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CANADA

THE IMPACTS OF COVID-19 ON THE WELL-BEING OF SENIORS

Report of the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities

Robert J. Morrissey, Chair

JUNE 2022
44th PARLIAMENT, 1st SESSION

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**THE STANDING COMMITTEE ON
HUMAN RESOURCES, SKILLS AND SOCIAL
DEVELOPMENT AND THE STATUS OF PERSONS
WITH DISABILITIES**

has the honour to present its

THIRD REPORT

Pursuant to its mandate under Standing Order 108(2), the committee has studied the impact of COVID-19 on seniors and has agreed to report the following:

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SUMMARY

The COVID-19 pandemic is a crisis of a magnitude not seen in recent history, and it has affected all Canadians in a variety of ways. However, some population groups have felt the effects more than others. Seniors in particular have experienced considerable hardship due to the pandemic and the resulting public health measures.

As part of its study on how the COVID-19 pandemic has affected the well-being of seniors, the Committee heard many witnesses and received many briefs, including from government representatives, special interest groups, researchers, health care professionals and individuals, on the key challenges Canadian seniors have faced during the COVID-19 pandemic and the issues to consider when making changes to better support this growing population.

In this report, the Committee summarizes key points made by witnesses and makes recommendations on various issues relating to the general, social and financial well-being of Canadian seniors and their health. It addresses how the pandemic has affected the mental and overall health of seniors, challenges in long-term care, and home care and home support needs. It also covers the significant effects of social isolation due to lockdowns and the importance of increasing access to the Internet and digital literacy for seniors and fighting elder abuse. Lastly, the report touches on the financial situation of seniors and various government programs for them.

LIST OF RECOMMENDATIONS

As a result of their deliberations committees may make recommendations which they include in their reports for the consideration of the House of Commons or the Government. Recommendations related to this study are listed below.

Recommendation 1: Raise awareness about ageism

That Employment and Social Development Canada carry out awareness campaigns to address ageism in various segments of the Canadian population. 14

Recommendation 2: Develop an immigration strategy for health care professionals

That the Government of Canada, in consultation with the provinces and territories, develop and implement a global immigration strategy to attract health care professionals in order to meet the long-term need for workers in this area caused by the aging of the Canadian population. This strategy should include improvements to the recognition of foreign credentials as well as training incentives and other professional development opportunities to address the precarious work conditions that too many immigrant health care workers are already experiencing here in Canada. A path to permanent residency for immigrant workers and their families is also needed..... 20

Recommendation 3: Ensure accountability and transparency as regards national standards for long-term care

That the Government of Canada support provinces and territories in implementing the national standards for long-term care, which are currently being developed by the Health Standards Organization and Canadian Standards Association, and ensuring permanent changes are made. The mechanisms to support implementation could be included in the Safe Long-Term Care Act to be developed by the Minister of Health, and should apply to the long-term care standards for “enabling a healthy and competent workforce”, among others. 21

Recommendation 4: Increase the number of accessible affordable housing units

That the Government of Canada increase the proportion of housing units that must meet accessibility and universal design standards in National Housing Strategy programs, in order to create more adaptable and accessible housing units for the aging Canadian population, making it easier for seniors to age at home. 23

Recommendation 5: Increase home care and support services

That the federal government, in collaboration with the provinces and territories, develop a national strategy for home and community care and support, and that it provide recurring funding to the provinces and territories specifically to develop and provide home care and support services for seniors. The strategy should include essential safeguards to protect seniors—especially low income and otherwise vulnerable seniors—from possible elder abuse. 24

Recommendation 6: Adjust the Canada Health Transfer to account for population aging

That the Government of Canada consult with provinces and territories on how to ensure that the Canada Health Transfer meets the needs of Canada’s aging population in regards to health care, including long-term care and home care, and that it make the necessary adjustments as soon as possible..... 26

Recommendation 7: Provide funding for programs that promote seniors’ social connections

That Employment and Social Development Canada ensure that a portion of the funding provided to contribution programs, such as the New Horizons for Seniors Program, be dedicated to initiatives that seek to break social isolation and encourage social relationships for seniors, as a program priority. Libraries should be looked at as potential community hubs or focal points for seniors in their communities and considered for new funding program streams in the future..... 28

Recommendation 8: Develop broadband Internet across the country

That the Government of Canada continue to prioritize investment in the development of broadband Internet across the country. 29

Recommendation 9: Develop programs to help low-income seniors get Internet service and the equipment they need to access it

That the Government of Canada develop programs to help financially vulnerable seniors get Internet service and the equipment they need to access it. 29

Recommendation 10: Support digital literacy for seniors

That Employment and Social Development Canada continue to fund contribution programs, such as the New Horizons for Seniors Program, and ensure that these programs prioritize the development of digital literacy for seniors, information technology support services, and locations where seniors can go to access the Internet, in private if needed, with technological support services. Some libraries, seniors centers and seniors support groups also have the capacity to offer home visits that could be expanded to deliver these digital services to seniors in their own homes. With the addition of federal funding to accessible sites for seniors, digital literacy can be achieved in locations where seniors are already comfortable. 29

Recommendation 11: Provide funding to fight elder abuse

That the Government of Canada work with provincial and territorial governments to provide funding to fight elder abuse, including prevention and support for seniors who have been victims of this abuse. 31

Recommendation 12: Raise awareness of elder abuse

That Employment and Social Development Canada grant recurring funding to programs such as the New Horizons for Seniors Program that seek to raise awareness of elder abuse and ensure that elder abuse is clearly identified as a priority by these programs. 31

Recommendation 13: Set up a national toll-free number for seniors

That the Government of Canada set up a national toll-free number to direct seniors to appropriate resources in various areas and to allow for the report of elder abuse. 32

Recommendation 14: Increase the Guaranteed Income Supplement

That the Government of Canada increase as soon as possible and on a permanent basis the Guaranteed Income Supplement by at least \$500 per year for seniors living alone and \$750 per couple, beginning at age 65. 34

Recommendation 15: Increase Old Age Security for those aged 65 and over

That the Government of Canada increase the Old Age Security pension for those aged 65 to 74. 34

Recommendation 16: Make it easier to use the New Horizons for Seniors Program for medium-term projects

That Employment and Social Development Canada assess the possibility of increasing the current \$25,000 cap for funding as part of the New Horizons for Seniors Program for community projects and that it make this funding more predictable over the medium term by making it easier to renew for more than one year. 35

Recommendation 17: Create an office of the seniors advocate and a national seniors strategy

That the Government of Canada create a federal office of the seniors advocate that would have a mandate to develop a national seniors strategy, provide advice to the Government of Canada as regards seniors and their needs, and address elder abuse. 36

THE IMPACTS OF COVID-19 ON THE WELL-BEING OF SENIORS

INTRODUCTION

The COVID-19 pandemic is a crisis of a magnitude not seen in recent history, and it has affected all Canadians in a variety of ways. However, some population groups have felt the effects more than others. Seniors in particular have experienced considerable hardship due to the pandemic and the resulting public health measures.

On 2 February 2021, the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities (HUMA or the Committee) adopted a motion providing that:

the committee undertake a study on the impact of COVID-19 on the financial, social, health and overall well-being of seniors; that the committee review existing and announced programs for seniors, including federal transfers to provinces and territories and Indigenous governments, and make recommendations to improve support for seniors.¹

On 3 February 2022, HUMA adopted a motion to finish this study:

That, pursuant to Standing Order 108(2), the committee undertake a study on the impact of COVID-19 on the financial, social, health and overall well-being of seniors; that the committee review existing and announced programs for seniors; that the evidence and documents received by the committee during the 2nd session of the 43rd Parliament regarding this study be considered by the committee during the current session; that the committee make recommendations to improve support for seniors; that the committee hold at least one two-hour meeting on this matter; that, pursuant to Standing Order 109, the committee report

¹ House of Commons, Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities (HUMA), [Minutes of Proceedings](#), 2 February 2021.



its findings and recommendations to the House; and that the committee ask the government to provide a comprehensive response to the report.²

In May and June 2021, the Committee heard evidence for [this study](#) over the course of six meetings. A total of 25 witnesses appeared before the Committee, and it received 16 briefs.

Committee members would like to thank all those who participated in the study for sharing their views on how the pandemic has affected seniors, as well as possible solutions. This report provides an overview of the testimony received by the Committee, as well as recommendations to the Government of Canada on how to better meet the needs of seniors, a growing subset of Canada's population.

It should be noted that the Committee has undertaken studies involving seniors in the past, including a study that led to the tabling of a report entitled [Advancing Inclusion and Quality of Life for Seniors](#) in March 2018.

CHAPTER 1: OVERVIEW OF THE FEDERAL GOVERNMENT'S ROLE AND KEY PROGRAMS INVOLVING SENIORS

Federal Government's Role Involving Seniors

Many aspects of policies and programs that provide seniors with adequate and secure incomes and promote their continued inclusion, under the broad headings of economic and social inclusion, fall within provincial and territorial jurisdictions, as they deal with policy areas such as social assistance, social services and supports, health services and supports, and housing. However, the federal government also has direct responsibility over these areas for particular populations, including Indigenous people, veterans and newcomers. In addition, federal involvement is extended through transfers to other orders of government, income supports to individuals, benefits through the income tax system, and collaborative work with provincial and territorial counterparts.³

2 HUMA, [Minutes of Proceedings](#), 3 February 2022.

3 HUMA, [Advancing Inclusion and Quality of Life for Seniors](#), Eighth Report, March 2018, p. 20.

Key Federal Programs for Seniors

Income Programs

Canada's retirement income system has three pillars:

- 1) The first pillar provides benefits based on age and years of residence in Canada. It includes the Old Age Security (OAS) pension, the Guaranteed Income Supplement (GIS), the Allowance and the Age Credit:
 - Old Age Security (OAS): taxable monthly payment paid to people aged 65 and over;
 - Guaranteed Income Supplement (GIS): non-taxable monthly payment paid to people who receive OAS and who have a low income;
 - Allowance for people aged 60 to 64: benefit available to low-income individuals aged 60 to 64 years who are the spouse or common-law partner of a GIS recipient; and Allowance for the Survivor for people aged 60 to 64 who have a low income and whose spouse has died; and
 - Age amount credit: income tax credit for those aged 65 and over.

It is worth noting that, in the summer of 2020, the government provided a one-time tax-free payment of \$300 to seniors receiving the OAS and an additional \$200 to those receiving the GIS to help them cover increased costs associated with COVID-19.

In June 2021, Bill C-30, An Act to implement certain provisions of the budget tabled in Parliament on April 19, 2021 and other measures, amended the *Old Age Security Act* (OASA) to boost OAS by 10% for seniors aged 75 and over beginning on 1 July 2022. It also provided for a one-time payment of \$500 to these seniors in August 2021 in the



interim. These measures were intended to support seniors who are living longer and facing higher expenses.⁴

- 2) The second pillar consists of mandatory earnings-related programs: the [Canada Pension Plan](#) (CPP) and, in Quebec, the [Québec Pension Plan](#) (QPP). These public pensions are funded primarily through mandatory contributions by employers, employees and the self-employed. As benefits are based upon age and the amount contributed over a person's working career, the second pillar recognizes and supports workers who have spent decades in the labour force.
- 3) Third-pillar initiatives are voluntary for employers and individuals. They include workplace [Registered Pension Plans](#) (RPPs) and private savings ([Registered Retirement Savings Plans](#) [RRSPs] and [Tax-Free Savings Accounts](#) [TFSAs]). In the third pillar, the federal government incentivizes the working-age population to put money aside for retirement through preferential tax treatment.⁵

Other Types of Programs

New Horizons for Seniors Program

The [New Horizons for Seniors Program](#) (NHSP) is a federal grants and contributions program that provides funding for projects that make a difference in the lives of seniors and in their communities. It has three components:

- [grants up to \\$25,000 for community-based projects](#);
- [small grants up to \\$5,000 for community-based projects](#); and

4 The most recent amendment to the OASA was made by [Bill C-12, An Act to amend the Old Age Security Act \(Guaranteed Income Supplement\)](#), which received Royal Assent on 3 March 2022. This bill ensures that low-income seniors will not see their GIS or Allowance payments under the OASA reduced going forward due to income received from specific COVID-19 benefits (that is, benefits paid under the *Canada Emergency Response Benefit Act*, Part VIII.4 of the *Employment Insurance Act*, the *Canada Recovery Benefits Act* or the *Canada Worker Lockdown Benefit Act*). Seniors affected by these clawbacks in 2021 will receive an [automatic one-time reimbursement payment](#) in April 2022. These payments could cost [up to \\$742.4 million](#) and will go to an estimated 183,000 GIS recipients and 21,000 Allowance recipients.

5 Matthew Blackshaw and Elizabeth Cahill, "[Executive Summary—Canada's Retirement Income System](#)," *HillNotes*, Library of Parliament, 26 January 2021.

- [grants and contributions for pan-Canadian projects](#), which supports large-scale innovative projects that may take up to five years.

The program's actual spending was \$71,233,689 in 2019-2020 and \$92,984,297 in 2020-2021.⁶ It received an additional \$20 million in 2020 to meet needs associated with the COVID-19 pandemic.⁷

Age-Friendly Communities

[Age-Friendly Communities](#) are the result of a World Health Organization (WHO) initiative in 2006. Since then, the Public Health Agency of Canada (PHAC) and key partners have developed pan-Canadian milestones for age-friendly communities. They describe the steps a community needs to follow to successfully apply the Age-Friendly Communities model in Canada. In these communities, the policies, services and structures related to the physical and social environment are designed to help seniors "age actively." The provinces promote age-friendly community initiatives, have a program to recognize age-friendly communities, and may seek additional recognition from the PHAC and WHO.

Measures in Response to the COVID-19 Pandemic

For the year 2020, the government [reduced the Registered Retirement Income Funds \(RRIFs\) minimum withdrawal](#) for all types of RRIFs by 25%.

In May 2020, the government [announced a \\$350-million Emergency Community Support Fund](#) to support community-based organizations offering services such as home deliveries of groceries and medications, transportation services for appointments, help lines, and establishing contact virtually and through phone calls. These services are not exclusively for seniors, but seniors benefit considerably from this program.

6 Employment and Social Development Canada, Departmental Results Report for fiscal year 2020 to 2021, Details on transfer payment programs, [New Horizons for Seniors Program](#).

7 Justin Trudeau, Prime Minister of Canada, [Prime Minister announces additional support for Canadian seniors](#), 12 May 2020.



Measures Announced in Budget 2021

Budget 2021: A Recovery Plan for Jobs, Growth, and Resilience recognized the devastating effects of the COVID-19 pandemic for Canadian seniors and included a number of measures specifically for seniors:

- Creating the \$1-billion Safe Long-term Care Fund, “to ensure seniors, and those who help them, are well protected and well supported through the pandemic and for years to come”;
- Providing \$3 billion to Health Canada over five years, starting in 2022–2023, “to support provinces and territories in ensuring standards for long-term care are applied and permanent changes are made”;
- Providing \$41.3 million over six years, and \$7.7 million ongoing, starting in 2021–2022, for Statistics Canada “to improve data infrastructure and data collection on supportive care, primary care, and pharmaceuticals”;
- Providing \$90 million over three years, starting in 2021–2022, to Employment and Social Development Canada (ESDC) to launch the Age Well at Home initiative, which would “assist community-based organizations in providing practical support that helps low-income and otherwise vulnerable seniors,” including by “matching seniors with volunteers who can help with meal preparations, home maintenance, daily errands, yard work, and transportation”⁸;
- Providing \$50 million over five years, starting in 2021–2022, to the Public Health Agency of Canada to design and deliver interventions that promote safe relationships and prevent family violence, including intimate partner violence, child maltreatment, and elder abuse.⁹

8 The program Age Well at Home had not yet been launched when the Minister of Seniors appeared before the Committee on 14 February 2022.

9 Department of Finance Canada, *Budget 2021: A Recovery Plan for Jobs, Growth, and Resilience*, pp. 64, 65, 280.

CHAPTER 2: EFFECTS OF COVID-19 ON THE OVERALL WELL-BEING OF SENIORS

As of 1 July 2021, Canada had 7.08 million seniors aged 65 and older, representing 18.5% of the total population.¹⁰ Witnesses who participated in the study told the Committee that Canadian seniors are not a uniform group, and thus the pandemic affected them in different ways.

[W]e've seen in Winnipeg where there are lots of individuals who have food insecurity issues. Right now, in this third wave that we're experiencing, they're having to be provided with emergency kits, whereas, as I said, I hear about other older people and they are financially stable and are able to weather this quite well. People are taking up new hobbies. There is a great range of effects of this pandemic on older people. There's a tendency to think of them as one group and having one effect, but certainly through the various community organizations that are operating within our communities, we hear about these divides, and even just by the fact of where people are living, the physical buildings in which they live. If you're living in a house, you most likely have a much better quality of life because you're able to come and go potentially without any fear that you're going to have a possibility of contracting the virus[.]¹¹

By all accounts, seniors living in long-term care (LTC) facilities were significantly affected by the pandemic and public health measures. This report will address this topic in greater detail in its following section on the effects of COVID-19 on seniors' health. Further, some demographic groups, such as Indigenous and racialized populations, were more affected by the pandemic than others. They were more likely to be economically disadvantaged, and to be essential workers without access to paid sick leave. Black, Indigenous or racialized seniors were more likely to live in intergenerational households.¹² One witness, Debra Shime, Vice-President of Community Initiatives at United Way Centraide Canada, gave the example of the South Asian community, which she said was disproportionately affected throughout the pandemic, particularly because "many from the South Asian community who are working in essential work also live with combined families, so they were putting their families, including elders, at risk when they were coming home from the jobs."¹³ Another witness, Dr. Sinha, Director of Health Policy Research at the National Institute on Ageing, summarized the additional risks

10 Statistics Canada, [Older adults and population aging statistics](#).

11 HUMA, [Evidence](#), 1 June 2021, 1605 (Michelle Porter, Professor and Director, University of Manitoba, Centre on Aging).

12 HUMA, [Evidence](#), 13 May 2021, 1710 (Samir Sinha, Health Policy Research, National Institute on Ageing); HUMA, [Evidence](#), 3 June 2021, 1640 and 1650 (Debra Shime, Vice-President, Community Initiatives, United Way Centraide Canada).

13 HUMA, [Evidence](#), 3 June 2021, 1650 (Shime).



experienced by Black, Indigenous and racialized people during the pandemic as follows: “The commonality here is poverty. The commonality is not having the mechanisms to allow people to isolate from each other when they need to, and to have access to paid sick leave.”¹⁴

Despite these differences between seniors and how they experienced the pandemic, many witnesses noted an increase in ageism in the public discourse on the pandemic, and they pointed out that ageism has major consequences: it can lead to triage biases in delivering health care to seniors, affect employer decisions to hire seniors and lower seniors’ self-esteem. Some witnesses even said that ageism was a contributing factor in what residents of LTC homes went through during the pandemic. Many explained that ageism can be insidious, and no one, not even professionals who work with seniors, is exempt from being unintentionally ageist.¹⁵ One witness gave the example of general comments made from the beginning of the pandemic that COVID-19 was “not that serious because it only affects older people.”¹⁶ Two other witnesses shared a more extreme example: referring to COVID-19 as the “Boomer Remover.”¹⁷

Given the testimony it heard and the fact that many witnesses recommended that the government carry out awareness campaigns to fight ageism,¹⁸ the Committee recommends:

Recommendation 1: Raise awareness about ageism

That Employment and Social Development Canada carry out awareness campaigns to address ageism in various segments of the Canadian population.

14 HUMA, [Evidence](#), 13 May 2021, 1710 (Sinha).

15 HUMA, [Evidence](#), 1 June 2021, 1600 (Porter); HUMA, [Evidence](#), 3 June 2021, 1555 and 1610 (Suzanne Dupuis-Blanchard, Professor, National Seniors Council and Victor Kuperman, Associate Professor, McMaster University); HUMA, [Evidence](#), 22 June 2021, 1645 (Violaine Guérin, Coordinator, Conseil régional de développement social des Laurentides, As an Individual); HUMA, [National Association of Federal Retirees Brief](#), June 2021, p. 4.

16 HUMA, [Evidence](#), 1 June 2021, 1600 (Porter).

17 HUMA, [Evidence](#), 3 June 2021, 1555 and 1610 (Kuperman and Dupuis-Blanchard).

18 HUMA, [Evidence](#), 1 June 2021, 1600 (Porter); HUMA, [Evidence](#), 3 June 2021, 1555 and 1610 (Dupuis-Blanchard and Kuperman); HUMA, [Evidence](#), 22 June 2021, 1645 (Guérin).

CHAPTER 3: EFFECTS OF COVID-19 ON THE HEALTH OF SENIORS

A number of witnesses commented on the decline in physical health, mental health and cognitive capacity resulting from seniors' isolation due to the COVID-19 pandemic.¹⁹

In terms of physical health, two witnesses explained that the pandemic led seniors to be more sedentary, which had an effect on their mobility, level of fitness and risk of falls. They said that funding was needed for physiotherapy and fitness programs aimed at getting seniors back into shape.²⁰

Witnesses also indicated that seniors were concerned about surgeries and medical treatments that were delayed or postponed because treating COVID-19 patients in hospitals was given priority.²¹

As regards the excess deaths (the difference between the expected and actual number of deaths), according to Statistics Canada data, seniors accounted for 7 in 10 excess deaths between March 2020 and early February 2021. Of these deaths, 94% were attributed to COVID-19. Roughly 90% of people who died of COVID-19 had comorbidities listed as a cause of death.²²

In terms of cognitive health, several witnesses pointed out that many seniors had experienced deteriorating cognitive function and aggravated dementia due to isolation caused by lockdowns.²³ Researcher Victor Kuperman told the Committee that “the fewer chances there are to communicate, to do intellectual work and to do cognitive training, the faster the dementia progresses,”²⁴ and a number of witnesses shared that this was the case for many seniors, particularly those living in long-term care facilities. This topic is explored in greater detail below.

19 HUMA, *Evidence*, 13 May 2021, 1540 (Laura Tambllyn Watts, President and Chief Executive Officer, CanAge); HUMA, *Evidence*, 1 June 2021, 1615 (Veronique Boscart, Executive Dean, School of Health and Life Sciences, Conestoga College, As an Individual); HUMA, *Evidence*, 3 June 2021, 1550 (Dupuis-Blanchard); HUMA, *Canadian Nurses Association Brief*, 3 June 2021, p. 3.

20 HUMA, *Evidence*, 1 June 2021, 1535 (Porter); HUMA, *Evidence*, 3 June 2021, 1550 (Dupuis-Blanchard).

21 HUMA, *Evidence*, 1 June 2021, 1555 (Porter); HUMA, *Evidence*, 3 June 2021, 1620 (Kuperman); HUMA, *Evidence*, 3 June 2021, 1700 (Serge Séguin, Chief Executive Officer, Association québécoise de défense des droits des personnes retraitées et préretraitées).

22 HUMA, *Statistics Canada Brief*, July 2021, pp. 1–2.

23 HUMA, *Evidence*, 13 May 2021, 1540 (Tambllyn Watts); HUMA, *Evidence*, 1 June 2021, 1615 (Boscart); HUMA, *Evidence*, 3 June 2021, 1550 (Dupuis Blanchard); HUMA, *Evidence*, 22 June 2021, 1600 and 1645 (Mary Oko, Chair, Family Council of Copernicus Lodge and Guérin).

24 HUMA, *Evidence*, 3 June 2021, 1625 (Kuperman).



Some witnesses also expressed concern about the lack of geriatric specialists in Canada.²⁵ Two witnesses explained that gerontology training is not always mandatory as part of health care professionals' curricula, such as nursing, pharmacy and rehabilitation.²⁶ One of them added: "I think [ageism] also affects our students at the university and the topics they choose to study, because it is not seen as necessarily a good role to be in, in terms of looking after older people."²⁷

A witness talked about the current development of gerontechnology, also known as age tech, which is the use of technology to enhance remote health care, social relationships or home support for seniors. However, he pointed out that this technology requires broadband Internet to be accessible across the country and for all seniors. Many witnesses also broached this topic, which will be covered in greater detail later in this report.²⁸

Mental Health

Statistics Canada said that the mental health of seniors aged 65 and over generally remained better than that of Canadians in other age groups in the context of the pandemic. In the winter of 2021, 31% of seniors aged 65 and older reported that their mental health was much or somewhat worse than before the pandemic, compared to 42% of Canadians under 65. However, the percentage of seniors aged 65 and older reporting that their mental health was worse than before COVID-19 increased steadily during the pandemic, as was the case for every age group.²⁹

Some witnesses said that the pandemic and the health measures implemented to slow its spread had an effect on seniors' mental health, particularly anxiety and depression disorders.³⁰ Another witness shared that, according to a longitudinal study, the psychological well-being of seniors did not decline immediately after the global lockdown in March 2020. Rather, seniors showed emotional resilience to stress, which set off the decline by roughly four months. However, this witness explained that, since

25 HUMA, [Evidence](#), 13 May 2021, 1655 (Sinha); HUMA, [Evidence](#), 1 June 2021, 1650 (Porter).

26 HUMA, [Evidence](#), 1 June 2021, 1550 (Boscart and Porter).

27 HUMA, [Evidence](#), 1 June 2021, 1600 (Porter).

28 HUMA, [Evidence](#), 13 May 2021, 1635 and 1640 (Alex Mihailidis, Scientific Director, AGE-WELL).

29 HUMA, [Statistics Canada Brief](#), pp. 5–6.

30 HUMA, [Evidence](#), 1 June 2021, 1635 (Rose-Mary Thoney, member and president, Association québécoise des retraité(e)s des secteurs public and parapublic, Coalition pour la dignité des aînés); HUMA, [Evidence](#), 22 June 2021, 1645 (Guérin).

August 2020 and up until the point he appeared before the Committee on 3 June 2021, seniors had remained in a deteriorated emotional state. His analyses further confirmed that loneliness, social isolation and pre-pandemic health issues were the key determinants of psychological vulnerability for seniors at that time.³¹

Long-Term Care

Long-term care (LTC) was brought up many times during the course of the Committee's study. Several witnesses commented on the deplorable conditions in long-term care facilities, particularly during the first wave of the pandemic, but also during subsequent lockdowns. In Canada, a disproportionately high number of COVID-19 deaths took place in LTC facilities: 79% of deaths during the first wave, and 43% of all deaths as of December 2021,³² despite the fact that residents in these facilities represent only about 1% of the Canadian population, and less than 7% of Canadians aged 65 and older.³³ Care and services for residents were severely affected during the pandemic.³⁴ The Committee learned that, when caregivers and private personal care workers were barred from visiting residents during lockdowns, it had a significant impact, especially given the labour shortages: residents were isolated, and their independence, eating, mobility, and cognitive capacity all deteriorated. In some cases, residents even developed bed sores.³⁵ Witnesses emphasized the importance of continually and closely working with families and loved ones when making care decisions or developing care strategies to safeguard the best interests of seniors.³⁶

31 HUMA, *Evidence*, 3 June 2021, 1555 (Kuperman).

32 Canadian Institute for Health Information, [The Impact of COVID-19 on Long-Term Care in Canada: Focus on the First 6 Months](#), 30 March 2021, and [COVID-19's impact on long-term care](#), 9 December 2021.

33 Statistics Canada, [Impacts of the COVID-19 pandemic in nursing and residential care facilities in Canada](#), 10 June 2021.

34 It should be noted that the [Minister of Health Mandate Letter](#) of December 2021 includes the following responsibility: "With the support of the Minister of Seniors, negotiate agreements with provinces and territories to support efforts to improve the quality and availability of long-term care homes and beds. This includes working with provinces and territories to improve infection prevention and control measures, identify shared principles, and develop national standards and a *Safe Long-Term Care Act* to ensure seniors get the care they deserve. In support of this work, you will work with the Minister of Employment, Workforce Development and Disability Inclusion and provinces and territories to train up to 50,000 new personal support workers and raise wages."

35 HUMA, *Evidence*, 22 June 2021, 1545 (Oko); HUMA, [National Association of Federal Retirees Brief](#), June 2021, p. 4.

36 HUMA, *Evidence*, 22 June 2021, 1545 (Oko); HUMA, [Canadian Nurses Association Brief](#), June 2021, p. 4.



One government response to the crisis mentioned by witnesses was the [federal commitment](#) in the 2020 Fall Economic Statement to allocate up to \$1 billion to the provinces and territories as part of the Safe Long-term Care Fund by amending the existing bilateral agreements for home and community care and mental health and addiction services.³⁷ The government indicated that the provinces and territories would be able to use these funds to undertake a range of activities, including carrying out infection prevention and control readiness assessments, making improvements to ventilation and hiring additional staff or topping up wages.³⁸

Labour Needs

Labour shortages in the health care sector were identified as one of the key causes of the crisis in LTC facilities during the pandemic.

Terry Lake, Chief Executive Officer, BC Care Providers Association, indicated:

While many complex historical and systemic factors contributed to this disaster, underpinning it all is a persistent and acute health human resource (HHR) crisis. Chronic staffing shortages in Canada's longterm care sector were exacerbated by the COVID-19 pandemic, as many essential workers walked off the job for fear of contracting the virus or bringing it home to their families.³⁹

Some witnesses pointed out that precarious work conditions in the health care sector made recruitment difficult. For example, the Committee heard that among personal support workers, immigrant women are overrepresented, and that many of them have more than one job because there are very few full-time positions available. Many do not have sick leave, benefits or pensions. These poor working conditions lead to a discontinuation of care, which adversely affects the residents and their families.⁴⁰ In Ontario for example, the Committee learned that there were staff shortages in long-term care for registered nurses, registered practical nurses and personal support workers and that it is difficult to attract workers, since there are few full-time permanent positions with benefits available.⁴¹ One witness said that the fact that personal support workers are unregulated is a problem, because there is no oversight and no

37 HUMA, [Evidence](#), 25 May 2021, 1740 (Alexis Conrad, Employment and Social Development Canada).

38 Health Canada, [Shared Health Priorities and Safe Long-term Care Fund](#).

39 HUMA, [BC Care Providers Association Brief](#), June 2021, p. 1.

40 HUMA, [Evidence](#), 1 June 2021, 1545 (Boscart); HUMA, [National Association of Federal Retirees Brief](#), June 2021, pp. 2–5.

41 Ibid.; HUMA, [Canadian Nurses Association Brief](#), June 2021, p. 2.

accountability, which means that vulnerable people are not being adequately protected.⁴²

Another witness, Laura Tamblyn Watts, President and Chief Executive Officer of CanAge, suggested that there should be training incentives, and that immigration priorities could help improve staffing and work conditions.⁴³

To that end, on 14 April 2021, the Minister of Immigration, Refugees and Citizenship Canada (IRCC) announced a “new pathway to permanent residency for over 90,000 essential temporary workers and international graduates”, including 20,000 health care workers.⁴⁴ The BC Care Providers Association indicated in its brief to the Committee that this was “a laudable interim measure,” but that it must be followed by “a fully-realized immigration strategy that makes Canada a destination of choice for health care professionals” and must “address the demand for workers created by Canada’s aging population on a long-term basis.”⁴⁵

In addition, on 12 May 2021, the Minister of Employment, Workforce Development and Disability Inclusion [announced](#) an investment of \$2.3 million in three projects that will help internationally trained nurses get their foreign credentials recognized in Canada sooner.⁴⁶

Witnesses also mentioned [ESDC’s \\$23.2-million investment](#) in an accelerated online program to train approximately 4,000 new personal support worker interns, in collaboration with Colleges and Institutes Canada, beginning in April 2021.⁴⁷ However, the BC Care Providers Association explained in its brief to the Committee that some provinces, including British Columbia, were unable to benefit from this program, because the training developed by the federal government does not meet the standards set by the provincial government for personal support worker training.⁴⁸

42 HUMA, [Evidence](#), 13 May 2021, 1540 (Miranda Ferrier, Chief Executive Officer, Canadian Support Workers Association).

43 HUMA, [Evidence](#), 13 May 2021, 1530 (Tamblyn Watts).

44 Immigration, Refugees and Citizenship Canada, [New pathway to permanent residency for over 90,000 essential temporary workers and international graduates](#), 14 April 2021.

45 HUMA, [BC Care Providers Association Brief](#), June 2021, p. 3.

46 On 23 March 2022, [ESDC announced funding for nine new projects under the Foreign Credential Recognition Program](#), with a focus on health professionals.

47 HUMA, [Evidence](#), 25 May 2021, 1705 (Conrad).

48 HUMA, [BC Care Providers Association Brief](#), June 2021, pp. 1–2.



Given the testimony it received⁴⁹, the Committee recommends:

Recommendation 2: Develop an immigration strategy for health care professionals

That the Government of Canada, in consultation with the provinces and territories, develop and implement a global immigration strategy to attract health care professionals in order to meet the long-term need for workers in this area caused by the aging of the Canadian population. This strategy should include improvements to the recognition of foreign credentials as well as training incentives and other professional development opportunities to address the precarious work conditions that too many immigrant health care workers are already experiencing here in Canada. A path to permanent residency for immigrant workers and their families is also needed.

National Standards for Long-Term Care

When the study took place, national standards for long-term care (LTC) were being developed to be applied in conjunction with the provinces and territories. There are two sets of standards: one on delivering safe, reliable and high-quality LTC services, developed by the Health Standards Organization (HSO), and the other on the operation and infection prevention and control practices in LTC facilities, developed by the Canadian Standards Association (CSA Group). A [draft version of the first set of standards](#) (on LTC) was released in January 2022 for a public review period of 60 days. The [draft version of the second set of standards](#) (on infection prevention and control practices) was released in February 2022, also for a public review period of 60 days. Further to the earlier section of this report on labour needs in long-term care facilities, it should be noted that the draft version of the first set of standards (on LTC) has a section (section 9) entitled “Enabling a Healthy and Competent Workforce,” which includes criteria and guidelines for the organizational leaders of LTC homes.

The Hon. Deb Schulte, Minister of Seniors at the time the study took place, told the Committee that the government would provide \$3 billion over five years to the provinces and territories “to ensure that standards for long-term care are applied and permanent changes made.”⁵⁰ A number of witnesses told the Committee that these standards would not be effective unless they were accompanied by accountability measures, regulations, consequences for non-compliance and linked to federal

49 Note that one of CanAge’s recommendations was to: “[w]ork with the provinces and territories to develop a robust health and human resources strategy, including supporting more and better seniors’ care. This should also include initiatives to support immigration priority for capacity-building in the sector”. See: HUMA, [CanAge](#), Brief, June 2021, p. 5.

50 HUMA, [Evidence](#), 25 May 2021, 1555 (Hon. Deb Schulte).

funding.⁵¹ One witness, Isobel Mackenzie, British Columbia’s Seniors Advocate, suggested that this could be achieved through the Canada Health Transfer:

[The standards] have to be measurable, and there need to be consequences for noncompliance. Whether that is achieved by the mechanism the federal government already uses in health transfers—surgical wait-lists have to be managed a certain way, and provinces are not allowed to extra bill—would lead to financial penalties in the transfer payments from the federal government. Those are levers that are available for the federal government to use that could push the provinces to demand better accountability from their care homes, whether they’re operating them publicly or whether they’ve contracted with a private operator to operate them. I can’t understate the importance of openness and transparency. The public wants this. They will drive this, and if it is known who’s meeting standards and who’s not, and where the money is going, I think the federal government will have the support of its citizenry.⁵²

In addition, Miranda Ferrier, of the Canadian Support Workers Association, said that it would be useful to add a set ratio of staff to residents in the national LTC standards to ensure the quality of care.⁵³

Given the testimony it heard and the government’s commitments in this area, the Committee recommends:

Recommendation 3: Ensure accountability and transparency as regards national standards for long-term care

That the Government of Canada support provinces and territories in implementing the national standards for long-term care, which are currently being developed by the Health Standards Organization and Canadian Standards Association, and ensuring permanent changes are made. The mechanisms to support implementation could be included in the Safe Long-Term Care Act to be developed by the Minister of Health, and should apply to the long-term care standards for “enabling a healthy and competent workforce”, among others.

51 HUMA, *Evidence*, 13 May 2021, 1600 (Tamblyn Watts); HUMA, *Evidence*, 1 June 2021, 1655 (Isobel Mackenzie, Seniors Advocate, Office of the Seniors Advocate of British Columbia); HUMA, *National Association of Federal Retirees Brief*, June 2021, pp. 2–5; HUMA, *Canadian Nurses Association Brief*, June 2021, pp. 4–5.

52 HUMA, *Evidence*, 1 June 2021, 1655 (Mackenzie).

53 HUMA, *Evidence*, 13 May 2021, 1545 (Ferrier).



Home Support

Many witnesses commented on the fact that most Canadians age at home, which is what most seniors want, especially since the pandemic. The crises that occurred in many LTC homes made seniors more reluctant to move there. Some people who were living in seniors' residences even decided to go back to living in private accommodation due to the pandemic restrictions and isolation measures in these facilities.⁵⁴

Ms. Tamblyn Watts, of CanAge, told the Committee that roughly 20% of those who live in LTC facilities in Canada could live at home if they had access to the services they need.⁵⁵ Another witness, Dr. Sinha, Director of Health Policy Research at the National Institute on Ageing, explained that this institute's research shows that at least 430,000 Canadians had unmet homecare needs, while more than 40,000 were on waiting lists for long-term care homes, even before the pandemic. He told the Committee:

[W]e need to do more to support Canadians to age well and in their own homes for as long as possible. Our research shows that Canada spends 30% less than the average OECD country on the provision of long-term care, and close to 90% of our public LTC dollars are spent on institutionalizing people rather than caring for them in their own homes where they want to be[.]

...

[In] Denmark, for example, they're actually spending two-thirds of their publicly funded long-term care dollars to support people in their own homes. It can often be done cheaper and without worrying about massive infrastructure costs.⁵⁶

British Columbia's Seniors Advocate said that Canada currently has a patchwork of public home support coverage: some provinces offer services at no cost, while others do not. The services that are included vary from one province to another, as well. She said that the federal government should play a role in saying that Canadian citizens are entitled to receive certain home support services from their government, and how much they should pay based on their income. This would provide some consistency across the country.⁵⁷

54 HUMA, [Evidence](#), 13 May 2021, 1530 (Tamblyn Watts) and 1640 (Sinha); HUMA, [Evidence](#), 1 June 2021, 1610 (Porter) and 1620 (Mackenzie); HUMA, [Evidence](#), 17 June 2021, 1620 (Séguin).

55 HUMA, [Evidence](#), 13 May 2021, 1610 (Tamblyn Watts).

56 HUMA, [Evidence](#), 13 May 2021, 1640 and 1650 (Sinha).

57 HUMA, [Evidence](#), 1 June 2021, 1725 (Mackenzie).

Overall, there was a general agreement among witnesses that there was a need to develop and provide more home support and home care services for Canadian seniors. Various witnesses also said that it was important not to overload caregivers, and that caregivers need financial, mental and health supports, particularly respite services.⁵⁸ Michelle Porter, Professor and Director at the University of Manitoba's Centre on Aging, mentioned the possibility of establishing home sharing programs, where students live with seniors and give them peace of mind and someone to talk to.⁵⁹

The Association des retraitées et retraités de l'éducation et des autres services publics du Québec highlighted one home care need seniors have: the need for adapted transportation services, not only to get to vaccination clinics or COVID-19 testing facilities, but also to get around in general.⁶⁰ Transportation services for seniors was seen as an important way to reduce seniors' isolation, especially in more rural areas.⁶¹

Witnesses identified other ways that could help seniors who wish to stay at home longer to do so, including agile programs to help seniors renovate their homes as they lose their independence.⁶² When the Committee asked her about this matter, Violaine Guérin of the Conseil régional de développement social des Laurentides said she was in favour of accessibility requirements as part of publicly funded programs to create new housing, including under the National Housing Strategy. However, she said that she was not sure that a federal standard requiring that 25% of all new social and affordable housing units be built to a universal design would be enough to meet the future needs of seniors for accessible housing.⁶³

Given the testimony it heard, the Committee recommends:

Recommendation 4: Increase the number of accessible affordable housing units

That the Government of Canada increase the proportion of housing units that must meet accessibility and universal design standards in National Housing Strategy programs, in

58 HUMA, *Evidence*, 1 June 2021, 1610 (Porter), 1615 (Boscart) and 1710 (Pierre Lynch, Member and President, Association québécoise de défense des droits des personnes retraitées et préretraitées); HUMA, *Evidence*, 22 June 2021, 1650 (Guérin); HUMA, *National Association of Federal Retirees Brief*, June 2021, p. 2; HUMA, *Amy T. Hsu et al. Brief*, June 2021, p. 4.

59 HUMA, *Evidence*, 1 June 2021, 1615 (Porter).

60 HUMA, *Evidence*, 1 June 2021, 1535, 1550 and 1705 (Porter and Lise Lapointe, Member and President, Association des retraitées et retraités de l'éducation et des autres services publics du Québec).

61 HUMA, *Evidence*, 3 June 2021, 1650 (Shime); HUMA, *Evidence*, 22 June 2021, 1710 (Guérin).

62 HUMA, *Evidence*, 1 June 2021, 1705 (Lapointe); HUMA, *Evidence*, 22 June 2021, 1705 and 1715 (Guérin).

63 HUMA, *Evidence*, 22 June 2021, 1730 (Guérin).



order to create more adaptable and accessible housing units for the aging Canadian population, making it easier for seniors to age at home.

The Hon. Deb Schulte, Minister of Seniors at the time the study took place, spoke to the Committee about the Age Well at Home initiative, which would “offer practical support to help low-income and otherwise vulnerable seniors age in their homes.”⁶⁴

Budget 2021: A Recovery Plan for Jobs, Growth, and Resilience announced \$90 million in funding over three years, beginning in 2021–2022, to Employment and Social Development Canada (ESDC) to launch this initiative, which would “assist community-based organizations in providing practical support that helps low-income and otherwise vulnerable seniors,” including by “matching seniors with volunteers who can help with meal preparations, home maintenance, daily errands, yard work, and transportation.”⁶⁵ This program had not yet been implemented as of February 2022.

When she appeared before the Committee, the Hon. Deb Schulte, then Minister of Seniors, also said that the federal government was providing \$6 billion to the provinces and territories to help with home care as part of a 10-year commitment made in Budget 2017.⁶⁶

Given the testimony it heard on seniors’ home care and support needs, the Committee recommends:

Recommendation 5: Increase home care and support services

That the federal government, in collaboration with the provinces and territories, develop a national strategy for home and community care and support, and that it provide recurring funding to the provinces and territories specifically to develop and provide home care and support services for seniors. The strategy should include essential safeguards to protect seniors—especially low income and otherwise vulnerable seniors—from possible elder abuse.

Furthermore, in its brief to the Committee, the Canadian Union of Postal Workers (CUPW) suggested that postal workers could provide a check-in service for seniors and persons living with disabilities, as is the case in other countries. They could actively contact seniors and other vulnerable individuals in order to verify their well-being on a daily, weekly or as-needed basis, depending on the situation. CUPW gave the example of

64 HUMA, *Evidence*, 25 May 2021, 1555 (Schulte).

65 Government of Canada, *Budget 2021: A Recovery Plan for Jobs, Growth, and Resilience*, p. 66.

66 HUMA, *Evidence*, 25 May 2021, 1645 (Schulte).

the Cohesio program offered by letter carriers in France, which could be used as a model for a similar service in Canada in the future. As part of the Cohesio program, each letter carrier is given a smartphone. During their daily rounds, they visit those who have registered for the service, ask them a series of personalized self-assessment questions, and input the results into their smartphone. The results are then sent to the person who ordered the service. The letter carrier also has an emergency contact for each recipient listed in their smartphone.⁶⁷

As a first step, CUPW recommended:

That Canada Post identify a community and extensively consult with seniors and health and social service providers to design and test new services to be offered by letter carriers, with a focus on check-in services for seniors and the disabled.⁶⁸

When asked, two witnesses said they were in favour of testing the idea of using letter carriers to check in on seniors in Canada.⁶⁹

Canada Health Transfer

A number of witnesses said that federal government funding for health care was insufficient, including funding allocated through the Canada Health Transfer (CHT), and that this had an effect on the quality of long-term care and the availability of home care, among other things. These witnesses called on the government to modernize the CHT to ensure it takes into account the needs of the aging population. Specifically, they called for the CHT to be increased on a permanent basis.⁷⁰

Two organizations that submitted briefs to the Committee cited a 2018 Conference Board of Canada study entitled [Meeting the Care Needs of Canada's Aging Population](#), which estimated that population aging on its own would drive 20% of all health care spending growth in the 10 years following the publication of the report, an additional health care funding need of \$93 billion over 10 years. These organizations recommended

67 HUMA, [Canadian Union of Postal Workers Brief](#), June 2021.

68 *Ibid.*, p. 3.

69 HUMA, [Evidence](#), 3 June 2021, 1610 and 1615 (Kuperman and Dupuis-Blanchard).

70 HUMA, [Evidence](#), 1 June 2021, 1635 (Thonney); HUMA, [Evidence](#), 3 June 2021, 1645 (Gisèle Tassé-Goodman, President, Provincial Secretariat, Réseau FADOQ); HUMA, [Canadian Association for Long Term Care Brief](#), pp. 2–3; HUMA, [Canadian Medical Association Brief](#), p. 1; HUMA, [Canadian Nurses Association Brief](#), pp. 4-5.



that the federal government contribute a 22% share of funding for these additional expenses, which would represent an increase in funding of \$21.1 billion over 10 years as “a demographic top-up to the Canada Health Transfer.”⁷¹ As one witness mentioned to the Committee, the Conference Board study showed that if nothing is done to ensure that the federal health transfers to the provinces and territories take into account the aging population, the federal share of health care funding will drop below 20% by 2026.⁷²

Given the testimony it heard, the Committee recommends:

Recommendation 6: Adjust the Canada Health Transfer to account for population aging

That the Government of Canada consult with provinces and territories on how to ensure that the Canada Health Transfer meets the needs of Canada’s aging population in regards to health care, including long-term care and home care, and that it make the necessary adjustments as soon as possible.

CHAPTER 4: EFFECTS OF COVID-19 ON THE SOCIAL WELL-BEING OF SENIORS

It goes without saying that the public health lockdowns put in place to slow the spread of COVID-19 had a significant impact on the social well-being of seniors. Some witnesses explained that the social isolation resulting from the public health measures designed to protect seniors’ physical health in fact led to the deterioration of their physical and mental health.⁷³ Several witnesses cited the findings of a study that said that the effects of social isolation were as harmful to health as smoking 15 cigarettes a day.⁷⁴ Some commented on the additional challenges of social isolation for seniors in rural communities, such as the fact that it was harder for them to get out of the house and talk with their neighbours.⁷⁵ British Columbia’s Seniors Advocate pointed out that

71 HUMA, *Canadian Association for Long Term Care Brief*, pp. 2–3; HUMA, *Canadian Nurses Association Brief*, pp. 4–5.

72 HUMA, *Evidence*, 3 June 2021, 1645 (Tassé-Goodman).

73 For example: HUMA, *Evidence*, 13 May 2021, 1535 (Tamblyn Watts); HUMA, *Evidence*, 22 June 2021, 1645 (Guérin).

74 HUMA, *Evidence*, 13 May 2021, 1605 (Tamblyn Watts); HUMA, *Evidence*, 3 June 2021, 1550 (Dupuis-Blanchard); HUMA, *Evidence*, 22 June 2021, 1545 (Kathy Majowski, Board Chair and Registered Nurse, Canadian Network for the Prevention of Elder Abuse).

75 HUMA, *Evidence*, 3 June 2021, 1650 (Shime); HUMA, *Evidence*, 17 June 2021, 1630 (Connie Newman, Executive Director, Age-Friendly Manitoba Initiative, Manitoba Association of Senior Centres).

important human connections for many seniors, particularly those living alone, are often found at the library, the recreation centre, the seniors' centre, the bank or the grocery store, and that each of these locations were closed for long periods of time due to COVID-19. It revealed the importance of these community connections going forward.⁷⁶

Many witnesses recommended increasing investments in community programs for seniors, not only for seniors living at home, but also for those living in seniors' residences or in long-term care facilities.

One witness noted that there are not enough recreation staff members in long-term care, and that even though these workers are key to residents' quality of life, they are often able to find only part-time, low-paid positions:

We need to ensure that we think beyond the health care aspects of long-term care and provide much more in terms of social care, because these places are people's homes, not hospitals.⁷⁷

Another witness held a similar view, saying that day programming within the community is needed as part of an equitable, fair approach where people who live by themselves or with care providers can participate in meaningful activities.⁷⁸ A third witness told the Committee that it is important to ensure that seniors know about these programs.⁷⁹

Developing [Age-Friendly Communities](#) was identified as a key way to create inclusive communities and reduce seniors' social isolation.⁸⁰

Some witnesses said that seniors appreciated intergenerational programs and activities, such as online storytelling and story-sharing.⁸¹ However, online activities to break social isolation exclude the most vulnerable group of seniors: those who do not have Internet access or do not know how to use it, which will be discussed in more detail below.

Given the testimony heard on the importance of breaking social isolation for seniors, the Committee recommends:

76 HUMA, [Evidence](#), 1 June 2021, 1640 (Mackenzie).

77 HUMA, [Evidence](#), 1 June 2021, 1535 (Porter).

78 HUMA, [Evidence](#), 1 June 2021, 1615 (Boscart).

79 HUMA, [Evidence](#), 3 June 2021, 1545 (Dupuis-Blanchard).

80 Ibid.; HUMA, [Evidence](#), 17 June 2021, 1550 and 1600–1610 (Newman); HUMA, [Evidence](#), 22 June 2021, 1545 (Majowski).

81 HUMA, [Evidence](#), 13 May 2021, 1535 (Tamblyn Watts); HUMA, [Evidence](#), 3 June 2021, 1555 (Kuperman).



Recommendation 7: Provide funding for programs that promote seniors' social connections

That Employment and Social Development Canada ensure that a portion of the funding provided to contribution programs, such as the New Horizons for Seniors Program, be dedicated to initiatives that seek to break social isolation and encourage social relationships for seniors, as a program priority. Libraries should be looked at as potential community hubs or focal points for seniors in their communities and considered for new funding program streams in the future.

Internet Access and Digital Literacy for Seniors

The theme of Internet access and the development of digital literacy among seniors was addressed at great length by witnesses. As discussed earlier, the fact that not all seniors have Internet access or know how to use the Internet was identified as a barrier for remote health care and home support, and it prevented seniors from participating in online activities to break isolation. Many witnesses told the Committee that low-income seniors could not afford the Internet, which prevented them from maintaining connections virtually once the pandemic hit. Furthermore, the Canadian Nurses Association shared the following information with the Committee:

According to the CRTC, 87.4% of Canadians have access to broadband internet, compared with 45.6% of those living in rural areas. ... [O]lder adults living in rural and remote areas have poorer access to digital services and may experience severe challenges in accessing virtual health-care services, participating in online social groups, and even ordering their groceries online. These challenges can pose significant risks to the overall well-being and health of older adults.⁸²

Some services that were previously provided in person were unavailable except in virtual form for long periods during the pandemic (for example, lawyers' services). The fact that many seniors have trouble with technology, and also were fearful of going to meetings in person due to the risk of coming down with COVID-19, reduced their access to certain services during the pandemic.⁸³

Witnesses agreed that it was important to ensure that all seniors have access to the Internet and that more of them know how to use it, both those living at home and those

82 HUMA, *Canadian Nurses Association Brief*, June 2021, p. 4.

83 See for example: HUMA, *Gina Rea, Renfrew County Legal Clinic Brief*, June 2021.

living in long-term care facilities. In addition, in the brief she submitted to the Committee, Gina Rea of the Renfrew County Legal Clinic recommended that accessible office space be offered for free or for a low cost to people needing access to a private space to use videoconferencing, with assistance available on site as needed.⁸⁴

Given the general consensus regarding the importance of seniors having access to the Internet and improving their digital literacy, the Committee recommends:

Recommendation 8: Develop broadband Internet across the country

That the Government of Canada continue to prioritize investment in the development of broadband Internet across the country.

Recommendation 9: Develop programs to help low-income seniors get Internet service and the equipment they need to access it

That the Government of Canada develop programs to help financially vulnerable seniors get Internet service and the equipment they need to access it.

Recommendation 10: Support digital literacy for seniors

That Employment and Social Development Canada continue to fund contribution programs, such as the New Horizons for Seniors Program, and ensure that these programs prioritize the development of digital literacy for seniors, information technology support services, and locations where seniors can go to access the Internet, in private if needed, with technological support services. Some libraries, seniors centers and seniors support groups also have the capacity to offer home visits that could be expanded to deliver these digital services to seniors in their own homes. With the addition of federal funding to accessible sites for seniors, digital literacy can be achieved in locations where seniors are already comfortable.

Elder Abuse, Neglect and Mistreatment

Social isolation, as addressed in the previous section, was identified by witnesses as a risk factor for elder abuse. There are various forms of elder abuse, including physical or psychological violence, financial abuse, and neglect.⁸⁵ Some witnesses explained that

84 Ibid.

85 It is worth noting that the House of Commons Standing Committee on Justice and Human Rights published a report in June 2021 entitled [Elder Abuse: Identifying the Issue and Combatting All Types of Abuse](#), which includes a number of recommendations to the government on this topic.



financial scams targeting seniors increased as social isolation went on, with fraudsters taking advantage of the fact that many seniors were lonely. New scams emerged that offered seniors fraudulent COVID-19 products (testing kits, vaccines, medications, etc.).⁸⁶ Some witnesses pointed out that, since the COVID-19 pandemic began, abuse prevention organizations saw a major uptick in cases of elder abuse and neglect.⁸⁷ Kathy Majowski, Registered Nurse and Board Chair and at the Canadian Network for the Prevention of Elder Abuse, said that the “Seniors Safety Line in Ontario reported a 250% increase in calls about elder abuse” and that, “meanwhile, in some long-term care homes, residents endured appalling abuse and neglect.”⁸⁸ She explained: “Like gender-based violence, [elder abuse] has flared under COVID and emerged as a shadow pandemic in 2020.”⁸⁹

Suzanne Dupuis-Blanchard of the National Seniors Council said that her organization’s work had revealed that low-income seniors were often at risk of being the victims of elder crime and elder abuse.⁹⁰ Other witnesses said that regulating home care aides and personal support workers would help protect seniors—for example, by instituting a complaints process, a safety accreditation and a public registry.⁹¹

Witnesses spoke about the importance of pursuing efforts to educate seniors about the various forms of elder abuse and about how community support networks with trained staff were essential to recognize and prevent it.⁹² Two witnesses recommended establishing permanent funding for preventing and responding to elder abuse and neglect, on par with what is provided for domestic violence.⁹³ Lastly, a number of witnesses highlighted that toll-free phone numbers were useful in helping seniors, both

86 HUMA, [Evidence](#), 13 May 2021, 1535 (Ferrier); HUMA, [Evidence](#), 3 June 2021, 1540 (Dupuis-Blanchard).

87 HUMA, [Evidence](#), 13 May 2021, 1530 (Tamblyn Watts); HUMA, [Evidence](#), 22 June 2021, 1545 (Majowski).

88 HUMA, [Evidence](#), 22 June 2021, 1545 (Majowski).

89 Ibid.

90 HUMA, [Evidence](#), 3 June 2021, 1605 (Dupuis-Blanchard).

91 HUMA, [Evidence](#), 13 May 2021, 1535 (Ferrier); HUMA, [Evidence](#), 22 June 2021, 1545 (Majowski).

92 HUMA, [Evidence](#), 13 May 2021, 1535 (Tamblyn Watts); HUMA, [Evidence](#), 3 June 2021, 1540 (Dupuis-Blanchard); HUMA, [Evidence](#), 22 June 2021, 1545 and 1645 (Majowski and Guérin).

93 HUMA, [Evidence](#), 13 May 2021, 1530 (Tamblyn Watts); HUMA, [Evidence](#), 22 June 2021, 1550 (Majowski).

for helping them locate resources and for reporting abuse.⁹⁴ One witness recommended creating a national help line for seniors.⁹⁵

In line with these recommendations, and as noted earlier, Budget 2021 proposed granting \$50 million over five years, starting in 2021–2022, to the Public Health Agency of Canada to design and deliver interventions that promote safe relationships and prevent family violence, including intimate partner violence, child maltreatment, and elder abuse.

In addition, during her appearance before the Committee, the Hon. Deb Schulte, then Minister of Seniors, said that the government would establish new offences and penalties in the *Criminal Code* related to elder abuse and neglect. She also said that the government was working on “initiatives to combat elder abuse, including strengthening the law, creating a national definition and improving data collection.”⁹⁶

Given the testimony it heard regarding the increase in elder abuse, the Committee recommends:

Recommendation 11: Provide funding to fight elder abuse

That the Government of Canada work with provincial and territorial governments to provide funding to fight elder abuse, including prevention and support for seniors who have been victims of this abuse.

Recommendation 12: Raise awareness of elder abuse

That Employment and Social Development Canada grant recurring funding to programs such as the New Horizons for Seniors Program that seek to raise awareness of elder abuse and ensure that elder abuse is clearly identified as a priority by these programs.

94 HUMA, *Evidence*, 13 May 2021, 1620 (Tamblyn Watts); HUMA, *Evidence*, 3 June 2021, 1640 and 1725 (Shime); HUMA, *Evidence*, 17 June 2021, 1550 and 1605 (Newman).

95 HUMA, *Evidence*, 13 May 2021, 1620 (Tamblyn Watts).

96 HUMA, *Evidence*, 25 May 2021, 1655 (Schulte). It is worth noting that these points are addressed in the December 2021 mandate letter for the Minister of Seniors, the Hon. Kamal Khera, who confirmed before the Committee on February 14, 2022, that she was continuing to collaborate with the Minister of Justice in this area.



Recommendation 13: Set up a national toll-free number for seniors

That the Government of Canada set up a national toll-free number to direct seniors to appropriate resources in various areas and to allow for the report of elder abuse.

CHAPTER 5: EFFECTS OF COVID-19 ON THE FINANCIAL WELL-BEING OF SENIORS

In its brief to the Committee, Statistics Canada explained: “Given that most seniors in Canada are retired, the pandemic appears to have impacted their employment and financial situation less dramatically than Canadians in other age groups.”⁹⁷ The brief outlines that, in May 2020, Canadians aged 65 and older were much less likely than those aged 35 to 44 to say that the pandemic would have a significant impact on their ability to meet their financial obligations (14% versus 32%). In May 2021, seniors aged 65 and older were less likely to live in households that reported it was difficult to meet basic household financial commitments, compared to all younger age groups.⁹⁸

However, many witnesses drew to the attention of the Committee that senior women are often more disadvantaged economically than men. Their retirement pension income tends to be lower because many women were stay-at-home parents or caregivers.⁹⁹ One witness mentioned that a higher proportion of low-income seniors were racialized or Indigenous.¹⁰⁰ The Minister of Seniors at the time the study took place noted: “As seniors age, their health-related costs rise. All the while, they are more likely to be unable to work, have disabilities or be widowed.”¹⁰¹

A representative of the Réseau FADOQ described the effects of the pandemic on vulnerable seniors’ finances as follows:

The people who receive only old age security benefits and the guaranteed income supplement must live on less than \$18,500 a year. It was hard enough to live on this income before. The onset of the health and social crisis exacerbated this financial distress, since prices for basic necessities increased. In addition, given the lockdown,

97 HUMA, *Statistics Canada Brief*, July 2021, p. 7.

98 Ibid.

99 HUMA, *Evidence*, 25 May 2021, 1625 (Schulte); HUMA, *Evidence*, 3 June 2021, 1705 (Tassé-Goodman); HUMA, *Evidence*, 22 June 2021, 1720 (Guérin).

100 HUMA, *Evidence*, 13 May 2021, 1730 (Sinha).

101 HUMA, *Evidence*, 25 May 2021, 1555 (Schulte).

many seniors temporarily lost their support network. This led to additional costs, especially for delivery services.¹⁰²

When she appeared before the Committee, the Hon. Deb Schulte, then Minister of Seniors, listed some of the measures taken by the government during the pandemic to help low-income seniors, such as the one-time, tax-free payment of \$300 in the summer of 2020 for Old Age Security recipients, the additional \$200 for Guaranteed Income Supplement recipients, and the Goods and Services Tax (GST) credit top-up for low-income Canadians.¹⁰³

Old Age Security and the Guaranteed Income Supplement

The Minister also told the Committee about the government's decision to increase the OAS pension by 10% for seniors aged 75 and older as of 1 July 2022, and, that in the meantime, it had authorized a one-time payment of \$500 in the summer of 2021 for these seniors.¹⁰⁴

Some witnesses commended this initiative, seeing it as a step in the right direction, but many thought it would be preferable to supplement seniors' income based on their income, rather than their age. Several suggested that the government increase the Guaranteed Income Supplement (GIS), which is paid to low-income Old Age Security (OAS) recipients.¹⁰⁵ Some were concerned about low-income seniors aged 65 to 74, who they believe were left to face the higher cost of living and additional costs associated with the pandemic without much support.¹⁰⁶ The Réseau FADOQ recommended that the government "at least increase the guaranteed income supplement by \$50 a month, for the less fortunate", which would mean a \$600 a year increase for single seniors.¹⁰⁷ It is worth noting that instructions to "increase the Guaranteed Income Supplement by \$500 for single seniors and \$750 for couples starting at age 65" (a \$41.67 a month increase for single seniors and \$62.50 for couples) were

102 HUMA, *Evidence*, 3 June 2021, 1645 (Tassé-Goodman).

103 HUMA, *Evidence*, 25 May 2021, 1555 (Schulte).

104 Ibid. These two measures were included in [Bill C-30, An Act to implement certain provisions of the budget tabled in Parliament on April 19, 2021 and other measures](#), which received Royal Assent in June 2021.

105 HUMA, *Evidence*, 13 May 2021, 1645 and 1715 (Sinha); HUMA, *Evidence*, 3 June 2021, 1705–1710 (Danis Prud'homme, Director General, Provincial Secretariat, Réseau FADOQ); HUMA, *National Association of Federal Retirees Brief*, June 2021, p. 5.

106 HUMA, *Evidence*, 1 June 2021, 1630 and 1700 (Thonney and Lynch); HUMA, *Evidence*, 3 June 2021, 1705 and 1725 (Tassé-Goodman and Prud'homme).

107 HUMA, *Evidence*, 3 June 2021, 1715 (Tassé-Goodman).



included in the [Minister of Seniors Mandate Letter](#) in December 2021. Some witnesses also suggested for the Old Age Security pension to be increased at age 65 rather than at age 75.¹⁰⁸ They were concerned about inequity among seniors¹⁰⁹, with one witness noting that this could create two classes of seniors¹¹⁰, and many talking about the fact that seniors have financial needs right from the age of 65.¹¹¹

Given the testimony heard and the government commitments made in this area, the Committee recommends:

Recommendation 14: Increase the Guaranteed Income Supplement

That the Government of Canada increase as soon as possible and on a permanent basis the Guaranteed Income Supplement by at least \$500 per year for seniors living alone and \$750 per couple, beginning at age 65.

Recommendation 15: Increase Old Age Security for those aged 65 and over

That the Government of Canada increase the Old Age Security pension for those aged 65 to 74.

CHAPTER 6: OTHER GOVERNMENT PROGRAMS FOR SENIORS

New Horizons for Seniors Program

As mentioned above, the [New Horizons for Seniors Program](#) (NHSP) is a federal grants and contributions program that provides funding for projects that make a difference in the lives of seniors and their communities. It has three streams based on project scope.

When she appeared before the Committee, the Hon. Deb Schulte, then Minister of Seniors, indicated that the government had “funded over 5,000 new horizons for seniors

108 HUMA, [Evidence](#), 13 May 2021, 1535 (Ferrier); HUMA, [Evidence](#), 1 June 2021, 1630 and 1700 (Thonney and Lynch); HUMA, [Evidence](#), 3 June 2021, 1705 and 1725 (Tassé-Goodman and Prud’homme); HUMA, [Evidence](#), 17 June 2021, (Séguin); HUMA, [Evidence](#), 22 June 2021 (Guérin).

109 HUMA, [Evidence](#), 1 June 2021 (Thonney and Lynch); HUMA, [Evidence](#), 3 June 2021 (Tassé-Goodman).

110 HUMA, [Evidence](#), 3 June 2021 (Prud’homme).

111 HUMA, [Evidence](#), 13 May 2021 (Ferrier); HUMA, [Evidence](#), 1 June 2021, 1630 and 1700 (Thonney and Lynch); HUMA, [Evidence](#), 17 June 2021 (Séguin, reference document, and Dupuis-Blanchard).

community projects across the country to support seniors during the pandemic.”¹¹² A United Way Centraide Canada representative explained:

In June 2020, with the support of the federal government through the new horizons for seniors program, we rapidly expanded funding to over 870 organizations that supported isolated seniors. These programs offered a total of 1.3 million services to over 700,000 vulnerable seniors during the pandemic. They were offered by a network of community agencies in every province and territory. These programs were enabled to reconfigure existing services to meet public health guidelines, expand existing services and support previously underserved areas.¹¹³

According to one witness, what organizations found challenging was that the funding provided by the New Horizons for Seniors Program for community projects was limited to \$25,000 per year, was granted only on an annual basis and was difficult to renew.¹¹⁴ A representative of Employment and Social Development Canada confirmed that this is how the program is intended to work: “The funding is not an operating grant, so there’s no guarantee of receipt of funding every year. Every year, it’s sort of what we call a competitive process.”¹¹⁵

Given the testimony it heard, the Committee recommends:

Recommendation 16: Make it easier to use the New Horizons for Seniors Program for medium-term projects

That Employment and Social Development Canada assess the possibility of increasing the current \$25,000 cap for funding as part of the New Horizons for Seniors Program for community projects and that it make this funding more predictable over the medium term by making it easier to renew for more than one year.

A Federal Office of the Seniors Advocate and a National Seniors Strategy

Two witnesses recommended that the government create a federal office of the seniors advocate, to ensure both that seniors are systematically included in policy development

112 HUMA, *Evidence*, 25 May 2021 (Schulte). It is important to note that this program received an additional \$20 million in 2020 to meet needs associated with the COVID-19 crisis. See: Justin Trudeau, Prime Minister of Canada, *Prime Minister announces additional support for Canadian seniors*, 12 May 2020.

113 HUMA, *Evidence*, 3 June 2021, 1640 (Shime).

114 HUMA, *Evidence*, 13 May 2021, 1625 (Tamblyn Watts).

115 HUMA, *Evidence*, 25 May 2021, 1715 (Annette Gibbons, Associate Deputy Minister, ESDC).



and that the federal government takes population aging into account during its planning process.¹¹⁶

It should provide systemic oversight and leadership on issues related to the current needs of Canadian seniors, as well as provide insight, analysis and direction to the government on the future needs of our aging population. Elder abuse and neglect awareness and response should be a key and ongoing mandate of this office.¹¹⁷

One witness mentioned that provinces with seniors advocates saw the conditions of care and the services improve for that population.¹¹⁸

In addition, some witnesses recommended that Canada establish a national seniors strategy.¹¹⁹ One organization suggested that this strategy should encompass “the full continuum of health and social care” and provide “much-needed coordination between governments to improve the systems of care for older adults.”¹²⁰ Another organization said that the purpose of this strategy should be “to optimize health, financial and social inclusions so that all Canadians can age with dignity” and that the strategy “should be built on the principles of access, equity, choice, value, and quality of care for older adults.”¹²¹

Given the testimony heard and with a view to consolidating, focusing and strengthening the government’s efforts to better support Canadian seniors, the Committee recommends:

Recommendation 17: Create an office of the seniors advocate and a national seniors strategy

That the Government of Canada create a federal office of the seniors advocate that would have a mandate to develop a national seniors strategy, provide advice to the Government of Canada as regards seniors and their needs, and address elder abuse.

116 HUMA, [Evidence](#), 13 May 2021, 1635(Tamblyn Watts); HUMA, [Evidence](#), 22 June 2021, 1550 (Majowski).

117 HUMA, [Evidence](#), 22 June 2021, 1550 (Majowski).

118 HUMA, [Evidence](#), 13 May 2021, 1555 (Tamblyn Watts).

119 Ibid.; HUMA, [Evidence](#), 3 June 2021, 1535 (Dupuis-Blanchard); HUMA, [Canadian Nurses Association Brief](#), p. 5; HUMA, [National Association of Federal Retirees Brief](#), p. 5.

120 HUMA, [Canadian Nurses Association Brief](#), p. 5

121 HUMA, [National Association of Federal Retirees Brief](#), p. 5.

CONCLUSION

As part of its study on the effects of COVID-19 on the well-being of seniors, the Committee heard many witnesses and received many briefs, including from government representatives, special interest groups, researchers, health care professionals and individuals on the key challenges Canadian seniors have faced during the COVID-19 pandemic and the issues to consider when making changes to better support this growing population.

In this report, the Committee makes recommendations on various issues relating to the general, social and financial well-being of Canadian seniors as well as their health. The Committee's intention is that, while not exhaustive, this study can inform government initiatives that will support and protect today and tomorrow's seniors in a sustainable way.

APPENDIX A LIST OF WITNESSES

The following table lists the witnesses who appeared before the committee at its meetings related to this report. Transcripts of all public meetings related to this report are available on the committee’s [webpage for this study](#).

43rd Parliament—2nd Session

Organizations and Individuals	Date	Meeting
<p>AGE-WELL Alex Mihailidis, Scientific Director</p> <p>Canadian Support Workers Association Miranda Ferrier, Chief Executive Officer</p> <p>CanAge Laura Tamblyn Watts, President and Chief Executive Officer</p> <p>National Institute on Ageing Samir Sinha, Director, Health Policy Research</p>	2021/05/13	34
<p>Department of Employment and Social Development Hon. Deb Schulte, P.C., M.P., Minister of Seniors Alexis Conrad, Senior Assistant Deputy Minister Income Security and Social Development Branch and Policy Horizons Canada Annette Gibbons, Associate Deputy Minister Janet Goulding, Associate Assistant Deputy Minister Income Security and Social Development Branch</p>	2021/05/25	35

Organizations and Individuals	Date	Meeting
<p>As an individual</p> <p>Veronique Boscart, Executive Dean School of Health and Life Sciences, Conestoga College</p> <p>Centre on Aging</p> <p>Michelle Porter, Professor and Director University of Manitoba</p> <p>Coalition pour la dignité des aînés</p> <p>Lise Lapointe, Member and President Association des retraitées et retraités de l'éducation et des autres services publics du Québec</p> <p>Pierre Lynch, Member and President Association québécoise de défense des droits des personnes retraitées et préretraitées</p> <p>Rose-Mary Thonney, Member and President Association québécoise des retraité(e)s des secteurs public et parapublic</p> <p>Office of the Seniors Advocate of British Columbia</p> <p>Isobel Mackenzie, Seniors Advocate</p>	2021/06/01	37
<p>As an individual</p> <p>Victor Kuperman, Associate Professor McMaster University</p> <p>National Seniors Council</p> <p>Suzanne Dupuis-Blanchard, Professor</p> <p>Réseau FADOQ</p> <p>Danis Prud'homme, Director General Provincial Secretariat</p> <p>Gisèle Tassé-Goodman, President Provincial Secretariat</p> <p>United Way Centraide Canada</p> <p>Debra Shime, Vice President Community Initiatives</p>	2021/06/03	38

Organizations and Individuals	Date	Meeting
Association québécoise de défense des droits des personnes retraitées et préretraitées Serge Séguin, Chief Executive Officer	2021/06/17	42
Manitoba Association of Senior Centres Connie Newman, Executive Director Age-Friendly Manitoba Initiative		
As an individual Mary Oko, Chair Family Council of Copernicus Lodge	2021/06/22	43
Canadian Men's Shed Association Doug Mackie, Chair		
Canadian Network for the Prevention of Elder Abuse Kathy Majowski, Board Chair and Registered Nurse		
Conseil régional de développement social des Laurentides Violaine Guerin, Coordinator		

APPENDIX B LIST OF BRIEFS

The following is an alphabetical list of organizations and individuals who submitted briefs to the committee related to this report. For more information, please consult the committee's [webpage for this study](#).

43rd Parliament—2nd Session

AGE-WELL

BC Care Providers Association

Canadian Association for Long Term Care

Canadian Medical Association

Canadian Network for the Prevention of Elder Abuse

Canadian Nurses Association

Canadian Union of Postal Workers

CanAge

Centennial College

Conseil régional de développement social des Laurentides

Extendicare Canada

Hsu, Amy

Miles Nadal JCC

National Association of Federal Retirees

Rea, Gina

Statistics Canada

REQUEST FOR GOVERNMENT RESPONSE

Pursuant to Standing Order 109, the committee requests that the government table a comprehensive response to this Report.

A copy of the relevant *Minutes of Proceedings* ([Meetings Nos. 34, 35, 37, 38, 42 and 43](#)) from the 43rd Parliament, 2nd Session and ([Meetings Nos. 20, 21, 22 and 28](#)) from the 44th Parliament, 1st Session is tabled.

Respectfully submitted,

Robert J. Morrissey
Chair

Dissenting Opinion of the Bloc Québécois

The Bloc Québécois commends the Committee for its work on a very important issue: the impact of the COVID-19 pandemic on seniors. Seniors have been the biggest victims of the pandemic. They were not only overrepresented in the number of deaths, but also suffered and continue to suffer the most from the effects of the virus, which include isolation, anxiety and financial difficulties. It was therefore important to hear from our older citizens and the groups that represent them. We thank all the witnesses who appeared before the Committee. Their testimony was necessary and unavoidable.

As we are increasingly seeing, the federal government has a disturbing and unwelcomed habit of trying to interfere in the jurisdictions of Quebec and the other provinces. Some of the recommendations in the Committee's report on seniors clearly violate Quebec's jurisdiction. This is the main reason why we cannot support the report and all of its recommendations.

Incursion into the jurisdictions of Quebec and other provinces and overlap

We cannot repeat it often enough: health falls under the jurisdiction of Quebec, which is responsible for its health care system, the working conditions of health care personnel and the standards that govern long-term care facilities.

The pandemic has more than ever demonstrated the need to strengthen Quebec's health care system. Ottawa must work with Quebec and the provinces to ensure that everyone, including seniors, has access to quality care and that our health care workers get the reinforcements they need. Several witnesses agreed. Recommendations 2, 3, 5 and 17 suggest measures that are at best redundant, as they already exist in Quebec, and at worst do not respect Quebec's jurisdiction.

Quebec already has a recruitment and retention strategy, an elder abuse initiative¹ and a home support policy.² Similarly, if there is a need to reform the standards governing long-term care, it is up to the provinces to do so.

The federal government's role in health: funding

The federal government has not kept pace when it comes to health care funding and has now reached a historically low funding rate of 22% for Quebec. Recommendation 6 of the report misses the mark by suggesting only vague consultations with the governments of

¹ Publication of the Ministère de la Famille – Secrétariat aux aînés, *Plan d'action gouvernementale pour contrer la maltraitance envers les personnes âgées, 2017-2022*, Government of Quebec, 2017 (online) <https://publications.msss.gouv.qc.ca/msss/fichiers/ainee/F-5212-MSSS-17.pdf>. [French only]

² MISSS publication: *Chez soi: le premier choix, la politique de soutien à domicile*, Government of Quebec, 2003 (online) <https://publications.msss.gouv.qc.ca/msss/fichiers/2002/02-704-01.pdf>. [French only]

Quebec, the other provinces and the territories. Quebec and the other provinces have already spoken: the federal government must increase health transfers to 35% of health care costs, with no strings attached.

Respecting jurisdiction

The federal government can improve senior care while respecting its own jurisdiction. We welcome recommendation 14, which proposes to enhance the Guaranteed Income Supplement as of age 65. We also support recommendation 12, which proposes to improve the New Horizons program. Lastly, we welcome recommendation 15 of the report, which proposes to increase the Old Age Security pension for all seniors aged 65 and over. It is important to remember that in its 2021 budget, the government announced a 10% increase to the OAS pension, but only for those aged 75 and over, completely ignoring those aged 65 to 74. Several witnesses pointed out the inconsistency, and we hope that this recommendation will encourage the government to change course.

Conclusion

We are presenting this dissenting report because we care for seniors' overall well-being. Seniors have a right to quality health care services, retirement income that allows them to age with dignity and concrete measures to ensure their security. We believe that all levels of government have a role to play in this regard so long as they act within their respective jurisdictions. The Bloc tried to adjust the recommendation in that sense, but in vain.