

**Citizens for Change in Long Term Care NL Advocacy Group Submission
Submitted To
Statutory Offices Review Panel**

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Citizens for Change in Long Term Care NL Advocacy Group

Citizens for Change in Long Term Care in NL (CCLTCNL) Advocacy Group is pleased to present a Submission to the **Review of Statutory Offices of the House of Assembly**. CCLTCNL believes the preservation and strengthening of a single, autonomous, legislated advocacy voice for seniors is paramount.

CCLTCNL formed in May 2020, in response to concerns related to the negative impact that the COVID-19 pandemic had on seniors in long term care facilities (LTC) in NL, in particular due to lockdowns. The focus of our advocacy work was for seniors living in LTC facilities in NL. Over the past three years, CCLTCNL met with, and communicated with, numerous key stakeholders including seniors groups, government officials, union leaders, professional associations, administrators, educators, researchers, and politicians (all parties) both at the local and national levels. Additionally, we contributed to reports and reviews, particularly to Health Accord NL's (HA NL) Aging Population Committee.

Recommendation

CCLTCNL recommends the preservation of the Office of the Seniors' Advocate for NL and expanding the role of the Seniors' Advocate to reflect Health Accord NL's Final Report (2022), Blueprint B, Call to Action #12.1: *"Develop and implement new legislation to enshrine the rights of older adults and establish an accountability structure for an integrated, transparent, and coordinated approach to quality care"* (p.69). More specifically, Call to Action #12.1: bullets b, c, and h outline the recommendations put forth by HA NL (2022). CCLTCNL strongly supports the recommendations as noted below.

- b. "Strengthen the powers and duties of the Seniors' Advocate to mirror those of the Child and Youth Advocate with a view to incorporating the updated requirements identified in the new national standards of long-term care for seniors".
- c. "Engage the Office of the Seniors' Advocate to develop, through consultation, a statement of rights and responsibilities for care and services with seniors".
- h. "Strengthen role of the Seniors' Advocate in monitoring and reporting on the quality of health care for seniors". (Blueprint B, p. 69)

Rationale

Seniors are among NL's most vulnerable citizens. The Covid-19 pandemic and its ongoing impact continues to disproportionately affect seniors. Older adults living in LTC settings in the midst of the pandemic endured emotional, cognitive and physical consequences due to isolation from family and friends as a consequence of stringent public health measures. The extent of the harm to the health and wellbeing to residents living in LTC facilities resulting from the imposed Isolation from family and fellow residents within LTC facilities for prolonged periods of time is yet to be fully documented. Similarly, seniors living alone in the community were negatively impacted by isolation and the inability to access services and care needed for

quality of living [Hadjistavropoulos & Asmundson (2022); Rodrigues, Han, Su, Klainin-Yobas, & Wu, X. V. (2022)].

NL, unlike most other provinces and territories, does not have LTC legislation and regulations. While NL does have LTC standards, they have not been updated since 2005. As well, NL does not require public reporting on compliance with LTC standards. Consequently, transparency and accountability in the LTC system in NL is compromised. Currently, the only mechanism available to the public to get access to any existing internal reports about the quality of care in LTC facilities including personal care homes is to make a request through the Access to Information Act.

NL's aging population is proportionately higher than the rest of Canada. In 2021, 23.6% of the total population in NL were 65 years of age or older. In comparison to the rest of Canada, the proportion of seniors was 19.0%. (<https://www12.statcan.gc.ca/census-recensement/2021/as-sa/fogs-spg/Page.cfm?lang=E&topic=2&dguid=2021A000210>) The prevalence of chronic health conditions in the population at large and, in particular, older citizens is a testimony to the urgent need for a health focus at the policy and system levels at every point along the health continuum. The evidence in support of a new direction for care across the health continuum including LTC is strong, in abundance and growing. For example, the NL Seniors' Advocate Report (Brake, 2019) highlighted the health and social issues faced by older persons in NL, and characterized ageism and lack of kindness and compassion to be at the core of most issues facing seniors in NL. The time is now to be guided by the evidence in shaping a renewed health care system in which all citizens are supported in their health journey from wellness through illness, residential, and end-of-life care.

Older persons in NL are living longer and the trend will continue as the focus on healthy aging is strengthened. Predictably, though, older persons will require care ranging from home support to assisted living to LTC. The care system, including facilities for older persons in NL, need refocusing to safely meet the current and emerging needs of an aging population in NL (Brake, 2019). The Office of the Seniors' Advocate Report (2023) "What We Heard" identified the issues that were top of mind for older persons in NL. They included:

- Access to health care
- Access to timely quality, long term care
- Access to home support care
- Cost of living and financial concerns
- Access to safe and affordable housing
- Fraud and financial abuse
- Ageism

In its submission to HA NL, CCLTCNL focused on both short and long term issues of concern in LTC in NL. The immediate issues of concern related to the safety and well-being of older persons in LTC facilities during the pandemic including visitation restrictions and its negative impact on the health and well-being of residents and families, staffing levels and staff mix, and

the culture of care. The long term issues included the need for mandatory national standards, targeted funding and regulatory oversight with public reporting of compliance with standards, coupled with a redesign of the current approach to care for older persons.

CCLTCNL views the role of the Seniors' Advocate in NL as integral to ensuring the Aging Population Recommendations of HA NL are implemented and evaluated. Seniors in NL are among our province's most vulnerable citizens. In recent months, there have been reports by family members of residents in LTC and personal care facilities alleging substandard care and abuse. (<https://www.saltwire.com/atlantic-canada/news/elderly-newfoundland-womans-family-say-she-was-made-fun-of-by-workers-at-baie-verte-long-term-care-100783322/>; <https://www.cbc.ca/news/canada/newfoundland-labrador/woman-long-term-care-attack-1.6782813>; <https://vocm.com/2023/02/28/long-term-care-resident-in-carbonear-brutally-attacked-on-dementia-ward/>; <https://www.cbc.ca/news/canada/newfoundland-labrador/another-incident-inappropriate-photos-baie-verte-long-term-care-1.6613685>; <https://www.cbc.ca/news/canada/newfoundland-labrador/long-term-care-baie-verte-inappropriate-photos-1.6610105>).

It is incumbent on us all to ensure, to the fullest extent possible, seniors and other vulnerable persons are protected when receiving care in residential and home care. The role of the Seniors' Advocate is pivotal in speaking for and on behalf of all seniors and especially seniors in care. The Office of the Seniors' Advocate must remain autonomous and independent of other legislated offices. In addition to its current mandate to address systemic issues impacting seniors, CCLTCNL strongly advocates for expanding and strengthening the mandate of the Seniors' Advocate to mirror that of the Child and Youth Advocate. HA NL recommended progressive aged care legislation, regulation and policy to provide appropriate quality, accessible care and protection for older persons. Given that the Seniors' Advocate is most familiar with issues related to care for seniors, the Office of the Seniors' Advocate should also have the legislative authority to investigate complaints or issues of concern and make recommendations as necessary. Undoubtedly, additional resources and supports will be necessary to carry out the expanded role.

Conclusion

CCLTCNL is encouraged by Health Accord NL's focus on the aging population. Its endorsement of several recommendations to improve the lives of older citizens by focusing on health, wellness and health care needs of older citizens across the continuum from home to residential care provides hope and optimism. Now is the time to look beyond the obstacles and pursue the possibilities in shaping a new and better way to recognize and capitalize on the value of older persons in our communities. As health professionals, government officials, and citizens, we all have a 'duty to care.' Seniors deserve compassionate care, dignity and respect at all points along their aging journey, particularly when assistance and care is required. We urge you to support our recommendation for a single, autonomous Office of the Seniors' Advocate, and fully endorse the HA NL recommendations specific to strengthening the role of the Office of the

Seniors' Advocate to "mirror those of the Child and Youth Advocate with a view to incorporating the updated requirements identified in the new national standards of long-term care for seniors" (HA NL Final Report, Blueprint B, p. 69).

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