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Seniors' Report 2026

Monitoring Key Indicators of Seniors' Wellbeing in Newfoundland and Labrador

Office of the
SENIORS' ADVOCATE
Newfoundland and Labrador

Message from the Seniors' Advocate

I am pleased to present the third volume of the **Seniors' Report**, which examines the wellbeing of seniors in Newfoundland and Labrador (NL) across six broad areas: Individual Health, Health Care, Finances, Housing, Transportation, and Safety and Protection. This report brings together indicators and data from the most recent year available, providing an overview of the current circumstances and experiences of seniors throughout the province. Detailed indicator results and supporting information are provided in the accompanying **Seniors' Report 2026 Data Tables.**

As the third volume of this report, the 2026 edition builds on previous years by updating existing indicators with the most recent available data and introducing new indicators and research to provide a more comprehensive picture of seniors' wellbeing. This year, we have reorganized the Health Care section to better reflect a continuum of care approach; recognizing that seniors' needs change over time so programs, services, and providers must work together to ensure coordinated, accessible, and appropriate care at every stage. Seniors should be able to move seamlessly between services and levels of care without unnecessary barriers or gaps in support.

In 2026, the number of seniors in NL reached 141,880, representing 25.7% of the provincial population and the highest proportion of seniors in Canada. This demographic reality brings both responsibility and urgency. While there have been improvements in some indicators, many others show little or no progress, remaining at concerning levels compared with the previous year. Seniors in this province continue to live with the lowest median incomes in Canada, high rates of chronic disease, and ongoing gaps in health care and community supports, including home care, personal care homes, and long term care. These challenges are often amplified in rural and remote communities, where geography, limited resources, and gaps in services can make accessing essential supports particularly difficult. They also reinforce the importance of looking beyond individual indicators and acknowledging how decisions in one area of the system affect outcomes in another.

The findings of this year's report continue to highlight the complex, interconnected factors that influence seniors' wellbeing. Individual health, access to health care, financial security, housing, transportation, and safety do not exist in isolation. Challenges in one area can have significant consequences in another, impacting a person's independence, quality of life, and ability to remain in their community. The **Seniors' Report 2026** provides an opportunity to step back and consider the broader view of seniors' wellbeing in our province. NL's current

demographic profile has been anticipated for many years. We knew that the number and proportion of seniors would continue to grow, as would the demand for programs, services, and supports. Yet, we find ourselves still working to catch up. We should have been better prepared.

Looking ahead, the release of the 2026 Census data, beginning in February 2027, will provide an important opportunity to further examine the changing demographics and circumstances of seniors. This information will help inform next year's volume of this report and support a more complete understanding of the needs of NL's aging population.

The Office of the Seniors' Advocate will continue to advocate for the rights, needs, and wellbeing of seniors throughout the province. This report is intended not only to provide information, but also to encourage discussion, identify areas requiring attention, and support meaningful action to improve the lives of seniors.

Producing a report of this scale requires considerable time, effort, and collaboration. We acknowledge Newfoundland and Labrador Health Services, government departments and agencies, and the many dedicated individuals and organizations whose contributions made this report possible. We sincerely appreciate the cooperation of everyone who provided data, responded to our questions and requests for information, and contributed to this important work.

All the work we do to support today's seniors, will benefit tomorrow's seniors. And these efforts must be a priority, not an afterthought. Every senior has earned the right to feel valued, supported, and safe, with access to the care and services they need to live well. We have a shared responsibility to keep working hard to build a province where we can all age with dignity, independence, and security. This will require meaningful action, strong coordination, and a commitment to keep looking for ways to do better.

Sincerely,



Pamela Dawe, MEd
Seniors' Advocate NL (A)

Acronyms & Abbreviations

ACE	Acute Care for the Elderly
ADL	Activities of Daily Living
ALC	Alternate Level of Care
APA	Adult Protection Act
CCDSS	Canadian Chronic Disease Surveillance System
CCHS	Canadian Community Health Survey
CHSS	Canadian Health Survey on Seniors
CIHI	Canadian Institute for Health Information
CLSA	Canadian Longitudinal Study on Aging
CMHC	Canada Mortgage and Housing Corporation
CMWF	Commonwealth Fund
COVID-19	Coronavirus Disease 2019
CPI	Consumer Price Index
CPP	Canada Pension Plan
DHCS	Department of Health and Community Services
GIS	Guaranteed Income Supplement
HMP	Home Modification Program
IS	Income Support
LTC	Long Term Care
MCP	Newfoundland and Labrador Medical Care Plan
MINT	Multi-specialty INterprofessional Team
MRD	Motor Registration Division
NACI	National Advisory Committee on Immunization
NL	Newfoundland and Labrador
NLHC	Newfoundland and Labrador Housing Corporation
NLHS	Newfoundland and Labrador Health Services
NLMBM	Newfoundland and Labrador Market Basket Measure
NLPDP	Newfoundland and Labrador Prescription Drug Program
NLSA	Newfoundland and Labrador Statistics Agency
OAS	Old Age Security
OCIO	Office of the Chief Information Officer
OSA	Office of the Seniors' Advocate Newfoundland and Labrador
PCHs	Personal Care Homes
PCRs	Protective Community Residences
PCV	Pneumococcal Vaccine
PHRP	Provincial Home Repair Program
ROI	Return on Investment
RCMP	Royal Canadian Mounted Police
RNC	Royal Newfoundland Constabulary
RSV	Respiratory Syncytial Virus

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Note: All tables, charts, and figures are organized by section and listed in the order they appear in the report. Seniors are defined as individuals 65 years of age, or older, unless otherwise specified.

Key Insights

The following key insights are selected findings to illustrate the demographic characteristics and wellbeing of seniors in Newfoundland and Labrador. This is a snapshot; these findings represent just a fraction of the information contained in this report. Additional findings, details, context, and regional variations are presented throughout the report.

Demographics

- In 2026, the population of seniors in NL was 141,880, representing 25.7% of the total population, the highest proportion in Canada.
- It is anticipated that in five years NL's largest age group will be individuals aged 65 to 70.
- By 2035, the number of people aged 80 and over in NL is expected to increase by 66.7% to over 48,000 individuals and comprise 8.5% of the population (compared to 5.3% in 2025).

Individual Health

- One in ten seniors in NL live with no chronic health conditions, half live with three or more.
- In 2024, 45.6% of NL seniors perceived their health as very good or excellent. While higher than the national average of 40.6%, it is lower than the previous year, and considerably lower than in 2022, when it was 54%.
- Food security amongst NL seniors was 87.1% in 2024, an increase from 81.9% in the previous year. Almost 9% of seniors were moderately or severely food insecure in 2024, down from 13% in 2023. Food insecurity among NL seniors remains slightly above the national average.
- In 2024-25, 3.8% of NL's senior population had been diagnosed with Alzheimer's disease or dementia. The percentage of seniors diagnosed with dementia has grown slightly in the last five years. It is estimated that by 2035, 14,000 will be living with dementia.
- The percentage of seniors who perceive their mental health as very good or excellent is higher in NL than the national average, 66.1% and 62.9% respectively.
- The percentage of seniors who have a strong sense of belonging to their community remains notably higher in NL than the national average, 84% and 69.8% respectively.

Health Care

- In 2024, NL had the second lowest rate of seniors connected with a regular health care provider compared to the other nine provinces.
- Data from the Commonwealth Fund survey showed that:
  - 60% of NL seniors reported that when they contacted their usual place of care during regular practice hours, they always or often hear back within the same day.

  - NL performed the worst of all the provinces overall and in three of the four categories (access to care, quality of care and health care outcomes), and below the international average in every category.
  - NL showed improvement in care process compared with the previous survey, moving from last place among all the provinces to seventh place.
- Although some vaccination rates have improved, others have declined.
- Emergency Department data from 2019 to 2024 show that visits by older adults increased across all levels of care, with substantial rise in rural areas. In 2024-25, emergency rooms saw, on average, as many visits per year as there are seniors living in the province. Differences among health zones were substantial.
- In 2025, the percentage of knee replacement, hip replacement and cataract surgeries meeting the wait time benchmarks were 37%, 55% and 71% respectively.
- In 2024-25, more than 3,200 seniors spent time in ALC, accounting for 31.2% of the total time spent in hospital.
- In 2025-26, an average of 425 individuals were waiting each month for admission to a Personal Care Home (PCH).
- In 2025-26, the average number of individuals placed in a PCH per month was 112.8.
- In 2025-26, the rate of evictions from a PCH was 19.3 per 1,000 residents of PCHs, the difference between health zones is noteworthy.
- On average, there were 465 individuals on a waitlist for LTC admission in 2025-26. More individuals are waiting in community than in acute care. The greater number of admissions, however, is from acute care.
- More than one-half of the complaints in LTC received by the DHCS are related to placement/transfer.
- Almost 12% of residents in LTC indicate that they experience pain compared to just 5.5% at the national level. This indicator has slowly declined over the last five years.
- Since 2019-20, worsened depressive mood, decreased from 14.9% to 12.2%.
- During 2024-25, physical restraint use in LTC was higher in NL than the national average, 10.2% and 4.7% respectively, with substantial differences regionally.
- During 2024-25, the potentially inappropriate use of antipsychotics in LTC was higher in NL than the national average: 32.1% in NL compared with 24.4% nationally. The potentially inappropriate use of antipsychotics in NL has been steadily increasing since 2020-21.

Finance

- In 2023, the latest year with data available, the median income of seniors in NL was $29,710 which is a 6.9% increase from the previous year but the lowest increase of all provinces and territories. Provincially, seniors in Central had the lowest median income and Eastern had the highest, closely followed by Labrador Grenfell.
- Among the provinces, NL seniors had the highest dependence on government transfers, accounting for 33% of total income, primarily derived from OAS and GIS. The average of government transfers to total income for all of Canada was 22%.

- In 2024, 44.3% of NL seniors received the GIS, the highest provincial percentage in Canada, while in some rural areas the proportion approached 60%.
- From July 2024 to June 2025 there were 42,174 seniors receiving the maximum NL Income Supplement and 10,137 receiving a partial amount.
- From July 2024 to June 2025 there were 26,778 seniors receiving the full NL Seniors' Benefit and 21,569 receiving a partial benefit.
- The Canadian average age of self-reported retirement in 2025 was 65.4 years old, which is the highest it has been since 1977, when collecting these data began. The lowest reported retirement age was 61 years, in 1998.
- In 2025, 11.9% of seniors were either working or looking for work, with a higher participation rate for younger seniors.

Housing

- The proportion of seniors living independently in owned or rented accommodations is about 95%; about 3% live in personal care homes, and 2% in long term care facilities. About 75% of seniors in NL who are 85 years of age and older continue to live independently.
- Census data from 2021 indicates that 6.1% of NL seniors have a core housing need while the Canadian average for seniors was 22.4%.
- From 2024 to 2025, the cost of shelter in NL is estimated to have increased by 3.6% compared to 3.0% at the national level.
- Since 2020, the average monthly rental price of a two-bedroom apartment in NL increased by 34.2%.
- The number of NLHC units with a senior leaseholder has been steadily increasing since 2020-21.
- From April 2025 to March 2026, a monthly average of 104 individuals aged 55 or older used emergency shelter, an increase from 91 the previous year. This equates to about 24% of total use, representing an increase from 20% the previous year.

Transportation

- In 2025, there were 123,402 seniors who had active driver's licence. This represents 89% of all seniors in the province, similar to the past four years.
- Transportation is one of the largest expenditures of NL households, accounting for about 20% of consumption. About 95% of this expenditure is on private transportation. After the purchase or lease of vehicles, the largest components of spending on private transportation are gasoline and insurance premiums.
- Although the cost of gasoline in NL decreased 9.9% last year, it has increased 44.8% since 2020.
- The cost of insurance premiums increased by 11.5% from 2020 to 2025.

Safety & Protection

- There were 554 reports made under the **Adult Protection Act (APA)** in NL in 2025. This represents an increase of 13.3% since 2024 and 90% since 2020. During 2025, there were 414 allegations. The most common allegation was self-neglect, almost 32%, followed by financial abuse (21%) and neglect (16%).
- The number of new adults in need of protective intervention shows an upward trend. In 2025 there were 13 court applications for seniors, the largest number since 2020.
- Since the **Family Violence Protection Act** was amended in 2024 to include a "care relationship," there have been 31 Emergency Protection Orders (EPOs) with an applicant older than 65. The number of EPO applications and EPO's issued were similar in 2024-25 and 2025-26.
- The number of violations involving a senior rose from 349 in 2020 to 539 in 2024. In 2025, this number was 436 throughout the province, a 19.1% decrease from the previous year. The change is not equal across urban and rural areas. Data from the RNC, which primarily covers urban regions, shows a 26.3% decrease over the past year. RCMP data, which reflects rural areas, indicates a 13.5% decrease, a trend change from previous years.
- The number of referrals made to Victim Services concerning seniors declined to 227 in 2025-26, a decrease of 4.2% compared to the previous year.
- From 2024 to 2025, the rate of crimes against seniors per 1,000 seniors in NL decreased from 4.0 to 3.1.
- The number of criminal violations perpetrated by a senior was relatively stable between 2020 and 2022, but since then has been increasing. In the past five years, there was a 15.8% increase in the number of criminal violations perpetrated by a senior

Introduction

The Office of the Seniors' Advocate

The Office of the Seniors' Advocate (OSA) is a statutory office of the House of Assembly of Newfoundland and Labrador, established in 2017. The purpose, powers and duties of the OSA are outlined in the **Seniors' Advocate Act**.[1]

The OSA was established to:

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

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

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

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

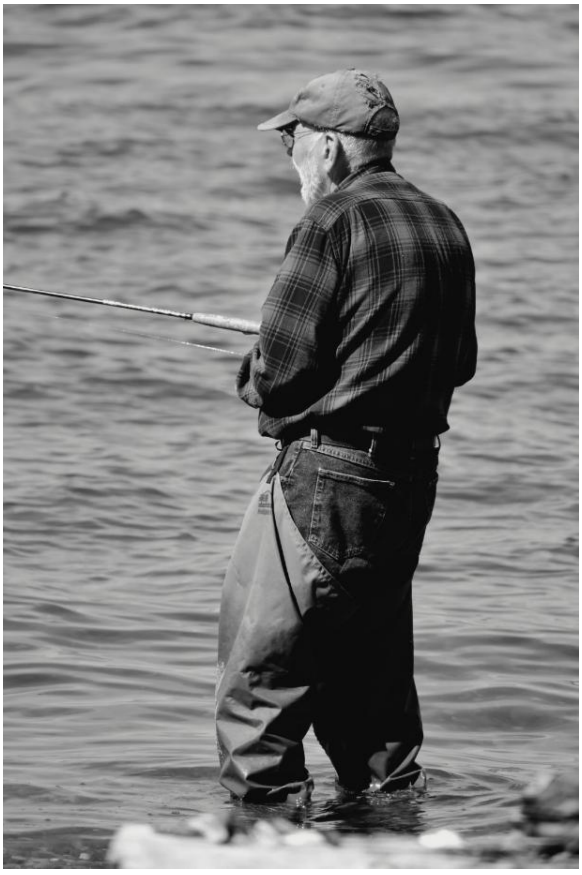
This Report

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

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

The **Seniors' Report 2026** examines demographics and six broad areas of seniors' wellbeing: Individual Health, Health Care, Finances, Housing, Transportation, and Safety and Protection. Most information is available by calendar year or by fiscal year (April to March) but some information represents part of the year or a point in time. Within the body of the report, indicators and data are presented for the most recent year available.

Additional **Data Tables** corresponding to the data are contained in a separate, companion report titled **Seniors' Report 2026 Data Tables**. Where possible, data are compared to one year earlier and five years earlier (or the closest to five years that are available) to identify changes in the indicator. It is important to note that five years ago many indicators were already influenced by the COVID-19 pandemic, and any comparisons with that year may partly reflect this impact. Some trends are also noted.



In many cases, indicators are also given for Canada for comparison purposes. When relevant and available, data for NL are also compared to other provinces and territories. When available, regional indicators are provided for each health zone. This information is provided in the accompanying **Seniors' Report 2026 Data Tables** and in the report when noteworthy.

This report is intended to inform, help monitor trends, identify gaps in seniors' services, and facilitate meaningful action. The analysis of the data will also support the systemic advocacy work of the OSA.

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

Diversity, Equity & Inclusion

The information presented in this report is intended to represent and inform the people of Newfoundland and Labrador. With that in mind, it is important to recognize the impacts of systemic inequalities. Minorities are typically under-represented in scientific research and data collection, due to systemic barriers and biases.

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

One of the largest minority groups in our province is Indigenous Peoples which comprise nearly 10 per cent of NL's population.[2] However, these communities account for a much larger portion of people who experience negative social, physical, financial, and mental health outcomes. Indigenous discrimination is relevant to every topic explored in this report, and we recognize that these communities and/or individuals face undue hardship due to systemic discrimination and racial inequality.

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

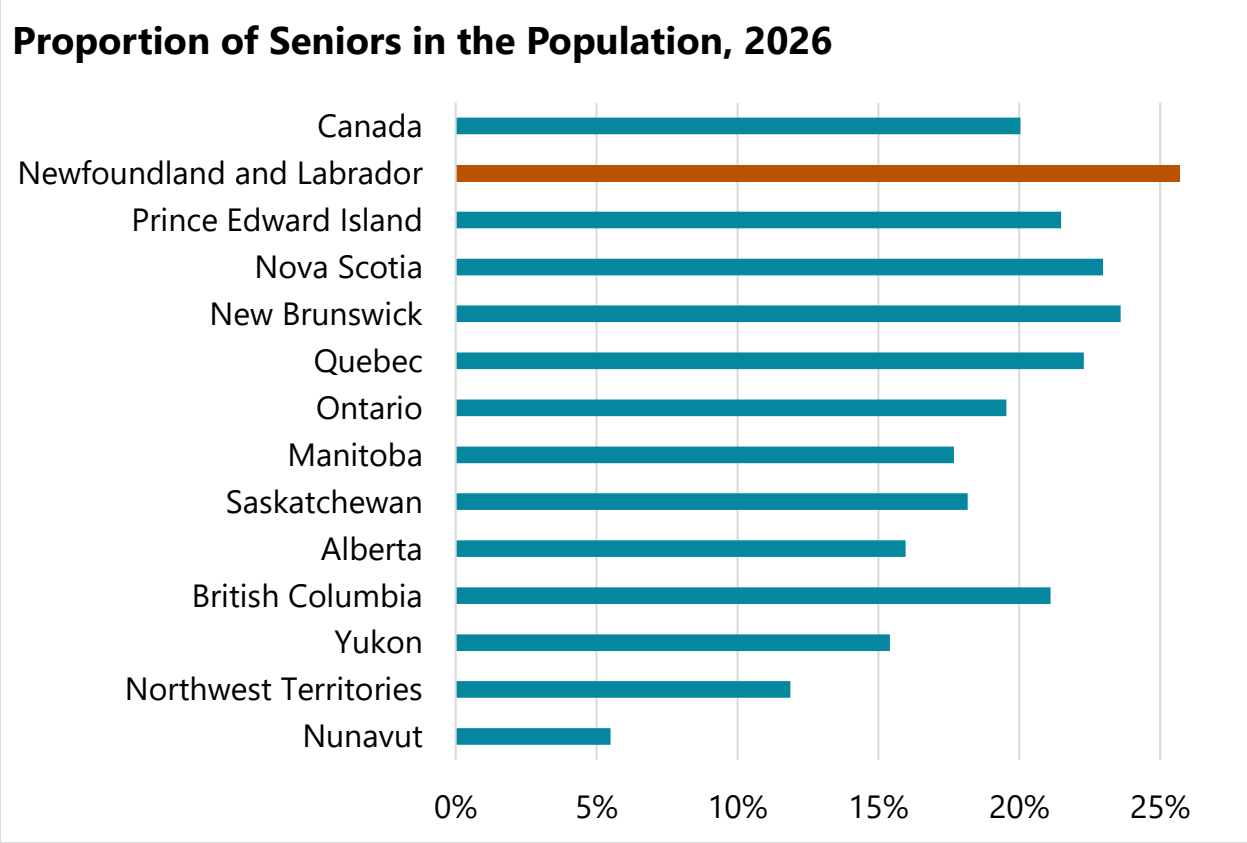
Demographics

Seniors are the fastest growing age group in Canada. Increases in life expectancy and declining fertility rates contribute to an aging population, especially for the Atlantic provinces. In NL, the out-migration of thousands of young adults exacerbate the aging trend. This shift in the age composition of the population comes with challenges and opportunities. While the demand for adequate health care and retirement options increases with age, older adults have a wealth of experience and knowledge that can be invaluable to their communities. Properly supporting an aging population means leveraging the strengths of seniors while providing the services necessary for them to age well.



26% OF THE NL POPULATION IS OVER THE AGE OF 65.

In 2026, the population of seniors in NL was 141,880, representing 25.7 per cent of the total population, the highest proportion in Canada.[3] **Data Table 0.1.**

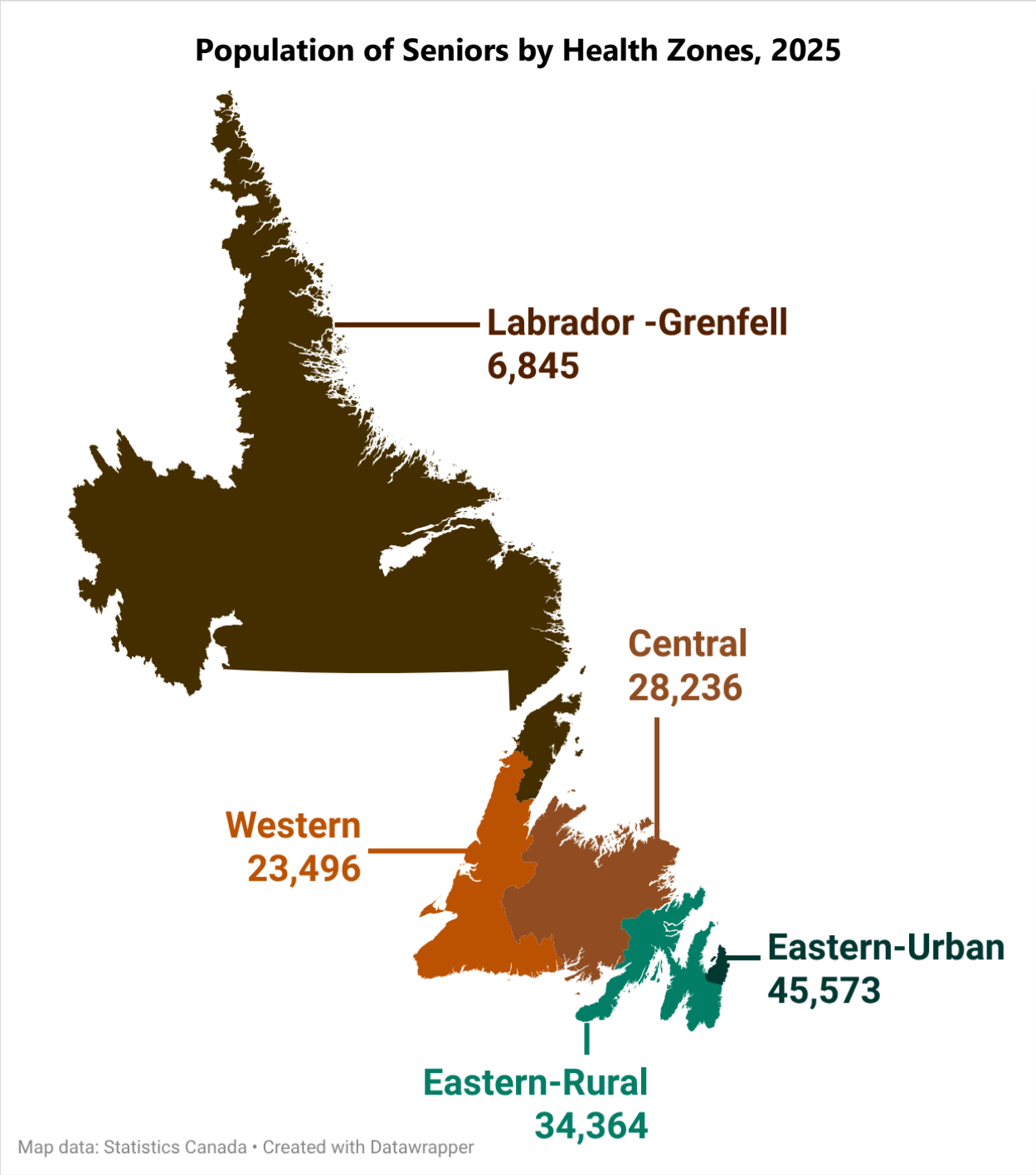


For more details, see Data Table 0.1 from the companion **Seniors' Report 2026 Data Tables**.[4]

While the population of seniors refers to the total number of seniors in a geographic area, the proportion of seniors refers to the number of seniors compared with the total population. For example, if there are 50 seniors in a community of 100 people, the proportion of seniors would be 50 per cent. Counts and proportions provide different, but complementary, information for policy development. Counts are most useful for planning the scale of services and infrastructure, such as the number of long term care beds, health care providers, or seniors' housing units required. Proportions are more informative when analyzing the demographic pressures facing a community, for example. Understanding this proportion is important for planning services, allocating resources, and anticipating future needs in areas such as health care, housing, and transportation. The two can differ substantially across regions, particularly because younger and middle-aged workers tend to concentrate in urban centres, leaving some rural communities with smaller numbers of senior populations, but a much higher proportion of seniors.



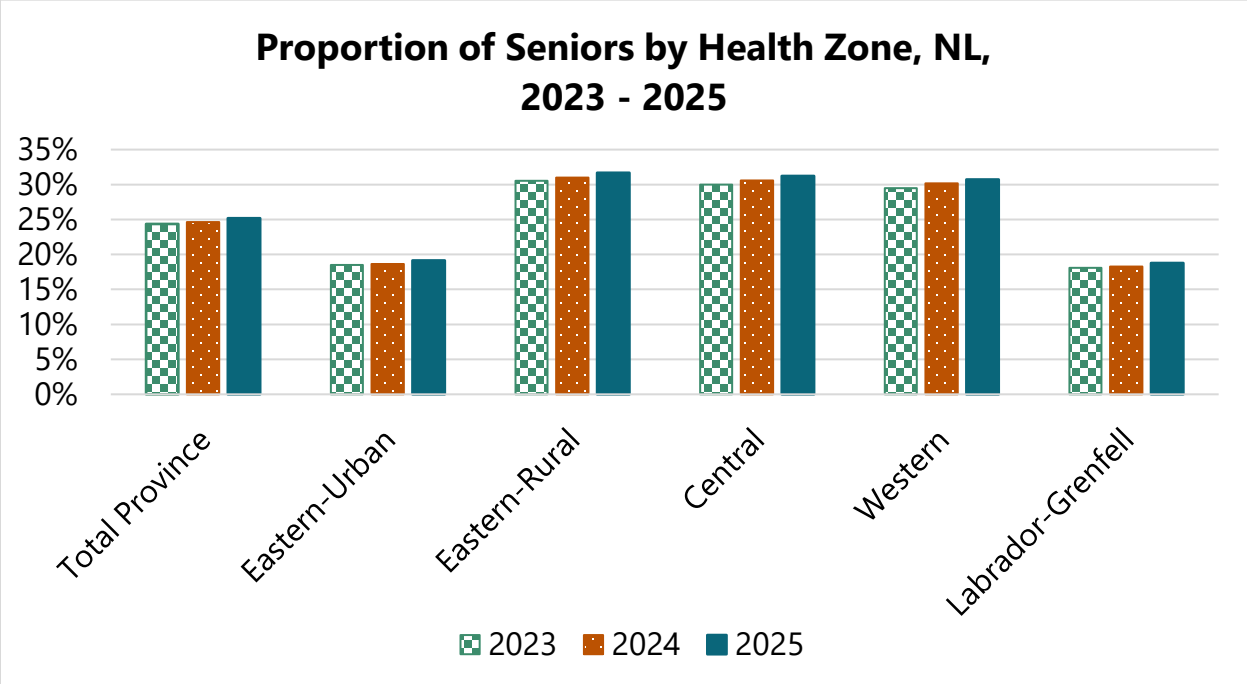
Like the general population of NL, the largest number of seniors live in the Eastern Zones with around 80,000 people aged 65 years and over residing in this area in 2025. **Data Table 0.2.** This represents 57.7 per cent of the province's senior population.



For more details, see Data Table 0.2 from the companion **Seniors' Report 2026 Data Tables**.[5]

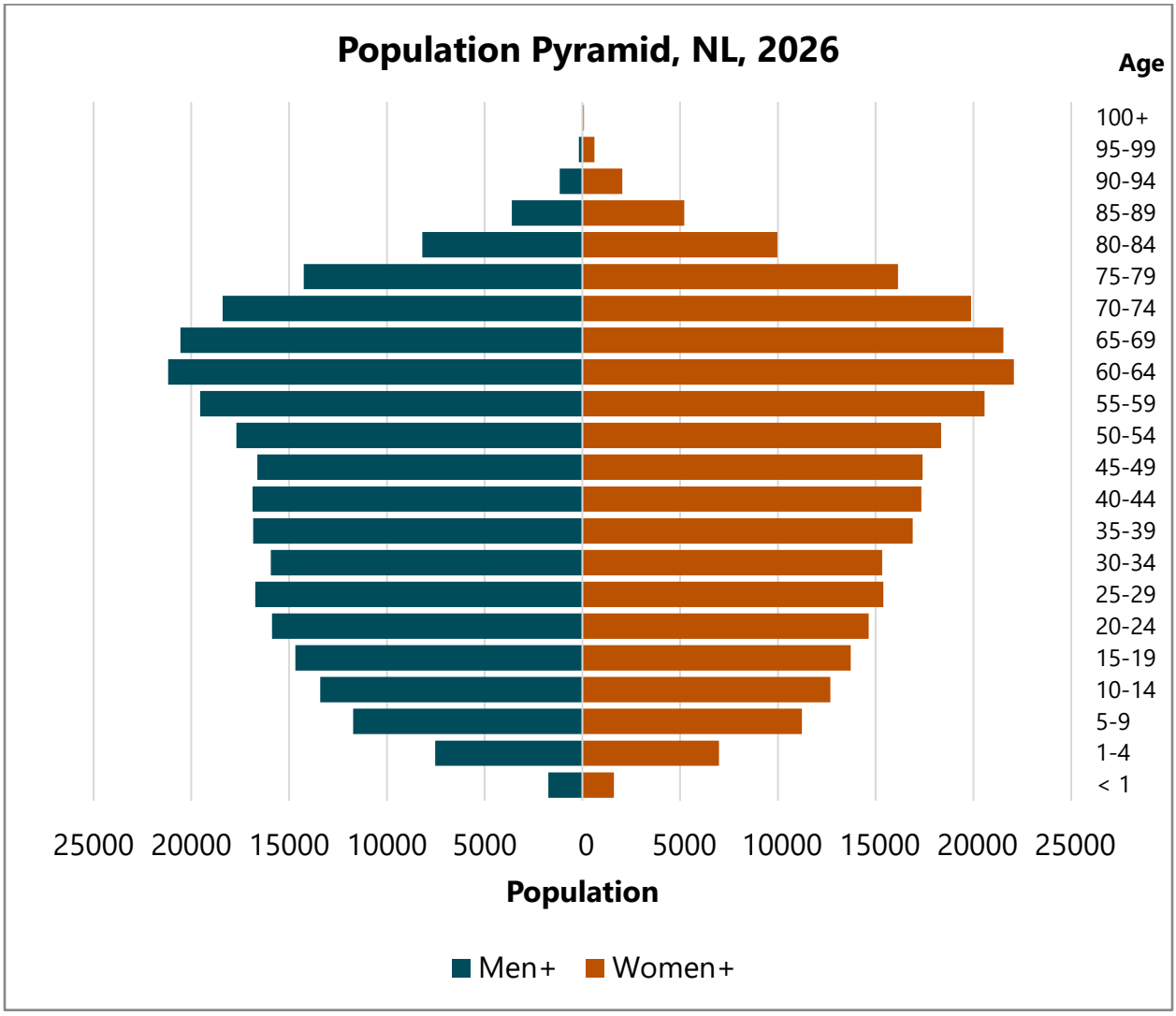
In 2025, over one-half of seniors lived in rural areas as defined by Statistics Canada.[6] Urban areas in NL refer to St. John's Metro, Grand Falls-Windsor, Gander, and Corner Brook. In the last five years, the proportion of seniors living in urban areas has had a modest but steady increase; a three per cent increase from 2020 to 2025. **Data Table 0.3.**

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



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

Additionally, the number of seniors and the proportion of seniors compared with the total population are expected to continue increasing. Presently, the largest cohort of people in NL is aged 60 to 64. After accounting for the effects of migration, birth and death on population growth, it is anticipated that in just five years NL's largest age group will be individuals aged 65 to 70.



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

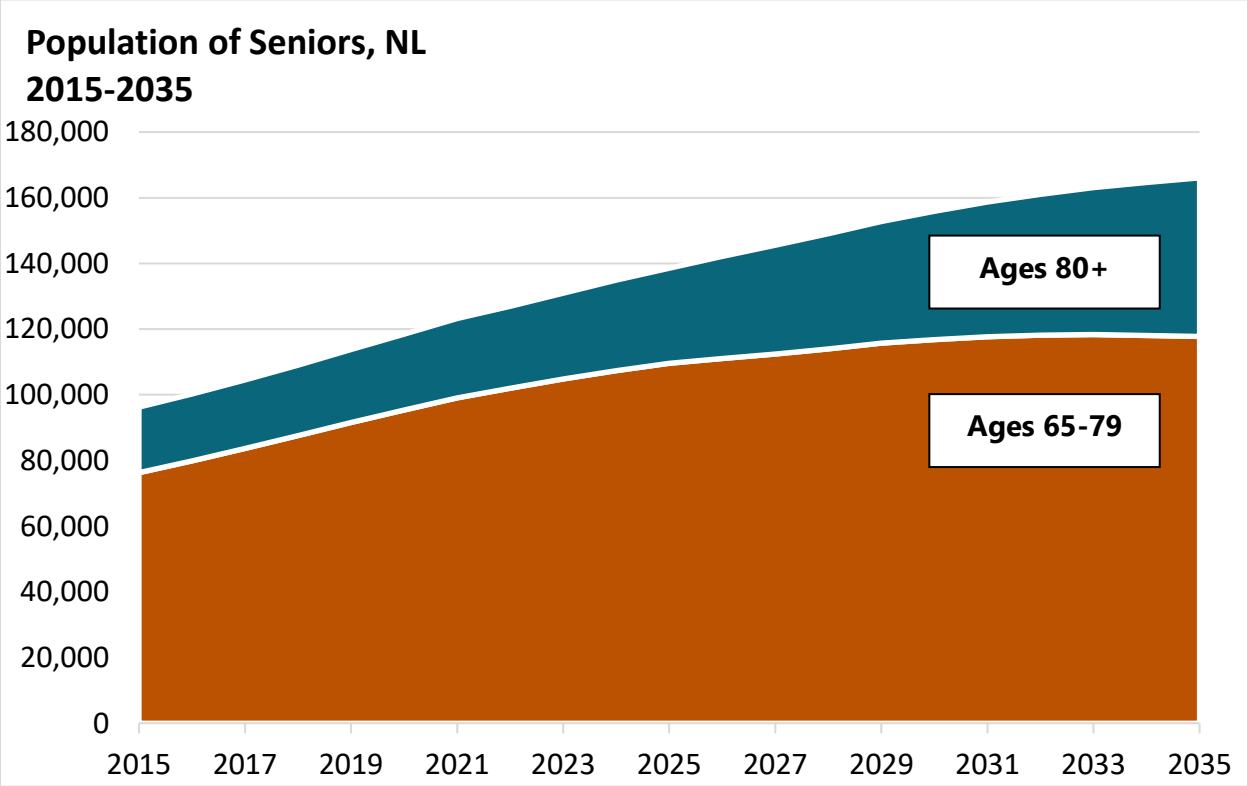
According to Newfoundland and Labrador Statistics Agency (NLSA), by 2036, the population of NL seniors is expected to rise to more than 167,000, an increase of 17.9 per cent in ten years. This estimate is based on a medium growth projection, which assumes fertility rates stay constant, life expectancy keeps increasing, and migration patterns vary according to labour market conditions.[7] The actual population could be higher or lower depending on how these factors evolve. With a medium projection, 29.1 per cent of the province's population will be seniors. Worth noting, in the Western and Central Zones the percentage is expected to be 37 and 38 per cent, respectively.

[i] "+" includes some non-binary persons. https://www12.statcan.gc.ca/census-recensement/2021/ref/gender-genre-eng.cfm

Furthermore, the composition of seniors is expected to change adding more people to the older age groups. By 2036, the number of people aged 80 and over in NL is expected to increase by 60.2 per cent to over 49,900 and comprise 8.7 per cent of the population (compared to 5.3 per cent in 2025). This changing composition is important to recognize and monitor because of implications for the types and volume of programs and services required to meet the needs of this population group which can be very different from that of younger seniors. The large and growing proportion of seniors highlights the need to monitor seniors' demographics and indicators of seniors' wellbeing.

Report Table 0.1 Population Projections 2035	NL	Eastern	Central	Western	Lab-Grenfell
Seniors	**29.1%**	**26.3%**	**38.2%**	**36.7%**	**21.3%**

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



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

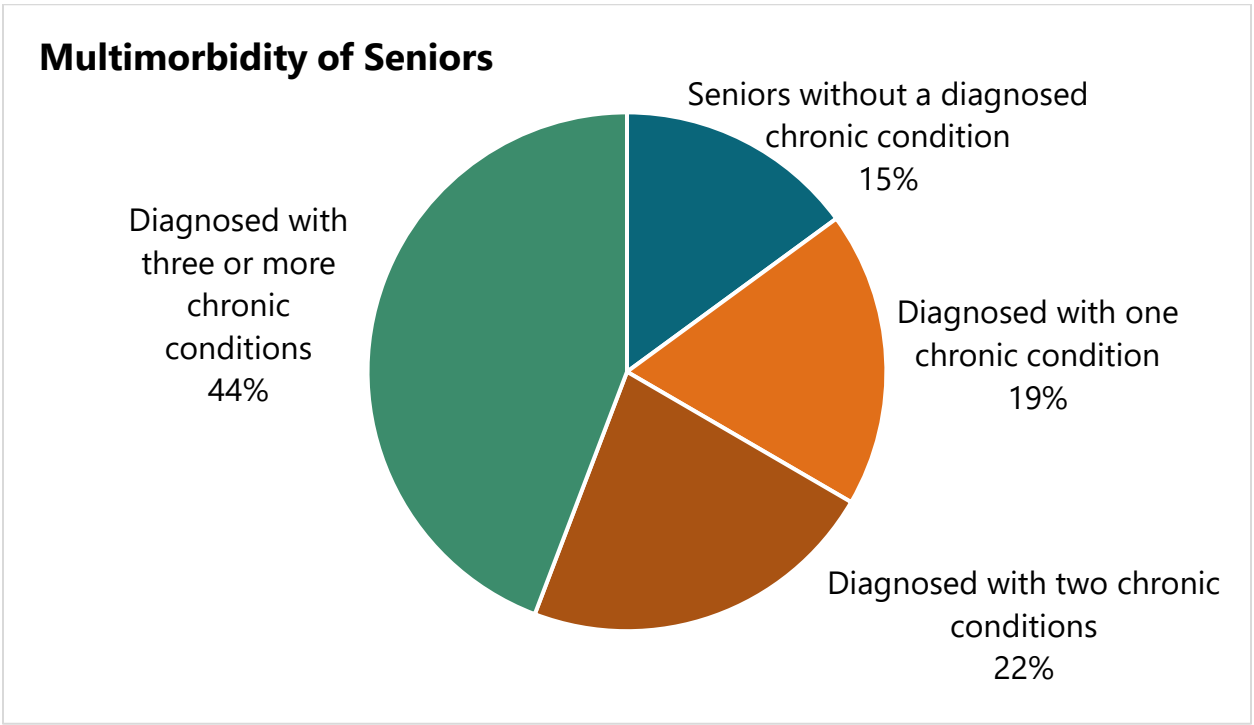


INDIVIDUAL HEALTH

Are seniors generally healthy?

Research suggests that implementing preventative lifestyle changes between the ages of 55 and 65 can prevent or delay the development of up to 80 per cent of age-related health issues.[8] Monitoring these key elements of wellbeing can help us better understand lifestyle trends and how these may impact our ability to age well.

One objective indicator is the presence of a diagnosed health condition. While it is estimated that one in ten seniors in NL live with no chronic health conditions, almost half live with three or more. **Data Table 1.1.** Living with more than one health condition is referred to as multimorbidity, and it can significantly impact wellbeing.



For more details see Data Table 1.1 in the companion **Seniors' Report 2026 Data Tables**.

According to a Canadian study published in 2025, the most common multimorbidity pattern among adults aged 45 to 85 years was osteoarthritis and high blood pressure occurring together, affecting approximately 16.5 per cent of participants. Factors associated with this multimorbidity pattern included increasing age, retirement, poorer self-rated health, poorer sleep quality, and abnormal body weight. The study also found that residents of Atlantic Canada had higher odds of experiencing this multimorbidity pattern than those living in British Columbia, and that the relationship between age and multimorbidity was stronger among women than men.[9] These findings highlight the importance of healthy aging initiatives that support chronic disease prevention, healthy weight, sleep health, and overall wellbeing.

While aging is often viewed through a lens of decline, recovery and improved wellbeing remain possible later in life. A longitudinal study using data from the Canadian Longitudinal Study on Aging (CLSA) followed 8,332 adults aged 60 years and older who were experiencing less than optimal wellbeing and found that nearly one-quarter regained optimal wellbeing over approximately three years. Psychological and emotional wellness was the strongest predictor of recovery, with people demonstrating these strengths at baseline, being almost five times more likely to achieve optimal wellbeing at follow-up. Other factors associated with recovering wellbeing included higher income, not smoking, physical activity, adequate sleep, and the absence of certain chronic conditions such as diabetes. Thus, improvements in wellbeing are possible even after periods of physical, emotional, or social challenges.[10]

Research suggests that physical health, smoking, alcohol consumption, nutrition and mental health are essential components of health; tracking these indicators helps paint the picture of how NL seniors are doing on a day-to-day basis.

Much of the information in this section comes from Statistics Canada's Canadian Community Health Survey (CCHS). The CCHS collects information on health status, health care utilization and health determinants across Canada annually and provides reliable estimates at the health zone level. The survey provides self-reported estimates on a wide variety of health-related indicators including physical health, mental health, and activities that can impact health, like exercise, smoking, drinking and dietary habits. Statistics Canada advises that the survey underwent a redesign in 2022, and that caution should be taken when comparing data from 2022 onward to data from previous years.[11]

Perception of Physical Health

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

Regular physical activity helps maintain mobility and independence, while reducing the risk of falls, heart disease, diabetes, cancer, and dementia. It is also associated with improved mental health outcomes.[12]

For seniors, Health Canada recommends at least 150 minutes per week of moderately intense exercise (e.g., brisk walking) as well as muscle-strengthening activities at least twice weekly.[13] However, research indicates that seniors often have a very difficult time maintaining regular exercise routines and require significant support to meet those recommendations.[14] Exercise programs are an excellent way for seniors to access the support they need to meet daily activity recommendations. Research shows that older adults are more likely to adhere to an exercise program if it is evidence based, tailored to their needs, and administered/supervised by a multidisciplinary team (including psychologists, physicians, and physiotherapists).[15] Further, self-monitoring and goal setting promote adherence to exercise programs.[16] Unfortunately, programs that meet all these requirements may not be affordable and/or geographically accessible for many seniors.



In 2024, 45.6 per cent of NL seniors perceived their health as very good or excellent. While higher than the national average of 40.6 per cent, it is lower than the previous year, and considerably lower than in 2022, when it was 54 per cent. **Data Table 1.2.** This may be partially due to the survey

redesign or sampling variability but should be monitored closely.

In 2021, the latest year with available data, only 30.5 per cent of seniors in NL reported getting the recommended amount of physical activity compared to 41 per cent nationally. **Data Table 1.2.**

Report Table 1.1 Perceive Health 2024[17]	NL	Canada
Seniors who perceive their health as very good or excellent	**45.6%**	**40.6%**
Seniors who perceive their health as fair or poor	**27.1%**	**22.6%**

For more details see Data Table 1.2 in the companion **Seniors' Report 2026 Data Tables**.

Smoking and Alcohol Consumption

Lifestyle choices, such as smoking and alcohol consumption, have a significant impact on the ability to age well. It takes only two years for older adults to have a decreased risk of mortality once they quit smoking, as they develop a better quality of life and lower their risk of heart and lung disease.[18] Excessive alcohol consumption (quantity rather than frequency) is linked to a higher risk of mortality and cognitive disorders, and to poorer physical and mental health.[19,20]

Alcohol consumption and smoking nicotine are key factors negatively impacting the health of seniors. Increases in these behaviours can be an indicator of psychological stress and overall poor wellbeing.

The percentage of NL seniors who smoke and drink heavily is higher than the Canadian average, as it has been historically. While the percentage of smokers increased from 8.5 per cent to 10.6, the percentage of heavy drinkers had a minimal decrease from 12.1 per cent to 12.0. **Data Table 1.2.** It is important to monitor these behaviours because they can be a reflection of a person's wellbeing and affect one's overall health.

Report Table 1.2 Smoking & Alcohol Habits 2024[21]	NL	Canada
Seniors who report being a daily smoker (nicotine)	**10.6%**	**7.4%**
Seniors who report heavy drinking	**12.0%**	**10.6%**

For more details see Data Table 1.2 in the companion **Seniors' Report 2026 Data Tables**.

Nutrition

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

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

When people are food insecure, they may worry about running out of food or not having enough selection of food; compromise the quality or quantity of food; and/or miss meals or go for longer periods without food.[22]

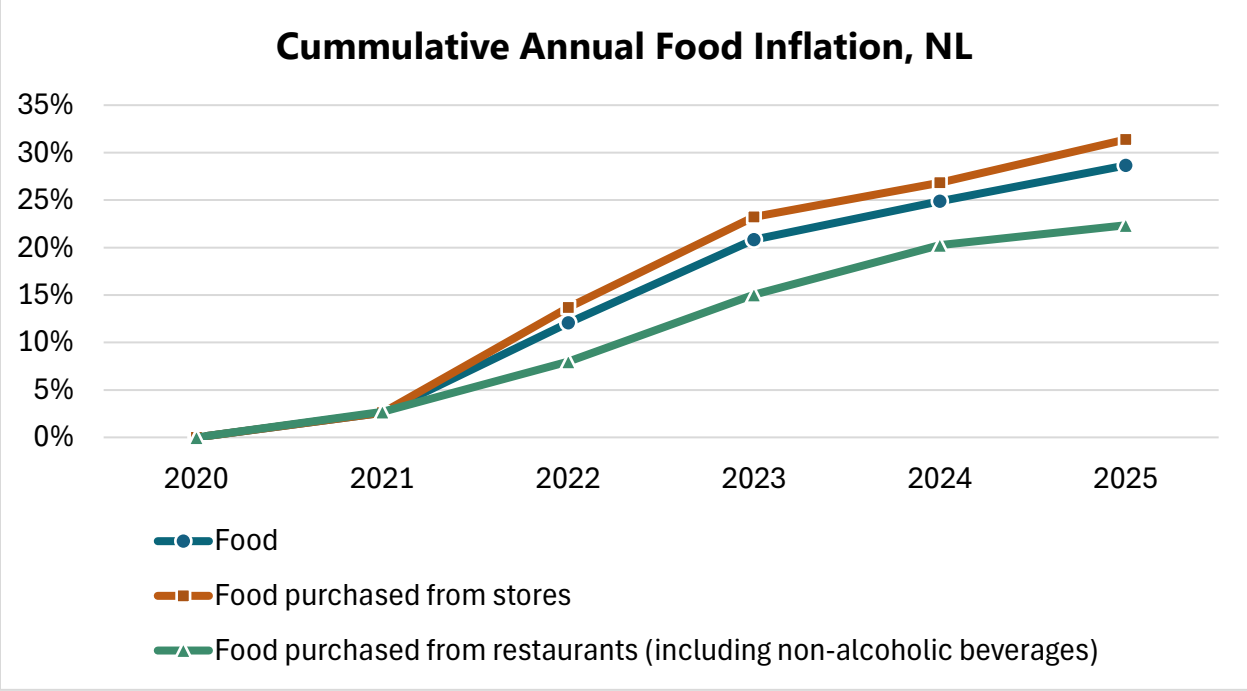
Proper diet contributes to physical health and cognitive function. Inadequate nutrition and food insecurity increases seniors' risk of chronic disease, hospitalization, falls, and mortality.[23]

The most recent data from Statistics Canada show that food security amongst NL seniors was 87.1 per cent in 2024, an increase from 81.9 per cent in the previous year. However, almost nine per cent of seniors were moderately or severely food insecure in 2024, down from thirteen per cent in 2023. **Data Table 1.3.** Despite these improvements, food insecurity among NL seniors remains slightly above the national average. According to PROOF and Statistics Canada, the rising cost of food may be a factor contributing to food insecurity.[24, 25]

Report Table 1.3 Food Security 2024[26]	NL	Canada
Seniors who are food secure	**87.1%**	**88.1%**
Seniors who are marginally food insecure	**4.0%**	**3.4%**
Seniors who are moderately or severely food insecure	**8.9%**	**8.4%**

For more details see Data Table 1.3 in the companion **Seniors' Report 2026 Data Tables**.

Inflation measures the average change over time in the prices consumers pay for goods and services. In 2024, food inflation was 3.0 per cent in NL; at the national level, it was 3.2 per cent. As the figure below shows, since 2020 the cost of food in NL has increased every year.



Calculated using data from Statistics Canada. Table 18-10-0005-01.[27]

A useful indicator of food security that ties directly to nutritional wellbeing is fruit and vegetable consumption. Results from the CCHS indicate that in 2023 only 12.9 per cent of NL seniors consumed the recommended five or more servings of fruit and vegetables

per day, approximately half the Canadian average of 24.5 per cent. **Data Table 1.2.** Also concerning is that the percentage of seniors meeting these recommendations declined from 16.2 per cent to 14.1 per cent between 2020 and 2021 and continued to decline between 2021 and 2023. Rising costs of fresh produce may be a contributing factor. However, frozen and canned fruits and vegetables can be equally nutritious and may offer a more affordable and accessible alternative.

Nutrition risk is associated with frailty, poorer health outcomes, and loss of independence among older adults. An analysis of more than 5,000 adults aged 65 years and older participating in the CLSA found that nutrition risk increased over time, rising from 29 per cent at baseline (the beginning of the study) to 35.6 per cent three years later.[28] While most participants maintained the same nutrition risk status, 17.3 per cent moved from not at risk at baseline to at risk at follow-up, and 10.7 per cent moved from at risk to not at risk. Thus, participants were approximately 1.6 times more likely to experience worsening nutrition risk than improvement.

Factors associated with worsening nutritional status included poor oral health, lack of dental care, poor mental health, changes in living arrangements, smoking, chronic disease, hearing loss, and declines in physical functioning.[29]

Among seniors who were at high nutrition risk, improvements in nutritional status were linked to resolving oral health problems and recovery following hospitalization. Researchers noted that hospitalization is often associated with elevated nutrition risk and may provide an opportunity to identify older adults with malnutrition and connect them with nutritional supports and interventions to improve outcomes. Overall, these findings suggest that nutrition risk is influenced by more than income and access to food, and highlight the importance of oral health, mental health, physical function, and regular nutrition screening in supporting healthy aging and independence.[30]

Dementia

Dementia is a chronic and progressive condition that affects memory, thinking, behaviour, and the ability to perform everyday activities. It is a leading cause of disability and dependency among older adults.[31] Alzheimer's disease accounts for approximately 60–70 per cent of dementia cases, with other types including vascular, Lewy body, and frontotemporal dementia.[32]

The number of people living with dementia is increasing rapidly at the global, national, and provincial levels as populations age.

With risk doubling every five years after age 65, age is the primary risk factor. However, several modifiable factors influence the likelihood of developing dementia, including cardiovascular conditions (e.g., high blood pressure, diabetes), smoking, excessive alcohol use, physical inactivity, social isolation and depression.[33]

Behaviours such as maintaining physical activity, social engagement, and a healthy diet may help reduce or delay risk.[34]

Recent estimates suggest substantially higher dementia prevalence in NL than earlier projections indicated. The Alzheimer Society of Canada's Landmark Study estimated approximately 5,600 people living with dementia in the province in 2020 and projected this number to reach 9,700 by 2050.[35] More recent estimates reported in the provincial government's **Dementia Care Action Plan** (2023) indicate that over 10,000 individuals were already living with dementia as of 2021, with projections reaching approximately 14,000 by 2035.[36]

Differences between these figures may reflect variations in data sources, methodologies, and assumptions used when estimating change. Estimating the prevalence of dementia is challenging as many cases are not formally diagnosed due to factors such as lack of awareness, fear of diagnosis and stigma, cultural differences, and limited access to diagnostic services.[37] Regardless, the number of people living with dementia in NL is expected to increase significantly over the next decade, which will present challenges across the continuum of care. Challenges include increased demand for home care, long term care, higher likelihood of Alternate Level of Care (ALC) hospital stays, significant reliance on informal caregivers, which are often the family members, and overall economic burden.

In NL, the percentage of seniors diagnosed with dementia through hospitalization and physician visits[ii] has grown slightly in the last five years. In 2024-25, 3.8 per cent of the senior population had been diagnosed with Alzheimer's disease and dementia. **Data Table 1.4.** It is important to recognize the benefits of receiving a diagnosis, as it may

[ii] Data exclude visits to physicians paid by arrangements (approximately two-thirds of general practitioners and specialists).

provide individuals and their caregivers greater understanding of their condition and improved access to care.

Multi-specialty INterprofessional Team (MINT) Memory Clinics are a model of care "that helps build capacity and improve access to high-quality memory care" by training health care professional teams "to deliver high-quality memory care through a standardized, nationally accredited training program."[38] According to the Department of Health and Community Services, during 2025-26 there were 49 assessments completed at MINT Memory Clinics, with six assessments resulting in a positive diagnosis of dementia. Additionally, there were 15 people waiting to have this memory assessment completed.[iii]



[iii] Data cannot be disaggregated by age group.

Mental Health

Social engagements are an essential component of seniors' ability to age well because it decreases risk of depression and is associated with better mental and physical health outcomes.[39] Social isolation has been shown to be an equal (if not greater) risk to mortality as common lifestyle habits, such as drinking and smoking.[40] Monitoring seniors' sense of belonging can provide insight into their social connectedness and overall wellbeing.

Stress is a well-known contributor to poor health, increasing risk of mortality and chronic disease, and reducing quality of life.[41] Seniors may be particularly vulnerable to the negative impacts of stress because of the social, psychological, and physical changes that can accompany aging. Recent research by Statistics Canada provides additional insight into the factors associated with mental health among older Canadians.

Using CCHS data from 2015 to 2023, researchers found that approximately seven per cent of older Canadians reported having a diagnosed mood disorder, such as depression or bipolar disorder, with women more likely than men to report a diagnosis. The study also found that Indigenous older adults were more likely than non-Indigenous, non-racialized older adults to report a mood disorder. In contrast, some racialized population groups reported lower rates of diagnosed mood disorders, although differences may reflect a complex combination of cultural, social, and health system factors.[42] The analysis identified several social determinants associated with mental health in later life. Older adults who lived alone had lower household incomes, experienced higher levels of stress, or living with multiple chronic conditions, were more likely to report a mood disorder. These findings highlight the interconnected nature of physical health, financial security, social connectedness, and mental wellbeing, and reinforce the importance of policies and programs that support seniors to remain socially connected and engaged in their communities.

Mental wellbeing also plays an important role in overall healthy aging. Analysis of data collected between 2011 and 2018 by the CLSA, showed that older adults with stronger psychological and emotional wellness were substantially more likely to regain optimal wellbeing over time, highlighting the importance of maintaining mental health and social connections in later life.[43]

Subjective measures of mental health (based on survey respondents' own perceptions) indicate that the percentage of seniors in NL who have very good or excellent mental health is higher than the national average. **Data Table 1.2.**

Report Table 1.5 Mental Health 2024[44]	NL	Canada
Seniors that perceive their mental health as very good or excellent	**66.1%**	**62.9%**
Seniors that perceive their mental health as fair or poor	**7.8%**	**8.0%**
Seniors that report feeling quite a bit or extremely stressed most days	**10.4%**	**10.7%**

For more details see Data Table 1.2 in the companion **Seniors' Report 2026 Data Tables**.

The percentage of NL seniors who indicate a high level of life satisfaction is marginally higher than the national average and similar to last year's percentage. **Data Table 1.2.**

Report Table 1.6 Life Satisfaction 2024[45]	NL	Canada
Seniors that report being satisfied or very satisfied with their life	**88.4%**	**86.9%**

For more details see Data Table 1.2 in the companion **Seniors' Report 2026 Data Tables**.

Further, the percentage of seniors who have a strong sense of belonging to their community remains notably higher in NL than the national average **Data Table 1.2.**

Report Table 1.7 Sense of Belonging 2024[46]	NL	Canada
Seniors that report feeling a somewhat or very strong sense of belonging to their local community	**84.2%**	**69.8%**

For more details see Data Table 1.2 in the companion **Seniors' Report 2026 Data Tables**.



HEALTH CARE

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

Health care plays a significant role in our ability to age well. Health care for seniors can be described as a continuum, from independent living to institutionalization. This report reviews five kinds of care across the continuum:

1. Primary care refers to preventative care, and treatments for acute illnesses and injuries. This is generally the first point of access to any health care service.

2. Hospital care includes both inpatient and outpatient services and may also be called acute care.[47]

3. Home care refers to services and support delivered to seniors within their homes, aimed at preventing, delaying, or acting as a substitute for institutionalization. Home care includes nursing, personal care, physical therapy, dietitian services, household tasks, and respite services.

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

4. Respite care refers to short-term care provided for an individual that is typically cared for at home. This service is designed to provide relief for informal caregivers, like family and friends. Respite care can also include day programs, which provide social or recreational activities, care, and personal support during the day for people who live at home.

5. Residential care refers to health care and personal care that is administered to seniors in residential settings, including personal care homes (PCHs) and long term care (LTC).

Primary Care

Accessing a regular health care provider is critical for seniors because preventative care is essential for healthy aging, and health care needs generally increase with age. In a survey developed by OurCare and answered by more than 9,000 Canadians, seniors were more likely than younger age cohorts to feel it is very important to have a regular health care provider within a close distance of their home, and who can coordinate their care needs with other professionals.[48] Further, seniors are less likely than younger individuals to use walk-in clinics, preferring to book an appointment in advance (if they are able) or take a phone appointment.[49]

According to results (which do not include the territories) from Statistics Canada's CCHS, in 2024, NL had the second lowest rate of seniors connected with a regular health care provider compared to the other nine provinces. Prior to 2022, the difference between NL and Canada was small. Since 2022, the difference has increased substantially. The proportion of NL seniors with access to a primary care provider declined from 92.2 per cent in 2021 to 84.0 per cent in 2024, compared with a decline from 93.6 per cent to 90.9 per cent nationally.[50] This decline in access is concerning and is consistent with what the OSA has heard; it should be monitored on an ongoing basis.[51] **Data Table 2.1.**

Report Table 2.1 Access to Primary Care 2024[52]	NL	Canada
Seniors who have a regular health care provider	**84.0%**	**90.9%**

For more details see Data Table 2.1 in the companion **Seniors' Report 2026 Data Tables**.

According to data provided by Newfoundland and Labrador Health Services (NLHS), approximately 10,657 seniors in NL were on a waitlist for a regular primary care provider as of July 31, 2025. **Data Table 2.2.** It should be noted that between 2021 and 2022, the number of seniors on waitlists increased substantially (1,382 in 2021; 8,998 in 2022). This corresponds to the decline in the percentage of seniors who have access to primary care.

The Commonwealth Fund (CMWF) is a privately owned foundation that supports independent research and issues grants to support improved health care policies,

programs, and practices in industrialized countries.[53] They generally conduct a survey every year, however, the topic of the survey varies, focusing on older adults every three years.[54] The 2024 survey focused on the views and experiences of adults aged 65 and older.[55] The survey results revealed:

- Compared to all the provinces, NL had the lowest rate of seniors able to get a same-day appointment with a nurse or doctor, the last time they needed care. Only 5.8 per cent of NL seniors reported getting a same-day appointment, while nearly 28 per cent reported having to wait more than two weeks.
- NL had the highest rate of seniors who reported that it was very difficult to get medical care in the evenings, weekends, or holidays, without going to the emergency room, compared to every other province (NL reported 67 per cent; the second highest was PEI with 52 per cent).
- 60 per cent of NL seniors reported that when they contacted their usual place of care during regular practice hours, they always or often heard back within the same day. Only in Ontario and Saskatchewan was this number higher, with 64 per cent and 63 per cent respectively.

Analysis of these data by the C.D. Howe Institute, an independent not-for-profit research organization, compared Canada to nine other countries in health care, focusing on access to care, care process, quality of care, and health care outcomes. The report ranked Canada seventh out of the ten countries reviewed in overall health system performance. **Data Table 2.3.** An analysis of all Canadian provinces was also included. NL performed the worst of all the provinces overall and in three of the four categories (access to care, quality of care and health care outcomes), and below the international average in every category. NL showed improvement in care process compared with the previous survey, moving from last place among all the provinces to seventh place. Care process includes coordinated care, hospital care, virtual care, home care, end-of-life care.

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

Immunization



In addition to preventative health measures (e.g., nutrition, physical health), immunization is an important component of protecting the health of older adults. Vaccine-preventable illnesses can be particularly detrimental for seniors and may lead to severe illness, hospitalization, complications, and worsening of existing health conditions. It is worth noting that the risk of serious illness due to vaccine-preventable respiratory diseases has not returned to pre-pandemic levels.[56]

The Public Health Agency of Canada, which follows the advice of the National Advisory Committee on Immunization (NACI), recommends several vaccines for older adults, including influenza (Flu), COVID-19, pneumococcal disease, shingles, and respiratory syncytial virus (RSV).[57]

Influenza and COVID-19: Older adults are at increased risk of serious complications from influenza and COVID-19, which are both respiratory illnesses. Influenza has seasonal outbreaks typically during the fall and winter months. NACI recommends annual vaccination, as the protection decreases over time and viral strains can change.[58] As of June 2026, NACI recommends one dose of COVID-19 vaccine per year for most individuals, as protection from COVID-19 vaccines also decreases over time.[59]

Pneumococcal disease: Pneumococcal disease can result in illnesses such as pneumonia, bloodstream infections and meningitis. The risk of invasive pneumococcal disease increases with age. NACI recommends that all adults aged 65 years and older receive one dose of either Pneu-C-20 or Pneu-C-21, regardless of their previous pneumococcal history.[60]

Respiratory syncytial virus (RSV): RSV is a respiratory virus that can cause serious illness among older adults, particularly those with underlying medical conditions or who reside in LTC, PCH, or other residential care settings. In 2026, NACI expanded its recommendations for RSV immunization and now strongly recommends that immunization programs include all adults aged 75 years and older, and adults aged 65 to 74 years who are at increased risk of severe RSV disease.[61]

Shingles: Shingles (Herpes Zoster) is caused by the reactivation of the varicella-zoster virus, the same virus that causes chickenpox. It typically causes a painful rash and can lead to complications such as postherpetic neuralgia, which can result in long-lasting pain. Shingles occurs more frequently among older adults and individuals who are immunocompromised. NACI recommends that adults aged 50 years and older receive two doses of the recombinant zoster vaccine.[62]

Although NACI provides national recommendations for immunization, it is the provinces and territories that actually determine which vaccines are included in their publicly funded immunization programs. Influenza and pneumococcal vaccines are publicly funded and routinely offered to older adults across all provinces and territories, although eligibility requirements and the specific vaccines offered may vary. Public funding for other vaccines, including shingles and RSV, varies by jurisdiction.

Newfoundland and Labrador has expanded access to publicly funded vaccines for older adults in recent years. Currently, influenza, COVID-19, shingles, RSV and pneumococcal vaccines are available free of charge to eligible residents, although age and provider eligibility requirements may apply.

The RSV vaccine has been publicly funded for adults aged 60 years and older who reside in congregate living facilities, including long term care and personal care homes since April 1, 2025.[63] Additionally, on April 27, 2026, government announced the RSV vaccine would be publicly funded for any adult aged 75 years and older.[64] The shingles vaccine became publicly funded for all NL residents aged 50 years and older on June 1, 2025.[65]

Data related to immunization uptakes among seniors stems from more than one source, thus, the latest year of available data varies. Statistics Canada published information about influenza and pneumococcal vaccines and can be compared to Canada and other provinces. Data on other vaccines comes from NL's Department of Health and Community Services, and as such, we do not have comparable data for other jurisdictions.

The rate of vaccination against influenza among seniors in NL decreased 10.2 per cent compared with the previous year and is lower than the other Atlantic provinces. **Data Table 2.4.** Most seniors receive this immunization at pharmacies, 31.6 per cent of the population compared with 13.8 per cent who received the immunization at doctors' offices or public health clinics. **Data Tables 2.5 and 2.6.** This difference may reflect a

preference for pharmacies due to convenience or difficulty obtaining a timely appointment with a physician.

In 2025-26, the uptake of COVID-19 vaccination among seniors in NL was similar to the previous year, 21.3 per cent and 22.1 per cent respectively. However, this is substantially lower than the uptake in 2023-24, of 51.7 per cent. **Data Table 2.7.**

Report Table 2.2 Immunization Rates	NL	Canada
Seniors who received an influenza vaccine in the past 12 months[66]	**58.3%** 2024	**67%** 2023[iv]
Seniors who received the updated COVID-19 vaccine	**21.3%** 2025-26	-[v]
Seniors with pneumococcal vaccine (PCV) up to date	**4.6%** 2025-26	-
Seniors who received the RSV vaccine[vi]	**0.9%** 2025-26	-
Seniors who received a shingles vaccine[v]	**12.7%** 2025-26	-

For more details see Data Tables 2.7 and 2.8 in the companion **Seniors' Report 2026 Data Tables**.

It is important to note that pneumococcal (PCV), shingles and RSV vaccines do not require yearly administration. Therefore, a low percentage of seniors receiving these immunizations each year does not necessarily mean that a low percentage of the senior population is up to date on their immunizations. For example, the percentage of seniors in NL who received a shingles vaccines series during 2024-25 adds to the total reported by Statistics Canada in 2019-20. Moreover, some individuals receive their shingles immunization before they reach age 65.

[iv] Data for 2024 are not available for Canada.
[v] A dash "-" indicates data are not available.
[vi] As of June 11, 2026.

Until recently, it was challenging to accurately track immunization uptake at the provincial level. Although tracking improved substantially, there is no simple way to know how many seniors are up to date on their immunizations.

By 2019-2020, the uptake for the PCV vaccines was lower in NL than in Canada, 31.5 per cent and 51.1 per cent respectively, even though this immunization is recommended by the Public Health Agency of Canada. In the two years since this immunization began to be tracked provincially, 2.2 per cent and 4.6 per cent of seniors have received the pneumococcal vaccine, respectively. **Data Table 2.8.**

In 2024-25, 0.9 per cent of seniors received an RSV vaccine. **Data Table 2.7 and 2.9.** A point in time count shows that 4.0 per cent of seniors had this immunization. **Data Table 2.10.** While these are very low percentages, not every senior needs this immunization. Currently, there is no reliable way to know the percentage of seniors who have received the immunization among the number of seniors who need it.

Uptake for the shingles vaccines is still relatively low, even though it is also recommended by the Public Health Agency of Canada. According to Statistics Canada, over 20 per cent of NL seniors living in community had completed a shingles vaccine series by 2019-20.[67] In 2025-26, 12.7 per cent of seniors received a shingles vaccine. **Data Table 2.7.**

Low recorded rates of PCV, shingles and RSV vaccines could be partly due to the fact that until recently there was a charge to receive these immunizations.

Expanding access to immunization can provide benefits beyond reducing the risk of illness among individual seniors. Vaccination programs for older adults can also produce broader health-system, societal, and economic benefits.[68] For example, NACI found that bi-annual COVID-19 vaccination to adults between 65 and 79 years of age with some medical conditions is more cost-effective than not vaccinating.[69] The recent expansion of publicly funded shingles vaccination in NL is another example.[70] Evidence suggests that shingles vaccination programs generate a positive return on investment (ROI), meaning that the benefits outweigh the costs over time. For Atlantic Canada, the estimated societal ROI of shingles immunization is 1.57, meaning that every dollar invested generated approximately $1.57 in societal benefit, with projected productivity gains of approximately $96 million. This indicates that expanding access to shingles

vaccination not only reduces the burden of illness among seniors but also contributes to broader economic and system-level benefits.[71]

Overall, immunization is an area in which NL has shown considerable improvements in the last few years,[72] including an increase in coverage and better tracking system. Continued improvements in access, uptake and surveillance will be important for protecting older adults and for accurately monitoring immunization access and uptakes throughout the province.

Medical and Prescription Programs



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

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

1. Foundation Plan: Individuals in receipt of Income Support benefits and individuals in receipt of subsidized services under the Long Term Care and Community Support Services program from NLHS (including all seniors in receipt of home services, as well as subsidized residents of PCHs or LTC) have access to this plan.[vii] This plan offers 100 per cent coverage of eligible prescription drugs.

2. 65Plus Plan: Seniors in receipt of Old Age Security (OAS) and the Guaranteed Income Supplement (GIS) automatically gain access to this plan. Senior immigrants who are not in receipt of OAS and GIS can apply to the 65Plus Plan as a landed immigrant. Members pay the dispensing fee, up to a maximum of $6.

[vii] This includes persons and families in receipt of income support benefits through the Department of Social Supports and Well-Being, and certain individuals receiving services through the regional health authorities, including children in the care of Child, Youth and Family Services, and individuals in supervised care.

3. Access Plan: Individuals with low income can apply for this plan. Coverage is determined by net income and family status.[viii]

4. Assurance Plan: Individuals can apply for this plan if their drug costs exceed a certain percentage of their annual income.[ix] This plan offers partial coverage.

5. Select Needs: This plan offers full coverage for disease specific medications and supplies for those living with Cystic Fibrosis and Growth Hormone Deficiency. No application is required.

In 2025-26, over 74,000 seniors, including recipients of home support and subsidized residents of LTC or PCH were eligible for, and utilized, the NLPDP program. This corresponds to about 53.6 per cent of the senior population, a decrease from 54.3 per cent in the previous year. Most seniors are covered under the 65Plus Plan. In 2025-26, approximately 37.2 per cent of all seniors were covered under this plan, a decrease from the previous year. **Data Table 2.11.**

Data from 2025-26 suggest that seniors who are eligible under the NLPDP, pay, on average, 10 per cent of the costs of eligible prescription medications, with the NLPDP paying the remaining 90 per cent. **Data Table 2.12.**

Hospital Care

Provincial emergency department data from 2019 to 2024 show that visits by older adults increased across all levels, with particularly notable growth among patients with less urgent or non-urgent conditions (47 per cent), and a substantial rise in rural areas (110.8 per cent),[73] suggesting that many seniors rely on emergency departments for non-urgent care. At the same time, visits by seniors requiring immediate medical attention are increasing, particularly in urban centres,[74] reflecting a growing burden of chronic illness and more complex conditions.

During 2024-25 almost half of the hospitalizations in the province, including inpatient and day surgery, were for seniors. The inpatient average length of stay for seniors was

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

[ix] Five per cent of net income for those who earn below $40,000; 7.5 per cent of net income for those who earn from $40,000 to under $75,000; 10 per cent of net income for those who earn from $75,000 to under $150,000.

12 days. **Data Table 2.13.** In the last year, the rate of hospitalization per 1,000 seniors remained relatively stable, increasing from 481 to 482 per 1,000 seniors. **Data Table 2.14.**

In 2021-22, the most recent year with national data, the rate of emergency room visits per 1,000 seniors in NL was almost double that of Canada.[75] In 2024-25, the rate of emergency room visits per 1,000 seniors was 1,052. Thus, on average, emergency rooms saw as many visits per year as there are seniors living in the province. This rate decreased from 1029 in 2019-20 to 825 in 2020-21 but has increased every year since 2020-21. **Data Table 2.14.** These increases may be indicative of the lack of access to primary care and/or insufficient preventive health practices.

Differences among health zones were substantial. The rate of emergency room visits in Eastern-Rural was the lowest with 553 visits per 1,000 seniors, while Labrador-Grenfell had 1,406 visits per 1,000 seniors. **Data Table 2.14.** This could be related to distinct health status or lack of access to a primary care provider.

Report Table 2.3 Seniors' Hospital Care 2024-25	NL	Eastern-Urban	Eastern-Rural	Central	Western	Lab-Grenfell
Emergency Room Visits Rate	**1,052**	**553**	**1,309**	**1,397**	**1,095**	**1,409**
Hospitalization Rate	**482**	**426**	**515**	**485**	**523**	**478**

For more details see Data Table 2.14 in the companion **Seniors' Report 2026 Data Tables**.

Hip Replacement, Knee Replacement and Cataract Surgery

Benchmarks are goals based on scientific evidence that express the amount of time that is appropriate to wait for a particular service. Information is readily available on wait times for priority procedures. CIHI reports the percentage of cases meeting the national benchmark wait times for several procedures. While this is not specific to seniors, most people undergoing these procedures are seniors. According to CIHI's 2024–2025 data, the most common age group for knee replacement surgery was 65 to 74 years. For hip replacement surgery, the most common age group was 75 years and older among women and 65 to 74 years among men.[76] In 2019, the percentage of knee replacement, hip replacement and cataract surgeries meeting the benchmarks were 72 per cent, 76

per cent and 63 per cent respectively. **Data Table 2.15.** Since that time, the percentage of these three surgeries meeting national benchmarks in NL falls well below the Canadian average and have not yet rebounded to the levels prior to the COVID-19 pandemic. The provincial government extended the provision of cataract surgeries to include non-hospital facilities, and this should be considered as one factor improving the benchmark wait times for that surgery.[77, 78] The number of knee and hip replacement surgeries has steadily increased since 2020-21. **Data Table 2.16.** While the number of people waiting has not decreased to pre-pandemic levels, the number of patients waiting for knee and hip replacement has decreased considerably compared with recent years. **Data Table 2.17.**

Report Table 2.4 Surgeries Meeting Benchmark Wait Time,[x] 2025[79]	NL	Canada
Knee replacement	**37%**	**63%**
Hip replacement	**55%**	**69%**
Cataract surgeries	**71%**	**70%**

For more details see Data Table 2.15 in the companion **Seniors' Report 2026 Data Tables**.

Acute Care for the Elderly

Acute Care for the Elderly (ACE) is a specialized approach to hospital care for older adults who are admitted with acute medical conditions. Its purpose is to address the immediate illness or health concern while maintaining the patient's functional abilities and reducing the risk of complications such as mobility decline, muscle deconditioning, and delirium that can occur during a typical hospital stay.[80]

In 2023, the provincial government announced the establishment of Acute Care of the Elderly Units at regional hospitals.[81] The first ACE unit in NL started June 2024 at Western Memorial Hospital with 15 beds. A second ACE unit opened at St. Clare's Mercy

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

Hospital June 2025 with 26 beds. In both units, most of the staff has specialized training (96 per cent). Notably, the vast majority of patients have been discharged home without the need for support. **Data Table 2.18.**

Report Table 2.5 Acute Care for the Elderly 2025-26	NL	St. Clare's Mercy[xi]	Western Memorial
Number of beds	**41**	**26**	**15**
Number of patients	**1,027**	**566**	**461**
Percentage of trained medical staff	**96**	**96**	**96**
Number of patients discharged	**1,027**	**566**	**461**
Discharged home without support	**681**	**379**	**302**
Discharged home with support	**32+**	**32**	**..**
Transfer to alternate level of care	**42**	**9**	**33**
Discharged to personal care home	**50**	**11**	**39**
Transfer to long term care	**39**	**32**	**7**
Deceased	**91**	**70**	**21**
Other	**90**	**33**	**57**

For more details see Data Table 2.18 in the companion **Seniors' Report 2026 Data Tables**.

Alternate Level of Care

Another measurable component is Alternate Level of Care (ALC), wherein a person is medically discharged from hospital but remains in an acute care hospital bed until appropriate care or living arrangement is arranged or available. Higher rates of ALC often means fewer beds available to those seeking acute care, resulting in a less efficient health care system. It also means that seniors are in inappropriate arrangements that are

[xi] Includes St. Clare's data starting in June 2025.

not equipped to meet their needs. In 2024-25, more than 3,200 seniors spent time in ALC. **Data Table 2.19.** Moreover, the time spent in ALC compared to the total number of days spent in the hospital was substantial (**Data Table 2.20**), accounting for 31.2 per cent of the total time. **Data Table 2.21.** In 2024-25, 8.2 per cent of all impatient cases in NL were ALC; for seniors this number was 13.4 per cent. **Data Table 2.21.** Typically, NL has higher rates of ALC than Canada, and the majority of these patients are waiting for placement into a residential facility.[82] **Data Table 2.22.** The provincial number of seniors in ALC increased in the last year from 3,258 to 3,284. Provincially, the majority (21.7 per cent) of these patients were seniors waiting for LTC placement, closely followed by seniors waiting for PCH placement (21.2 per cent). Regionally, these percentages varied substantially. **Data Table 2.23.** The median number of days patients spent in an inpatient acute care hospital bed before being discharged, when they did not need an acute bed, was eight. **Data Table 2.24.** The median means that 50 per cent of patients waiting for home care services or support waited eight days or less. The length of the stay extension has been relatively consistent over the last five years, ranging from seven to nine days. The average length of stay in ALC was 29.05 days. **Data Table 2.19.** The difference across health zones was noticeable, for example, the average length of stay in ALC ranged from 15.70 days in Eastern-Rural to 47.99 in Labrador-Grenfell.

The measurement of potential delays in the transition from one care setting to another can be helpful in monitoring the accessibility of these services, as well as assisting with discharge planning and coordination with care providers.

Report Table 2.6 ALC Length of Stay (days) 2024-25	NL	Eastern-Urban	Eastern-Rural	Central	Western	Lab-Grenfell	Canada
Median[83]	**8**	**8**	**6**	**10**	**11**	**20**	**8**
Average	**29.05**	**16.11**	**15.70**	**40.43**	**42.83**	**47.99**	**-**

For more details see Data Tables 2.19 and 2.24 in the companion **Seniors' Report 2026 Data Tables**.

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

Home Care

The National Institute on Ageing defined the term 'Ageing in the Right Place' as "the process of enabling healthy ageing in the most appropriate setting based on an older person's personal preferences, circumstances and care needs."[84]

Research consistently demonstrates that seniors want to age in their own homes, and this is true for NL seniors.[85, 86] The concept of 'aging in place' has been growing in popularity for decades and represents the idea that providing the necessary supports to seniors will allow them to stay in their community longer, promoting better wellbeing and reducing the reliance on institutionalization.[87] While aging in the right place may look differently from one person to another, this section is about aging well at home.

The importance of supporting seniors to age in the right place is expected to grow as the population ages. Adults aged 85 years and older is one of the fastest-growing age groups in Canada and projected to reach approximately 2.2 million by 2043. Although the likelihood of living in an institutional setting increases with age, the majority of adults aged 85 years and older continue to live in the community. A recent Statistics Canada study using data from the 2019-20 Canadian Health Survey on Seniors (CHSS) identified substantial diversity among community-dwelling adults aged 85 years and older, ranging from individuals in very good health with low care needs, to those in poor health with high care needs. The study also found that 6.5 per cent reported unmet home care needs, with those in poorer health and receiving higher levels of care being the most likely to report unmet needs. Unmet home care needs have been linked to poorer health outcomes, increased use of health services, admission to residential care, and reduced emotional wellbeing.[88] These findings highlight the importance of ensuring that home and community-based supports are available and responsive to the diverse needs of older adults living in the community.

Every year, CIHI releases data for an indicator on home care services helping the recipient stay at home. However, the results exclude "households on reserves or in other Indigenous settlements,"[89] which means these results may not be completely representative of the entire province. This information is based on public and private home care services, and excludes informal home support (i.e., family, friends). CIHI recognizes that the responses to this indicator may be biased towards positive responses because data are only collected from individuals who receive home care

services and remain at home; individuals who receive home care services but have now been institutionalized are excluded. However, this indicator is still informative as a higher rate may suggest that home care services are being delivered appropriately and effectively to those who receive them and are able to continue to age in their own homes. In 2024, 86.4 per cent of NL households receiving home care services in the previous 12 months reported that these services were very helpful in allowing the recipient to stay at home. This is the second highest percentage in the country and higher than the Canadian rate of 80.8 per cent. **Data Table 2.25.**

Report Table 2.7 Aging in Place 2024[90]	NL	Canada
Home care services helped the recipient stay at home	**86.4%**	**80.8%**

For more details see Data Table 2.25 in the companion **Seniors' Report 2026 Data Tables**.

CIHI's data on new LTC residents who potentially could have been cared for at home is an indicator that tracks the number of newly admitted LTC residents whose clinical needs are similar to those who receive formal home care and are able to age in place.[91] This indicator sheds light on potentially unnecessary institutionalization, perhaps as a result of ineffective or unavailable home care services and supports. In 2024-25, compared to other provinces, NL did well in this category with 6.2 per cent of new admissions who could have potentially been cared for at home, compared to the Canadian average of 9.0 per cent. Furthermore, this indictor has fallen from 8.7 per cent in the last five years. However, regional dynamics between NL health zones do differ and will require more analyses as yearly data become available. **Data Table 2.26.**



Report Table 2.7 Aging in Place 2024-25[92]	NL[xii]	Eastern-Urban	Eastern-Rural	Central	Western	Canada
New LTC residents who potentially could have been cared for at home	**6.2%**	**6.3%**	**5.9%**	**8.2%**	**4.5%**	**9.0%**

For more details see Data Table 2.26 in the companion **Seniors' Report 2026 Data Tables**.

In NL, individuals with demonstrated care needs can access home care through the Provincial Home Support Program, which is administered by NLHS. Home care primarily assists with Activities of Daily Living (ADL) such as personal care (e.g., eating, bathing, dressing) and homemaking (e.g., light housekeeping, laundry). Home care services can also include respite care, wound care, serious injury care, or palliative care. There are three options available for service delivery: self-managed care where the person chooses and employs the care provider; paid family caregiving, which is similar to self-managed care, but the person chooses a family member to be the care provider (not including spouses and common-law partners); and agency-managed care where the person chooses to receive home support services through an approved agency in the community.[93]

While not all who access home care are seniors, most are. According to CIHI, in 2024-25 the average age was 78 and about one-third were 85 years old or older.[94] Individuals have a variety of conditions, including bladder incontinence, diagnosis of dementia, and moderate to very severe cognitive impairment. **Data Table 2.27.** One of the primary benefits of home care is being able to age at home or age in place. Being able to stay at home and maintain as much independence as possible, is important for most seniors. Living at home allows them freedom to maintain their independence longer and to stay engaged with their normal daily activities, including regular interaction and companionship with family, friends and community. Aging at home can also extend and/or improve overall quality of life by minimizing premature institutionalization.

There are 32 approved home care agencies throughout the province. Some of these agencies operate in multiple locations, so the total number of agency office locations is

[xii] The NL percentage includes Labrador-Grenfell; however, the Labrador-Grenfell percentage is suppressed.

82. The number of seniors receiving home support services during 2025-26 was 6,478. **Data Table 2.28.** This is a decrease of 2% in the last year and an increase of 2% in the last 5 years. In 2025-26, the average number of hours of care received by seniors in NL was 904. **Data Table 2.29.** During 2024-25 there were 233 clients in receipt of the paid family caregiver option.

Report Table 2.8 Availability of Home Support 2025-26	NL	Eastern	Central	Western	Lab-Grenfell
Approved home support agencies	**32**	**-**	**-**	**-**	**-**
Locations of approved home support agencies	**82**	**51**	**20**	**9**	**2**
Seniors receiving home support	**6,478**	**3,542**	**1,051**	**1,680**	**205**

For more details see Data Table 2.28 in the companion **Seniors' Report 2026 Data Tables**.

There are currently no active waitlists in NL for home care services and supports, according to the Department of Health and Community Services (DHCS). All eligible individuals can avail of services immediately if there are home care services and supports available in the region/community. However, there can be a wait time for some individuals discharged from hospital. In 2024-25, CIHI reported that in NL 11.1 per cent of hospital discharges were extended until home care supports were ready, compared with 9.2 per cent nationally.[95]

The OSA continues to hear concerns from seniors and families about the availability, consistency and quality of home support. This includes challenges accessing appropriately trained staff, particularly staff with dementia-specific training; difficulty finding workers, especially in rural and remote communities; and frequent changes in care providers due to staff turnover, illness and vacancies which can make it difficult for seniors to establish consistent and trusted relationships with their caregivers.

Respite Care

Respite care is offered in a variety of care settings, both at home (as a form of home care) and in residential care settings. Day programs, as previously mentioned, can offer respite care. Some LTCs and PCHs provide respite services.

Day Programs

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



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

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

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

During 2025-26, Saint Luke's Home had 79 adults enrolled and 31 were on the waitlist, while The Neighbourhood had 31 adults enrolled and no individuals on the waitlist. **Data Table 2.30.** It is concerning that there are only two adult day programs in the province, both in the Eastern-Urban Zone. Given NL's age demographics it is reasonable to expect a higher demand throughout the province, especially in Eastern-Rural, Central

and Western Zones where there are higher proportions of seniors. While it is acknowledged that the two programs are only available in St. Johns, it is surprising that the waitlist is so low, given the demographics of our province and the correlation between age and dementia. This is an area that requires further review.

Residential Care[xiii]

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

Personal Care Homes (PCHs) are residences for seniors and adults who need assistance with activities of daily life, but do not require round-the-clock medical services.[96] About one in ten residents have moderate to very severe cognitive impairment.

Long Term Care (LTC) Facilities are designed to provide the highest level of care for residents. This includes round-the-clock medical and personal care, nutritional resources, pharmacy services, rehabilitative and restorative therapies, and volunteer services.[97] LTC facilities are publicly owned and operated by the provincial government.

Protective Community Residences (PCRs) are specially designed homes for individuals living with mild to moderate dementia.[98] They include safeguards for wandering behaviours, like orientation cues, and staff trained specifically to provide aid and support those with cognitive impairments. PCRs are publicly owned and operated by the provincial government.

Personal Care Homes

Although personal care homes are privately owned and operated, they are licensed by the provincial government and monitored by NLHS. During the 2025-26 fiscal year, a total of 1,300 routine monitoring visits were conducted throughout the province. **Data Table 2.31.**

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

Report Table 2.9 Number of PCH Monitoring Visits 2025-26	NL	Eastern-Urban	Eastern-Rural	Central	Western	Lab-Grenfell
	1300	**336**	**304**	**416**	**224**	**20**

For more details see Data Table 2.31 in the companion **Seniors' Report 2026 Data Tables**.

In 2025-26, there were 87 personal care homes, **Data Table 2.32,** with 5,194 beds, **Data Table 2.33,** and an average occupancy rate of 85.9 per cent. **Data Table 2.34.** The number of beds has increased by 8 per cent since 2020-21. **Data Table 2.33.**

Depending on their financial circumstances, residents may be partially subsidized. In general, the majority of residents receive a subsidy. During the 2025-26 fiscal year, 90 per cent of PCH residents in NL received a subsidy, with ranges between health zones varying from 84 per cent in Eastern-Urban to 98 per cent in Labrador-Grenfell. **Data Table 2.35.** The average monthly cost incurred by partially subsidized residents was $1,492 during 2025-26. **Data Table 2.36.** During 2025-26, the provincial government expenditures on the PCH program are projected to be $80.9 million. **Data Table 2.37.** This corresponds to an average monthly spending of $ 1,684 per subsidized residents.

During 2025-26 the Department of Health and Community Services received 62 PCH formal complaints, with over one-third of complaints related to Quality of Care. **Data Table 2.38.**

The average number of individuals on a waitlist per month for admission into a PCH was 425 in 2025-26. **Data Table 2.39.** The Department of Health and Community Services notes that caution should be taken when interpreting the PCH waitlist data, as this may not be a true measure of demand because many individuals may, for example, choose to wait for the PCH of choice, or wait for a particular time of the year to move. Nevertheless, this number has been increasing since 2020-2021. In the last fiscal year, the number of people on the waitlist increased by 57 per cent in NL, ranging from 20 per cent in Labrador-Grenfell to 140 per cent in Central. In 2025-26, the average number of individuals placed in PCH per month was 112.8. **Data Table 2.40.**

NLHS does not track the amount of time individuals wait before they are placed in a PCH. The Office of the Auditor General found that 47 per cent of a sample of residents

had waited over 100 days from the date their initial assessment was submitted, for their assessment to be approved. Eighteen per cent waited more than 100 days after approval for admission before being admitted to a PCH.[99] This means some people waited more than 200 days from the time they were assessed until they began living in a PCH. Additionally, people sometimes must wait for the assessment to take place, but this time is not tracked.

Most individuals enter a PCH from the community and, to a lesser degree, from acute care. **Data Table 2.40.**

Report Table 2.10 Availability of PCHs 2025-26	NL	Eastern Urban	Eastern Rural	Central	Western	Lab-Grenfell
Licensed PCHs	**87**	**22**	**20**	**26**	**14**	**5**
Number of beds in licensed PCHs	**5,194**	**1,398**	**1,178**	**1,678**	**792**	**148**
Report Table 2.11 Access to PCHs 2025-26	**NL**	**Eastern Urban**	**Eastern Rural**	**Central**	**Western**	**Lab-Grenfell**
Average occupancy rate	**85%**	**93.2%**	**77.1%**	**83.1%**	**91.1%**	**91.7%**
Average number of individuals on a waitlist for PCH placement per month	**425**	**167**		**120**	**65**	**73**

For more details see Data Tables 2.32, 2.33, 2.34 and 2.39 in the companion **Seniors' Report 2026 Data Tables**.

The number of evictions from PCHs is an indicator available since 2022. **Data Table 2.41.** Although the number of evictions is low compared to the overall number of PCH residents, the associated stress experienced by those affected is significant and it contributes to the housing crisis experience by seniors. In 2025-26, the provincial rate of evictions per 1,000 residents of PCHs was 19.3, but the difference between health zones is noteworthy.

Report Table 2.12 Rate of Evictions from PCHs 2025-26	NL	Eastern	Central	Western	Lab-Grenfell
	19.3	**17.2**	**17.2**	**33.1**	**0.0**

For more details see Data Table 2.41 in the companion **Seniors' Report 2026 Data Tables**.

Long Term Care

For the purposes of this report, LTC facilities encompass both LTC facilities and PCRs.

Long wait times for LTC has been an issue facing Canadian seniors for decades. A Canadian Journal on Aging article from 2024 reviewed existing literature on wait times for LTC and found several explanations for what may be driving long wait times, including poorly managed waitlists, available resources, and federal/provincial policy and funding.[100]

There are significant issues with staff shortages and insufficient home and community-based care services and supports.[101] Insufficient funds for hiring, shortages in qualified personnel, and a lack of interest in the profession have all been purported to contribute to insufficient staffing in many LTC homes.[102]

Home and community-based care is essential for reducing LTC waitlists because research shows that these may be viable alternatives for people with less complex needs, but they must be accessible, affordable, and available.[103] Thus, LTC waitlists "do not always imply the need for more LTC beds, but rather may be highlighting a lack of community-based care".[104] Rural communities tend to have fewer home and community-based care supports, largely due to low population density and lack of resources/infrastructure.

LTC need often exceeds capacity, but it is becoming more evident that home and community-based care services and supports could alleviate some of this need.[105] LTC facilities are also costly to operate, so efforts to enhance home and community-based alternatives may be more economically viable for governments.[106] For example, during the fiscal year 2024-25, the provincial government spent over $466 million on LTC. The projected expenditure for 2025-26 is over $473 million. **Data Table 2.42.** This corresponds to an average annual spending of $146,554 per LTC resident. Average

clients' contributions ranged from $1,297 in Labrador-Grenfell to $1,671 in Central. **Data Table 2.43.**

In 2025-26, NL had 42 LTC facilities with a total of 3,311 beds. **Data Table 2.44.** In 2024-25 these facilities had occupancy rates ranging from 93 to 96 per cent across zones, except in Central, where the occupancy rate was 85. The occupancy rate in LTC is calculated by counting number of staffed and operational beds. **Data Table 2.45.** In 2025-26 the estimated occupancy rate in NL, counting all LTC beds, was 98 per cent.

These beds, however, are not distributed equally throughout health zones, sometimes forcing seniors to move far from their community to access LTC. In fact, more than one-half of the complaints in LTC received by the Department of Health and Community Services are related to placement/transfer. **Data Table 2.46.**

On average, there were 465 persons on a waitlist for LTC admission in 2025-26. **Data Table 2.47.** The waitlist represents all clients seeking LTC, however, the vast majority of LTC residents are aged 65 years or older. **Data Table 2.48.**

Report Table 2.13 Availability of LTC 2025-26	NL	Eastern-Urban	Eastern-Rural	Central	Western	Lab-Grenfell
Facilities	**42**	**7**	**9**	**14**	**8**	**4**
Number of all LTC beds	**3,211**	**1,311**	**558**	**668**	**623**	**151**
LTC beds per 1,000 seniors[xiv]	**23.2**	**29**	**16**	**24**	**27**	**22**

For more details see Data Table 2.44 in the companion **Seniors' Report 2026 Data Tables**.

Further, of those waiting for LTC placement, more individuals are waiting in community than in acute care; however, the opposite is true for Western. **Data Table 2.49.** The greater number of admissions, however, is from acute care. **Data Table 2.50.** Each year a very small percentage of residents are transferred to community or discharged. **Data Table 2.51.**

[xiv] Calculated using data from the Department of Health and Community Services & Newfoundland and Labrador Statistics Agency, Population estimates, July 1, by health region and peer group, 2023 boundaries.

Report Table 2.14 Average number of clients waitlist for LTC, per month 2025-26	NL	Eastern-Urban	Eastern-Rural	Central	Western	Lab-Grenfell
Waiting in the Community	**184**	**60**	**22**	**49**	**28**	**25**
Waiting in a Personal Care Home	**86**	**20**	**7**	**39**	**15**	**5**
Waiting in Acute Care	**153**	**39**	**17**	**43**	**35**	**19**
Waiting Out of Region/Province	**33**	**20**	**3**	**5**	**2**	**3**
Waiting in a Protective Community Residence	**9**			**1**	**8**	
Total	**465**	**139**	**49**	**137**	**88**	**52**

For more details see Data Table 2.49 in the companion **Seniors' Report 2026 Data Tables**.

Quality of Care in LTC

The impact of health care services and supports on our ability to age well is directly determined by the quality of the care. While there are many indicators for determining quality of care, there are very few that are actively monitored and tracked consistently across different care settings (i.e., home care, residential care, respite care). With that said, there is some information published by CIHI that reflect quality of care and is available for LTC. Data include information about ADL, pressure ulcers, pain, depression symptoms, falls, and restraints.

Physical & Mental Wellbeing

Activities of daily living (ADL) refer to the basic skills that are necessary for maintaining independence and taking care of oneself. [107] Research indicates that when people are limited in their ability to perform ADL, they are more likely to have a lower quality of life, higher risk of mortality, and an increased likelihood of institutionalization.[108, 109] Monitoring ADL performance can provide some indication of health status and ability to maintain independence and autonomy over time.

Pressure ulcers, also known as bed sores, can be caused by an individual remaining in the same position for an extended period. Age is a significant risk factor, as the majority of pressure ulcers develop in seniors.[110] Poor nutrition, dehydration, and chronic illness are other factors that can increase the risk of developing a pressure ulcer.[111] These painful sores are associated with a lower quality of life and a higher risk of mortality.[112] Preventative care is essential for managing pressure ulcers as they tend to heal slowly and can become chronic over time.[113]

Pain is a classic indicator of health and wellbeing for any age group, but especially seniors because chronic pain is linked with increased disability, premature death, cognitive decline, poor mental health, and dementia in older adults.[114, 115] Unfortunately, chronic pain is a very common issue with older adults, so monitoring the prevalence and severity is critical for understanding health outcomes for seniors.[116, 117]



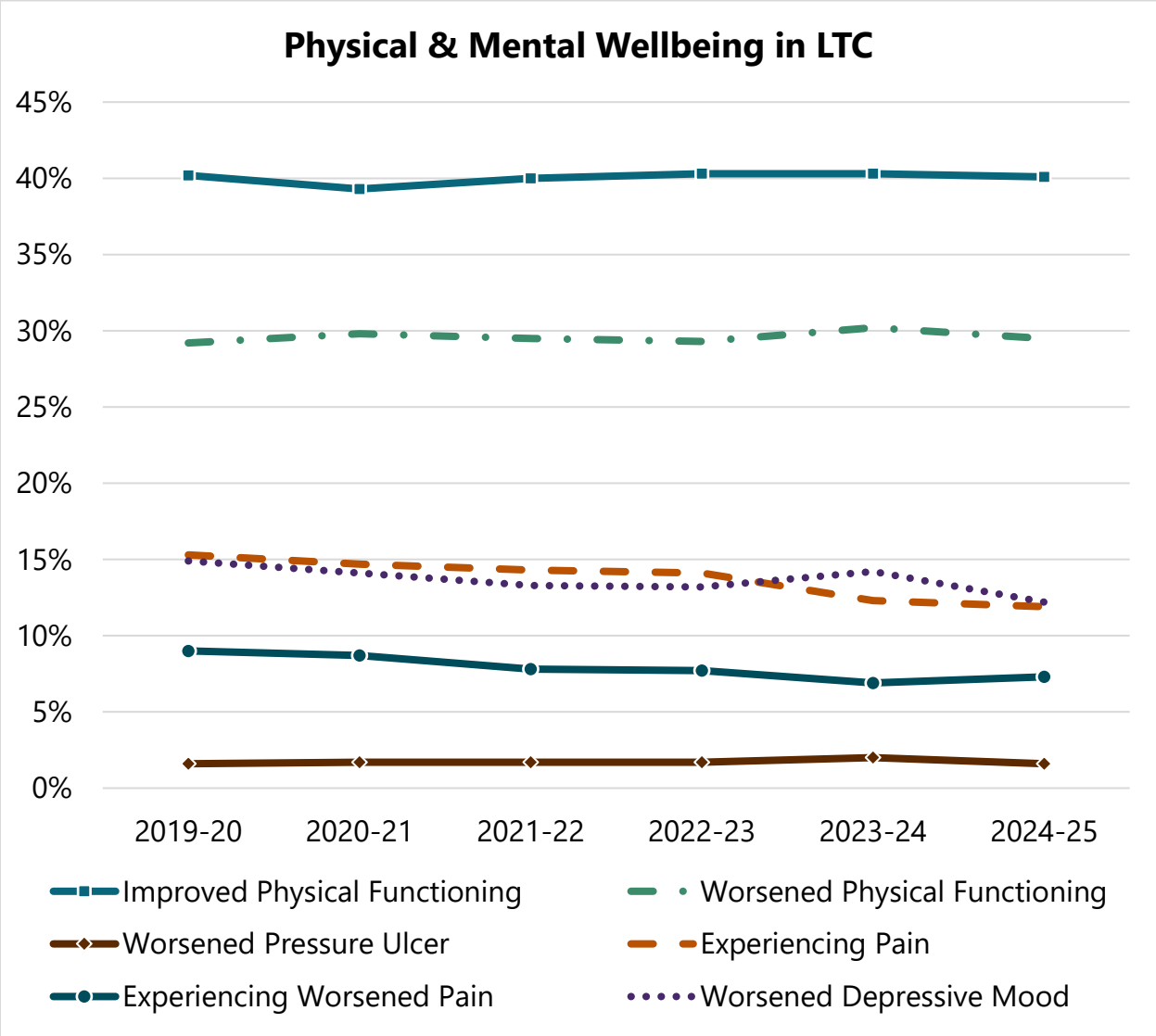
Worsening of depression symptoms is also an indicator of physical and mental wellbeing. Seniors may be more susceptible to depression due to factors such as social isolation, loss of loved ones, chronic health conditions, and reduced mobility. Ultimately,

depression can lead to higher rates of institutionalization and mortality and worsen cognitive ability.[118]

Most indicators of physical and mental wellbeing for residents in LTC, show that NL is on par or somewhat better than the Canadian average. One area where NL's results are worse is experiencing pain. Almost 12 per cent of residents in LTC indicate that they experience pain compared to just 5.5 per cent at the national level. Nevertheless, this indicator has slowly declined over the last five years. Another area which has shown some improvement is worsened depressive mood, which decreased from 14.2 to 12.2 per cent in the last year, and dropped from 14.9 per cent in NL in 2019-20. **Data Table 2.52.**

Report Table 2.15 Physical & Mental Wellbeing in LTC 2024-25[119]	NL	Eastern -Urban	Eastern -Rural	Central	Western	Lab-Grenfell	Canada
Improved Physical Functioning (ADL)	**40.1%**	**44.7%**	**40.6%**	**38.3%**	**38.5%**	**27.3%**	**30.9%**
Worsened Physical Functioning (ADL)	**29.5%**	**30.8%**	**27.5%**	**31.2%**	**28.0%**	**27.1%**	**32.7%**
Worsened Pressure Ulcer	**1.6%**	**1.9%**	**1.8%**	**1.9%**	**1.0%**	**0.8%**	**2.5%**
Experiencing Pain	**11.9%**	**10.2%**	**10.4%**	**15.1%**	**11.8%**	**13.7%**	**5.5%**
Experiencing Worsened Pain	**7.3%**	**10.0%**	**5.3%**	**7.3%**	**4.3%**	**7.5%**	**9.1%**
Worsened Depressive Mood	**12.2%**	**16.3%**	**9.5%**	**10.3%**	**9.6%**	**14.3%**	**18.7%**

For more details see Data Table 2.52 in the companion **Seniors' Report 2026 Data Tables**.



For more details see Data Table 2.52 in the companion **Seniors' Report 2026 Data Tables**.

Safety & Appropriateness of Care

Falls have been identified as "one of the most common preventable health care issues for older adults", yet falls are a major contributing factor to injury, hospitalization, institutionalization, and death in seniors. The burden of falls in Canada continues to grow. In 2022, more than 7000 seniors died as a result of falls, and in 2023-2024 there were approximately 81,600 fall-related hospitalizations nationally.[120] Furthermore, the frequency and severity of falls for Canadian seniors has increased substantially in the past several decades.[121] In fact, the number of fall-related hospitalizations for those over

the age of 65 has increased nearly 50 per cent in the last decade.[122] The likelihood of falling increases with age, and doubles if an older adult has fallen once already.[123]



Falls occur more often, and result in longer hospital stays, for seniors living in their own homes compared to those in LTC settings, hastening LTC admission in many cases with nearly one out of every four LTC admissions due to fall-related injuries.[124] There are many risk factors of falling, but seniors typically have these accidents when walking or using stairs.[125]

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

NL's incidence of falling in LTC is lower than that of Canada with 10.3 per cent of residents 2024-25 having a fall in the previous 30 days compared to 16.5 per cent for Canada.

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

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

Frequent use of restraints is considered an indicator of potentially poor care because restraints can cause negative health outcomes over time and thus should only be used in emergency situations. Repeated use of restraints can lower a person's ability to perform ADL and lower cognitive ability, increase the risk of pressure ulcers, falls,

incontinence, respiratory and circulatory complications, acute injury, and even death.[126, 127] CIHI releases data annually on physical restraint use in LTC, but not on chemical or environmental restraints.

During 2024-25, physical restraint use in LTC was higher in NL than the national average, 10.2 per cent and 4.7 per cent respectively. As well, there are some substantial differences regionally. Physical restraint use was highest in the Western Zone, and lowest in Eastern-Rural, 17.9 per cent and 4.3 per cent respectively.

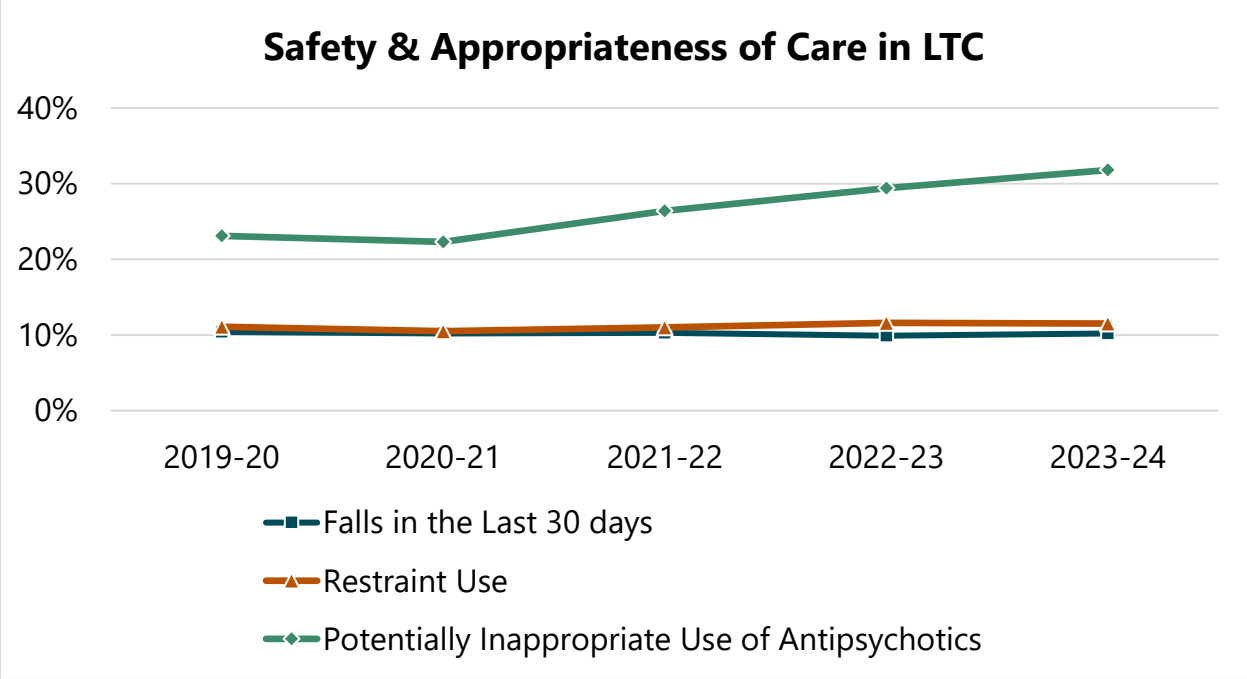
Although CIHI does not have information on chemical restraint use, there is information on "potentially inappropriate use of antipsychotics in long-term care". This represents the number of residents in LTC that are receiving antipsychotic medications, without having a diagnosis to support it, and thus can be used as an indicator for possible chemical restraint use. Research from 2021 suggests that seniors in LTC were "eight times more likely to be prescribed an antipsychotic, compared with seniors living in the community".[128]

During 2024-25, the potentially inappropriate use of antipsychotics in LTC was higher in NL than the national average: 32.1 per cent in NL compared with 24.4 per cent nationally. This means that about one in three residents has a potentially inappropriate prescription for antipsychotic medications. Especially concerning is the potentially inappropriate use of antipsychotics in the Labrador-Grenfell Zone where it is 44.7 per cent. Overall, the potentially inappropriate use of antipsychotics in NL has been steadily increasing since 2020-21. **Data Table 2.52.**

In response to national concerns, an independent expert panel established a target rate of 15 per cent for potentially inappropriate antipsychotic use in LTC, along with an annual improvement goal of a 15 per cent relative reduction for facilities exceeding this benchmark.[129] Only 32 LTC facilities across Canada have been certified by the Appropriate Use Coalition in 2026 for meeting the national target; none of these homes are in NL.[130] However, overall, neither NL nor Canada has met these targets. Between 2023–24 and 2024–25, the national rate decreased slightly by 0.4 per cent, whereas NL experienced an increase of 0.9 per cent.

Report Table 2.16 Safety & Appropriateness of Care in LTC 2024-25[131]	NL	Eastern-Urban	Eastern-Rural	Central	Western	Lab-Grenfell	Canada
Falls in the Last 30 days	**10.3%**	**12.6%**	**9.1%**	**8.4%**	**9.7%**	**9.2%**	**16.5%**
Restraint Use	**10.2%**	**6.0%**	**4.3%**	**14.4%**	**17.9%**	**7.5%**	**4.7%**
Potentially Inappropriate Use of Antipsychotics	**32.1%**	**31.5%**	**27.6%**	**31.4%**	**33.8%**	**44.7%**	**24.4%**

For more details see Data Table 2.52 in the companion **Seniors' Report 2026 Data Tables**.

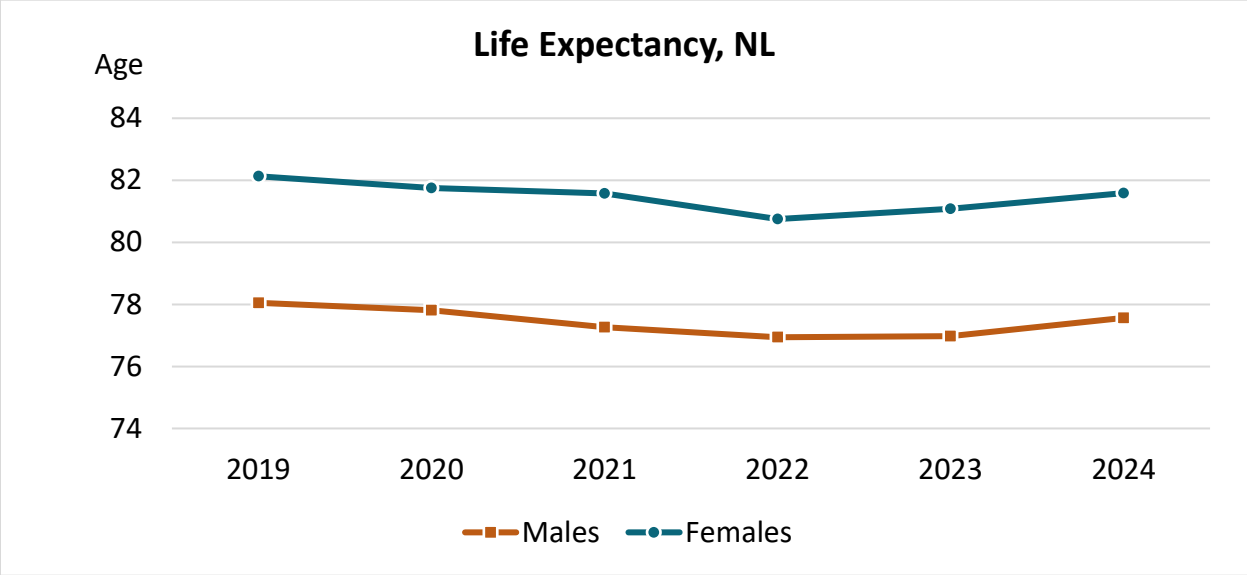


For more details see Data Table 2.52 in the companion **Seniors' Report 2026 Data Tables**.

Life Expectancy

Life expectancy in NL has kept pace with Canada. In 2024, the life expectancy at birth was 79.6 years in NL and 82.2 years in Canada. On average, women have a life

expectancy that is four years longer than men. By age 65, people in NL can expect to live an average of 19.4 additional years. **Data Table 2.53.**



For more details see Data Table 2.53 in the companion **Seniors' Report 2026 Data Tables**.

Other informative indicators are the number of deaths and mortality rates. The mortality rate represents the number of deaths per 1,000 people per year, thus allowing meaningful comparisons across populations. During 2024, the number of deaths among seniors in NL was 5,133, **Data Table 2.54,** or 36 per 1,000 seniors. **Data Table 2.55.** This rate was fairly consistent across health zones. Most of these deaths were attributed to natural causes. **Data Table 2.56.** Although the number of deaths attributed to suicide remains low compared to the overall total, this number steadily increased from 2019 to 2022. During 2023, there were 11 deaths by suicide, representing a 45 per cent decrease from the previous year.

Report Table 2.17 Seniors' Death and Fatality Rate 2024	NL	Eastern-Urban	Eastern-Rural	Central	Western	Lab-Grenfell
Number of deaths	**5,001**	**1,670**	**1,266**	**1,040**	**912**	**245**
Deaths per 1,000	**36**	**37**	**36**	**35**	**37**	**36**

For more details see Data Table 2.56 in the companion **Seniors' Report 2026 Data Tables**.



FINANCES

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

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

From an expenditure perspective, seniors tend to spend a greater percentage of their money on health care and food, and a lesser percentage on shelter (likely because many seniors are mortgage-free) and clothing than younger age groups.[132, 133] However, as individuals continue to live longer and the cost of living rises, more seniors are working past the traditional ages of retirement.

Data from the OSA's report **What We Heard: Engagement with Seniors, Family Members and/or Caregivers, and Service Providers** (2023) indicates that 32 per cent of NL seniors do not have enough income to meet their financial needs.[134] Seniors reported several negative impacts from this financial disparity, including:

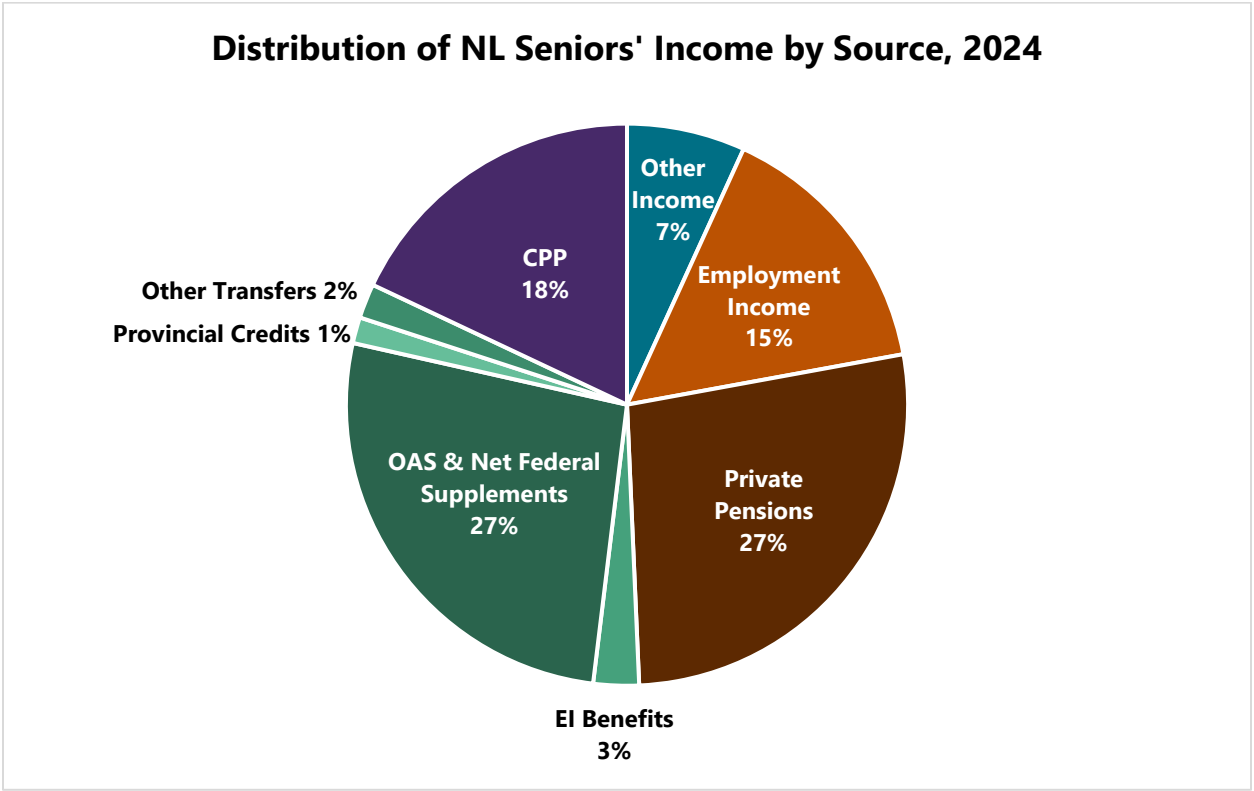
- 40 per cent could not afford food or to eat healthy.
- 26 per cent could not afford things in general.
- 22 per cent could not afford utilities.
- 13 per cent had a limited ability to attend social events.
- 10 per cent could not afford health care.
- 7 per cent must choose which bills to pay.
- 7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

Income Sources

Income security is vital for seniors to continue to live a healthy and active lifestyle. The provincial and federal governments provide a number of financial programs, such as the

Canada Pension Plan (CPP), Old Age Security (OAS), Guaranteed Income Supplement (GIS) and the NL Seniors' Benefit.

Seniors' incomes are primarily comprised of transfers from the federal government, private pension plans, CPP[xv], and employment income. **Data Table 3.1.** In 2023,[xvi] these four sources made up 93 per cent of the total income of seniors in NL. Excluding CPP, federal government transfers are the largest component. Among the provinces, NL seniors had the highest dependence on transfers, accounting for 33 per cent of total income, primarily derived from OAS and GIS.[135] This was followed by seniors in New Brunswick who relied on transfers at 28 per cent. The average of government transfers to total income for all of Canada was 22 per cent. **Data Table 3.2.**



For more details see Data Table 3.1 in the companion **Seniors' Report 2026 Data Tables**.

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

[xvi] Statistics Canada has indicated that the 2024 T1 Family File (T1FF) release will be delayed and that this delay will affect web tables and custom tabulations. Because Table 11-10-0039-01 is a T1FF-based table, its update is dependent on the release of the 2024 T1FF data.
https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=4105

Public Pensions

The CPP is a taxable monthly payment that serves as a partial replacement to employment income upon retirement. Eligible individuals will receive this pension for the rest of their lives. To qualify, a person must be 60 years old (minimally) and have made at least one valid contribution to the CPP. In NL, 95.4 per cent of seniors received CPP benefits during 2023. **Data Table 3.3.** The amount a person receives depends on their average income while in the workforce, the age at which the person decides to take the pension, and the amount and frequency of contributions. The maximum monthly CPP payment is $1,508 at age 65.[136] During 2025-26, the monthly average for all NL seniors receiving CPP benefits was about $925. **Data Table 3.4.** A person can choose to receive their CPP benefits any time between ages 60 and 70. The benefit is adjusted based on the age payments start; it is lower if started before age 65 and higher if started after. Worth noting, the amount a person receives from the CPP can be affected by various life circumstances such as disability or death of a spouse. **Data Table 3.5.** The CPP is indexed to inflation and is adjusted in January of each year.

The OAS pension is a taxable payment for Canadian citizens aged 65 or older. Individuals usually begin receiving the monthly payment automatically, however, in some cases, seniors may have to apply if there is insufficient information for the government to determine eligibility. In 2023, there were 135,351 seniors receiving OAS in this province. **Data Table 3.6.** From July to September 2026, the maximum OAS monthly payment ranged from $751.97 to $827.17, depending on age. **Data Table 3.7.** The OAS is indexed to inflation and is adjusted quarterly. A person who is eligible for the OAS and has low income may also receive the GIS, a non-taxable monthly payment that is added to the OAS payment. For 2026, the maximum GIS monthly payment ranges from $676.09 to $1,123.17, depending on personal situation. **Data Table 3.7.** In 2024, 44.3 per cent of NL seniors received the GIS. This rate is the highest in Canada and noticeably higher than that of any other Atlantic province. **Data Table 3.8.** The high proportion of seniors in NL who depend on the GIS is a strong indicator of limited private savings and financial vulnerability.

The percentage of seniors who receive the GIS varies substantially across health zones. During 2023, the latest year with regional data available, a low of 32.6 per cent of seniors in Eastern-Urban zones collected the GIS and a high of 56.6 per cent in Central.

Report Table 3.2 Seniors Receiving OAS 2023[137]	NL	Eastern	Central	Western	Lab-Grenfell
OAS	**96.4%**	**94.8%**	**98.4%**	**99.3%**	**95.7%**

For more details see Data Tables 3.6 in the companion **Seniors' Report 2026 Data Tables**.

Report Table 3.2 Seniors Receiving CPP and GIS 2023[138]	NL	Eastern-Urban	Eastern-Rural	Central	Western	Lab-Grenfell
CPP	**95.4%**	**92.1%**	**96.4%**	**97.1%**	**97.9%**	**96.3%**
GIS	**43.6%**	**32.6%**	**55.0%**	**56.6%**	**52.1%**	**45.6%**

For more details see Data Tables 3.3 and 3.8 in the companion **Seniors' Report 2026 Data Tables**.

Provincial Supplements and Tax Credits

Most provinces and all territories offer financial supplements for seniors. Monthly amounts vary from $52.42 in New Brunswick to $360.00 in Saskatchewan. **Data Table 3.9.**

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

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

The NL Income Supplement is available to any adult with low income, regardless of age. It offers a basic amount of $254-$589 per year, depending on income and marital status. An additional $231 is provided for individuals claiming the Disability Tax Credit and for each child under age 19 who is living in the household. The benefit increases when

income ranges from $15,000 to $20,000 and then phases out at a rate of nine per cent on every dollar over $40,000, which works out to be $90 per every $1,000 of additional net income. From July 2024 to June 2025 there were 42,174 seniors receiving the full NL income supplement and 10,137 receiving a partial supplement. **Data Table 3.10.**

The NL Seniors' Benefit is available to residents aged 65 years and older with a net family income equal to or less than $30,078. Indexing of the Seniors' Benefit amounts and its eligibility threshold began July 2025. In July 2026 the annual amount increased from $1,551 to $1,862.[139] The benefit phases out at a rate of 11.66 per cent on every dollar over this threshold, which works out to be $116.60 for every $1,000 of additional net income. From July 2024 to June 2025 there were 26,778 seniors receiving the full NL Seniors' Benefit and 21,569 receiving a partial benefit. **Data Table 3.11.** This difference is due to eligibility requirements. **Data Table 3.12.**

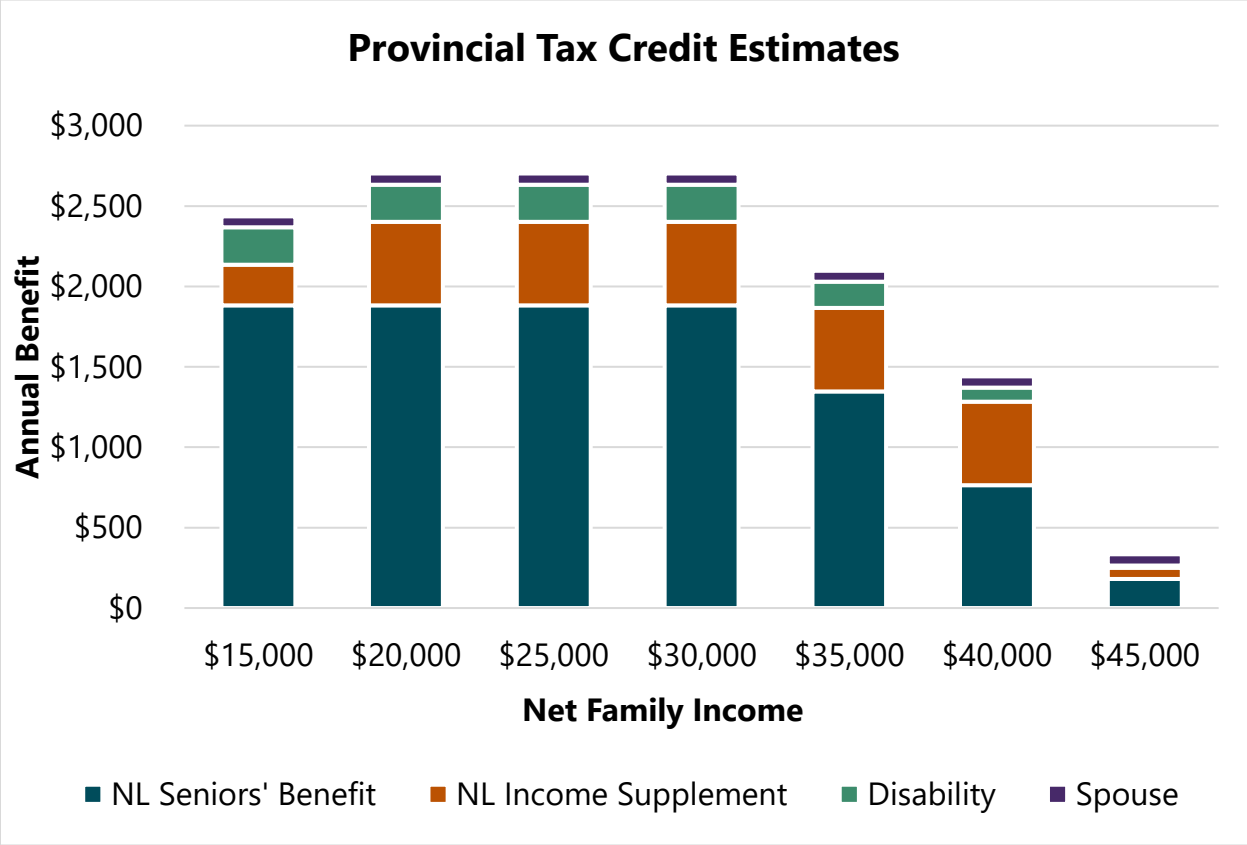
During 2023, 41.2 per cent of NL seniors received some type of provincial tax credit.

Report Table 3.2 Percentage of Seniors Receiving Provincial Tax Credits	NL	Eastern	Central	Western	Lab-Grenfell
	41.2%	**39.3%**	**44.1%**	**45.1%**	**37.9%**

Calculated using data from NL Community Accounts[140] and Statistics Canada.[141]



The following chart shows an estimated breakdown of annual provincial tax credit amounts for seniors.[xvii] Under these circumstances, seniors meeting all eligibility criteria could qualify for $2,633 (maximum) annually, or just under $200 per month (paid quarterly) if there is a net annual family income of $20,000 to $30,000. **Data Table 3.13.**



For more details see Data Table 3.14 in the companion **Seniors' Report 2026 Data Tables**.

As noted, benefit amounts vary depending on an individual's circumstances. In 2025, the maximum monthly income available to a single person with low income, living alone, was $1,998, for those aged 65 to 74 and $2,071 for those aged 75 and older, including OAS, GIS, the NL Income Supplement, and the NL Seniors' Benefit. Compared with 2024, these amounts increased by $37 and $38, respectively. **Data Table 3.14.**

There are limitations on how these benefits are granted because they are based on net family income. For example, consider a situation where two seniors are sharing a home and splitting living costs, and both are eligible for the provincial tax credits. If they are a

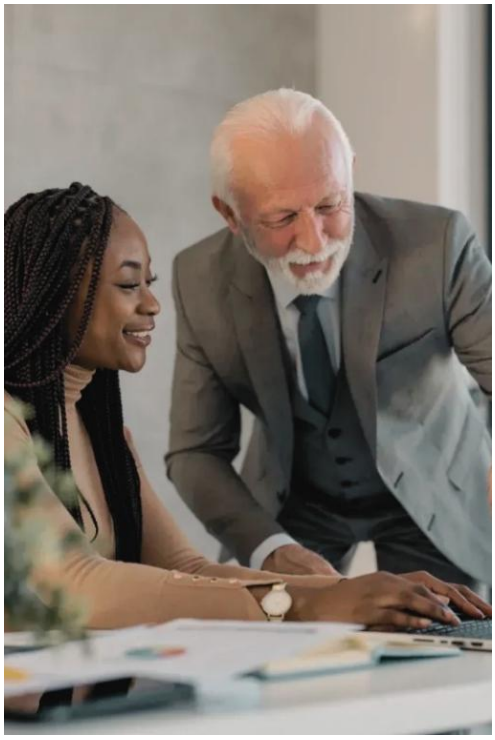
[xvii] Note that this chart does not account for additional amounts for children.

married or common-law couple, they would only receive one tax credit between them (albeit the NL Income Supplement offers an additional $69 per year for couples). If they are not a couple, both can receive the benefit.

This tax model is very common and is based on two underlying assumptions. The first assumption is that living costs do not differ drastically between one-person and two-person households. In other words, a two-person household does not cost twice as much as a one-person household, because of shared costs (rent, utilities, etc.). This is true to a degree, for housemates and couples alike. The second assumption is that couples pool their incomes. We know that this assumption is not always the case, especially for seniors who may be widowed, separated or divorced because they may be less likely to combine their income with a new partner.

Employment

According to Statistics Canada, the Canadian average age of self-reported retirement in 2025 was 65.4 years old, which is the highest it has been since 1977, when collecting these data began.[142] The lowest reported retirement age was 61 years, in 1998. More seniors are postponing retirement or choosing to rejoin the workforce in a different capacity after they retire.



Labour force participation may indicate whether seniors are having trouble making ends meet and are maintaining, joining or rejoining the work force to help alleviate this. In 2025, the participation rate for seniors in NL was 11.9 per cent,[143] which means that 11.9 per cent of seniors were either working or looking for work. As people grow older, the propensity to participate in the workforce declines. In the 65 to 69 year age group, the participation rate was 25.1 per cent; the rate for those aged 70 and over was just 6.0 per cent. The participation rate for the 65 to 69 year age group in NL increased from 18.2 per cent to 25.1 per cent over the last five years, a larger increase than at the national level, where the rate rose from 26.8 per cent to 30.1 per cent. This increase may

be due to financial need, greater opportunities in the labour market and/or people aging with better health and therefore feeling better able to work. **Data Table 3.15.**

Report Table 3.1 Labour Force Statistics, Persons aged 65 and over 2025[144]	NL	Canada
Participation rate	**11.9%**	**15.2%**
Employment rate	**10.7%**	**14.6%**
Unemployment rate	**10.6%**	**4.2%**

For more details see Data Table 3.15 in the companion **Seniors' Report 2026 Data Tables**.

Although not specific to Newfoundland and Labrador, using data from 2022 Statistics Canada found that 12 per cent of people aged 65 to 74 worked by choice and nine per cent worked by necessity. People older than 74 were three times more likely to work by necessity than by choice. The need to work also varied by immigrant status, population group, marital status, and homeownership status.[145]

Regardless of why seniors remain in, join, or rejoin the workforce, employment opportunities must remain available for seniors to keep working. During 2025, the unemployment rate for people aged 65 and over in NL was 10.6 per cent, compared to 4.2 per cent nationally. The unemployment rates of seniors in the Atlantic provinces tend to be higher than those of younger adults and more than double the Canadian unemployment rate of seniors.[146] This is likely due in part to lack of opportunities.

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

Report Table 3.2 Percentage of Seniors Receiving Employment Income	NL	Eastern	Central	Western	Lab-Grenfell
	22%	**22%**	**19%**	**21%**	**30%**

Calculated using data from NL Community Accounts[147] and Statistics Canada. Table.[148]

Median Income

The median income is the income threshold at which half of seniors are earning more, and half are earning less. In 2023, the latest year with data available, the median income of seniors in NL was $29,710 which is a 6.9 per cent increase from the previous year but the lowest increase of all provinces and territories. **Data Table 3.16.**

Provincially, seniors in Central had the lowest median income and Eastern had the highest, closely followed by Labrador-Grenfell.

Report Table 3.3 Median Income 2023	NL	Eastern	Central	Western	Lab-Grenfell	Canada
Median individual income for seniors	**$29,710**	**$31,900**	**$27,200**	**$28,200**	**$29,700**	**$35,930**

For more details see Data Table 3.16 in the companion **Seniors' Report 2026 Data Tables**.

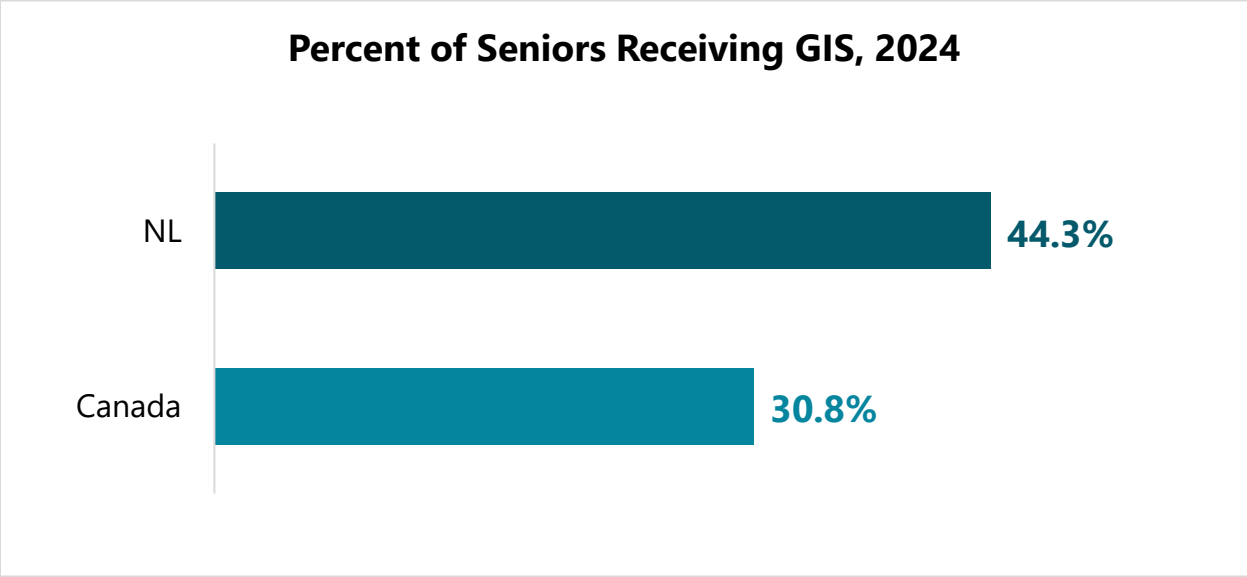
While gains in income are positive and noteworthy, it is also informative to view gains in income over time, relative to increases in the cost of living. As mentioned, the median income of seniors rose by 6.9 per cent in 2023. During the same period, inflation was 3.9 per cent.[149] The decrease in inflation means the purchasing power of seniors, especially those on fixed incomes, is not eroding as quickly as it did during the COVID-19 high-inflation period and that the "real"[xviii] median income decreased from the previous year (2.7 per cent decrease). **Data Table 3.17.**

Low Income & Poverty

There are several measures available to determine if an individual or household is living in low income or poverty; each approach considers different factors and has its own definition of what low income means. While these measures have pros and cons, their suitability for the senior population is debatable. Most do not adequately capture the additional expenses often associated with aging, including medications, health-related expenses, repairs to older homes, home support, modifications to increase accessibility, and the costs of maintaining independence in rural and remote communities. One straightforward way of assessing low income among seniors is to examine the

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

percentage of seniors who receive the GIS. As mentioned previously, the GIS is available for seniors in receipt of OAS and with incomes less than a pre-determined threshold. During 2024, 44.3 per cent of NL seniors received the GIS. This is the highest percentage in the country, correlating with the fact that the median income is the lowest in the country. Nonetheless, some improvement has been made, with the percentage of seniors receiving the GIS falling from 47.2 per cent in 2018.



For more details see Data Table 3.8 in the companion **Seniors' Report 2026 Data Tables**.[xix]

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

[xix] Canada percentage calculated using:
Statistics Canada. Table 17-10-0005-01 **Population estimates on July 1, by age and gender**
DOI: https://doi.org/10.25318/1710000501-eng
Employment and Social Development Canada. **Old Age Security (OAS) and Guaranteed Income Supplement (GIS) - Benefits by Age Group 65-74 and 75+.**
https://open.canada.ca/data/en/dataset/754e11cc-3e75-4148-816d-2509470a0f4f

Report Table 3.4 Percentage of Seniors Receiving GIS 2023	NL	Eastern-Urban	Eastern-Rural	Central	Western	Lab-Grenfell
	43.6	**32.6**	**55.0**	**56.6**	**52.1**	**45.6**

For more details see Data Table 3.8 in the companion **Seniors' Report 2026 Data Tables**.

Another way to estimate poverty is the Newfoundland and Labrador Market Basket Measure (NLMBM), which determines if a household has low income based on methodology developed by the Newfoundland and Labrador Statistics Agency. A Market Basket Measure is the cost of a "basket of goods and services that reflects a modest, basic standard of living."[150] According to this measure, in 2023, the latest year available, 5.7 per cent of NL seniors had incomes below the NLMBM threshold. These seniors lack sufficient income to afford the basic necessities: food, clothing, transportation, and other essential goods and services. There are noticeable differences among health zones, from the lowest per cent of 3.4 in Eastern-Rural to a high of 10.6 per cent in Labrador-Grenfell. The high per cent in Labrador-Grenfell may be due to higher living costs. **Data Table 3.18.**

Report Table 3.5 Seniors with Income below the NLMBM 2023	NL	Eastern-Urban	Eastern-Rural	Central	Western	Lab-Grenfell
	5.7%	**5.5%**	**3.4%**	**5.4%**	**8.1%**	**10.6%**

For more details see Data Table 3.18 in the companion **Seniors' Report 2026 Data Tables**.

Moreover, during the previous five years, changes varied considerably across health zones. Between 2018 and 2023, the eastern zones experienced a decrease in the percentage of seniors with incomes below the NLMBM, while the rest of the province saw an increase. For example, in Eastern-Rural the proportion of seniors with income below the NLMBM decreased from 4.4 per cent to 3.4 per cent. Although this represents a decline of one when comparing the percentage, it is equivalent to a 22.7 per cent decrease relative to the 2018 level. In contrast, the Western Zone saw the proportion

increase from 5.2 per cent to 8.1 per cent, representing a 54.3 per cent increase over the same period.

Income Support

Social assistance programs play a critical role in supporting individuals who have no other means of financial support. Social assistance is intended for individuals who have exhausted all other financial resources.[151] Across Canada, the **Social Assistance Summaries, 2025** report compiles data from provincial and territorial governments to track trends in the number of recipients and program usage.

In Newfoundland and Labrador, the Income Support (IS) program provides financial assistance and related services to eligible individuals and families to help meet basic living needs.[152]

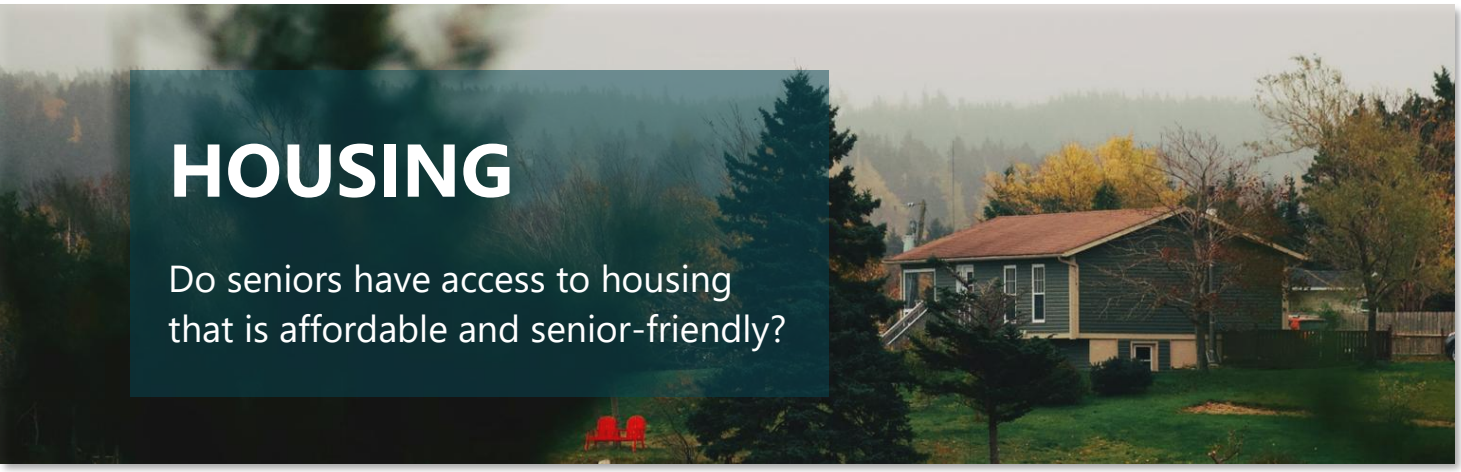
After accounting for OAS, GIS, the NL Seniors' Benefit, and the NL Income Supplement, the income of most seniors is higher than the eligible income threshold to receive IS. However, a very small number of seniors are still eligible for IS, including seniors with delayed OAS and GIS, who are ineligible for OAS, or whose OAS is being garnished.

Although seniors aged 65 and over represent a very small proportion of IS recipients, between 2020–21 and 2024–25 this number increased from 72 to 122. **Table 3.19.** In contrast, the number of IS recipients aged 55–65 - the age group approaching potential retirement - represents over 25 per cent of IS recipients.

These trends highlight a need to better understand the circumstances of IS recipients aged 55–64 and aged 65 and over, particularly as the senior population continues to grow.

Report Table 3.6 Income Support 2024-25	55-65	65+
Number of Beneficiaries	**5642**	**122**
Percentage of Beneficiaries	**25.43%**	**0.55%**

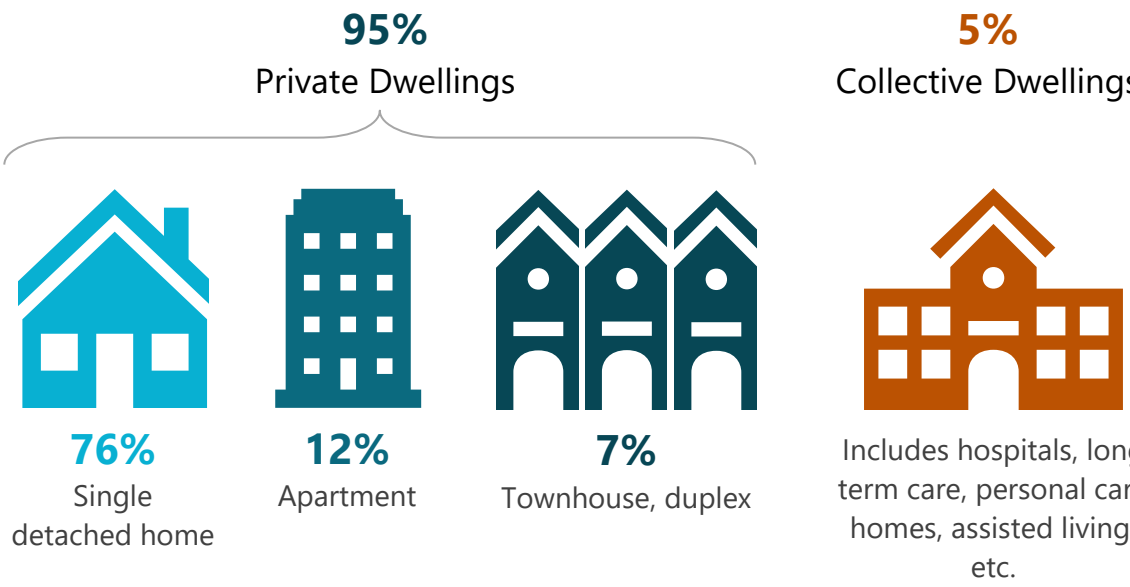
For more details see Data Table 1.19 in the companion **Seniors' Report 2026 Data Tables**.



HOUSING

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

Housing options for seniors throughout Newfoundland and Labrador include owned homes, rentals, and collective dwellings. The proportion of seniors living independently in owned or rented accommodations is about 95 per cent; about three per cent live in personal care homes, and two per cent in long term care facilities. According to the 2021 Census, about 75 per cent of seniors in NL who are 85 years of age and older continue to live independently.[153]



According to the last Census, seniors resided in 114,420 NL households (private dwellings only). Of these, 67 per cent resided with family which included a partner/spouse and 23 per cent lived alone. The remaining 10 per cent lived with other people who may or may not be related.

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

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

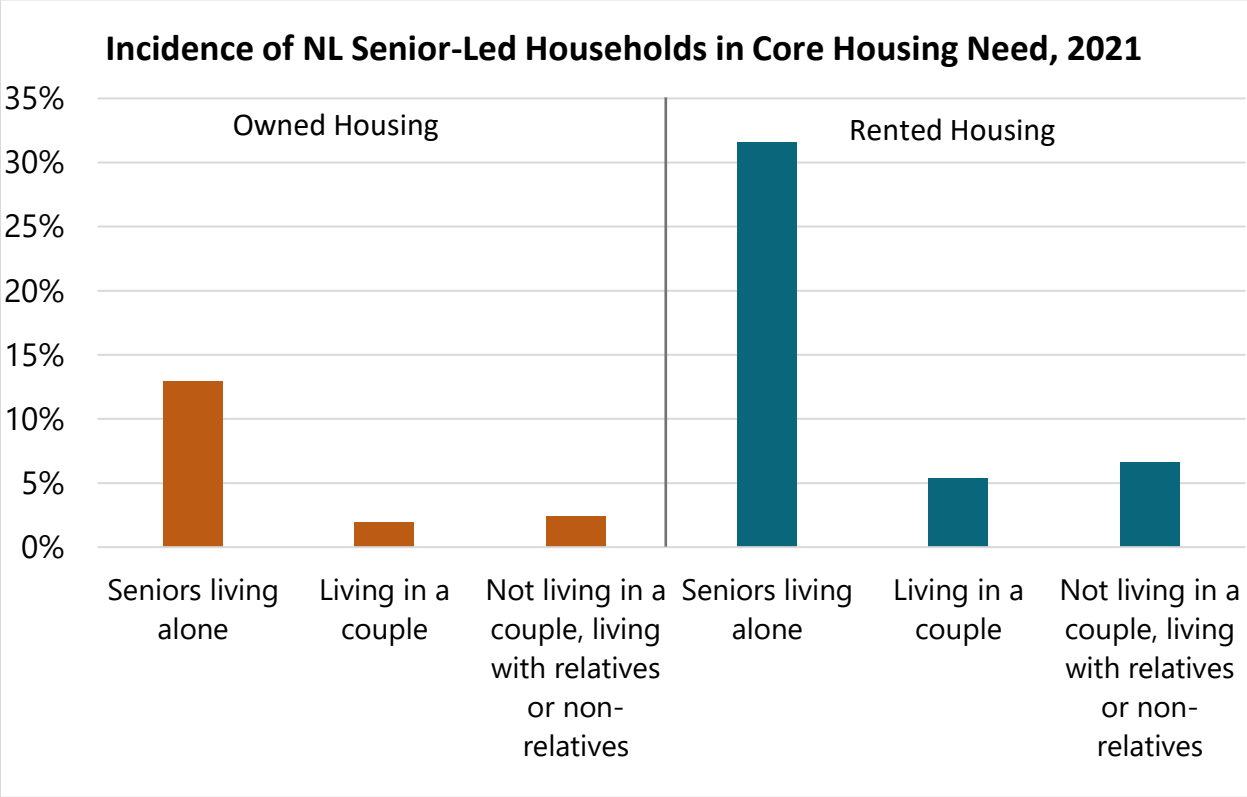
- Adequate housing: does not require any major repairs, according to the residents.
- Suitable housing: has a suitable number of bedrooms for the size and makeup of the household.
- Affordable housing: costs less than 30 per cent of before-tax household income. For renters, shelter costs include, as applicable, rent and payments for electricity, fuel, water, and other municipal services.[154]

In other words, core housing need determines if a household can afford suitable and adequate housing in their community. Information on core housing need is found in the Census of Canada and as such is only available every five years, the latest census was 2021.[xx]



[xx]Although a Census was conducted in 2026, data from the 2026 Census are not yet available; therefore, the most recent available data are from the 2021 Census.

Census data from 2021 indicates that 6.1 per cent of NL seniors have a core housing need while the Canadian average for seniors was 22.4 per cent.[155] The incidence of core housing need varies depending on the housing situation. Seniors who live alone and rent, have a much higher likelihood of being in core housing need. Over 30 per cent of this group have a core housing need. Furthermore, senior renters in urban areas are more likely to have a core housing need than those in rural areas. However, senior homeowners living in rural areas have a higher need of major repairs to their homes.[156]



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

Cost of Housing

The cost of shelter, as calculated by Statistics Canada, includes costs associated with rented accommodation, owned accommodation, electricity, and fuels.[157] From 2024 to 2025, the cost of shelter in NL is estimated to have increased by 3.6 per cent compared to 3.0 per cent at the national level. **Data Table 4.1.**

During the same period, the costs of owned and rented accommodations in NL increased by 2.3 and 4.3 per cent respectively, compared with 2.8 per cent and 4.9 per cent at the national level, respectively. **Data Table 4.1.**

Renters and homeowners alike face challenges when it comes to the cost of housing. However, those who rent are more likely to live in unaffordable housing. According to data from the latest census, over one-third of seniors who rent in NL indicate unaffordable housing.[158] This difference is likely affected by seniors who own their homes (having paid off their mortgages) and renters with lower incomes during working years.

Report Table 4.1 Cost of Housing Based on Inflation 2025	NL	Canada
Shelter inflation- total	**4%**	**3%**
Rented accommodations inflation	**4%**	**5%**
Owned accommodations inflation	**2%**	**3%**
Electricity inflation	**7%**	**2%**
Fuel oil and other fuels inflation	**6%**	**2%**

For more details see Data Table 4.1 in the companion **Seniors' Report 2026 Data Tables.**

The average monthly rental price of a two-bedroom apartment in NL was $1,194 in 2025 according to the CMHC. This represents an 8.2 per cent increase from 2024 and a 34.2 per cent increase from 2020. The equivalent price of a one-bedroom apartment also increased substantially over the last several years, although not as much as a two-bedroom. Additionally, the cost of homes and mortgage rates (notwithstanding recent declines in rates) have increased substantially, resulting in a greater need for affordable housing alternatives, including more rental units.

Supply has not kept up with demand. This is evidenced by the very low vacancy rates of apartments. In 2025, the vacancy rate for one-bedroom apartments was 1.9 per cent and

the vacancy rate for two-bedroom apartments was 2.2 per cent. During the last few years, the vacancy rate for one-bedroom and two-bedroom apartments has remained fairly constant. **Data Table 4.2.**

Report Table 4.2 Apartment Prices and Vacancy Rates, NL 2025	Average Price	Vacancy Rate
One-bedroom apartment	**$989**	**1.9%**
Two-bedroom apartment	**$1,194**	**2.2%**

For more details see Data Table 4.2 in the companion **Seniors' Report 2026 Data Tables**.

Financial Support Programs

The Newfoundland and Labrador Housing Corporation (NLHC) offers a Rental Housing Program designed to help provide suitable and affordable rental housing to families and individuals with low income.[159] There are currently over 5,500 housing units throughout the province, although the majority are located in St. John's (3,192) and Corner Brook (802). NLHC also offers Rent Assistance (a government subsidy) to help households with low income afford rent in the private market.

In 2025-26, the number of NLHC units with a senior leaseholder was similar to the previous year, 1,287 and 1,282 respectively. **Data Table 4.3.** Likewise, the number of seniors availing of Rent Assistance remained fairly constant, changing from 1,147 in 2024-25 to 1,145 in 2025-26. The number of senior leaseholders in NLHC units has been steadily growing since 2020-21, increasing by 8.4 per cent over the last period. Similarly, the number of seniors availing of rent assistance increased by 21.0 per cent since 2020-21. These indicators suggest increased demand for these programs, underscoring the need for affordable housing options.

The combined number of seniors on a waitlist for NLHC units and Rent Assistance increased by 1.4 per cent in the last year. From 2021-22 to 2023-24, the annual number of seniors with an approved rental application remained relatively stable, fluctuating between 534 and 556. This number dropped to 432 in 2024-25 and slightly increased to 438 in 2025-2026 (1.4 per cent increase). A similar pattern is observed in approvals for

the NLHC unit waitlist, with 5.1 per cent increase in the most recent year. **Data Table 4.3.** In contrast, approvals for the Rent Assistance waitlist were lower and more variable. These numbers help determine whether the increase of seniors availing of NLHC housing programs is mainly driven by individuals who became seniors while availing of the program, or individuals who became in need of the program after becoming a senior.

Overall, these trends suggest that while the need for NLHC housing among seniors is steadily growing, the number of new seniors applying for housing programs has moderated in recent years. While many factors affect these numbers, the data suggest that the number of clients becoming seniors have a greater impact on the total number of clients who are seniors than the number of new seniors. Furthermore, the decrease in the number of seniors who were approved for the Rent Assistance waitlist may reflect reduced reliance on this support (NLHC units/Rent Assistance) or improved processing and placement efficiency, rather than a sustained reduction in underlying need.

Despite increased utilization and a decrease in the waitlist over the past three years, demand for affordable housing options for seniors remains high, as evidenced by the substantial number of individuals still waiting for housing.

Report Table 4.3 NLHC Rental Housing Program 2025-26	NL
Number of senior leaseholders in NLHC units	**1,287**
Number of senior leaseholders on Rent Assistance	**1,145**
Number of seniors on a waitlist for NLHC units/Rent Assistance	**439**

For more details see Data Table 4.3 in the companion **Seniors' Report 2026 Data Tables.**

Adequacy

The adequacy of housing plays a huge role in seniors' ability to age in place. Most seniors are homeowners, and many do not have a mortgage, so staying in their homes

is usually the most affordable option. However, there are still barriers, including home maintenance and accessibility.

Home Maintenance & Modifications

Data from 2020 indicated that seniors accounted for 27 per cent of the one in four Canadians who modified their homes for care-related reasons.[160] Additionally, 40 per cent of seniors surveyed noted that they plan to make modifications to their homes. The main reasons seniors either made the modifications, or planned to, was to support their independence and delay institutionalization. Many seniors must pay out-of-pocket for these modifications, and over half of Canadians identify this as a barrier to aging in place.[161] Ultimately, while most seniors prefer to age in place, many do not feel prepared to do so.[162]

Another barrier is the challenge of maintaining a home without support. Seniors living alone generally find it more challenging to manage household tasks, compared to couples and families.[163] The most common solution is to hire help, which is costly and not feasible for everyone. Seniors also report using assistive tools/technology, or moving into supportive housing, to mitigate the workload.[164]

Evidence from OSA's **An Ounce of Prevention is Worth a Pound of Cure** report suggests that affordability, awareness, and contractor availability may be barriers to aging in place. However, there is limited comprehensive, province-wide data on the accessibility and availability of home modifications, maintenance, and repairs for seniors' homes . While there is information on home improvement programs (discussed later), there is limited data on high-level indicators i.e., how many seniors can afford home maintenance/modifications, availability of resources to seniors, and how informed seniors are about, for example, implementing age-friendly modifications.

Home Improvement Programs

When it comes to home improvement programs offered by NLHC, seniors account for the majority of the applicants. The Provincial Home Repair Program (PHRP) is designed to help homeowners with low incomes make basic and necessary repairs.[xxi] The PHRP provides funding to eligible homeowners in the form of forgivable loans and repayable

[xxi] Prior to August 2025: homeowners with incomes of $32,500 or less; $65,000 in Labrador West and the North Coast of Labrador.

loans. Funding is limited to eligible repair costs, such as materials and contracted labour; work completed by homeowners, or occupants of the home cannot be claimed as a project cost. Forgivable and repayable loans are available for eligible homeowners, subject to a lifetime assistance cap. Data provided in this report reflect forgivable loan funding with a limit of $5,000 ($6,500 in Labrador), a lifetime assistance cap of $12,500 ($15,500 in Labrador) for the forgivable loan portion, [xxii] and a wait time of seven years before reapplying.

The Home Modification Program (HMP) provides funding to individuals with low-to-moderate income requiring accessibility modifications to their homes.[xxiii] This includes ramps, widened doorways/halls, roll/walk-in showers, bathtub grab bars and seats. The program provides funding to eligible homeowners in the form of forgivable grants and repayable loans. Funding is limited to the costs associated with repairs. People with accessibility needs may receive a forgivable loan. Repairs exceeding the forgivable loan amount may be eligible for a repayable loan. Data provided in this report reflect forgivable loan fundings with a limit of $7,500, and repayable loan fundings with a limit of $7,500 ($10,000 in Labrador).

Monitoring the number of seniors applying to these programs can help identify any barriers to accessing these resources. According to data provided by NLHC, the PHRP has an acceptance rate of around 71 per cent, and the HMP has an acceptance rate of nearly 100 per cent. **Data Table 4.4.**

The primary reasons why applications are denied:

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

[xxii] Program enhancements were announced on May 8, and September 22, 2026: forgivable loan limit increased to $10,000 ($13,000 in Labrador) for repairs and $15,000 for modifications, lifetime maximum amount increased to $30,000, wait time to reapply for the program reduced to five years https://www.gov.nl.ca/releases/2026/nlhc/0508n04/, https://www.gov.nl.ca/releases/2026/nlhc/0922n02/.
[xxiii] Prior to August 2025: homeowners with incomes of $46,500 or less; $65,000 in Labrador West and the North Coast of Labrador. https://www.gov.nl.ca/releases/2025/nlhc/0829n01/

Report Table 4.4 NLHC Home Improvement Programs 2025-26	NL
Seniors who applied to the PHRP	**1429**
Seniors currently in the PHRP	**986**
Seniors denied entry to the PHRP	**418**
Seniors who applied to the HMP	**626**
Seniors currently in the HMP	**527**
Seniors denied entry to the HMP	**0**

For more details see Data Table 4.4 in the companion **Seniors' Report 2026 Data Tables.**

Homelessness

Chronic homelessness refers to prolonged or recurrent experiences of homelessness, defined as six or more months within a year, or repeated episodes over multiple years. It includes recent persistent homelessness (acute chronicity), long-term housing instability (prolonged instability), and both acute and repeated experiences (combined chronic homelessness).

A national homelessness survey that took place from 2020-2022 found that seniors have a higher prevalence of chronic homelessness (40 per cent) compared to children, youth, adults, or older adults; combined chronic homelessness is also more disproportionately experienced by seniors and adults aged 50-64 than other age groups.[165] This could indicate that aging is strongly associated with increased risk of homelessness, and with complex patterns of housing instability.

Among unhoused older adults and seniors, half had their first experience of homelessness at age 50 or older, suggesting that homelessness can affect anyone, at any point in their life. For seniors, the main reason for housing loss was insufficient

income, and nearly 80 per cent of them reported their primary source of income as being seniors' benefits.[166]

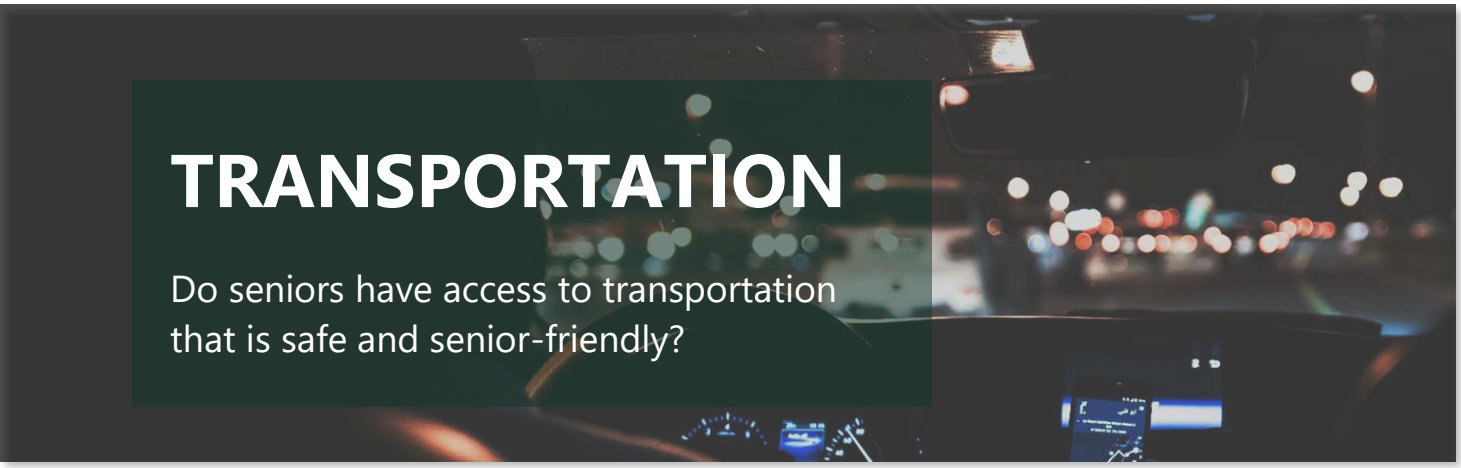
Many seniors without stable housing have chronic and complex health needs that can become substantially worse without proper care and shelter. According to **Everyone Counts 2020-2022 – Results from the Third Nationally Coordinated Point-in-Time Counts of Homelessness in Canada**, older adults experiencing homelessness face disproportionately higher levels of medical and physical challenges compared to younger populations.[167] For example, 62 per cent of seniors report having an illness or medical condition, compared to 55 per cent of adults aged 50 to 64, 35 per cent of adults aged 25 to 49, and 21 per cent of youth aged 13 to 24.[168] Individuals who experience homelessness for the first time at an older age exhibit even greater health burdens. Among these seniors, 64 per cent reported medical conditions and 53 per cent reported physical limitations. In comparison, among adults who first experienced homelessness between the ages of 25 and 49, 37 per cent reported medical conditions and 31 per cent reported physical limitations.[169] These findings indicate that seniors not only experience high levels of chronic and physical health challenges overall, but those entering homelessness later in life may be particularly vulnerable, highlighting the complex health needs associated with aging and homelessness.

It is important to note that homelessness is frequently underreported, so that even best efforts cannot paint the full picture. Knowing the number of seniors who are homeless would provide a more comprehensive depiction of seniors' housing. While some NL information is available, it does not include all health zones and there is little provincial data. Nationally, **The National Shelter Study 2023 Update** indicates that 4.2 per cent of shelter users in Canada in 2023 were seniors.[170] While this is lower than other age groups, the increase in late-life (50+) homelessness is growing much faster than population aging.

NLHC provided "point-in-time" counts for the number of individuals availing of emergency shelter placements throughout the province each month from April 2025 to March 2026. A monthly average of 104 individuals aged 55 or older (data for 65 and older was not available) used emergency shelter, an increase from 91 the previous year. This equates to about 24 per cent of total use, also representing an increase from 20 per cent the previous year. Shelter use was slightly higher in December and January.

In addition to NLHC, there are many organizations throughout NL working to address homelessness, which may include the provision of shelter and transitional housing for seniors. According to a report released by End Homelessness St. John's, 22 per cent of people experiencing homelessness are older than 55.[171] A separate study found the average age of seniors (55+) experiencing homelessness was age 69. Moreover, nine per cent of individuals reported experiencing homelessness for the first time after the age of 55.[172]





TRANSPORTATION

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

Access to transportation is critical to the wellbeing of seniors. It supports their independence and allows them to remain engaged in their communities. Reliable transportation provides greater access to essential goods and services, including health care, and facilitates participation in social activities and community events that contribute to quality of life. Transportation also broadens access to a wider range of services, businesses, and prices, thus giving seniors the option to choose. Given this, when seniors are unable to access appropriate means of transportation, they are at an increased risk of worsened physical health and mental health.

The vast majority of Canadian seniors use personal vehicles as their primary source of transportation.[173]

Private Transportation

Active drivers

Travelling by car remains the primary mode of transportation for most older Canadians. Research indicates that the ability to drive drastically impacts seniors' quality of life. Losing this ability marks a loss in independence and social engagement, increasing the risk of depression and negatively impacting physical and cognitive functioning, as well as mortality.[174]

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

According to data received from the Office of the Chief Information Officer (OCIO) and the Motor Registration Division (MRD) of Government Services, there were 123,402 seniors who had an active driver's licence in 2025. This represents 89

per cent of all seniors in the province, similar to each of the past four years with available data. **Data Table 5.1.** This high proportion is likely due to the rural nature of the province and the fact that many seniors may not have access to public transportation.



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

During 2024, 2,866 seniors had their driver's licence medically suspended.[xxv] This represents 2.3 per cent of seniors with a driver's licence, and roughly 19 per cent of seniors who submitted a routine medical form. This includes all license classes. **Data Table 5.2.** It is important to note that submission of a medical report for license renewal is dependent on age and class of license. While losing driving privileges can have a profound impact on any senior, it can be particularly problematic for those in rural areas of the province who do not have access to affordable transportation options.

[xxiv] Classes at a glance: (1) Semi-trailer trucks, (2) buses over 24 passengers, (3) trucks with 3+ axles, (4) taxis, ambulances, Class 5 motor vehicles, and buses up to 24 passengers, (5) passenger vehicle or light truck, (6) full motorcycle, (8) traction engine vehicles only.

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

Report Table 5.1 Senior Drivers 2025	NL
Seniors with a driver's license	**123,402**
Routine medical reports submitted by seniors	**15,073**
Seniors that hold a valid driver's license	**89%**
Senior drivers that have had their driver's license medically suspended[xxvi]	**2%**

For more details see Data Tables 5.1 and 5.2 in the companion **Seniors' Report 2026 Data Tables**.

Affordability

Transportation is one of the largest expenditures of NL households, accounting for about 20 per cent of consumption. About 95 per cent of this expenditure is on private transportation.[175] After the purchase or lease of vehicles, the largest components of spending on private transportation are gasoline and insurance premiums. As many seniors live on a fixed income, the cost of transportation can be a limiting factor in their ability to get around. Although the cost of gasoline in NL decreased 9.9 per cent last year, it has increased 44.8 per cent since 2020. The cost of insurance premiums increased by 11.5 per cent from 2020 to 2025. **Data Table 5.3.**

Report Table 5.2 Cost of Private Transportation[176], [177]	NL	Canada
Average annual spending on private transportation	**$12,142** 2023	**$10,292** 2023
Gasoline inflation	**-9.9%** 2024	**-8.6%** 2024
Passenger vehicle insurance premiums inflation	**5.5%** 2024	**6.9%** 2024

For more details see Data Table 5.3 in the companion **Seniors' Report 2026 Data Tables**.

[xxvi] Calculated using data from and Statistics Canada.

The current economic climate may create additional affordability pressures, with the Bank of Canada noting that elevated oil and gasoline prices, along with tariff-related costs, could contribute to higher consumer prices. While the federal government has extended fuel-excise-tax relief, driving costs may remain a concern for seniors on fixed incomes in rural Newfoundland and Labrador, particularly when long distance travel is required for medical care.

Parking

In NL, accessible parking permits are issued to eligible individuals and allow holders to park in zones marked with the blue international wheelchair logo. Applications are required but there is no cost. Permits can be temporary (valid for 6 months) or long-term (valid for five years) and each holder is responsible for renewals.

Monitoring the number of permits issued can help inform the planning and implementation of accessible parking zones and, as such, better support seniors to safely remain independent. Further, it can shed light whether the number of people with a disability is changing. Data provided by the provincial government indicate that over two-thirds of accessible parking permits are issued to seniors. From 2020 to 2025 there was a 58.9 per cent increase in the number of permits. It is important to note that during 2020 there was a considerably low number of permits issued, likely due to the COVID-19 pandemic. In 2025, the number of permits issued to seniors decreased 9.8 per cent compared with the previous year. **Data Table 5.4.**

Report Table 5.3 Accessible Parking	NL
Number of accessible parking permits issued to seniors	**4,041** 2025

For more details see Data Table 5.4 in the companion **Seniors' Report 2026 Data Tables**.



SAFETY & PROTECTION

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

Ensuring the safety and protection of seniors is a critical aspect of maintaining their wellbeing and quality of life. As the population ages, it becomes increasingly important to monitor and address issues related to elder abuse, victimization, and even the unlawful activity of seniors. These indicators can highlight systemic issues that may be impacting older adults, and where additional supports may be needed.[178]

Crimes Against Seniors

Elder Abuse/Neglect

Elder abuse is a complex issue faced by seniors all around the world. Canada reports similar levels of elder abuse as the United States, the United Kingdom, and Australia.[179]

The Government of NL defines elder abuse as "actions that harm an older person or puts the person's health or welfare at risk…this often results from the actions of someone who is trusted or relied on by the victim".[180]

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

There are several types of elder abuse:

- **Physical abuse:** Any act of violence or rough treatment causing injury or physical discomfort.
- **Sexual abuse:** Non-consensual sexual contact of any kind.

- **Psychological, emotional or verbal:** Any act that may diminish the sense of identity, dignity, or self-worth of an individual. Further, this may induce fear, anxiety, or stress.
- **Financial or material:** Theft or misuse of a senior's money or property.
- **Neglect:** The failure to meet the needs of an older adult who cannot meet these needs on his/her own. Neglect may have physical, psychological, and/or financial components, and can be active (intentional) or passive (non-intentional, likely due to lack of experience, information, or ability).

Seniors can also inflict neglect upon themselves (self-neglect), resulting in negative outcomes such as unpaid bills (despite having adequate financial resources), unsafe living environment due to squalor or disrepair, and worsened health outcomes (due to refusal of care).[181]

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



Adults at risk of abuse and neglect who do not understand or appreciate the risk are protected by law in NL under the **Adult Protection Act (APA).**[182] The **APA** applies to every adult resident of NL to whom the **Children, Youth and Families Act** does not apply. This means individuals 18 years or older, regardless of living arrangement, even if they reside in a health care facility, personal care home or long term care facility. Every person has a legal obligation to report suspected abuse or neglect. Each report of abuse or neglect is reviewed by a social worker and, if appropriate, a plan is put in place to protect the adult.

There were 554 reports made under the **APA** in NL in 2025. This represents an increase of 13.3 per cent since 2024 and 90 per cent since 2020. This coincides with the proclamation of the **APA** in 2021 and associated public awareness campaign on reporting suspected abuse and neglect. Compared with 2020, increases were reported in all health zones, with Labrador-Grenfell registering the greatest increase since 2020 (360 per cent) and Central registering the smallest increase (27.8 per cent). **Data Table 6.1.**

Report Table 6.1 Elder Abuse/Neglect 2025	NL	Eastern	Central	Western	Lab-Grenfell
Number of **APA** reports per year	**554**	**316**	**69**	**123**	**46**

For more details see Data Table 6.1 in the companion **Seniors' Report 2026 Data Tables**.

When filling out a report, there are eight kinds of abuse that can be recorded with "Yes" or "No." Each abuse type in a report is called an allegation. Some reports have more than one type of abuse selected, while others have no specific abuse selected. In 2025, 47 per cent of reports had no allegation selected.

During 2025, there were 414 allegations. **Data Tables 6.2.** The most common allegation was self-neglect, almost 32 per cent, followed by financial abuse (21 per cent) and neglect (16 per cent). **Data Table 6.3.**

Report Table 6.2 Prevalence of **APA** Allegations 2025	NL
Prevalence of alleged self-neglect	**32%**
Prevalence of alleged financial abuse	**21%**
Prevalence of alleged neglect	**16%**
Prevalence of alleged emotional abuse	**10%**
Prevalence of alleged verbal abuse	**9%**
Prevalence of alleged physical abuse	**8%**
Prevalence of alleged psychological abuse	**3%**
Prevalence of alleged sexual abuse	**2%**

For more details see Data Table 6.3 in the companion **Seniors' Report 2026 Data Tables**.

The distribution by type of report was fairly consistent among zones, however, some slight differences exist. **Tables 6.4.** Western zone had a higher proportion of self-neglect allegations compared to other types of abuse and compared with other zones. Allegations of financial abuse were somewhat higher in the Labrador-Grenfell zone, while self-neglect was markedly lower.

The **APA** also established criteria to determine when an adult is in need of protective intervention and the process that must be followed. In 2025, there were 19 new adults determined to be in need of protective intervention, seven more than in the previous year, reflecting a consistent upward trend since 2022. **Data Table 6.5.** Although this is mainly due to the net increase of adults in need of protective intervention, the number of new adults in need of protective intervention also shows an upward trend; from zero prior to 2023, four cases over the subsequent two years, and 10 cases in 2025. Further analysis is required to understand the factors contributing to these numbers, as the available data do not provide sufficient information.

Seniors can be deemed in need of protective intervention through different pathways, including court applications. In 2025, there were 13 court applications for seniors, the largest number since 2020. It is important to note that, as with the numbers of **APA** reports, an increase in the number of court applications is not necessarily negative, as it may indicate greater awareness and greater intervention capacity to protect seniors.

Another avenue for the protection of seniors is the issuance of an Emergency Protection Order (EPO). An EPO "is a court order that a judge of the Provincial Court can grant in urgent situations to provide immediate protection;"[183] EPOs are established by the **Family Violence Protection Act**.[184] Since this **Act** was amended in 2024 to include a "care relationship"[xxvii] there have been 31 EPOs with an applicant older than 65, among these applications 45.2 per cent have been issued. The number of EPO applications and EPO's issued were similar in 2024-25 and 2025-26. **Data Table 6.6.**

Victim Rates

Crimes against seniors encompass various offenses that take advantage of vulnerabilities. Seniors are likely to refrain from reporting themselves as a victim of a crime to family, friends and authorities, but especially to law enforcement.[185]

Seniors may be seen as 'easy targets', particularly if they have physical and cognitive constraints. For frail seniors, violent crimes are especially detrimental.

In NL, the Royal Newfoundland Constabulary (RNC) and the Royal Canadian Mounted Police (RCMP) provide policing services. The RNC serves the Northeast Avalon, Corner Brook Region and Labrador West. The RCMP provides services to all other areas. The number of violations involving a senior rose from 349 in 2020 to 539 in 2024. In 2025, this number was 436 throughout the province, a 19.1 per cent decrease from the previous year. While yearly variations are expected, it is noteworthy that the change is not equal across urban and rural areas. Data from the RNC, which primarily covers urban regions, shows a 26.3 per cent decrease over the past year. RCMP data, which reflects rural areas, indicates a 13.5 per cent decrease, a trend change from previous years. **Data Table 6.7.**

[xxvii] "Care relationship" means a relationship between 2 persons, whether or not they have ever resided together, where one person is or was dependent on the other person for assistance in their activities of daily living because of a disability, illness or impairment.

In addition to data provided by police forces, information supplied by Victim Services provides another indication of violations against seniors. Victim Services is a free service offered by the Department of Justice and Public Safety to assist victims of crime. The number of referrals made to Victim Services concerning seniors increased steadily from 88 in 2020-21 to 237 in 2024-25. This number declined to 227 in 2025-26, a decrease of 4.2 per cent compared to the previous year. **Data Table 6.8.**

Each referral has an accompanying offence type. In 2025-26, 55 offences were recorded as elder abuse. It is important to note that staff may record offences in relation to individuals 66 years of age and older generally as "elder abuse" or they may record the specific offence type, such as assault or theft. While this practice is not new, the substantial increase of offences recorded as elder abuse compared with previous years, may be due in part to a change in recording practices.

These data indicate that until 2023, crimes against seniors were increasing at an alarming rate. While the increase in the number of seniors was a factor, the rate of crimes per 1,000 seniors had also increased. Conversely, over the last two years the number and the rate of crimes against seniors decreased. From 2024 to 2025, the rate of crimes against seniors per 1,000 seniors in NL decreased from 4.0 to 3.1.

Report Table 6.3 Overall Victimization of Seniors	NL
Criminal violations involving a senior victim - RNC	**174** 2025
Criminal violations involving a senior victim - RCMP	**262** 2025
Referrals to victim services made by seniors[xxviii]	**227** 2025-26

For more details see Data Tables 6.5 and 6.8 in the companion **Seniors' Report 2026 Data Tables**.

[xxviii] Victim Services data refer to individuals aged 66+.

Unlawful Activity by Seniors

Monitoring the level of criminal behaviour exhibited by seniors is valuable because sudden changes may be indicative of systemic issues such as financial insecurity, mental health concerns, or a lack of appropriate and necessary supports and services.[186] The number of criminal violations perpetrated by a senior was relatively stable between 2020 and 2022, but since then has been increasing. In the past five years, there was a 15.8 per cent increase in the number of criminal violations perpetrated by a senior. **Data Table 6.7.** These criminal violations may result in admission to a custodial facility. In 2025, a total of 78 seniors were in custody, a 47 per cent increase from the year before. While this number fluctuates over time, 78 is the highest on record since the COVID-19 pandemic. **Data Table 6.9.**

Report Table 6.4 Overall Unlawful Activity of Seniors 2025	NL
Criminal violations perpetrated by a senior - RNC	**93**
Criminal violations perpetrated by a senior - RCMP	**237**
Number of unique seniors in custody	**78**

For more details see Data Tables 6.7 and 6.9 in the companion **Seniors' Report 2026 Data Tables**.

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