug plan (1%), and don't separate couples (1%).

Service Providers

Service providers were more diverse in their suggestions of areas to improve lives of seniors. While addressing health concerns (26%) and cost of living and financial concerns (23%) were most frequently mentioned, housing (18%) and social issues, community, and quality of life (18%) were tied as the third mention.¹⁵

Table 1: Top of Mind Priorities to Improve Lives of Seniors in NL – Top Responses by Seniors per Region

	Overall NL (n=913)	Eastern (n=667)	Central (n=111)	Western (n=80)	Labrador - Grenfell (n=55)
Health concerns (including access to health care, health coverage, long-term care, and home care)	39%	39%	41%	36%	40%
Cost of living and financial concerns	39%	40%	39%	35%	27%
Housing	8%	7%*	8%*	10%	22%
Social issues, community, and quality of life	7%	8%	4%	9%	7%

Top three responses for each region are highlighted. "Don't know" responses are not shown. *Indicates significant difference with Labrador - Grenfell.

"Access to community services or organizations that support seniors' ability to attend appointments, educational services, i.e., computer operation and security knowledge."

- Senior

"Better access to primary care and senior services in the province. Both my husband and I are without primary care, and he is in early-stage dementia."

- Senior

"Ensuring seniors are not separated from their partners because of level of care requirements. There should be care homes that specialize in all levels of care."
- Family Member and Caregiver "Better living arrangements so they can live in their own home - better health care and not have to wait hours in an ER for help and getting no care."

- Service provider

Representative examples of open-ended responses.

¹⁵ Regional comparisons are not provided due to small sample sizes in some regions; Central, Western and Labrador-Grenfell (n<20).



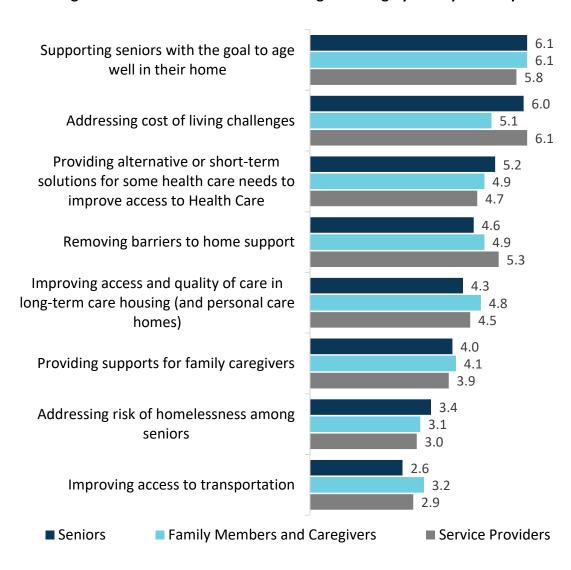


3.1.2 Priorities – Ranked

The top ranked¹⁶ priorities were consistent for seniors, family members and caregivers, and service providers:

- 1. Supporting seniors with the goal to age well in their home
- 2. Addressing cost of living challenges
- 3. Providing alternative or short-term solutions for some health care needs to improve access to Health Care; and
- 4. Removing barriers to home support.

Figure 2: Action Area Priorities – Average Ranking by Surveyed Group¹⁷



¹⁶ Calculated as the mean ranking among each surveyed group.

¹⁷ Figure 2. B2_1: Rank the below list of action areas in order from 1 to 8 where 1 is the highest priority and 8 is the lowest priority. (Seniors); B2_2 (Family Members and Caregivers); B2_3 (Service Providers).





As shown in **Table 2**, the top three actions were ranked in the same order for both seniors and family members and caregivers, whereas service providers' top priorities were ranked in a slightly different order.

Table 2: Top Ranked Action Area Priorities by Surveyed Group

	Seniors		Family Members & Caregivers		Service Providers	
	Rank	Mean Rating	Rank	Mean Rating	Rank	Mean Rating
Supporting seniors with the goal to age well in their home	#1	6.1	#1	6.1	#2	5.8
Addressing cost of living challenges	#2	6.0	#2	5.1	#1	6.1
Providing alternative or short-term solutions for some health care needs to improve access to Health Care	#3	5.2	#3	4.9	#4	4.7
Removing barriers to home support	#4	4.6	#3	4.9	#3	5.3

Top three ranked actions for surveyed group are highlighted.

For mean ratings, higher means represent higher priority ranking and 'don't know' responses were excluded.

There was also widespread consistency across regions within each surveyed group in identifying these actions as highest priority:

- Among seniors, on average those in both Eastern and Labrador-Grenfell ranked supporting seniors with the goal to age well in their home as their top priority (mean rating 6.1 in both regions), whereas those in Central and Western rated addressing cost of living challenges as their top priority (mean rating 6.2 and 6.4, respectively).
- Among family members and caregivers, on average those in both Eastern, Central and Labrador-Grenfell ranked supporting seniors with the goal to age well in their home as their top priority (mean rating 6.1, 5.8, and 6.4, respectively), whereas those in Western rated providing alternative or short-term solutions for some health care needs to improve access to Health Care as their top priority (mean rating 6.4).¹⁸
- Among service providers, on average those in Eastern ranked addressing cost of living challenges as their top priority (mean rating 6.0), those in Central ranked providing alternative or short-term solutions for some health care needs to improve access to Health Care as their top priority (mean rating 7.2), and those in Labrador-Grenfell ranked supporting seniors with the goal to age well in their home as their top priority (mean rating 6.8).¹⁹

¹⁹ Regional comparisons should be interpreted with caution due to small sample sizes in some regions; Central and Labrador-Grenfell (n≤20) and Western is not reported due to very low sample size (n=2).

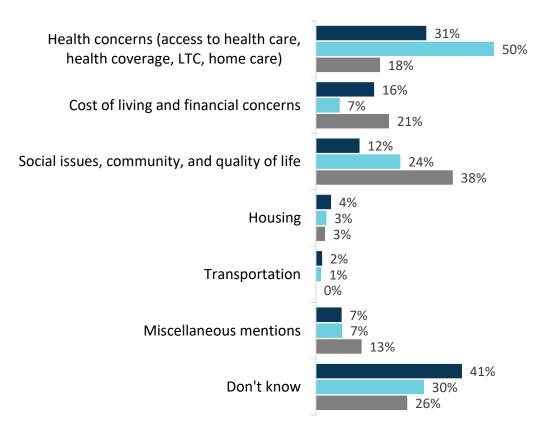




¹⁸ Regional comparisons should be interpreted with caution due to small sample sizes in some regions; Central and Western (n≤20).

When asked if other action areas should be a priority, many survey respondents were unsure (41% among seniors, 30% among family members and caregivers, and 26% among service providers). As shown in Figure 3, surveyed groups consistently identified additional areas relating to health concerns, financial concerns, and social issues, community, and quality of life most frequently. However, service providers highlighted social issues, community, and quality of life most often, with social connections and social interactions being a major component of this action area.

Figure 3: Additional Action Areas to be Prioritized by Surveyed Group ²⁰ (Multiple responses allowed)



■ Seniors (n=913) ■ Family Members and Caregivers (n=135) ■ Service Providers (n=39)

Miscellaneous responses included a variety of action areas to be prioritized. More frequent mentions included assisting seniors who want to remain part of the workforce to find job placements, general mentions about improving seniors' quality of life, improved accessibility in budlings, and more access to healthy food options.

²⁰ Figure 3. B2_1_1: Are there any other action areas that you feel should be a priority? (Seniors); B2_1_2 (Family Members and Caregivers); B2_1_3 (Service Providers). Percentages may exceed 100% due to multiple responses.





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

- Senior

"Better access to health care on a timely basis. Waiting more than a year to see a specialist is totally unacceptable."

- Senior

Representative examples of open-ended responses for other areas for priority focus.



Picture taken during Deer Lake engagement session on November 29, 2022





3.2 Health

This section focuses specifically on seniors' health-related issues in the province. Survey respondents were asked to provide input on a wide range of health issues, including what changes need to be made to improve the quality of long-term care and home support, the quality of life for people living with dementia, seniors' unmet health care needs, and how to better support caregivers.



3.2.1 Long-term Care

As highlighted in **Table 3**, adequate staffing levels (including the need for more hiring and wage increases) was the top mention for all surveyed groups (seniors, 18%; family members and caregivers, 25%; service providers, 28%) and the need for more spaces and/or available facilities (seniors, 14%; family members and caregivers, 12%; service providers, 21%) was also a top mention for both seniors and service providers. Other top mentions varied across surveyed groups. Noteworthy, the second most important aspect for family members and caregivers was ensuring quality standards are met (18%).

Table 3: Top Suggestions to Enhance to Improve Quality and/or Access to Long-term Care in NL by Surveyed Group

	Seniors	Family Members & Caregivers	Service Providers
	(n=913)	(n=135)	(n=39)
Adequate staffing levels	18%	25%	28%
More spaces/facilities	14%	12%	21%
Don't separate couples	13%	7%	8%
Ensure quality standards are met	12%	18%	13%
Less red tape	7%	16%	8%
Focus on home care / keep seniors at home for as long as possible	9%	9%	15%

Top three ranked actions for surveyed group are highlighted. "Don't know" responses are not shown.

"Access to more independent living accommodations where seniors can thrive with just a little help."

- Senior

"Better training for workers in long-term care homes, as there are too many complaints about some workers."

- Senior





"Competent staffing in Care Facilities as well as for In-Home Care Services. Most places have beds but not enough staff available to provide adequate care."

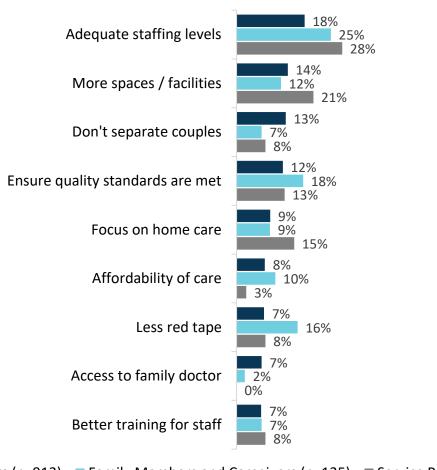
- Family Member and Caregivers

"I think we should create less demand for institutional LTC by creating a broader range of affordable supportive living arrangements throughout NL. Better staff and/or volunteer ratios will go a long way to improving quality of LTC."

- Service provider

Representative examples of open-ended responses.

Figure 4: Suggestions to Improve Long-term Care for Seniors – Top Mentions²¹ (Multiple responses allowed)



■ Seniors (n=913) ■ Family Members and Caregivers (n=135) ■ Service Providers (n=39)

²¹ Figure 4. C1_1: What would you like to see changed or enhanced to improve quality and/or access to long-term care in NL? (Seniors); C1_2 (Family Members and Caregivers); C1_3 (Service Providers). Coded open-ended responses. "Don't know" responses and responses of ≤5% of seniors are not shown. Percentages may exceed 100% due to multiple responses.





Other mentions infrequently mentioned by survey respondents include:

- More recreation programs
- Should stay close to their community / family
- Health care / Better health care / Easier access to health care
- Private rooms / shouldn't have to share
- Better food / meal times
- Improve / more frequent personal care / hygiene
- Less private for-profit facilities / more government run facilities
- Provide more information on LTC (services available, costs, application process, etc.)
- Dental coverage; and
- Increase funding.²²

Seniors

While adequate staffing levels was the top mention for seniors overall, when examined by region it was also the top mention for survey respondents in all areas of the province – except Labrador-Grenfell. Seniors living in Labrador-Grenfell mentioned the need for more spaces or facilities most frequently (38%), and at higher rates than all other regions (15% or less in all other regions).²³

Table 4: Suggestions to Improve Quality and/or Access to Long-term Care – Top Responses by Seniors per Region

	Overall NL (n=913)	Eastern (n=667)	Central (n=111)	Western (n=80)	Labrador - Grenfell (n=55)
Adequate staffing levels / hire more / increase wages	18%	17%	20%	20%	24%
More spaces / facilities needed	14%	12%*	14%*	15%*	38%
Don't separate couples	13%	13%	17%	9%	9%
Ensure quality standards are met / more oversight / inspections	12%	13%	9%	18%	7%
Affordability of care	8%	8%	5%	5%	13%

Top three responses for each region are highlighted.
"Don't know" responses are not shown.
*Indicates significant difference with Labrador - Grenfell.

²³ Difference was statistically significant.





²² All responses provided by 5% or fewer respondents in each surveyed group. When asked what they would like to see changed or enhanced to improve quality and/or access to long-term care in NL some survey respondents were unsure (seniors, 12%; family members and caregivers, 16%; service providers, 5%).

Family Members and Caregivers

For family members and caregivers, responses varied widely by region with the top response among family members and caregivers in Eastern and Central being adequate staffing levels (22% and 30%, respectively), whereas the top response for those in Western was ensuring quality standards are met (50%), and for those in Labrador-Grenfell the top response was more spaces or facilities needed (36%).

While sample sizes were small in some regions, there were some significant differences between family members and caregivers by region:

- Western more frequently mentioned ensuring quality standards to improve quality and/or access to long-term care, compared to those in Eastern (50% vs 15%, respectively); and
- ➤ Labrador-Grenfell more frequently mentioned more spaces or facilities are needed to improve quality and/or access to long-term care, compared to those in Eastern (36% vs 5%, respectively).²⁴

Service Providers

Service providers highlighted adequate staffing levels (28%) and more spaces or facilities (21%) as two key areas where they would like to see changes to improve quality and/or access to LTC in Newfoundland and Labrador. Other service providers highlighted that the focus should be on home care and keeping seniors at home for as long as possible (15%), as well as ensuring quality standards are met (13%).²⁵

3.2.2 Home Support

Survey respondents were asked what they would like to see changed or enhanced to improve quality and/or access to home support in NL. As highlighted in **Table 5**, adequate staffing levels (including the need for more hiring and wage increases) was the top mention for all surveyed groups (seniors, 23%; family members and caregivers, 31%; service providers, 31%) and providing better training for workers (seniors, 20%; family members and caregivers, 12%; service providers, 26%) was also a top mention for both seniors and service providers. Other top mentions varied across surveyed groups.

²⁵ Regional comparisons are not provided due to small sample sizes in some regions; Central, Western and Labrador-Grenfell (n<20).





²⁴ Regional comparisons should be interpreted with caution due to small sample sizes in some regions; Central and Western (n≤20).

Table 5: Top Suggestions to Improve Quality and/or Access to Home Support in NL by Surveyed Group

	Seniors	Family Members & Caregivers	Service Providers
	(n=913)	(n=135)	(n=39)
Adequate staffing levels	23%	31%	31%
Better training for workers	20%	12%	26%
Less red tape	12%	16%	3%
Increased hours	11%	11%	8%
Home support should be affordable	10%	11%	5%
Increase funding	5%	4%	8%

Top three responses for each surveyed group are highlighted. "Don't know" responses are not shown.

"Adequate pay, compensation, and training for home support workers. More companies that provide home support."

- Senior

"Allowing family members to be paid caregivers, in most cases the family enhance home care because they help the professional caregivers in many ways but do not receive pay."

- Senior

Representative examples of open-ended responses. Edited for clarity.

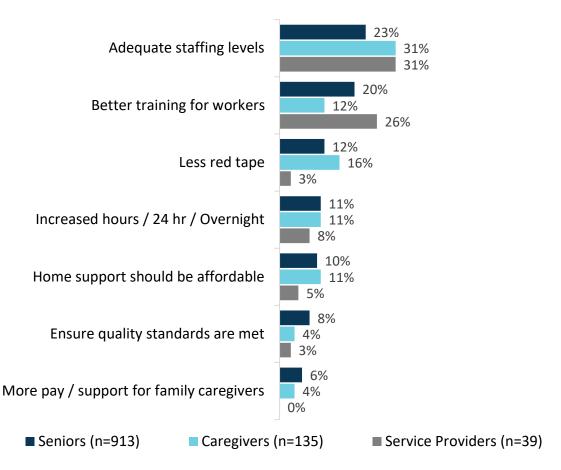


Picture taken during Gander engagement session on October 4, 2022





Figure 5: Suggestions to Improve Home Support – Top Mentions²⁶ (Multiple responses allowed)



Other mentions infrequently mentioned by survey respondents include:

- Increase funding
- Provide more information (services available, application process, etc.)
- Better screening for workers / background checks
- Assistance with home maintenance (e.g., snow clearing, lawn care, repairs, etc.); and
- ➤ Other mentions acknowledging seniors' care as a specialty area, improved access to transportation in rural areas, better assessment of needed care, and general mentions about seniors getting more support from the government.²⁷

²⁷ All responses provided by 5% or fewer respondents in each surveyed group. When asked what they would like to see changed or enhanced to improve quality and/or access to home support in NL some survey respondents were unsure (seniors, 16%; family members and caregivers, 18%; service providers, 10%).





²⁶ Figure 5: C2_1: What do you think would be most helpful to improve quality and/or access to home support? (Seniors); C2_2: Based on your experience, what do you think would be most helpful to improve quality and/or access to home support for seniors in NL? (Family Members and Caregivers); C2_3 (Service Providers). Coded open-ended responses. "Don't know" responses and responses of ≤5% of seniors are not shown. Percentages may exceed 100% due to multiple response.

Seniors

While adequate staffing levels was the top mention for seniors overall, when examined by region it was also the top mention for survey respondents in all areas of the province – except Central. Seniors living in Labrador-Grenfell, and Western to some extent, mentioned adequate staffing levels more frequently than other regions (47% and 28%, respectively vs 14% in Central and 22% in Eastern).²⁸ Seniors in Central mentioned increased hours, such as 24 hours or overnight care, more frequently than those in Eastern or Western (20% vs 10% and 5%, respectively). ²⁹

Table 6: Suggestions to Improve Quality and/or Access to Home Support – Top Responses by Seniors per Region

	Overall NL (n=913)	Eastern (n=667)	Central (n=111)	Western (n=80)	Labrador - Grenfell (n=55)
Adequate staffing levels / hire more / increase wages	23%	22%*	14%*	28%*+	47%
Better training for workers	20%	20%	21%	19%	22%
Easier to access / less red tape	12%	12%	15%	6%	11%
Increased hours / 24 hr / overnight care	11%	10%+	20%	5%+	9%
Home support should be affordable	10%	10%	6%	11%	7%
Ensure quality standards are met / more oversight / supervision	8%	8%	4%	11%	11%

Top three responses for each region are highlighted.
"Don't know" responses are not shown.
*Indicates significant difference with Labrador - Grenfell.
+Indicates significant difference with Central.

Family Members and Caregivers

Adequate staffing levels was the top mention for family members and caregivers overall, with those in Labrador-Grenfell more frequency mentioning adequate staffing levels compared to Eastern and Central (61% vs 23% and 20%, respectively). ³⁰ Other mentions varied by region, but were not statistically significant.

³⁰ Regional comparisons should be interpreted with caution due to small sample sizes in some regions; Central and Western (n≤20).





²⁸ Difference was statistically significant.

²⁹ Difference was statistically significant.

Service Providers

Service providers highlighted adequate staffing levels (31%) and better training for workers (26%) as two key areas where they would like to see changes to improve quality and/or access to home support in Newfoundland and Labrador. Other service providers highlighted increased hours (8%) and increased funding (8%).³¹

3.2.3 Support for People Living with Dementia

When asked what they would like to see changed or enhanced to support people living with dementia, financial support and training for caregivers were among the top mentions for all surveyed groups. Service providers more often mentioned training for caregivers, family and the general public (26%) than family members and caregivers (10%).³² On the other hand, family members and caregivers more often mentioned home support (17%) than service providers (3%).³³

Table 7: Top Suggestions to Support People Living with Dementia by Surveyed Group

	Seniors	Family Members & Caregivers	Service Providers
	(n=913)	(n=135)	(n=39)
Financial aid / respite / support for caregivers	18%	14%	18%
Training / education for caregivers, family, and general public	15%	10%*	26%
Home support	14%	17%*	3%
Community programs	8%	7%	13%

Top three responses for each surveyed group are highlighted. "Don't know" responses are not shown.

*Indicates significant difference with Service Providers.

"A broader basis of knowledge being available in regard to living with dementia or being a caregiver of a family member living with dementia."

"Better government spending to provide the proper assets and dignified wages to entice quality and qualified support workers."

- Senior

Representative examples of open-ended responses.

- Senior

³³ Difference was statistically significant.

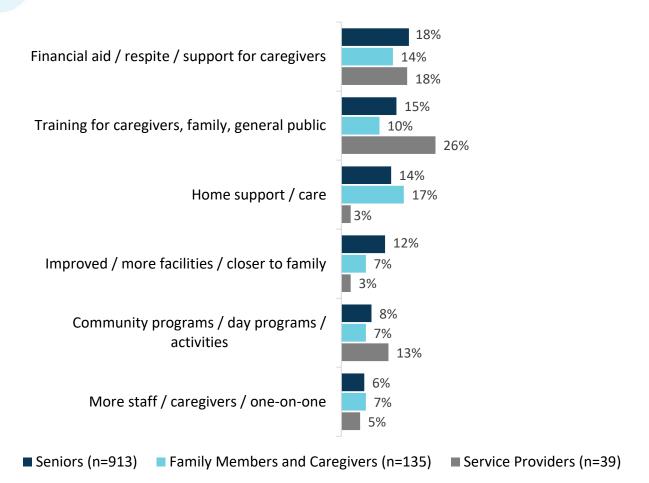




³¹ Regional comparisons are not provided due to small sample sizes in some regions; Central, Western and Labrador-Grenfell (n<20).

³² Difference was statistically significant.

Figure 6: Suggestions to Better Support People Living with Dementia – Top Mentions³⁴ (Multiple responses allowed)



Other mentions infrequently mentioned by survey respondents include:

- ➤ Increased access to supports / resources³⁵
- Health professionals
- Compassion and understanding
- Research into treatment / prevention
- Early diagnosis
- No separation of spouses
- Security / safety
- Medical assistance in dying (MAID)

³⁵ While only 4% of seniors and family members and caregivers suggested increased access to supports and resources, this was suggested by 10% of service providers.





³⁴ Figure 6. C3_1: What would you like to see changed or improved to better provide support for people living with dementia? (Seniors); C3_2 (Family Members and Caregivers); C3_3 (Service Providers). Coded open-ended responses. "Don't know" responses and responses of ≤5% of seniors are not shown. Percentages may exceed 100% due to multiple responses.

- Personalized / specialized care
- 24-hour care
- Financial support; and
- Other mentions including providing safer stays in care facilities, better administration of medications, and higher standards of care ³⁶

Seniors

While financial aid for caregivers was the top mention for seniors overall, when examined by region it was also the top mention for survey respondents in Eastern (19%) and Western (18%), but not Central (15%, top mention was training for caregivers at 21%) or Labrador-Grenfell (15%, top mention was improved and/or more facilities at 33%). Suggestions related to facilities were more frequently mentioned by seniors in Labrador-Grenfell than in all other regions (33% vs 5% to 13% in other regions). ³⁷

Table 8: Suggestions to Better Support People Living with Dementia – Top Responses by Seniors per Region

	Overall NL (n=913)	Eastern (n=667)	Central (n=111)	Western (n=80)	Labrador - Grenfell (n=55)
Financial aid / respite/ support for caregivers	18%	19%	15%	18%	15%
Training / education for caregivers, family, and general public	15%	14%	21%	10%	20%
Home support / care	14%	15%	10%	14%	9%
Improved / more facilities / closer to family	12%	11%*	13%*	5%*	33%
Community programs / day programs / activities	8%	8%	7%	10%	5%

Top three responses for each region are highlighted.

"Don't know" responses are not shown.

*Indicates significant difference with Labrador - Grenfell.

Family Members and Caregivers

The top suggestions among family members and caregivers to better support people living with dementia include home support (17%), financial support for caregivers (14%), and training for caregivers, family and general public (10%). Top suggestions varied by region but were not statistically significant.

³⁷ Difference was statistically significant.





³⁶ All responses provided by 5% or fewer respondents in each surveyed group unless otherwise noted. Percentage of survey respondents that were unsure: seniors, 21%; family members and caregivers, 33%; service providers, 8%.

Service Providers

The top suggestions among service providers to better support people living with dementia include training for caregivers, family and general public (26%); financial support for caregivers (18%), day programs, community programs and activities (13%), and increased access to supports and resources (10%).³⁸

3.2.4 Regular Health Care Services and Needs Not Being Met

Respondents were asked what regular health care services and needs were not being met for seniors. Access to health care was viewed as an unmet need across surveyed groups:

- More than two out of ten seniors (24%) and service providers (21%), and 16% of family members and caregivers, mentioned family doctors as an unmet health care need; and
- ➤ Long waits and limited or no access to a health professional were also frequently mentioned by seniors (21%), family members and caregivers (14%), and service providers (28%).

Homecare or long-term care were frequently mentioned as unmet needs by family members and caregivers (16%) and service providers (13%) but less frequently by seniors (1%).³⁹

Table 9: Regular Health care Unmet Needs – Top Responses by Surveyed Group

	Seniors	Family Members & Caregivers	Service Providers
	(n=913)	(n=135)	(n=39)
Family doctors	24%	16%	21%
Long waits / limited / no access to health professional	19%	14%	28%
Referral to specialists	8%	6%	3%
Homecare / long-term care	1%	16%*	13%*

Top three responses for each surveyed group are highlighted.
"Don't know" responses are not shown.
*Indicates significant difference with Seniors.

"A family doctor (is) not available. Our health hub is overloaded trying to keep up with demand. Our emergency ward has extremely long wait times. People stay home now and hope for the best with their ailments."

"Access to specialist care and referrals that are non-existent or so far into the future."

- Senior

Representative examples of open-ended responses.

- Senior

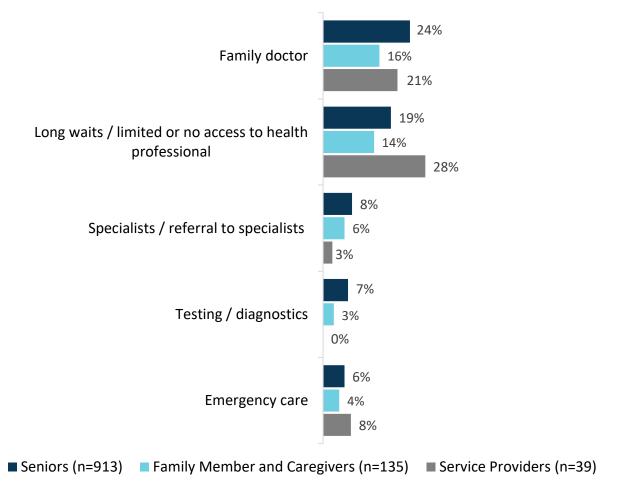
³⁹ Difference was statistically significant.





³⁸ Regional comparisons are not provided due to small sample sizes in some regions; Central, Western and Labrador-Grenfell (n<20).

Figure 7: Regular Health Care Unmet Needs – Top Mentions⁴⁰ ⁴¹ (Multiple responses allowed)



⁴⁰ Figure 7: C4_1: What regular health care services and health care needs do you have that are not being met? Or are not being met with the consistency or timeliness that is necessary for your health? (Seniors); C4_2: What regular health care services and health care needs does your family member or the senior you care for have that are not being met? (Family Members and Caregivers); C4_3: Based on your experience, what regular health care services and health care needs do you feel are not being met for seniors in NL? (Service Providers). Coded open-ended responses. "Don't know" responses and responses of ≤5% of seniors are not shown. Percentages may exceed 100% due to multiple response. ⁴¹ Twenty-two percent (22%) of seniors reported "nothing" as unmet healthcare needs. This could be due to question placement of this question in the survey; these respondents may have been indicating "nothing" or "no other needs" since the previous questions asked about specific topics in health.





Other mentions infrequently mentioned by survey respondents include:

- Dental
- Medications / prescriptions
- Eyecare/ vision / cataract surgery
- Surgery / procedures
- Routine check-up / follow-up
- > In-person appointments
- ➤ Homecare / long-term care⁴²
- Hearing
- Mental health
- Diabetic care
- Physiotherapy; and
- ➤ Other mentions including creating community support groups, clear communication about seniors' health conditions, more information on health care services available to seniors, and more information about available vaccines.⁴³

Seniors

Across all regions, seniors highlighted access to family doctors and health care professionals as the most frequent unmet regular health care need. When examined by region, seniors in Labrador-Grenfell more often mentioned family doctors than those in Eastern (40% vs 22%).⁴⁴ Long waits and limited or no access to health professionals was also mentioned more often by those in Labrador-Grenfell (29%) compared to Eastern (17%).⁴⁵

⁴⁵ Difference was statistically significant.





 $^{^{42}}$ While only 1% of seniors mentioned homecare or long-term care, this was suggested by 13% of service providers and 16% of family members and caregivers.

⁴³ All responses provided by 5% or fewer respondents in each surveyed group unless otherwise noted.

⁴⁴ Difference was statistically significant.

Table 10: Regular Health care Unmet Needs – Top Responses by Seniors per Region

	Overall NL (n=913)	Eastern (n=667)	Central (n=111)	Western (n=80)	Labrador - Grenfell (n=55)
Family doctor	24%	22%*	25%	28%	40%
Long waits / limited or no access to health professionals	19%	17%*	22%	19%	29%
Specialists / referral to specialists	8%	7%	8%	13%	7%

Top three responses for each region are highlighted.
"Don't know" responses are not shown.

*Indicates significant difference with Labrador - Grenfell.

Family Members and Caregivers

The unmet regular health care needs identified by family members and caregivers include family doctors (16%), homecare or long-term care (16%), and long waits and limited or no access to health professionals (14%). Top suggestions varied by region but were not statistically significant.

Service Providers

Service providers highlighted long waits and limited or no access to health professionals (28%) and family doctors (21%) as two key unmet regular health care needs. Other service providers highlighted lack of homecare or long-term care (13%), emergency care (8%), dental (5%) and vision (5%) care, medications (5%) and routine check-ups (5%).⁴⁶

3.2.5 Supporting Family Caregivers

Answers diverged among different groups when asked what would be most helpful to better support family caregivers. For family members and caregivers (35%) and service providers (54%), respite workers and assistive homecare were more frequently mentioned as the most helpful resource, while seniors (34%) more frequently mentioned compensation and benefits.⁴⁷

A small portion of family members and caregivers did not provide a suggestion to better support family caregivers (4%); furthermore, across surveyed groups some survey respondents were unsure what would help support family caregivers (seniors, 20%; family members and caregivers, 13%; service providers, 5%).

⁴⁷ Significant differences are noted in Table 11.





⁴⁶ All other responses provided by 5% or fewer respondents. Regional comparisons are not provided due to small sample sizes in some regions; Central, Western and Labrador-Grenfell (n<20).

Table 11: Top Suggestions to Better Support Family Caregivers by Surveyed Group

	Seniors	Family Members & Caregivers	Service Providers
	(n=913)	(n=135)	(n=39)
Compensation / benefits	34%	11%*	23%
Respite workers / a break / assistive homecare	31%	35%	54%*
Training / guidance	12%	2%	10%
Access to medical support / equipment	3%	14%	5%
Social supports	6%	5%	13%

Top three suggestions for each surveyed group are highlighted. "Don't know" responses are not shown.

*Indicates significant difference with Seniors.

"To have a substitute caregiver once in a while, so they can have a break."

- Senior

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

- Senior

Representative examples of open-ended responses.

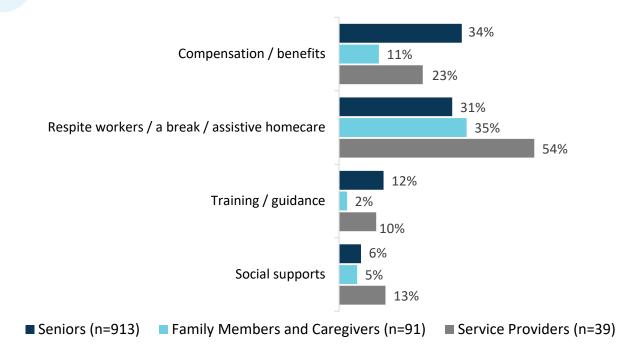


Picture taken during Mount Pearl engagement session on November 24, 2022





Figure 8: Suggestions to Better Support Family Caregivers – Top Mentions⁴⁸ (Multiple responses allowed)



Other mentions infrequently mentioned by survey respondents include:

- Access to medical support or equipment⁴⁹
- ➤ Information on available resources⁵⁰
- Tax break or incentive
- Recognized as caregivers / appreciated
- Helpline
- Employer accommodations
- Check-ins; and
- Other mentions including providing access to transportation so they can reach remote areas, having quick-fact sheets about the seniors they are supporting, and less paperwork.⁵¹

⁵¹ All responses provided by 5% or fewer respondents in each surveyed group.





⁴⁸ Figure 8: C5_1: What would be most helpful to better support family caregivers? (Seniors); C6_2: What would be most helpful to better support you as a caregiver? SUBSET: Respondents identifying as a caregiver. (Family Members and Caregivers); C5_3: Based on your experience, what do you think would be most helpful to support family caregivers? (Service Providers). "Don't know" responses and responses of ≤5% of seniors are not shown. Percentages may exceed 100% due to multiple responses.

⁴⁹ While only 3% of seniors mentioned access to medical support or equipment, this was suggested by

^{14%} of family members and caregivers and 5% of service providers.

⁵⁰ While only 2% of seniors mentioned information on available resources, this was suggested by 10% of family members and caregivers and 3% of service providers.

Seniors

Compensation / benefits and respite workers / a break, and/or assistive homecare were the top mentions to better support family caregivers, and this was consistent across all regions. Seniors in Western less frequently mentioned compensation compared to all other regions (16% vs 34% to 44% in other regions)⁵² and more frequently mentioned respite workers than those in Central (39% vs 24%).⁵³

Table 12: Suggestions to Better Support Caregivers—Top Responses by Seniors per Region

	Overall NL (n=913)	Eastern (n=667)	Central (n=111)	Western (n=80)	Labrador - Grenfell (n=55)
Compensation / benefits	34%	34%*	42%*	16%	44%*
Respite workers / a break/ assistive homecare	31%	31%	24%*	39%	38%
Training/ guidance	12%	12%	14%	9%	18%
Social supports	6%	6%	4%	9%	2%

Top three responses for each region are highlighted.
"Don't know" responses are not shown.
*Indicates significant difference with Western.

Top three responses for each region are highlighted.

"Don't know" responses are not shown.

*Indicates significant difference with Western.

Family Members and Caregivers

Among family members and caregivers, 67% of respondents identified as both a family member and caregiver. Among family members who identified as caregivers (n=91), respite workers, a break, and/or assistive homecare were viewed as most helpful to better support their work as a caregiver (35%). Other mentions included access to medical support or equipment (14%), compensation / benefits (11%), information on available resources (10%), and social supports (5%). Top suggestions varied by region but were not statistically significant.

Service Providers

Service providers highlighted respite workers / a break, and/or assistive homecare (54%) and compensation / benefits (23%) as key areas to better support family caregivers. Other service providers highlighted social supports (13%), training (10%), access to medical support or equipment (5%), and a helpline (5%).⁵⁴

⁵⁴ Regional comparisons are not provided due to small sample sizes in some regions; Central, Western and Labrador-Grenfell (n<20).





⁵² Difference was statistically significant.

⁵³ Difference was statistically significant.

3.3 Cost of Living

The following section of the report describes seniors' perceptions of the cost of living in Newfoundland and Labrador. It describes the answers of seniors, family members and caregivers, and service providers with regards to seniors having or not having enough income to provide them with quality of life, what challenges they face due to low income, and what source of income they rely on.

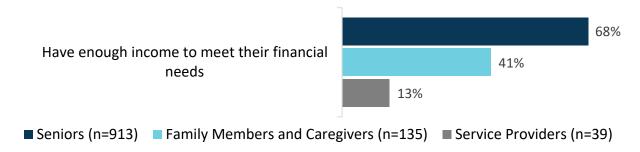


It is important to note that cost of living concerns may vary widely among seniors of different socioeconomic demographics and may be discussed differently among survey respondents and session participants (see <u>What We Heard Reporting</u> for discussion).

3.3.1 Sufficient Income to Meet Financial Needs

About two-thirds (68%) of seniors reported having enough income to meet their financial needs; whereas only 41% of family members and caregivers and 13% of service providers reported the same about the seniors they cared for (**Figure 9**). However, 32% of seniors reported that they did not have enough income to meet their financial needs. Responses were consistent among seniors throughout the province, ranging from 40% of seniors in Central to 30% of seniors in Eastern reporting that they did not have enough income to meet their financial needs.⁵⁵

Figure 9: Seniors Who Have Enough Income to Meet Their Financial Needs⁵⁶



⁵⁶ Figure 9: F1_1: Considering all sources of income do you have enough income to meet your financial needs? (Seniors); F1_2: Considering all their sources of income do you feel the senior you care for or your family member has enough income to meet their financial needs? (Family Members and Caregivers); F1_3: Do you feel most seniors your organization supports have enough income to meet their financial needs? (Service Providers).





⁵⁵ Differences were not statistically significant.

Seven in ten (71%) seniors reported knowing other seniors who do not have enough income to meet their financial needs, with seniors in Labrador-Grenfell more often reporting that they know a senior who does not have enough income to meet their needs (84%) compared to seniors in Eastern (69%).⁵⁷

Table 13: Having Enough Income to Meet Financial Needs – Responses by Seniors per Region

	Overall NL (n=913)	Eastern (n=667)	Central (n=111)	Western (n=80)	Labrador - Grenfell (n=55)
Seniors do NOT have enough income to meet their financial needs	32%	30%	40%	31%	31%
Seniors know a senior who does NOT have enough income to meet their financial needs	71%	69%*	74%	73%	84%
Seniors do NOT have enough income to meet their financial needs, or know a senior who does NOT have enough income to meet their financial needs	75%	73%	77%	78%	84%

^{*}Indicates significant difference with Labrador-Grenfell.

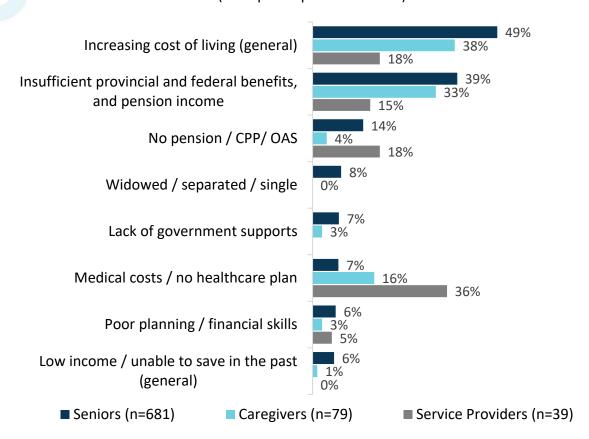
Seniors who reported not having enough income to meet their financial needs or knowing someone who does not have enough income to meet their financial needs (n=681) were then asked about the reasons behind that. Family members and caregivers (n=79) and service providers (n=39) were asked the same about their family member or senior they care for. For seniors and family members and caregivers, the major reason behind the insufficient income was the increasing cost of living (seniors, 49%; family members and caregivers, 38%) and insufficient provincial and federal benefits, and pension income (seniors, 39%; caregivers, 33%). Service providers were more likely to report medical costs/not having access to health care plans (36%) as the main reason for seniors not having enough income, and 23% were unsure (**Figure 10**).

⁵⁷ Difference is statistically significant.





Figure 10: Reasons for Seniors' Inadequate Incomes – Top Mentions⁵⁸ (Multiple responses allowed)



Other mentions infrequently mentioned by survey respondents include:

- High taxes
- Cost to repair / improve accessibility of home
- Health issues⁵⁹
- Women/ home keeper/ gender wage gap; and

⁵⁹ While reported by few seniors (2%), 18% of service providers indicated that health issues were a factor impacting seniors' having enough income to meet their needs.





⁵⁸ Figure 10: F3_1: What do you feel are some of the reasons that you or a senior you know, do not have enough income to meet your needs? SUBSET: Respondents that do not have enough income to meet their financial needs or know a senior that does not have enough income to meet their financial needs. (Seniors); F2_2: What do you feel are some of the reasons that the senior you care for or your family member does not have enough income to meet their needs? SUBSET: Respondents that care for a senior or family member who do not have enough income to meet their financial needs. (Family Members and Caregivers); F2_3: Based on your knowledge of the seniors that your organization supports, what do you feel are some of the reasons that the seniors do not have enough income to meet their needs? (Service Providers). Coded open-ended responses. "Don't know" responses and responses of ≤5% of seniors are not shown. Percentages may exceed 100% due to multiple responses.

 Other mentions including the unfair distribution of aid and unexpected expenses affecting available savings.⁶⁰

As shown in **Table 14**, suggested reasons why seniors do not have enough income to meet their needs were similar for seniors across the province. Compared to seniors in Eastern (7%), seniors in Western (15%) more often reported that a lack of government supports was the reason that seniors did not have enough income to meet their needs.⁶¹

Table 14: Reasons for Seniors' Inadequate Incomes – Top Responses by Seniors⁶² per Region

	Overall NL (n=681)	Eastern (n=487)	Central (n=86)	Western (n=62)	Labrador - Grenfell (n=46)
Increasing cost of living	49%	47%	58%	53%	52%
Insufficient provincial and federal benefits, and pension income	39%	38%	36%	47%	35%
No pension / CPP / OAS	14%	14%	12%	10%	13%
Medical costs / no health care plan	7%	6%	12%	8%	2%
Lack of government supports	7%	7%	6%	15%*	4%

Top three responses for each region are highlighted.

"Don't know" responses are not shown.

*Indicates significant difference with Eastern.

"Constant rise in everything. People are sacrificing and taking more risks just to live. The government needs to do a lot more for seniors. It's not their fault they got old. We need to provide them with safety and security as they get older."

- Senior

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

- Senior

Representative examples of open-ended responses.

3.3.2 Impact of Insufficient Income to Meet Financial Needs

Seniors who reported not having enough income to meet their financial needs (n=289), family members and caregivers who reported that their family member or senior they care for did not have enough income to meet their financial needs (n=79), and service providers (n=39) were asked about the challenges and in what way seniors' quality of life was impacted by not having enough income.

⁶² SUBSET: Seniors who that do not have enough income to meet their financial needs or know a senior that does not have enough income to meet their financial needs.



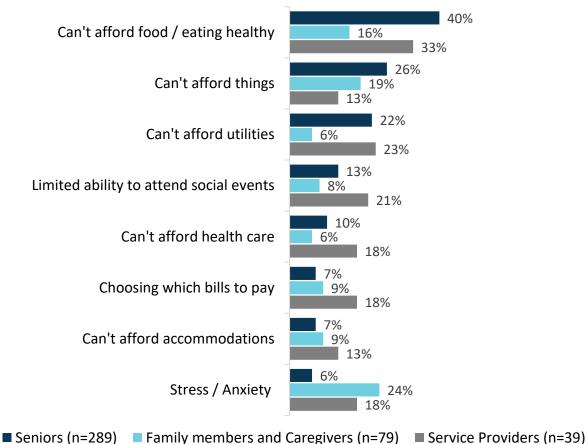


⁶⁰ All responses provided by 5% or fewer respondents in each surveyed group.

⁶¹ Difference was statistically significant.

Four in ten (40%) seniors reported not being able to afford food or eating healthy, one-quarter (26%) said that they couldn't afford things in general, and 22% said that they couldn't afford utilities. Top mentions among family members and caregivers include stress/anxiety (24%), inability to afford things in general (19%), and inability to afford food or eat healthy (16%) as the main impacts on the quality of life of seniors. Most service providers mentioned the inability to afford food or eat healthy (33%) and the inability to afford utilities (23%) as the main impacts.

Figure 11: Quality of Life Impacts of Inadequate Income – Top Mentions⁶³ (Multiple responses allowed)



Seniors (n=289) Family members and Caregivers (n=79) Service Providers (n=39)

⁶³ Figure 11: F4_1: What challenges do you face or in what ways is your quality of life impacted by not having enough income to meet your needs? SUBSET: Respondents that do not have enough income to meet their financial needs (Seniors); F3_2: How is the senior you care for or your family members life impacted by not having enough income to meet their needs? SUBSET: Respondents that care for a senior or family member who do not have enough income to meet their financial needs (Family Members and Caregivers); F3_3: Based on your knowledge of the seniors that your organization supports, how is the life of seniors most impacted by not having enough income to meet their needs? (Service Providers) Coded open-ended responses. "Don't know" responses and responses of ≤5% of seniors are not shown. Percentages may exceed 100% due to multiple responses.





Other mentions infrequently mentioned by survey respondents include:

- Everything; and
- Other mentions including inability to stop working, having to think of different sources of income (new profession or taking credit), and an overall decline in quality of life.⁶⁴

As shown in **Table 15**, seniors across the province indicated similar quality of life impacts of not having enough income to meet their needs.

Table 15: Quality of Life Impacts of Inadequate Income – Top Responses by Seniors⁶⁵ per Region

	Overall NL (n=289)	Eastern (n=203)	Central (n=44)	Western (n=25)	Labrador - Grenfell (n=17)
Can't afford food / eating healthy, poor diet	40%	41%	36%	44%	29%
Can't afford things / Doing without (in general)	26%	26%	32%	24%	12%
Can't afford utilities (gas, heat, electricity)	22%	23%	23%	24%	6%
Limited ability to travel / attend events / social events	13%	12%	18%	4%	18%

Top three responses for each region are highlighted. "Don't know" responses are not shown.

"Buying less of the good nutritious foods.

Attending special events or traveling."

- Senior

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

- Senior

Representative examples of open-ended responses.

Seniors (n=289) who reported not having enough income, and family members and caregivers (n=79) who reported that their family member or senior they care for did not have enough income, were then asked if there were any items they chose not to purchase due to insufficient income. Six in ten (60%) seniors said that they decided not to attend social events, while 57% reported not buying medical devices. Six in ten (60%) seniors said they went without food, with 57% reporting that they did not purchase food in general and 34% indicating that they did not purchase special food for their dietary requirements. Over one-half (51%) reported foregoing personal items. Most family members and caregivers reported medical devices (53%), personal

⁶⁵ SUBSET: Seniors who that do not have enough income to meet their financial needs.

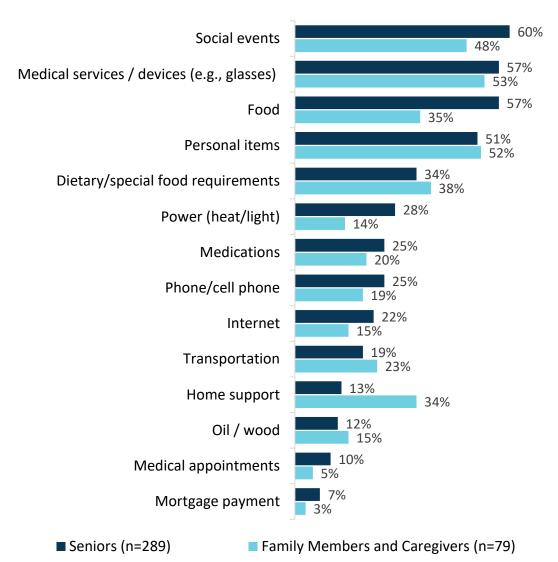




⁶⁴ All responses provided by 5% or fewer respondents in each surveyed group. Percentage of survey respondents who were unsure: seniors, 4%; family members and caregivers, 11%; service providers, 23%.

items (52%) and social events (48%) as things the seniors they took care of choose to forego due to financial constraints.

Figure 12: Items Not Purchased Due to Inadequate Income – Top Mentions⁶⁶ (Multiple responses allowed)



⁶⁶ Figure 12: F5_1: Are there any items that you have to forego or choose not to purchase or pay for due to not having enough income to cover your needs? SUBSET: Respondents that do not have enough income to meet their financial needs. (Seniors); F5_2 (Family Members and Caregivers). Coded openended responses. "Don't know" responses and responses of ≤5% of seniors are not shown. Percentages may exceed 100% due to multiple response.





Other mentions infrequently mentioned by survey respondents include home maintenance, home insurance, access to a cell phone, and specific medial needs such as glasses or hearing devices.⁶⁷

As shown in **Table 16**, seniors across the province provided a variety of items that they had to do without for financial reasons. While it was not a top response, seniors in Western (48%) more often reported that they had to go without power than those in Central (20%).⁶⁸

Table 16: Items Not Purchased Due to Inadequate Income – Top Responses by Seniors⁶⁹ per Region

	Overall NL (n=289)	Eastern (n=203)	Central (n=44)	Western (n=25)	Labrador - Grenfell (n=17)
Social events	60%	59%	57%	64%	65%
Food (in general) or special food for dietary requirements	60%	60%	52%	64%	71%
Medical services/devices (foot care, hearing aid, glasses, dentures, CPAP machine)	57%	58%	59%	56%	53%
Personal items	51%	50%	55%	48%	53%

Top three responses for each region are highlighted. "Don't know" responses are not shown.

"I have to depend on a family member for transportation, and because she has to work, it is very stressful for me because I do not have anyone else."

- Senior

"Many seniors do not want to be a bother and will not ask for help. Others simply do not have the funds available to pay for items like taxis or buses. In many areas there are no operators available that can meet transportation needs."

- Service provider

Representative examples of open-ended responses.

⁶⁹ SUBSET: Seniors who that do not have enough income to meet their financial needs.





⁶⁷ All responses provided by 5% or fewer respondents in each surveyed group.

⁶⁸ Difference was statistically significant.

3.3.3 Senior's Employment Status

Respondents were asked about their employment status. Eighty-four percent (84%) of seniors were retired, while 11% were either full-time (5%) or part-time (6%) employed, and 2% were unemployed.⁷⁰ Family members and caregivers reported that their family member or senior they care for was retired (81%), unemployed (7%), or working (4% full-time; 3% part-time).⁷¹

Seniors who were employed (n=96) and family members and caregivers who reported that their family member or senior they care for was employed (n=10) were asked if they worked because they chose to or out of necessity. Forty-five percent (45%) of seniors reported being employed because they decided to work, while three out of ten family members and caregivers reported that their family member or senior they care for was employed because they decided to work.

While just over half (55%) of employed seniors across the province reported working out of necessity to make ends meet, responses varied among regions but were not compared for significant differences due to small sample sizes in most regions.⁷²

3.3.4 Senior's Household Income Sources

Survey respondents were asked about their household income composition. Over eight in ten (83%) seniors reported receiving the Canada Pension Plan (CPP), followed by the Old Age Security (OAS) (74%) and employer-sponsored retirement or pension plan (49%). Similarly, seniors who had a spouse and reported their spouse's income sources (n=645) most often reported that their partner received the Canada Pension Plan (59%), Old Age Security (53%) and employer-sponsored retirement plan or pension (28%) (**Figure 13**).

As anticipated, receipt of some income sources varied as a function of respondent's age – with CPP and OAS being identified as household income more often for older seniors (92% for CPP and OAS among those 75 or older) compared to 50% reportedly receiving CPP and 3% reportedly receiving OAS among seniors under 65.

⁷² Regional comparisons are not provided due to small sample sizes in some regions; Central (n=11), Western (n=10), and Labrador-Grenfell (n=7).



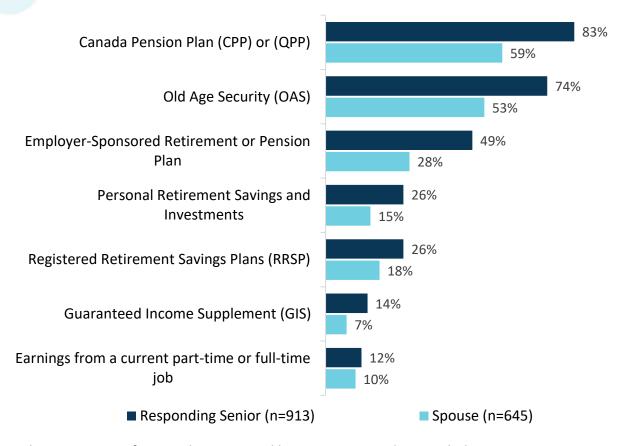


⁷⁰ Remaining respondents provided some other response (3%).

⁷¹ Remaining respondents provided some other response (5%).

Figure 13: Sources of Household Income – Top Mentions⁷³

(Multiple responses allowed)



Other mentions infrequently mentioned by survey respondents include:

- NL Seniors Benefit
- ➤ NL Income Supplement
- Social Security/Government benefits from outside of Canada.⁷⁴

Furthermore, some survey respondents were unsure or preferred not to disclose income sources for themselves (7%) or their spouses (8%).

⁷⁴ All responses provided by 5% or fewer respondents in each surveyed group. Note that some respondents may have considered the NL Seniors Benefit and NL Income Supplement as part of federal benefits rather than as distinct income sources.





 $^{^{73}}$ Figure 13: G3_1a: Which of the below make up your current household income? (Seniors). "Don't know" responses and responses of ≤5% of seniors are not shown. Percentages may exceed 100% due to multiple response.

3.4 Housing

This section describes findings regarding seniors' current housing arrangements and preferences based on survey feedback primarily from seniors and family members and caregivers. Most housing questions were not asked of service providers.

Questions in this section covered seniors' household compositions, whether they needed any support in order to remain in their homes as they age, and what factors could increase their risk of inadequate access to housing.



All surveyed groups, including service providers, were asked what the most valuable services or supports that seniors need to remain in their homes as they age.

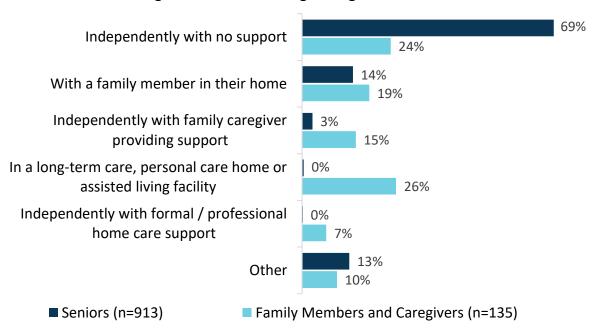
3.4.1 Current Living Arrangements

As shown in **Figure 14**, most seniors reported living independently with no support (69%), and a smaller portion reported living in a family member's home (14%). Family members and caregivers reported a variety of living arrangements for their family member or senior in their care, often with some level of support, and less frequently reported that they were living independently with no support.





Figure 14: Senior's Living Arrangements⁷⁵



As shown in Table 17, living arrangements were very similar across the province.

Table 17: Senior's Living Arrangements – Top Responses by Seniors per Region

	Overall NL (n=913)	Eastern (n=667)	Central (n=111)	Western (n=80)	Labrador - Grenfell (n=55)
Independently with no support	69%	69%	71%	68%	69%
With a family member in their home	14%	13%	15%	14%	18%
Independently with family caregiver providing support	3%	3%	4%	3%	2%

Top three responses for each region are highlighted.

Seniors Living with Family or Independently (with or without Caregiver Support)

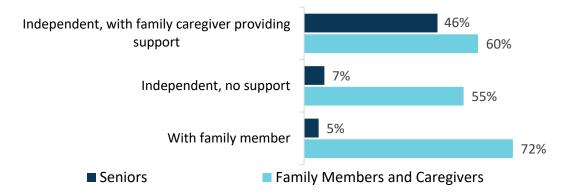
Among seniors who are living with a family member, living independently with no support, or living independently with a caregiver providing support (n=788), only eight percent (8%) of this overall group reported needing support. As for family members and caregivers (n=78), 62% reported that the seniors they assisted needed support in terms of health care or living assistance. Breakdown of need for home support services by senior's living arrangement from the point of view of seniors themselves and family members and caregivers is provided in **Figure 15**.

⁷⁵ Figure 14: D1_1: Which of the below best describes your living arrangement, are you currently living...? (Seniors); D1_2: Which of the below best describes the living arrangement, of the senior you care for or your family member? (Family Members and Caregivers).





Figure 15: Need for Home Support Services (health care or living assistance)⁷⁶



Seniors Living Independently (with or without support)

Seniors who lived alone, with or without support (from family caregiver or formal/professional home care support) (n=662) were asked a series of questions about their living arrangements and preferences. Corresponding questions were also asked of family members and caregivers about their family member or senior they care for that lived independently, with or without support (n=62).

When asked whom they lived with, one-third (33%) of seniors reported living alone, while two-thirds (67%) lived with their spouses, partners or friends. Family members and caregivers reported the opposite pattern, with the majority reporting that the senior they assisted lived alone (68%) as opposed to living with their spouse or friends (32%).

When asked if they rented or owned their homes, most seniors reported owning their home with no mortgage (60%), followed by those who own their home but have a mortgage (23%) and those who are renters (11%).⁷⁷ Family members and caregivers reported a similar pattern, but with fewer home owners (65% compared to 83% reported by seniors themselves)⁷⁸ among seniors assisted by family members and caregivers (52% owned their home without a mortgage, 13% owned their home with a mortgage, and 27% were renters).



33% live alone



83%
are homeowners

84% want to remain in their homes as they age

⁷⁸ Difference was statistically significant.





⁷⁶ Figure 15: D2_1: Do you need home support services (either health care or living assistance)? SUBSET: Respondents living with a family member in their home, living independently with no support or living independently with a family caregiver providing support (Seniors). D2_2: Does the senior you care for or your family member need home support services (either health care or living assistance)? SUBSET: Respondents that care for seniors living with a family member in their home, living independently with no support or living independently with them or other family caregiver providing support (Family Members and Caregivers).

⁷⁷ 6% of respondents reported that they "prefer not to say".

3.4.2 Preferred Living Arrangements

From the perspective of both seniors themselves (84%) and family members and caregivers who assist seniors (81%), seniors have a strong preference to remain in their homes as they age. This preference was consistent across the province, with preferences ranging from 84% to 85% across regions.

When asked what the most valuable services or supports that seniors need to support remaining in their homes as they age, top responses varied somewhat across surveyed groups. All surveyed groups agreed that home repairs and maintenance would be valuable (40% among seniors; 34% among family members and caregivers; and 28% among service providers), seniors also frequently mentioned lawncare or gardening (23%), whereas family members and caregivers and service providers highlighted homecare (46% and 44%, respectively) and transportation (13% and 44%, respectively) as top responses. Significant differences in top responses are noted in **Table 18**.

Table 18: Most Valuable Services or Supports for Seniors to Remain in their Homes as they Age – Top Responses by Surveyed Group⁷⁹

	Seniors	Family Members & Caregivers	Service Providers
	(n=558)	(n=109)	(n=39)
Home repairs / maintenance	40%	34%	28%
Lawncare/ Gardening	23%	7%*	15%
None / Nothing	20%	1%*	0%*
Homecare / support	16%	46%*	44%*
Transportation	8%+	13%+	44%

Top three suggestions for each surveyed group are highlighted.

"Don't know" responses are not shown.

*Indicates significant difference with Seniors.

+Indicates significant difference with Service Providers.

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

"Home repairs, meal services, transportation for shopping and appointments or just meeting with others."

- Senior

Representative examples of open-ended responses.

- Senior

⁷⁹ SUBSET: Respondents that prefer to stay in their family home for the rest of their life (Seniors); Respondents that care for a senior or family member that prefer to stay in their family home for the rest of their life (Family Members and Caregivers).





Across the province, there was variation among seniors in their perception of the most valuable services or supports to support them to remain in their homes as they age. Seniors in Central more often mentioned home repairs would be valuable, compared to those in Eastern and Labrador-Grenfell (53% vs 38% and 30%, respectively); and seniors in Labrador-Grenfell less often mentioned lawncare or gardening compared to those in Western (9% vs 30%).⁸⁰

Table 19: Most Valuable Services or Supports for Seniors to Remain in their Homes as they Age – Top Responses by Seniors per Region

	Overall NL (n=558)	Eastern (n=408)	Central (n=70)	Western (n=47)	Labrador - Grenfell (n=33)
Home repairs / maintenance	40%	38%*	53%	40%	30%
Lawncare / Gardening	23%	23%	26%	30%	9%
None / Nothing	20%	21%	11%	28%*	21%
Snow removal	19%	19%	24%	21%	6%
Homecare / support	16%	16%	14%	13%	21%

Top three responses for each region are highlighted.

"Don't know" responses are not shown.

*Indicates significant difference with Central.



Picture taken during Grand Falls-Windsor engagement session on October 5, 2022

⁸⁰ Difference was statistically significant.

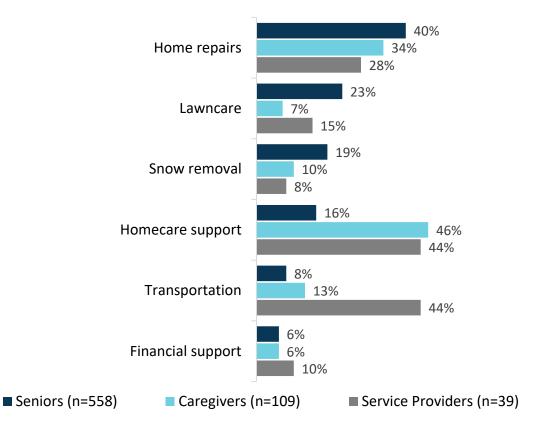




Figure 16: Most Valuable Services or Supports for Seniors to Remain in their Homes as they

Age – Top Mentions⁸¹

(Multiple responses allowed)



Other mentions infrequently mentioned by survey respondents include:

- House cleaning / housekeeping
- Home renovations for accessibility (e.g., bathroom, stairs)
- Access to health care services / family doctor
- Meal support / cooking
- Assistance with cost of heating
- Lower taxes
- Higher pension; and

⁸¹ Figure 16. D6_1: What are the most valuable services or supports you require to support staying in your home? SUBSET: Respondents that prefer to stay in their family home for the rest of their life. Respondents that care for a senior or family member that prefer to stay in their family home for the rest of their life (Family Members and Caregivers). Coded open-ended responses. "Don't know" responses, "Nothing" responses, and responses of ≤5% of seniors are not shown. Percentages may exceed 100% due to multiple responses.





Other mentions including drop-in visitations to check on seniors, access to transportation, and a direct line for seniors to call when they require any kind of support.⁸²

Among seniors who preferred not to stay in their family home for the rest of their life, top responses were apartment or condo (23%), senior or retirement community complex (21%), independent senior cottage (19%), and downsizing in general (18%). Other responses included long-term care (8%) and assisted living (6%), as well as mentions related to accessibility, such as living in a one-level house (without stairs) or having a wheelchair-accessible house. There were also mentions of moving in with a friend and rent controls. A subset of respondents were unsure (6%) or stated that they had no preference (5%).⁸³

3.4.3 Homelessness

Seniors were asked if they, or any seniors they knew, were homeless. Most respondents answered that they were not or didn't know anyone who was homeless (91%). Just under one in ten (9%) said that they knew someone who fit that definition — this was slightly higher in Labrador-Grenfell (15%), but the difference was not statistically significant. Poor health (29%), poor mental health (24%) and affordability (21%) were more frequently mentioned by seniors as the biggest risk factors for seniors not having access to stable, permanent and appropriate housing. See **Figure 17** for top responses.



Picture taken during Labrador West engagement session on December 6, 2022

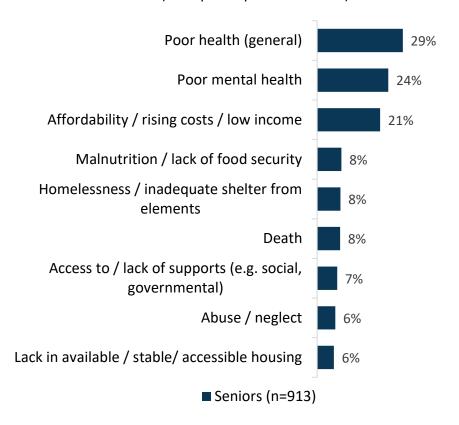
⁸³ Percentages may exceed 100% due to multiple responses.





⁸² All responses provided by 5% or fewer respondents in each surveyed group.

Figure 17: Risk Factors to Stable and Appropriate Housing – Top Mentions ⁸⁴ (Multiple responses allowed)



Other mentions infrequently mentioned by survey respondents include:

- ➤ Loneliness/isolation⁸⁵
- Access to health care⁸⁶
- Safety
- Loss of independence
- Addiction
- Lacking knowledge/information of available resources; and
- Other mentions including a general decline in quality of life, loss of stability, and discrimination against seniors.⁸⁷

⁸⁷ All responses provided by 5% or fewer respondents in each surveyed group.





⁸⁴ Figure 17. D9_1: What do you feel are the biggest risk factors for seniors not having access to stable, permanent and appropriate housing? (Seniors). Coded open-ended responses. "Don't know" responses and responses of ≤5% of seniors are not shown. Percentages may exceed 100% due to multiple responses.

⁸⁵ More frequently mentioned by seniors in Labrador-Grenfell (11%), compared to Eastern (3%). Difference was statistically significant.

⁸⁶ More frequently mentioned by seniors in Labrador-Grenfell (11%), compared to Eastern (3%) and Western (1%). Differences were statistically significant.

"As a senior being alone and forgotten are of great concern. Not having a stable network of friends and family coupled with uncertainty of having a stable home has to be devastating and lead to a feeling of hopelessness."

"Cost of living, not enough to pay the bills or maintenance to make the home ready for senior living."

- Senior

- Senior

Representative examples of open-ended responses.



Picture taken during Clarenville engagement session on October 28, 2022





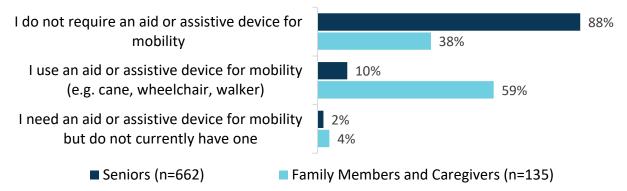
3.5 Transportation

The transportation section of the report describes what challenges seniors from Newfoundland and Labrador face in terms of transportation. Questions in this section covered whether seniors rely on a third party to commute, how often it is a challenge for them to have access to transportation, and what those challenges are.



Close to nine out of ten (88%) seniors who participated in the survey reported not needing aid or an assistive device, such as a cane or wheelchair, for mobility, with 10% reporting that they use a mobility aid, and 2% reporting that they need a mobility aid but do not have one. In contrast, 59% of family members and caregivers reported that their family member or senior they care for use an aid or assistive device for mobility, and 4% said they needed a mobility aid but did not have one. Thirty-eight percent (38%) of family members and caregivers reported that their family member or senior they care for did not need any mobility device.

Figure 18: Need for Mobility Aids⁸⁸



Survey respondents were also asked about access to transportation. Nearly all seniors (96%) reported having access to transportation, with only 4% reporting not having it. Eight in ten (79%) family members and caregivers affirmed that their family member or senior they care for had access to transportation, with 21% saying they did not.

⁸⁸ Figure 18. E1_1: We are now going to ask you questions on your thoughts and experiences about transportation as it relates to seniors. Which of the following best describes you? (Seniors); E1_2: We are now going to ask you questions on your thoughts and experiences about transportation as it relates to seniors. Which of the following best describes your family member or senior you care for? (Family Members and Caregivers).

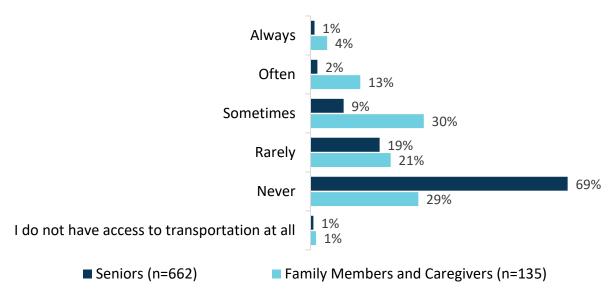




Seniors were asked about their primary mode of transportation. Just under nine in ten (89%) reported owning and driving their car, with 7% saying family or friends provide transportation for them. As for family members caregivers, 56% reported that their family member or senior they care for have a family or friend to provide them with transportation, while 22% own a car.

When asked how often it was a challenge to find transportation, seniors mostly responded 'never' (69%) or 'rarely' (19%), while family members and caregivers were more inclined to answer 'sometimes' (30%).

Figure 19: Frequency of Challenge to Obtaining Transportation⁸⁹



Survey respondents who reported "rarely", "sometimes", "often", and "always" having difficulty obtaining transportation were asked about their challenges. Some survey respondents were unsure (seniors, 19%; family members and caregivers, 26%; service providers, 8%) or could not identify barriers (seniors, 14%; family members and caregivers, 2%; service providers, 3%).

The surveyed groups provided a wide variety of barriers to transportation, from expense concerns (e.g. car repair, fuel and parking) and bad travelling conditions due to weather or poor infrastructure as top mentions for seniors (14% each); whereas top mention for family members and caregivers was being dependent on family or friends for transportation (22%), and top mentions for service providers were inconvient public transportation or cab availability (44%) and expense concerns (41%).

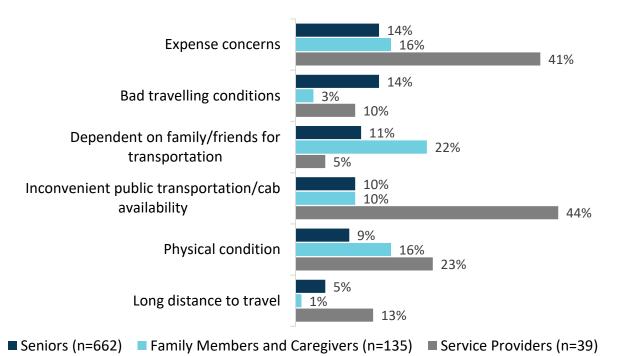
⁸⁹ Figure 19. E4_1: How often is it a challenge for you to obtain transportation to get to the places you would like to go and/or the places you need to go? (Seniors); E4_2: How often is it a challenge for your family member or senior you care for to obtain transportation to get to the places they would like to go and/or the places they need to go? (Family Members and Caregivers).





Figure 20: Barriers to Transportation 90

(Multiple responses allowed)



Other mentions infrequently mentioned by survey respondents include:

- > Owns a vehicle but it's unavailable/in poor condition
- Don't own/can't afford a car
- Don't have driving license; and
- Other mentions included lack of confidence in or disliking driving, difficult access to parking, and the perception that cities are designed for cars.⁹¹

As shown in **Table 20**, barriers to transportation were very similar for seniors across the province.

⁹¹ All responses provided by 5% or fewer respondents in each surveyed group.





⁹⁰ Figure 20. E5_1: What are some of the reasons you do not have access to transportation or find it difficult to obtain transportation? SUBSET: Respondents that don't always have access to transportation. (Seniors); E5_2: What are some of the reasons your family member or senior you care for does not have access to transportation or find it difficult to obtain transportation? (Family Members and Caregivers); E5_3 (Service Providers). Coded open-ended responses. "Don't know" responses, "nothing" responses, and responses of ≤5% of seniors are not shown. Percentages may exceed 100% due to multiple responses.

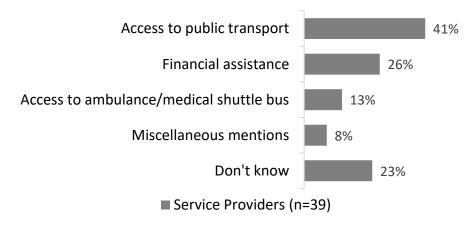
Table 20: Barriers to Transportation Among Respondents that don't Always have Access to Transportation – Top Responses by Seniors per Region

	Overall NL (n=284)	Eastern (n=213)	Central (n=34)	Western (n=19)	Labrador - Grenfell (n=18)
Expense concerns in general (car repairs, fuel, parking, etc.)	14%	14%	21%	11%	17%
Bad travelling conditions (e.g., weather, nighttime, infrastructure, traffic etc.)	14%	14%	12%	21%	11%
Nothing/ No issues	14%	14%	9%	11%	22%
Dependent on family/friends for transportation	11%	8%	21%	21%	11%
Inconvenient public transportation/cab availability (general negative mentions)	10%	10%	12%	5%	11%
Owns a vehicle but it's unavailable/in poor condition	4%	4%	0%	11%	11%

Top three responses for each region are highlighted. "Don't know" responses are not shown.

Service providers were asked about what would support improved access to transportation for seniors in the province. Four in ten (41%) replied access to public transport, while 26% said financial assistance (**Figure 21**), and 23% were unsure.

Figure 21: Ways to Improve Access to Transportation⁹² (Multiple responses allowed)



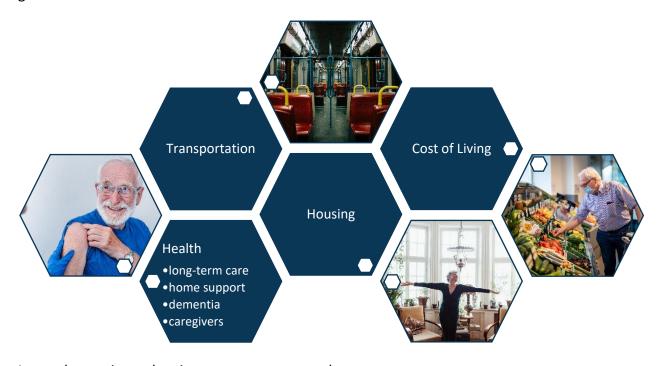
⁹² Figure 21. E1_3: Based on your experience, what would support improved access to transportation for seniors in the province? (Service Providers). Coded open-ended responses. Percentages may exceed 100% due to multiple responses.





4.0 Public Engagement Sessions

Engagement sessions were designed to listen to seniors, family members and caregivers who shared issues, concerns, and challenges faced by seniors. Each session included discussions in four major areas: health, housing, transportation, and cost of living. A series of probing questions were utilized to guide the discussion. See <u>Appendix C</u> and \underline{D} for in-person and online discussion guides.



In each session, the issues, concerns, and challenges faced by seniors in one of the four major areas or others were documented and tracked.

At the end of in-person sessions,⁹³ participants were asked to identify which issues they considered **most important**. In the prioritization task, each participant could vote for a maximum of three issues to prioritize what they felt was most important. Some participants used all three votes for a single issue, and others identified multiple issues with their votes.

The following section summarizes what was heard in the engagement sessions, including in-person and virtual sessions.



15 in-person sessions

- 390 attending
- 655 prioritization votes cast





⁹³ For 13 of 15 sessions in-person sessions participants completed the prioritization task.





4.1 Priorities

Almost half of the most important priorities were related to improving access to health care and addressing health care challenges (48%). Additionally, improving access and quality of long-term care and personal care homes (9%), improving home care and home support (7%), better support for people with dementia and their families (2%), and better support for caregivers (1%) were also cited among the most important priorities – with health care issues overall accounting for two-thirds of the most important priorities (see red colour in **Figure 22** below).

Health Care: Access / address challenges 48% Housing: Address housing issues (excl LTC) Address cost of living challenges LTC / PCH: Improve access and quality Improve home care / home supports Support people with dementia and families 2% Address transportation issues 1% Address challenges to improve quality of life 1% Better support for caregivers 1% Feedback on challenges with government 1% Other Health related Non-health related 6% 66% 14% 13% 1% Health Cost of Living / \$ Transportation Other Housing

Figure 22: Most Important Priorities by Major Topic

See Appendix F for further details on the most important priorities.





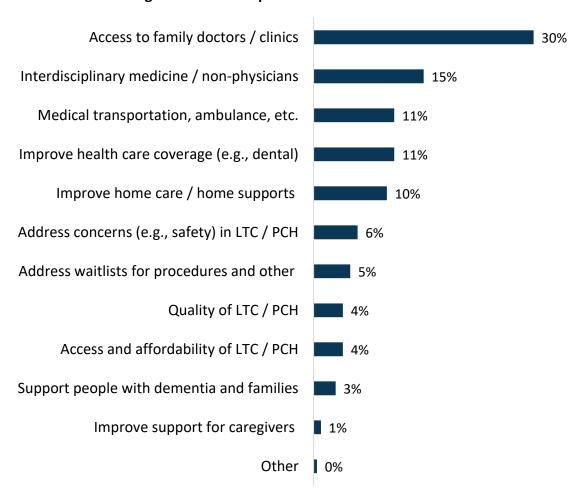
4.2 Health

Health issues impacting seniors were a major focus of conversation in engagement sessions. Priorities tied to health include issues of access and quality, as well as support for caregivers. As shown in **Figure 23**, top priorities within health are related to access to family doctors and clinics, as well as using interdisciplinary medicine and maximizing use of non-physician health professionals.



66% Health

Figure 23: Most Important Priorities within Health







4.2.1 Improving Access to Health Care and Addressing Health Care Challenges

Overwhelmingly, access to health care was a major concern for seniors and their caregivers. The shortage of doctors, especially family physicians, was highlighted as an issue by many participants. Furthermore, wait times for appointments, insufficient walk-in clinic coverage, and limitations on the number of health concerns you could ask your doctor about in a single visit were also concerns impacting access to family doctors. Participants shared a number of concerning anecdotes about seniors' difficulty in accessing care, including: having to call an ambulance to see a doctor and travelling outside the region to see an ophthalmologist. The lack of continuity of care by health care providers was highlighted as a concern. For example, simply renewing a prescription can be a challenge for seniors who no longer have a family doctor, and there is a lack of access to temporary care.

Technology and computer literacy were also mentioned in the context of access to medical care. Virtual doctor appointments were not viewed as a solution for seniors because of computer literacy among that demographic. There was some interest in using online platforms to make doctor's appointments, but the reaction was mixed due to concerns about computer literacy and internet access among seniors in the province.

While lack of access to doctors was a recurring theme, particularly in rural areas, challenges associated with recruiting and retaining doctors were also highlighted by some session participants. Maximizing non-physician health care professionals could help close the gap in health care created by the lack of doctors. Many engagement session participants suggested multidisciplinary or interdisciplinary medicine and collaborative clinics, as well as increasing the scope of

On Access to Health Care

"There are no doctors taking any patients."

"One morning I called a clinic 137 times for 2 hours, and never got an appointment."

"No one's following our health."

"You don't need a physician for everyone that goes through the doors. We aren't using our resources."

"Nurse practitioners are not being used properly. They could free up medical doctors for more intensive things."

"My hearing-aids are costing me \$4,300 and I have to pay 50% up front."

"If I'm having a heart attack, I have to drive (45 minutes). If I call an ambulance, I could be waiting 45 minutes to an hour."

"When you retire, they reduce your hearing-aids and glasses [coverage]. Who needs hearing aids and glasses? Seniors!"

practice for nurse practitioners and pharmacists to help address challenges and improve access to care. Participants often had very positive opinions about nurse practitioners and pharmacists; however, many participants lamented that nurse practitioners were costly and should be covered by MCP. Many participants felt there was an opportunity to better utilize nurse practitioners to help address the doctor shortage and long wait-times. There were also some concerns that the health system should be hiring more nurses, utilizing incentives to recruit nurses, and transitioning nurses from casual to permanent roles.





Several other health care challenges were identified that impacted access to care:

- Emergency services: Participants highlighted long waits in emergency rooms and lack of access to emergency services (e.g., emergency room closed due to staffing challenges), difficulty getting required care (e.g., patient being turned away despite very high blood pressure), or having to travel to receive emergency care.
- Navigating health care system and services: Seniors may not know what health care services exist and how to navigate them. Seniors' navigators could help facilitate access and advocacy (e.g., a senior's Healthline number) and help create a document outlining services available to seniors.
- Transportation challenges to access care: travelling to see specialists, medical transportation, Medical Transportation Assistance Program (MTAP) is inadequate, coverage is insufficient, and paperwork is difficult to navigate and requires doctors' signatures.
- Challenges with ambulances (e.g., ambulance services are overwhelmed).
- Staffing challenges in hospitals: enough beds but not enough health care staff, especially nurses.
- Closing health care services in some regions (e.g., respiratory care unit)
- Difficulty accessing colonoscopies, despite high rates of colon cancer in the province.
- Difficulty accessing specialized physicians (e.g., surgeons).
- Difficulty accessing urgent vision care.
- > Difficulty getting medical assessments to keep a driver's license and the associated costs.
- Slow bloodwork results.

Several other health care challenges were identified that impacted the affordability of health care:

- ➤ Health care coverage for dental, vision, hearing and medication: improve coverage and provide subsidies to assist with gaps in coverage. These were major hurdles for many seniors who often had expensive bills to pay out of pocket due to insufficient coverage.
- Fees to access or transfer medical records.
- > Standardize medical fees for driver's license renewal medical assessment.
- Costs for travel and accommodations for medical specialists (e.g., to St. John's from Labrador).





4.2.2 Improving Access to and Quality of Long-Term Care (LTC) and Personal Care Homes (PCH)

There were several issues identified in relation to LTC and/or PCH. Access and affordability were key concerns for participants who felt that more LTC beds are needed, and LTC and PCH should be more affordable with policies or protections from rent increases. Waitlists for LTC were viewed as problematic, especially since some seniors may have to wait in acute care losing functionality until a bed opens up in LTC. Some services within LTC, such as rehab services, were viewed as insufficient. Separating couples through placement in different LTC facilities was also a problem raised by seniors.

The first available bed policy is an issue for seniors. Participants explained that seniors want to stay close to their community or, better yet, in their own homes.

There were concerns about insufficient training for staff which impacts the quality of care received by seniors. Nutritional needs, care specific for dementia patients, geriatric training, as well as other medical or psychological supports were perceived as gaps in staff training. There were also concerns that staff were underpaid and that the high staff turnover in LTC impacted the continuity of care. Several participants cited specific examples demonstrating that quality care was lacking and residents were being neglected: residents have dirty clothes, staff neglect in taking residents to the bathroom and other hygiene issues, personal items being stolen, concerns about isolation and depression, unsanitary conditions (e.g., mice infestations), etc. Participants reported that families have to advocate for their loved ones in LTC homes in order to receive medical services and care, all while fearing the potential for reprisal to their loved one for speaking out. Several participants emphasized that they do not blame staff, expressing empathy for LTC and personal care home staff and perceiving them as trying their best. Other issues impacting the quality of care that seniors receive include:

On LTC / PCH

"If you are in a personal care home, you're spending all that you have."

"Why are you taking more people if you can't even take care of the ones who are there?"

"It's not just lack of staff. They don't care. In a place like that you expect them to be more compassionate".

"I find the concept of separating a husband and wife to be highly abusive! Now that's the thing that gets me – when they're forced. If they have a choice in the matter, that's okay. But when the government dictates 'you're going here, and you're going there', then that's highly abusive. And one of the things that we're trying to eliminate is senior abuse."

"My husband [in LTC] hasn't got his toenails cut in a year. And whatever he has for his lunch is all over his shirt and they won't change him. He'll sleep in it. And his feet are almost rotting off with ulcers..."

"They asked if she had a pull-up on, she says yes. And they told her to do it in her pull-up. She says 'no I don't want to do it; I want to go to the washroom'...And that is the standard in the seniors' homes.

They don't take them to the washroom, and they make them do it in their pull-up."





- Safety and security concerns (e.g., fear of other residents who are violent)
- Not enough staff
- Not enough programming/activities for people in LTC (e.g., recreational activities)
- Programming/activities are not available to everyone in LTC
- Lack of dental care
- Lack of proper masking/PPE
- > LTC orientation protocol for families
- Lack of respect and dignity

Other concerns surrounding LTC include the following:

- Assessing the level of care required, difficulty in accessing doctors to assess when care level changes (e.g., from level 2 to level 3)
- Doctors not always available for LTC homes
- Doubling up seniors in LTC rooms
- Closing local LTC homes

4.2.3 Improving Home Care / Home Supports

Many participants were concerned about standards surrounding home care and supports, and had questions about the qualifications and training of home care workers. It was suggested that there should be home care training standards such as accreditation programs through colleges. Others noted challenges with the amount/difficulty of paperwork (e.g., hiring an accountant to help with paperwork for home care staff), wait times, difficulty getting home care and finding home care workers, and general confusion on the duties of home care/support workers and the need to clarify and expand the definition of home care.

Some participants noted challenges with home care/support workers:

On Home Care / Home Supports

"What courses do they have?
What qualifies them to look after
people?"

"My wife was given a feeding tube and the lady [homecare staff] had no idea what to do."

"I have a friend who needs home care. She makes phone call after phone call, and no answer."

- Reliability: they may not show up, and there is an expectation that the family will step in to provide care.
- Staff playing on their phone; and
- Insufficient staff supervision.

Despite concerns regarding the quality of care, several participants express fear of complaining and losing home care support. It was also noted that home care/support workers were underpaid and had difficulty getting time off.





4.2.4 Improving Support for People with Dementia and their Families

Several participants expressed the need for better dementia literacy/training among health care professionals. For example, it can be difficult to obtain a diagnosis of Alzheimer's or dementia.

Participants expressed the challenge in obtaining proper care for people with dementia, noting that it can be difficult to find an appropriate facility or properly trained home support.

4.2.5 Improving Support for Caregivers

Family caregiver program benefit is inadequate. Financial support for family caregivers is significantly less than the compensation received by an outside agency for the same care. This is an opportunity for improvement. Respite for family caregivers was also suggested to better support caregivers.

4.2.6 Additional Suggestions to Improve Health Care for Seniors

Additional suggestions to improve health care for seniors:

- Financial support for nursing students (e.g., Government should fund the education of nurses; bursary/incentives for students pursuing nursing; paid practicum).
- Increase number of seats for NL students in MUN medical program.
- Utilize incentives to recruit nurses and doctors, and ensure wages are competitive.
- Vacation/days-off for doctors.
- Specialist doctors visiting regions, instead of seniors travelling for care.
- Allow nurse practitioners to open their own practice and bill MCP.
- Wider scope of practice across nursing, including LPNs and RNs.
- Wider scope of pharmacists, especially regarding medication refills.
- Utilize firefighters trained in first-aid and defibrillators to address gaps in emergency services provided by paramedics and ambulance services.
- Individualized care plans for seniors.
- Social programming for seniors.
- Respite for caregivers.
- Paid family caregiver program.
- More training and support for homecare workers.
- Social programming in LTC available for people with high-care needs (level 3).

On Dementia Support

"I have a friend, he spent 60 years of his life here in (local town). This is his home; he wants to be here. He has early-stage dementia. He's in a home in (province outside NL), his daughter told me a couple of days ago that they found him outside twice in the night because he wants to come home. If there was an assisted living facility here, he could come home. Everyone in this room is friends with him. He wants to be home, but he can't come home because there's nowhere to come home to."

"My wife suffers from dementia.

To try and get a caregiver is like trying to find gold. And when you do get them, they're 19 years old, they're untrained, and they're on their iPhone. How is that going to help my wife? It's endangering my wife."





- Diabetes information and education need to be improved (e.g., get experts/advocates to facilitate diabetes information sessions, what to look for on food labels, etc.)
- Adopt the Scandinavian model of LTC systems.
- Occupational therapists should evaluate the recreational activities that LTCs provide.
- Medical assessments for driver's license renewal to be covered under MCP.
- Remove tourism levy for people seeking accommodations in St. John's for medical reasons.
- Expand the scope of practice of nurses, pharmacists, MRI technicians, etc., to be able to sign off on medical transportation reimbursement programs.
- Free passes from the city for healthy living activities such as bowling and shallow water fitness.

Suggestions

"Someone should take a group into a grocery store and tell them what foods are good and what foods are bad for diabetics. Someone needs to tell me what to do."

"We've got Newfoundlanders who are doctors, and they don't stay here because they'll get more money somewhere else. It's as simple as that.... our government has to look around and be prepared to pay the money that medical practitioners are being paid in other parts of this country, particularly the Maritimes."



Picture taken during Springdale engagement session on November 28, 2022





4.3 Housing

Housing issues impacting seniors centered on access and affordability of seniors housing, as well as the need for assisted living and accommodations for seniors aging in their homes for as long as possible. There were some areas of the province where housing was a larger concern for seniors (e.g., over one-third of participants in the session in Labrador West and onequarter in Deer Lake identified housing issues as one of their top priorities).



14% Housing

Access and affordability of housing were common issues for seniors in the province. Some seniors are interested in downsizing and living in a seniors complex/condo, or in a smaller house or cottage. Key issues were waitlists for seniors' housing, cost of rent exceeding seniors' income, volatility with rent increases, low-income threshold for government rental subsidies, etc. There were concerns that the rental market has been impacted by vacant houses used as short-term rentals such as Airbnb.

Many participants reiterated seniors' desire to age in place. One of the major barriers for seniors who wish to stay in their own homes is home maintenance, which is costly and can be difficult to find/arrange (e.g., plumbers, electricians, etc.). One participant who lives alone expressed discomfort contracting someone that they do not know for home repair and other services. There were some who felt unsafe in their homes.

For many seniors, remaining in their homes is possible with the help of family or community members who assist with home maintenance. For other seniors who are more isolated, aging-in-place is not safe without support from the community or family members.

Housing

"\$850 for rent was high two years ago. Now rentals are \$1250."

"You struggle all your life, pay for a house, now you're going to rent someone else's house and pay for his mortgage for him?"

"As long as I can stay in my home,
I'll be okay. I want to age in my
own home."

"You have to pay 'big time' for home repairs. And paying 'big time' on a fixed income is a joke."

"We're all going to be looking for a place to stay. We can't afford these elaborate buildings that are going up all over the city."





Suggested accommodations and support to help seniors with home maintenance include contracting and covering the cost of:

- Snow removal
- Yard maintenance
- Housing repair/maintenance

There were several mentions of assisted living, where seniors can receive some assistance with daily activities, and disappointment that assisted living was not available in some communities.

Low-income seniors living in St. John's discussed several issues related to housing. Overall, poor living conditions was a major issue. These seniors mentioned poor condition of the apartments they lived in (e.g., mold, bad smell, dirty, rats in building, black water, old carpet, buckets used to catch water from leaks instead of repairs, not accessible), having no/limited other options available to them, and feeling that no one cares enough to make improvements to their homes. There is a belief among these seniors that NL Housing is not doing enough for them. They want comfort, not just a roof over their head, but there are no other options available. Personal safety was also highlighted among this group, with seniors reporting issues such as constantly having break-ins in their homes and having personal items and medications stolen, and worrying about retaliation if they call the police. Finally, access to affordable housing was also highlighted as there are long wait periods for NL Housing.

4.3.1 Additional Suggestions for Housing

Additional suggestions to improve housing for seniors:

- Rent freeze: policy that prohibits landlords from raising rent
- Raise income threshold for government rental subsidies
- Home first philosophy: Prioritize services that enable seniors to age in their home
- Community program that organizes volunteers to support seniors aging-in-place (e.g., snow removal, lawn care, home repairs/maintenance)
- Government rebates and subsidies for seniors for home repair/maintenance
- Improve rebate for heat pump installation
- Affordable apartment building designated for seniors 75+
- Assistance for navigating systems like bills, appointments, and other items
- Need diverse housing options for seniors
- Need smaller homes or cottages that are accessible, accommodate wheelchairs and other accessibility issues.





4.4 Cost of Living

There was major agreement across engagement sessions that the cost of living is a challenge for seniors and that seniors' pensions are not on par with the cost of living, and that they are near the poverty line. In many cases, seniors are cutting back on groceries or other essentials to make ends meet or having to resort to using credit cards for unexpected expenses.



13% Cost of Living / \$

Key issues associated with cost of living challenges are groceries, utilities (oil, electricity, wood), rent, and gas. There were some real concerns among participants about price gouging for groceries. Many indicated that they could not afford to eat healthy with groceries being so expensive, requiring cutting back on meat and home cooked meals.

The costs associated with recreation activities were also highlighted as an issue for seniors. Some seniors mentioned that they were able to participate in recreation activities only because of funding to community organizations that enable organizations to host activities, and they wouldn't be able to afford to attend otherwise.

There was also feedback that those on a CPP disability pension are denied their benefit when they turn 65, which results in a major reduction in income, and old age pension does not make up for the loss of disability pension.

Low-income seniors living in St. John's discussed several issues related to cost of living. The cost of housing was a key issue. Seniors reported that rent

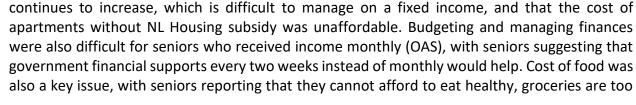
Cost of Living

"Two years ago, a chicken was \$5 dollars, now it's \$18 on a good day."

"Government doesn't realize how bad it is."

"We're getting to that point where we're having to choose between putting food on the table and heating our house."

"We have seniors who have to share medication, because they can't afford the cost of their medication. There are drastic things happening behind the scenes. There are seniors in very desperate situations in our town right now."







expensive, they can't afford meat nor to cook meals. The cost of recreation activities was also mentioned, with some seniors reporting that they have been able to participate only because of funding to community organization to enable organization to host activity, they wouldn't be able to afford to attend on their own.

4.4.1 Additional Suggestions for Cost of Living

Additional suggestions to improve the costs of living for seniors:

- Raise seniors fixed income to match cost of living increase.
- Tax breaks and rebates (or improve rebates) on:
 - o gas, oil, and propane prices
 - o groceries.
- ➤ Lower the income threshold for \$500 Canada housing benefit to distribute more money to people with lower incomes.
- Remove tourism levy for seniors.
- Programming that provides free, community-made, delivered meals to seniors.
- Higher-income threshold for various government programs.
- Increase Guaranteed Income Supplement (GIS).
- Government assistance with debt for seniors.
- Government setting rates for fees.
- Resolve issues with denied benefits (e.g., CPP death benefit denied).
- Isolation allowance.
- Universal basic income.



Picture taken during Springdale engagement session on November 30, 2022





4.5 Transportation

Compared to health, housing, and cost of living, transportation issues were not a major topic of discussion in the Many engagement sessions. participants did not feel that transportation was a major issue for seniors, in part due to friends or family in the community providing support with transportation when needed. A few challenges and solutions were provided across sessions, including increasing accessible seniors' transportation in communities, including age-friendly taxis and public transit. For some seniors, this presents to attend challenge medical appointments.



1% Transportation

Some participants in the St. John's Metro area mentioned difficulty with public transportation in terms of both wait times and routes. Key destinations such as the mall and Costco should be more convenient to access via public transit. However, feedback on the GoBus was mixed, some were positive, and others indicated that waits were long and that it required an app, which is a barrier for some seniors who are not comfortable with technology.

Outside of the St. John's Metro area, public transportation is more limited. Some larger centres had access to services such as a seniors bus or taxi, while in most other areas seniors relied on family and friends. Where a seniors bus is available, most rely on volunteer drivers and more volunteers were reportedly needed to continue providing these services. Participants highlighted that seniors without family support and limited social connections need help with transportation, which may impact their ability to attend appointments. Additionally, the transportation that is available may not be accessible for persons with disabilities (e.g., taxis that are not wheelchair accessible).

Transportation

"Thank God we have the GoBus."

"We [town] have a yard full of school busses. Why can't government assign a few of those?"

"I had a senior call me a while ago who had an appointment out in St. Johns, he doesn't have a Visa, doesn't have any credit card, he didn't have any money. I went to people I knew who were kind enough to give their airmiles to get him to his appointment."

"The taxi station is closed more than it's open."





As highlighted in the health section (4.2 Health), costs related to accessing medical services in St. John's, or other urban areas, was noted as a challenge for seniors in rural areas of the province who faced expenses due to transportation and accommodations. One suggestion to allieviate the impact of costs to receive medical services was to remove the tourism levy for people seeking accommodations for medical reasons. The Medical Transportation Assistance Program was noted as inadequate by many participants, who highlighted challenges with insufficient coverage and doctors refusing to complete the forms (pre-pay airfare program and post-travel reimbursement) which require completion by a doctor.

The cost of taxis was also noted as being too high, and it was suggested that there should be a reduced rate for seniors.

4.5.1 Additional Suggestions for Transportation

Additional suggestions to address transportation challenges include:

- Refurbishing unused school busses for seniors' accessible transportation
- Improve medical transportation and increase awareness of medical transportation program
- Seniors bus
- Improve road conditions





4.6 Other Concerns

A variety of other issues were raised that did not fit into the broader themes of health, housing, cost of living, and transportation. These include various issues related to the quality of life (e.g., loneliness, social integration), specific comments or criticism of the government not doing enough for seniors (e.g., government not spending money wisely), and a variety of very specific suggestions.



6% Other

One recurring theme centred on navigation and lack of knowledge among seniors on programs and services that they could avail of. Several participants suggested that a seniors navigator service would be beneficial. This could include a book or guide of all programs and services for seniors and some kind of service for navigating systems, including health care.

A few participants also suggested that financial abuse and fraud targeting seniors is an issue and that there could be better education for seniors on this topic.

There was also a recurring theme of seniors worrying about being a burden on their families. Others suggested that the media was unfairly portraying

Other Concerns

"We need each other."

"Seniors are lonely. They're alone a lot."

"I support the government with my taxes. What's being said in the media has to change. People see us as costing them too much. I'd like more dignity and respect for seniors."

seniors as a tax burden. Also, ageism, particularly in the workplace, needs to be addressed.

Suggestions about intergenerational programs, such as snow removal for seniors as school credits, were positively received.

Technology support for seniors would be beneficial. It was suggested that a technology support person at libraries would be useful for seniors to consult if they have an issue with their device (e.g., laptop, phone).

Tied to the issue of loneliness, there was a suggestion of community check-ins for seniors, where a service/group would call seniors who live alone every morning to check-in.

It was suggested to adopt socialized models from Scandinavian countries of senior care. This could include a secure community for seniors, incorporated with a community clinic that has all levels of care (e.g., physiotherapy, doctor, nurses).





5.0 Key Findings

Throughout this engagement process, seniors, family members and caregivers, and service providers were consulted by various means including in person sessions, online sessions and surveys, about their views on various issues areas affecting the lives of seniors living in Newfoundland and Labrador. Key issue areas included health care, housing, transportation, and cost of living. The key findings from the survey and public engagement sessions are outlined below.



Health care and cost of living are the top priority areas needing improvements according to seniors.



In terms of health care, access to family doctors and increasing the scope of practice for health professionals for primary health care were the most important issue to be addressed.

Health issues for seniors included improving access to health care and addressing health care challenges, including access and quality of LTC and PCH, home support, better support for people with dementia and their families, and better support for caregivers.



For long-term care, seniors frequently discussed the need of increasing staff levels, the number of spaces or available facilities, and standards of care impacting quality of life of seniors. As for home support, adequate staffing levels and better trained workers were important improvement areas.



About one-third of seniors in NL do not have enough income. In terms of cost of living, respondents reported the need for financial assistance, insufficient benefits and pension, and the need for lower taxes for seniors as key issue areas.

Seniors reported cutting back or cutting out social events, medical devices and healthy food due to not having enough income.







Seniors who desire to age at their homes often reported general home maintenance such as repairs and snow clearing as needed supports for them to remain in their homes as they age. Affordability was also a common issue.

For caregivers and service providers, seniors also needed home care support in order to remain in their homes as they age.



For seniors who face challenges to access transportation the main problems were expense concerns, bad travelling conditions and being dependent on family and friends.



Other topics frequently mentioned that didn't fit under health, cost of living, housing, and transportation included various issues related to the quality of life such as loneliness and social integration. Seniors also worried about being a burden on their families.





Appendix A: Survey Questionnaire

OFFICE OF THE SENIORS ADVOCATE NL: Paper Survey

INSTRUCTIONS TO SENIORS ADVOCATE STAFF

Before sending out a survey – confirm which survey is required. Only send the participant the survey that is appropriate.

When a mail-in survey is requested, ask:

A1.	Which of the following best describes you?
	O Senior [Send Version 1: Seniors Survey]
	O Service provider or organization that supports seniors [Send Version 3: Service Provider Survey]
	O Caregiver or family member responding on behalf of a senior [Send Version 2: Service Provider Survey]





VERSION 1: SENIOR'S SURVEY

INTRODUCTION

Thank you for your interest in providing input to the Newfoundland and Labrador Seniors' Advocate.

The Seniors' Advocate is an independent officer of the House of Assembly with the authority to review systemic matters and make recommendations to the Government that will improve programs, policies, services, or legislation impacting seniors.

The Seniors' Advocate is currently reaching out to seniors across the province to listen, and better understand, the priority issues seniors are facing today. Your feedback will be confidential but will be used to help guide the Office of the Seniors' Advocate NL's (OSA) actions and strategic direction in 2023.

The survey will take 10-15 minutes depending on your responses. Some of the questions require you to write out your responses.

Please <u>return your completed survey by December 01, 2022</u> to the Office of the Seniors' Advocate in one of the following ways:

By Mail: Attn Seniors' Advocate

P.O. Box 13033

St. John's NL A1B 3V8

By Fax: (709) 729-6630

Scan & Return by Email: SeniorsAdvocate@SeniorsAdvocateNL.ca

If you have any questions, please reach out toll-free at 1-833-729-6603

MARKING INSTRUCTIONS:

Please **fill in** \bullet **or place a check** \varnothing **in the circle** to indicate your response. Thank you!





A2.	Are you the caregiver of a senior?	
	O Yes	O No
A3.	In what region of the province do you curre	ently live?
	O St. John's & Metro area	O Central
	O Avalon Peninsula (not including St.	O Western
	John's)	O Northern Peninsula
	Bonavista Peninsula including Clarenville area	O Labrador
	O Burin Peninsula	O I do not currently live in NL
A4.	In which of the following categories does ye	our age fall?
	O Under 50	O 75-79
	O 50-54	O 80-84
	O 55-59	○ 85-89
	O 60-64	O 90-94
	O 65-69	O 95 or over
	O 70-74	O Don't know/Prefer not to say
SECTI	ON B: PRIORITIES	
	you could choose one thing that would <u>signifoundland and Labrador</u> , what would it be?	ficantly improve the lives of seniors in
_		



SECTION A:



The Office of the Seniors Advocate consulted with seniors in the province in 2019. This work, along with other feedback received from seniors and support organizations in the past two years, informed the development of a number of high-level action areas listed below.

The OSA is seeking to understand seniors' priorities to help direct their efforts and focus on the most critical issues.

	the below list of action areas in order from 1 to 8, where 1 is the highest priority and west priority.
	Improving access and quality of care in long-term care (and personal care homes)
	Removing barriers to home support
	Providing supports for family caregivers
	Providing alternative or short-term solutions for some health care needs to improve access to Health Care
	Supporting seniors with the goal to age well in their home
	Addressing risk of homelessness among seniors
	Improving access to transportation
	Addressing cost of living challenges
B2.1 Are t	here any other actions that you feel should be a priority?
□ Do	on't know





SECTION C: HEALTH

We're now going to ask you about your thoughts and experiences as it relates to health care for seniors.

C1. What would you like to see changed or enhanced to <u>improve quality and/or access to long-term care in NL</u> ?
☐ Don't know
C2. What do you think would be most helpful to improve quality and/or access to home support?
☐ Don't know
C3. What would you like to see changed or improved to better provide support for people living with dementia?
☐ Don't know





Access to health care is an important issue that is being worked on in the province. The Seniors' Advocate wants to better understand where limited access is causing the most challenges in seniors consistent and everyday health care needs.

C4. What regular health care so not being met with the consist	-	_	
☐ Don't know			
C5. What would be most helpfo	ıl to better support fam	nily caregivers?	
☐ Don't know			





SECTION D: HOUSING

We're now going to ask you some questions related to your thoughts and experiences as it relates to housing for seniors.

D1. Which of the below best describes your living arrangement, are you currently living
O with a family member in their home
O independently with no support
O independently with family caregiver providing support
O independently with formal/professional home care support
O in a long-term care, personal care home or assisted living facility
O other, please specify
If you <u>do not</u> currently have formal or professional home care support or you <u>do not</u> currently live in long term care, a personal care home or in an assisted living facility, please proceed to question D2.
D1.A How satisfied are you with your current living situation?
O Very satisfied
O Satisfied
O Neither satisfied nor dissatisfied
O Dissatisfied
O Very dissatisfied
D1.B If you are dissatisfied with your current living situation, what would you change?
☐ Don't know





If you currently have formal or professional home care support or live in long term care, a personal care home or in an assisted living facility, please proceed to question D8.





D6. If it <u>is your preference</u> to stay in your family home for the rest of your life, what are the most valuable services or supports you require to support staying in your home (e.g. home
repairs, home support, lawn care, transportation, etc.)?
☐ Don't know
D7. If it is not your preference to stay in your family home for the rest of your life, what living
arrangements do you prefer/require?
☐ Don't know
D8. Homelessness is defined as: the situation of someone who is without stable, permanent, and appropriate housing. Do you or any senior you know fit this definition?
O Yes
O No
D9. What do you feel are the biggest risk factors for seniors not having access to stable, permanent, and appropriate housing?
☐ Don't know





SECTION E: TRANSPORTATION

We are now going to ask you questions on your thoughts and experiences about transportation as it relates to seniors.

E1. Which of the following best describes you	
O I use an aid or assistive device for mobility (e.g. cane, wheelchair, walker)	
O I need an aid or assistive device for mobility but do not currently have one	
O I do not require an aid or assistive device for mobility	
E2. Do you have access to transportation when you need it?	
O Yes	
O No	
E3. Which of the following best describes your primary mode of transportation?	
O I own a car and drive myself	
igcirc I have family members or friends who provide transportation for me	
I have family members or friends who provide transportation for meI use public transportation	
O I use public transportation	





	w often is it a challenge for you to obtain transportation to get to the places you would go and/or the places you need to go?
	O Always
	O Often
	O Sometimes
	O Rarely
	O Never
	O I do not have access to transportation at all
go and	is a challenge for you to obtain transportation to get to the places you would like to /or the places you need to go, what are some of the reasons you do not have access to ortation or find it difficult to obtain transportation?
	Don't know
SECTIO	N F: COST OF LIVING
	now going to ask you questions on your thoughts and experiences about cost of living as es to seniors.
F1. Con needs?	isidering all sources of income, do you have enough income to meet your financial
0	Yes
0	No
F2. Are needs?	there seniors that you know that do not have enough income to meet their financial
0	Yes
0	No





F3. If you or a senior you know do not have enneeds, what do you feel are some of the reason	
☐ Don't know/Not Applicable	
F4. If you or a senior you know do not have en needs, what challenges do you/they face or in impacted?	
☐ Don't know/Not Applicable	
· · · · · · · · · · · · · · · · · · ·	your financial needs, are there any items that or pay for due to not having enough income to
O Oil/wood	O Transportation
O Power (heat/light)	O Phone/cell phone
O Medications	O Home support
O Mortgage payment	O Medical appointments
O Food	O Medical services/devices (foot care,
O Dietary/special food requirements	hearing aid, glasses, dentures, CPAP machine)
O Internet	Other, please specify
O Social events	
O Personal items	O Not applicable





SECTION G: DEMOGRAPHICS

This is the last section of the survey. We will now ask you some questions about yourself.

G1. Which of the following best describes your employment status? (If you have retired from your primary career but still engage in some employment, please select employed)
O Employed full-time
O Employed part-time
O Unemployed
O Retired
Other, please specify:
G2. If you are employed, are you working because you choose to work or out of necessity to make ends meet?
O Employed because I choose to work
O Employed out of necessity
O Not applicable

G3. Which of the below make up your current household income? Indicate your income sources (check all that apply).

	My income	Spouse or partner's income
Earnings from a current part-time or full-time job		
Employer-Sponsored Retirement or Pension Plan		
Personal Retirement Savings and Investments		
Registered Retirement Savings Plans (RRSP)		
Canada pension plan (CPP) or (QPP)		
Old age security (OAS)		
Guaranteed Income Supplement (GIS)		
Social Security/Government benefits from outside of		
Canada		
Income Support/Social Assistance		
NL Seniors Benefit		
NL Income Supplement		
Other, please specify		
Don't know		
None/Not Applicable		





G4. D	o you identify as:
) Male
) Female
	Prefer to self identify:
	Prefer not to say
G5. V	Which of the following best describes your household income (before taxes) for 2021?
	D Less than \$30,000
) \$30,000 - \$39,999
	\$40,000 - \$59,999
) \$60,000 - \$79,999
) \$80,000 - \$99,999
) \$100,000 - \$119,999
) \$120,000 - \$139,999
	\$140,000 or more
\mathcal{C}	Don't know/Prefer not to say

Thank you for taking the time to participate!

We value your feedback!

If you are interested in learning about, and participating in, upcoming in-person and virtual consultation sessions by the Office of the Seniors' Advocate, please check our website at SeniorsAdvocateNL.ca or call our office at 1-833-729-6603.





VERSION 2: CAREGIVER'S/FAMILY MEMBER SURVEY

INTRODUCTION

Thank you for your interest in providing input to the Newfoundland and Labrador Seniors' Advocate.

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The Seniors' Advocate is currently reaching out to seniors across the province to listen, and better understand, the priority issues seniors are facing today. Your feedback will be confidential but will be used to help guide the Office of the Seniors' Advocate NL's (OSA) actions and strategic direction in 2023.

The survey will take 10-15 minutes depending on your responses. Some of the questions require you to write out your responses.

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St. John's NL A1B 3V8

By Fax: (709) 729-6630

Scan & Return by Email: SeniorsAdvocate@SeniorsAdvocateNL.ca

If you have any questions, please reach out toll-free at 1-833-729-6603

MARKING INSTRUCTIONS:

Please **fill in** \bullet **or place a check** \otimes **in the circle** to indicate your response. Thank you!





	O No
of the province do you curre	ently live?
Metro area	O Central
insula (not including St.	O Western
_	O Northern Peninsula O Labrador
nsula	O I do not currently live in NL
	ries does the senior you care for or your
	O 75-79
	O 80-84
	O 85-89
	O 90-94
	O 95 or over
	O Don't know/Prefer not to say
one thing that would <u>signi</u>	ficantly improve the lives of seniors in
	all?





O Don't know

The Office of the Seniors Advocate consulted with seniors in the province in 2019. This work along with other feedback received from seniors and support organizations in the past two years informed the development of a number of high-level action areas listed below.

The OSA is seeking to understand seniors' priorities to help direct their efforts and focus on the most critical issues.

	the below list of action areas in order from 1 to 8 where 1 is the highest priority and west priority for your family member or the senior you care for.
	Improving access and quality of care in long-term care (and personal care homes)
	Removing barriers to home support
	Providing supports for family caregivers
	Providing alternative or short-term solutions for some health care needs to improve access to Health Care
	Supporting seniors with the goal to age well in their home
	Addressing risk of homelessness among seniors
	Improving access to transportation
	Addressing cost of living challenges
32.1. Are t	there any other action areas you feel should be a priority?
O Do	n't know





SECTION C: HEALTH

C1. Based on your experience, what would you like to quality and/or access to long-term care in NL?	see changed or enhanced to improve
judnity and/or access to long-term care in NL:	
O Don't know	
22. Based on your experience, what do you think wou and/or access to home support for seniors in NL?	ld be most helpful to improve quality
O Don't know	
3. Based on your experience, what would you like to	see changed or improved to better
provide support for people living with dementia?	
O Don't know	





Access to health care is an important issue that is being worked on in the province. The Seniors Advocate wants to better understand where limited access is causing the most challenges in seniors consistent and everyday health care needs.

senior you ca	ular health care services and health care needs does your family member, or the re for, have that are not being met? Or are not being met with the consistency that are necessary for their health?
O Don't	know
C5. Are you a	caregiver as well as a family member?
O Yes	
O No	
C6. If you ans as a caregiver	wered "Yes" to question C5, what would be most helpful to better support you ?
O Don't	know





SECTION D: HOUSING

D1. Which of the below best describes the living arrangement of the senior you care for or your family member?
O Living with a family member in their home
O Living independently with no support
O Living independently with me or other family caregiver providing support
O Living independently with formal/professional home care support
O Living in a long-term care, personal care home or assisted living facility
Other, please specify:
If the senior you care for or family member currently has formal or professional home care support, or currently lives in long term care, a personal care home or in an assisted living facility, please proceed to question D7.
support, or currently lives in long term care, a personal care home or in an assisted living
support, or currently lives in long term care, a personal care home or in an assisted living facility, please proceed to question D7. D2. Does the senior you care for, or your family member need home support services (either
support, or currently lives in long term care, a personal care home or in an assisted living facility, please proceed to question D7. D2. Does the senior you care for, or your family member need home support services (either health care or living assistance)?
support, or currently lives in long term care, a personal care home or in an assisted living facility, please proceed to question D7. D2. Does the senior you care for, or your family member need home support services (either health care or living assistance)? Yes
support, or currently lives in long term care, a personal care home or in an assisted living facility, please proceed to question D7. D2. Does the senior you care for, or your family member need home support services (either health care or living assistance)? Yes
support, or currently lives in long term care, a personal care home or in an assisted living facility, please proceed to question D7. D2. Does the senior you care for, or your family member need home support services (either health care or living assistance)? Yes No Please answer the below questions if the senior your care for or family member lives independently. If the senior you care for or your family member does not live independently,
support, or currently lives in long term care, a personal care home or in an assisted living facility, please proceed to question D7. D2. Does the senior you care for, or your family member need home support services (either health care or living assistance)? Yes No Please answer the below questions if the senior your care for or family member lives independently. If the senior you care for or your family member does not live independently, please proceed to question D7.
support, or currently lives in long term care, a personal care home or in an assisted living facility, please proceed to question D7. D2. Does the senior you care for, or your family member need home support services (either health care or living assistance)? Yes No Please answer the below questions if the senior your care for or family member lives independently. If the senior you care for or your family member does not live independently, please proceed to question D7. D3. Does the senior you care for or your family member
support, or currently lives in long term care, a personal care home or in an assisted living facility, please proceed to question D7. D2. Does the senior you care for, or your family member need home support services (either health care or living assistance)? Yes No Please answer the below questions if the senior your care for or family member lives independently. If the senior you care for or your family member does not live independently, please proceed to question D7. D3. Does the senior you care for or your family member Live alone





D4. Does the senior you care for or your family member currently rent or own their home?
O Rent
O Own with a mortgage
O Own with no mortgage
O Prefer not to say
O Not Applicable
D5. Is it the senior you care for or your family member's preference to stay in their family home for the rest of their life?
O Yes
O No
O Not Applicable
DC If a second (Well form out to DE shall out the count of able on the count of
D6. If you answered "Yes" for question D5, what are the most valuable services or supports the senior you care for or your family member requires to support staying in their home (e.g. home repairs, home support, lawn care, transportation etc.).
the senior you care for or your family member requires to support staying in their home (e.g.
the senior you care for or your family member requires to support staying in their home (e.g.
the senior you care for or your family member requires to support staying in their home (e.g.
the senior you care for or your family member requires to support staying in their home (e.g.
the senior you care for or your family member requires to support staying in their home (e.g. home repairs, home support, lawn care, transportation etc.).
the senior you care for or your family member requires to support staying in their home (e.g. home repairs, home support, lawn care, transportation etc.). O Don't know D7. Homelessness is defined as: the situation of someone who is without stable, permanent and appropriate housing. Does the senior you care for, your family member, or another





SECTION E: TRANSPORTATION

E1. Wh mobili	nich of the following best describes the senior you care for or your family member's ty?
0	Uses an aid or assistive device for mobility (e.g. cane, wheelchair, walker)
0	Requires an aid or assistive device for mobility but does not currently have one
0	Does not require an aid or assistive device for mobility
	es the senior you care for or your family member have access to transportation when eed it?
	O Yes O No
	nich of the following best describes the senior you care for or your family members' ry mode of transportation?
0	They own a car and drive their self
0	A family members or friends provides transportation
0	They use public transportation
0	They do not have access to transportation
0	Other, please specify:
memb	w often would you say it is a challenge for the senior you care for or your family er to obtain transportation to get to the places they would like to go and/or the places eed to go?
0	Always
0	Often
0	Sometimes
0	Rarely
0	Never
0	They do not have access to transportation at all





	ily member has challenges obtaining transportation,
what are some of the reasons you feel th difficult to obtain transportation?	ney do not have access to transportation, or find it
O Don't know	
SECTION F: COST OF LIVING	
F1. Considering all their sources of incommember has enough income to meet the	ne, do you feel the senior you care for or your family eir financial needs?
O Yes	O No
F2. If the senior you care for or your fam their needs, what do you feel are some o	ily member does not have enough income to meet of the reasons?
O Don't know	
F3. If the senior you care for or your fam their needs, how is their life impacted?	ily member does not have enough income to meet
O Don't know/Not applicable	





E4. If the senior you care for or your family me their needs, are there any items that they have due to not having enough income to cover the	e to forego or choose not to purchase or pay for
O Oil/wood	O Transportation
O Power (heat/light)	O Phone/cell phone
O Medications	O Home support
O Mortgage payment	O Medical appointments
O Food	O Medical services/devices (foot care,
O Dietary/special food requirements	hearing aid, glasses, dentures, CPAP machine)
O Internet	Other, please specify
O Social events	
O Personal items	O Not applicable
SECTION G: DEMOGRAPHICS	
G1. What is the employment status of your far individual has retired from their primary caree	mily member or the senior you care for? (If the er but is still engage in some employment,
G1. What is the employment status of your far	
G1. What is the employment status of your far individual has retired from their primary caree please select employed)	
G1. What is the employment status of your far individual has retired from their primary caree please select employed) O Employed full-time	
G1. What is the employment status of your far individual has retired from their primary caree please select employed) O Employed full-time O Employed part-time	
G1. What is the employment status of your far individual has retired from their primary caree please select employed) O Employed full-time O Employed part-time O Unemployed	
G1. What is the employment status of your far individual has retired from their primary caree please select employed) O Employed full-time O Employed part-time O Unemployed O Retired	are for is employed, are they working because
G1. What is the employment status of your far individual has retired from their primary caree please select employed) O Employed full-time O Employed part-time O Unemployed O Retired O Other, please specify: G2. If your family member or the senior you caree	are for is employed, are they working because ke ends meet?





G3	. Does your family member or the senior you care for have a spouse or partner?
	O Yes
	O No
	O Prefer not to say
G4	. Does the family member or senior you care for identify as:
	O Male
	O Female
	O Prefer to self identify
	O Don't know/Prefer not to say

Thank you for taking the time to participate!

We value your feedback!

If you are interested in learning about, and participating in, upcoming in-person and virtual consultation sessions by the Office of the Seniors' Advocate, please check our website at SeniorsAdvocateNL.ca or call our office at 1-833-729-6603.





VERSION 3: SERVICE PROVIDER/SUPPORT ORGANIZATIONS SURVEY

INTRODUCTION

Thank you for your interest in providing input to the Newfoundland and Labrador Seniors' Advocate.

The Seniors' Advocate is an independent officer of the House of Assembly with the authority to review systemic matters and make recommendations to the Government that will improve programs, policies, services, or legislation impacting seniors.

The Seniors' Advocate is currently reaching out to seniors across the province to listen, and better understand, the priority issues seniors are facing today. Your feedback will be confidential but will be used to help guide the Office of the Seniors' Advocate NL's (OSA) actions and strategic direction in 2023.

The survey will take 10-15 minutes depending on your responses. Some of the questions require you to write out your responses.

Please <u>return your completed survey by December 01, 2022</u> to the Office of the Seniors' Advocate in one of the following ways:

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St. John's NL A1B 3V8

By Fax: (709) 729-6630

Scan & Return by Email: SeniorsAdvocate@SeniorsAdvocateNL.ca

If you have any questions, please reach out toll-free at 1-833-729-6603

MARKING INSTRUCTIONS:

Please **fill in** \bullet **or place a check** \otimes **in the circle** to indicate your response. Thank you!





Section	on A	
A2.	Are you the caregiver of a senior?	
	O Yes	O No
А3.	In what region of the province do you curre	ently live?
	O St. John's & Metro area	O Central
	O Avalon Peninsula (not including St. John's)	O Western
		O Northern Peninsula
	Bonavista Peninsula including Clarenville area	O Labrador
	O Burin Peninsula	O I do not currently live in NL
A4.	What is the name of your organization?	
A5.	Briefly describe the <u>mandate of your orga</u> provides.	anization or the services your organization
A6.	What is your role within your organization?	•
_		
0-0-		
	ION B: PRIORITIES you could choose one thing that would signif	icantly improve the lives of seniors in
	foundland and Labrador, what would it be?	icantity improve the lives of semois in
┌	Don't know	





The Office of the Seniors Advocate consulted with seniors in the province in 2019. This work along with other feedback received from seniors and support organizations in the past two years informed the development of a number of high-level action areas listed below.

The OSA is seeking to understand seniors' priorities to help direct their efforts and focus on the most critical issues.

	the below list of action areas in order from 1 to 8 where 1 is the highest priority and west priority for your seniors in the province.
	Improving access and quality of care in long-term care (and personal care homes)
	Removing barriers to home support
	Providing supports for family caregivers
	Providing alternative or short-term solutions for some health care needs to improve access to Health Care
	Supporting seniors with the goal to age well in their home
	Addressing risk of homelessness among seniors
	Improving access to transportation
	Addressing cost of living challenges
B2.1 Are t	here any other actions areas that you feel should be a priority?
☐ Do	on't know





SECTION C: HEALTH

C1. Based on your experience, what would you like to see changed or enhanced to improv
quality and/or access to long-term care in NL?
☐ Don't know
C2. Based on your experience, what do you think would be most helpful to improve qualit
and/or access to home support?
☐ Don't know
3. Based on your experience, what would you like to see changed or improved to better
provide support for people living with dementia?
☐ Don't know





Access to health care is an important issue that is being worked on in the province. The Seniors Advocate wants to better understand where limited access is causing the most challenges in seniors consistent and everyday health care needs.

feel are not being m	net for seniors in NL? Or are not being met with the consistency or exercises are needs do you need to be seniors in NL? Or are not being met with the consistency or exessary to adequately maintain seniors' health in the province.
	cosally to adequately maintain semois median in the province.
☐ Don't know	
C5. Based on your excaregivers?	xperience, what do you think would be most helpful to support family
☐ Don't know	
SECTION D: HOUSIN	G
•	experience, what do you feel are the <u>most valuable services or supports</u> h to age well at home (e.g. home repairs, home support, lawn care,
☐ Don't know	





SECTION E: TRANSPORTATION

E1. Based on your experience, with the province?	vhat would help <u>improve access to transportation</u> for seniors
☐ Don't know	
	what do you feel are some of the reasons seniors do not have I it difficult to obtain transportation?
☐ Don't know	
SECTION F: COST OF LIVING	
F1. Do you feel most seniors yo financial needs?	ur organization supports have enough income to meet their
O Yes	O No
	f the seniors that your organization supports, what do you feel e seniors do not have enough income to meet their needs?
-	
☐ Don't know	





F3. Based on your knowledge of the seniors that your organization supports, how is		
seniors most impacted by not having enough income to meet their needs?		
_		
_		
_		
	Don't know	

Thank you for taking the time to participate!

We value your feedback!

If you are interested in learning about, and participating in, upcoming in-person and virtual consultation sessions by the Office of the Seniors' Advocate, please check our website at SeniorsAdvocateNL.ca or call our office at 1-833-729-6603





Appendix B: Survey Sample Characteristics Seniors

Figure B1: A3_1: In what region of the province do you currently live?

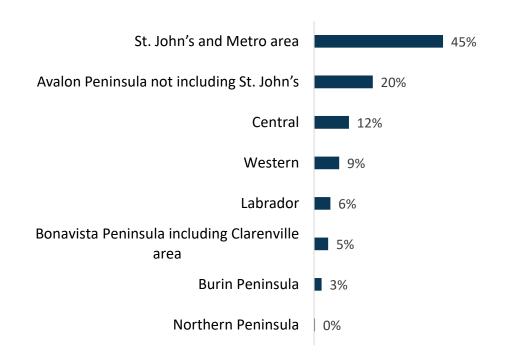


Figure B2: A4_1: In which of the following categories does your age fall?

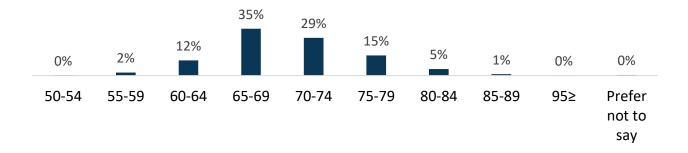






Figure B3: G4_1: Do you identify as:

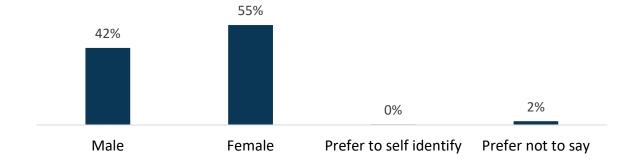
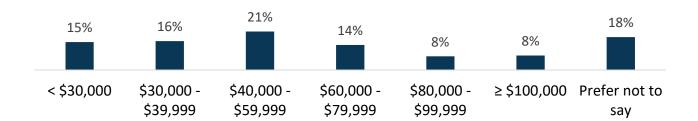


Figure B4: G5_1: Which of the following best describes your household income (before taxes) for 2021...?







Caregivers

Figure B5: A3_2: In what region of the province does your family member or the senior you care for currently live?

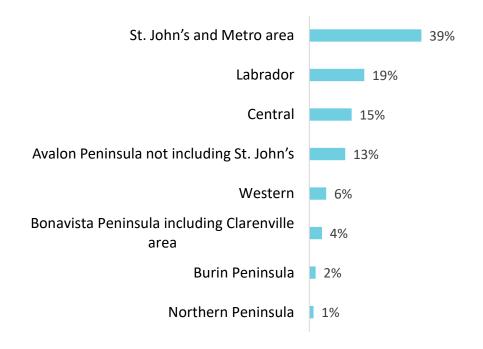


Figure B6: A4_2: In which of the following age categories does the senior you care for or your family members' age fall?

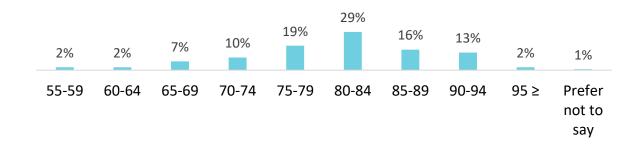
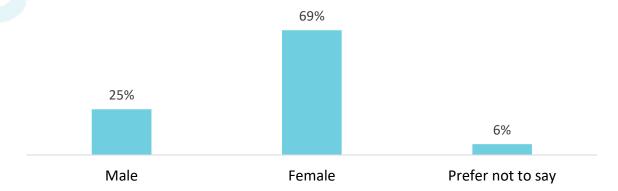




Figure B7: G4_2: Does the family member or senior you care for identify as:







Service Providers

Figure B8: A3_3: In what region of the province does your organization support seniors?

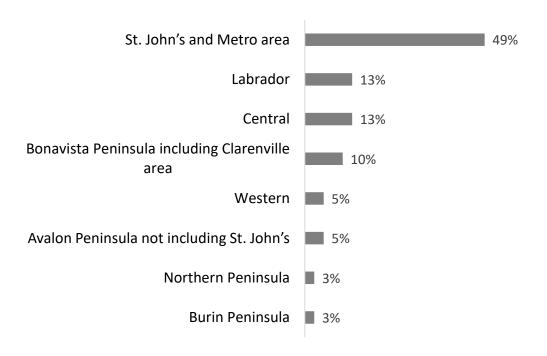
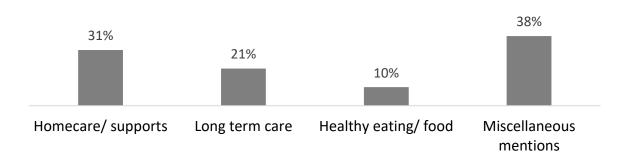


Figure B9: A5_3: Briefly describe the mandate of your organization or the services your organization provides.

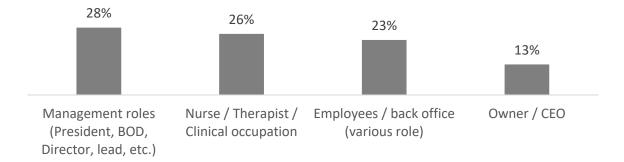


Note: Miscellaneous mentions included mostly seniors' advocacy organizations in various areas such as public transportation, as access to housing. They also included community centers and others.





Figure B10: A6_3: What is your role within your organization?







Appendix C: Public Engagement Guide – In Person

INTRODUCTION (10 minutes)

Thank group for taking the time to attend (1 minute).

Introduction (2 minutes): Grab attention – engage the participants

<u>Setting Expectations (3 minutes): Clarify what participants can expect - what this session is and is not</u>

What - this is a listening session, we are here to get your thoughts on these issues so we can get a better understanding of some of the broader challenges we know seniors are facing. Everything you share will remain confidential, we are conducting a number of these in-person sessions as well as an online survey and online community sessions. There are one pagers available with additional information that you can take with you. We will share back a summary of what we heard throughout this process and it will inform our priorities going forward.

Why - This session is important because it will help us prioritize what actions to take to advocate your behalf. While all the issues raise are important — our focus is on understanding what systemic issues we can tackle that face seniors on the whole as opposed to individual issues.

How – In 2019 we heard from seniors across the province what issues were most important to them, today we're going to ask for your thoughts on these issues and drill down a little to understand better what actions we could take that would make a difference within these issues.

House Rules (4 minutes):

Key points to review

- Remind the Participants that the session is being recorded: just way to take notes
- Confidentiality: No opinion will be shared reporting in aggregate focused on improving not to point fingers
- o Respect for others: Cellphones turn off/set to vibrate if possible
- Indicate that we want everyone to participate and if someone has made a point the facilitator may move the group along in the interest of time but point out the paper and encourage participants to use it to capture their thoughts.





HEALTH (30 minutes)

- 1. What are the primary challenges you face related to health care? (7 minutes)
- 2. Thinking about long-term care specifically. What would you like to see changed or enhanced to improve quality and/or access to long-term care in NL? (5 minutes)

What are your thoughts on oversight of Long-Term care (and personal care homes) to Ensure quality?

Is oversight needed?

In what areas? Where is oversight needed most?

What should it look like?

What are your thoughts on the 1st bed policy related to the placement on list and the requirement to leave alternate level of care?

3. Thinking about home support. What do you think would be most helpful to <u>improve</u> access and/or access to home support? (5 minutes)

Are there any barriers to home support that you experience? What would help address some of these challenges?

4. What would you like to see changed or improved to better provide support for people living with dementia? (3 minutes)

Have you heard of community based, family style living for people with dementia? Why types of things have you heard?

Access to health care is an important issue that is being worked on in the province. The Seniors' Advocate wants to better understand where limited access is causing the most challenges in seniors consistent and everyday health care needs.

5. What regular health care services and health care needs do you have that are not being met? Or are not being met with the consistency or timeliness that is necessary for your health. (5 minutes)

Do you have any conditions that need to be checked on regularly (for example, follow-up care for diabetics – foot clinics, blood pressure, heart monitoring, prescriptions for medication etc.)

What do you think could be accessed by alternative caregivers? (Pharmacy example)





6. What would be most helpful to better support family caregivers? (5 minutes)

Do family members have the knowledge they need to provide care?

What are some of the challenges you feel they face?

Do you have any examples of things that work well in your experience or areas that are a challenge with family members providing care?

HOUSING (15 minutes)

There are many different living arrangements

Is your current housing situation meeting your needs? (5 minutes)

What is working for you?

What is a challenge about your current housing situation?

EXERCISE: If you are living in a family home - on your sticky notes (or paper) just jot down if you would like to stay in your family home for the rest of your life of not and we'll collect that after. (3 minutes)

ALTERNATE EXERCISE: How many people here today are living in a family home? [Show of hands – counted by cofacilitator]. Of those who rose their hands, how many would like to stay in their family home for the rest of your life? [Show of hands – counted by cofacilitator].

For those of you who do not want to stay in your family home for the rest of your life, what living arrangements do you prefer/require? (5 minutes)

What are the most valuable services or supports you require to support staying in your home (e.g. home repairs, home support, lawn care, transportation, etc.) (5 minutes)

- Home repairs
- Home support
- Shoveling
- Lawn care
- Transportation

What do you feel are the biggest risk factors for seniors not having access to stable, permanent, and appropriate housing? (2 minutes)





TRANSPORTATION (10 minutes)

What is your experience with transportation? Are there any challenges?

Is it affordable? Accessible when you need it?

If it is a challenge for you to obtain transportation to got to the places you would like to go and/or the places you need to go, what are some of the reasons you do not have access to transportation or find it difficult to obtain transportation?

COST OF LIVING (10 minutes)

How the costs of living impacted you? (5 minutes)

EXERCISE: If you don't feel comfortable sharing, jot down some of the things that are a challenge, what bills are unpaid, where are sacrificed being made? (2 minutes)

If you do not have enough income to meet your financial needs, what challenges do you face or in what ways is your quality of life impacted? (3 minutes)

What would help?

MISSED ISSUES (10 minutes)

Are there any issues that are more important to you than the ones we have discussed today? Is there anything missing that you think should be a priority?

PRIORITIES (5 minutes)

EXERCISE: We know all these issues are important but one of the main goals for us today is to understand where you want us to focus. There are so many great actions and priorities that our discussion brought up today but we have to choose where to put our energy first.

At each table there are stickers, each person should have 3 stickers. Before you leave please take your stickers and place them on the flip charts next to any of the red actions or priorities you feel are most important. You can spread your stickers out and choose your top 3 priorities or if you feel particularly strongly about one issue you can use all 3 of your sticker on one issue.





Appendix D: Public Engagement Guide - Online

INTRODUCTION (12 minutes)

SLIDE 1: WELCOME AND INTRODUCTION

Thank group for taking the time to attend (1 minute).

Introduction (2 minutes): Grab attention – engage the participants

<u>Setting Expectations (3 minutes): Clarify what participants can expect - what this session is and is not</u>

What - this is a listening session, we are here to get your thoughts on these issues so we can get a better understanding of some of the broader challenges we know seniors are facing. Everything you share will remain confidential, we are conducting a number of these online community sessions as well as an online survey and in-person sessions.

Why - This session is important because it will help us prioritize what actions to take to advocate your behalf. While all the issues raise are important – our focus is on understanding what systemic issues we can tackle that face seniors on the whole as opposed to individual issues.

How – In 2019 we heard from seniors across the province what issues were most important to them, today we're going to ask for your thoughts on these issues and drill down a little to understand better what actions we could take that would make a difference within these issues.

SLIDE 2: HOUSEKEEPING

Zoom Platform Introduction (2 minutes):

House Rules (4 minutes):

Key points to review

- Remind the Participants that the session is being recorded: just way to take notes
- Confidentiality: No opinion will be shared reporting in aggregate focused on improving not to point fingers
- Respect for others: Cellphones turn off/set to vibrate if possible
- Indicate that we want everyone to participate and if someone has made a point the facilitator may move the group along in the interest of time but point out the chat box and encourage participants to use it to capture their thoughts.
- Note that session is limited to 90 minutes, which can go by pretty fast. If you have further input you'd like to share then please also complete the online survey www.NLSeniorsAdvocateSurvey.ca





CONSULTATION QUESTIONS (75 minutes)

Note, if need to pivot from health: I understand that health care is an important topic. In the interest of time, I also want to make sure we touch on some other topics. So, let's take some time to discuss other areas, aside from health, to ensure that we understand challenges in other areas which are important to seniors.

7. What do you see as the primary challenges faced by seniors in NL? (45 minutes)

(First 30 minutes – top of mind responses)

(Last 15 minutes - probe as needed to ensure all topics are raised)

- Health
- Housing
- Transportation
- Cost of Living
- 8. Thinking about those challenges we've discussed in [insert topics discussed health care, cost of living, etc.] how do we address those challenges? What would you like to see changed? (20 minutes)

Probe as needed:

Health

- What would you like to see changed or enhanced to improve quality and/or access to long-term care in NL? Oversight? 1st bed policy
- What do you think would be most helpful to improve access and/or access to home support?
- What would you like to see changed or improved to better provide support for people living with dementia? Have you heard of community based, family style living for people with dementia?
- Are there regular health care services and health care needs that you think could be accessed by alternative caregivers?
- What would be most helpful to better support family caregivers

Housing

How many people here today are living in a family home & how many would like
to stay in their family home for the rest of your life? What are the most valuable
services or supports you require to support staying in your home (e.g. home
repairs, home support, lawn care, transportation, etc.)





Transportation

• What would help improve transportation challenges such as accessibility or affordability? How could transportation be improved?

Cost of Living

- What would help improve cost of living challenges?
- 9. Thinking about all the issues, challenges, and changes that we have discussed today. What do you think should be the top priority for the Office of the Seniors Advocate? (10 minutes)

CLOSING (3 minutes)

Thank for participating

Provide contact information for the office & link to survey for further input





Appendix E: Public Engagement Sessions Information

In-person Sessions:

Clarenville: September 28, 2022, 2PM – 3:30 PM - Bill Davis Chalet, 44 Tilleys Rd, Clarenville, NL A5A 1Z2

Gander: October 4, 2022, 10AM – 11:30AM - Lion's Club, 29 Memorial Dr, Gander, NL A1V 1A3

Grand Falls-Windsor: October 5, 2022 11AM – 12:30PM - Exploits Valley 50+ Club, 25 Edwards Pl, Grand Falls-Windsor, NL A2A 2R2

St. John's: October 6, 2022, 7PM – 8:30PM - St John's Retired Citizens Association, 10 Bennett Ave, St. John's, NL A1E 1R1

St. John's: November 23, 2022, 2PM – 3:30PM - Stella's Circle, 142 Military Rd, St. John's, NL A1C 2E6

St. John's: November 24, 2022, 9AM-10:30AM - The Gathering Place 172 Military Rd, St. John's, NL A1C 2E8

Mount Pearl: November 24, 2022, 2PM – 3:30PM - Mount Pearl Seniors Independence Group, Park Place, 61 Park Ave, Mount Pearl, NL A1N 1J4

Springdale: November 28, 2022, 2:30PM - 4PM - Manuel Hall, 13 Grant Ave, Springdale, NL A0J 1TO

Deer Lake: November 29, 2022, 10AM - 11:30AM - Caribou 50+Club, 8 Main St S, Deer Lake, NL

Corner Brook: November 29, 2022, 1:30PM - 3PM - Senior Citizens Echo Club, 103 West St, Corner Brook, NL A2H 2Y6

Stephenville: November 30, 2022, 1:30PM – 3PM - Seniors 50+ Club, 139 Queen St, Stephenville, NL A2N 3B2

St. John's: December 5, 2022, 9:30AM – 11AM - NL Public Sector Pensioners' Association & NL Seniors' Coalition, Comfort Hotel and Conference Room, 106 Airport Rd, St. John's, NL A1A 4Y3

Labrador West: December 6, 2022, 1:30PM - 3PM - Twin Cities 50+ Club, 1 Sutton Way, Labrador City, NL A2V 1L7

Goose Bay: December 7, 2022, 2PM-3:30PM - Masonic Lodge, 377 Hamilton River Rd, Happy Valley-Goose Bay, NL A0P 1S0

Mount Pearl: January 12, 2023 - Masonic Park - 115 Mt Carson Ave, Mount Pearl, NL A1N 0G1





Virtual Sessions (Zoom):

November 1, 7PM – 8:30PM

November 22, 9:30AM - 11AM





Appendix F: Public Engagement Sessions Most Important Priorities Analysis

Engagement session participants were asked to identify the top three priorities that they considered most important. As shown in the table below, participants highlighted a variety of priority areas — with many of them related to health care access and addressing challenges in health care, LTC / PCH, home supports, and other areas tied to health.

Table F1: Most Important Priority - Summary

Priority	#	%
Health Related Priorities	433	66%
Improve access to health care and address health care challenges	316	48%
LTC / PCH: Improve access and quality	57	9%
Improve home care / home supports	43	7%
Better support for people with dementia and their families	12	2%
Better support for caregivers	5	1%
Non-Health Related Priorities	222	34%
Address housing issues (excluding LTC/PCH)	89	14%
Address cost of living challenges	86	13%
Address transportation issues	8	1%
Address challenges to improve quality of life	8	1%
Feedback on challenges with government / criticism of government	4	1%
Various specific suggestions	20	3%
Other	7	1%
Note: Date colleged agreed and all accions A total of 274 in dividuals positionation		•

Note: Data collapsed across all sessions. A total of 374 individuals participating across engagement sessions, with a maximum of 3 votes each to identify priorities across all areas. Total votes cast = 655

A full list of priorities organized by major topic area are provided below in Table F2 for health-related priorities (66%) and Table F3 for non-health related priorities (34%).





Table F2: Most Important Priority – Health Related Priorities (66%)

Priority	#	%
Improve access to health care and address health care challenges	316	48%
Access to family doctors / clinics	131	20%
Family doctors / Doctor shortage / Lack of access to doctors	63	10%
Doctor wait-times / Difficulty getting doctor appointments	18	3%
15-minute limit for doctor appointments → should be extended 30 min for	4-	201
seniors / Some GPs only allow 1-2 issues per visit	17	3%
Access to family doctors (using other health care professionals, no	1.4	20/
communication to patients)	14	2%
Walk-in clinics / Clinics open daily	13	2%
Retaining doctors / Doctor incentives → retention and recruitment	6	1%
Interdisciplinary medicine and maximizing non-physician health care	C 4	100/
professionals	64	10%
Collaborative clinic / Clinics with multidisciplinary health care staff / More	20	4%
accessible interdisciplinary clinics	29	4%
Hire more nurses/doctors not staying in province	14	2%
Other health care professionals / Accessing other HC professionals instead of	9	1%
doctors	9	170
Pharmacists and nurse practitioners → expand scope of practice	5	1%
Nurse practitioners / Widen scope of practice for nurse practitioners	5	1%
Nurses can do more thinking outside the box	1	0%
Pharmacists should be able to fill prescriptions	1	0%
Medical transportation, ambulance, and travelling for specialists	48	7%
Issues around specialist doctors: no local specialists, costs associated with travel	10	20/
for seeing specialist	19	3%
Medical transportation	18	3%
Ambulances / Ambulance issues / Cost of ambulance	11	2%
Improve health care coverage: dental, vision, hearing, & medication	48	7%
Coverage and cost for dental, vision, hearing: Cost of dental, no dental		
coverage / Dental + Hearing-Aids / Hearing aids/glasses/dental (high costs,	44	7%
should be insured)		
Insurance not covering medications / Wider MCP coverage	4	1%
Address waitlists for procedures and other difficulties within health care system	23	4%
Long waits ER	7	1%
Long waits for tests, surgeries, appointments, eye-care	5	1%
Driver's medicals	4	1%
Eye care waitlists / Vision care	3	0%
Patient-advocates	3	0%
Health care: Staff not masking	1	0%
Other	2	0%
No general surgeon	1	0%





Priority	#	%
Training for other health care professionals	1	0%
LTC / PCH: Improve access and quality	57	9%
Safety and other concerns	24	4%
LTC/PCH: Fear of other residents, incompatible roommates / Having patients stay in rooms together (co-ed, advanced dementia)	16	2%
Couples separated	6	1%
LTC → more dementia friendly	2	0%
Access and affordability of LTC / PCH	16	2%
First available bed -> waiting in acute care / LTC → not enough beds, need rehab services, long wait in acute care while waiting for LTC bed / LTC beds not available / LTC waitlists	14	2%
(LTC) \$150 allowance is not enough / Paying for LTC	2	0%
Quality of LTC / PCH	17	3%
Quality of LTC / Medical and psychological support neglected in LTC / Seniors treated poorly in LTC/PCH / Lack of compassion/care from staff	10	2%
LTC staff (turnover, no staff)	7	1%
Improve home care / home supports	43	7%
Home Support: lack of training, too much paperwork	12	2%
(Home supports) Accreditation for professionals / Need more training/certification	8	1%
Homecare / Home support	7	1%
Home support/ homecare: hard to find staff, no agencies, payroll responsibility of the family	6	1%
Lack of staff mandates in homecare / Lack of contribution from staff	5	1%
Subsidized home support for seniors with lower incomes	2	0%
Long wait	1	0%
Need measures to age-in-place without resorting to home support	1	0%
(Home supports) Duties -> definition of what 'home support' means	1	0%
Better support for people with dementia and their families	12	2%
Mental health / dementia plan	6	1%
Dementia training + education	3	0%
Dementia care literacy for staff / caregiver support	2	0%
(Dementia) Place to stay when partner lives elsewhere	1	0%
Better support for caregivers	5	1%
Caregivers need support	3	0%
Availability for help	2	0%
OTHER	7	1%





Table F3: Most Important Priority – Non-Health Related Priorities (34%)

Priority	#	%
Address housing issues (excluding LTC/PCH)	89	14%
Housing: Lack of seniors' housing, need for assisted living (reminders to take pills, pay bills, low-level care), housing demand high	33	5%
Affordability of seniors housing: Condos at high costs / Downsizing at even cost of small homes too expensive / Affordable senior's apartment building	17	3%
Assisted living (reminders to take pills, pay bills, low-level care)	12	2%
Home repair / Home maintenance: snow clearing, mowing, etc.	11	2%
Availability of seniors housing: Housing - Cottages at long waitlist / Waitlists for apartments/Rental market/Too many Airbnb / Not enough seniors housing	11	2%
Housing: aging at home as long as possible	2	0%
Younger people living in seniors' units	2	0%
Housing	1	0%
Address cost of living challenges	55	13%
Seniors are at poverty level or just above / Higher incomes/pensions for seniors / Cost of living is disproportionate to seniors' income /Pensions not meeting cost of living / Seniors fixed income too low / Cost of Living: Income based cost breaks	37	6%
Cost of food / Cost of groceries	13	2%
Tax break for rising gas/oil/propane prices	12	2%
Cost of gas	5	1%
Higher income thresholds for government programs	4	1%
Debt	4	1%
Death benefit CPP → denied	3	0%
Isolation allowance/benefit	3	0%
Rebates related to cost of living / Cost of groceries	3	0%
Government setting rates for fees	1	0%
Medical rates for staying at motels	1	0%
Address transportation issues	8	1%
Lack of accessible taxis and public transit	2	0%
Accessible public transportation	2	0%
Transportation: accessibility and cost	2	0%
Poor road conditions	2	0%
Address challenges to improve quality of life	8	1%
Snow clearing, mowing (Government contract services for seniors) / Snow clearing	3	0%
Loneliness / quality of life	3	0%
Single seniors	2	0%
Feedback on challenges with government / criticism of government	4	1%
Erosion of public health services	2	0%
Communication issues between government and public	1	0%





Priority	#	%
Government not spending money wisely	1	0%
Various specific suggestions	20	3%
Seniors Navigator: Need a book/guide of all programs and services for seniors / Seniors Navigator / Navigating systems /Support navigating systems	12	2%
Government support needed for professional training (monetary incentives)	3	0%
\$ from sugar tax to pay medical professionals better wages	2	0%
Diabetes information/education	2	0%
Bursary/incentives for students to do nursing & remain in practice	1	0%
OTHER	7	1%
Moving seniors too much in hospital	3	0%
Non-party government	2	0%
Other: Seniors feel like a burden	1	0%
Understaffed	1	0%







