HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

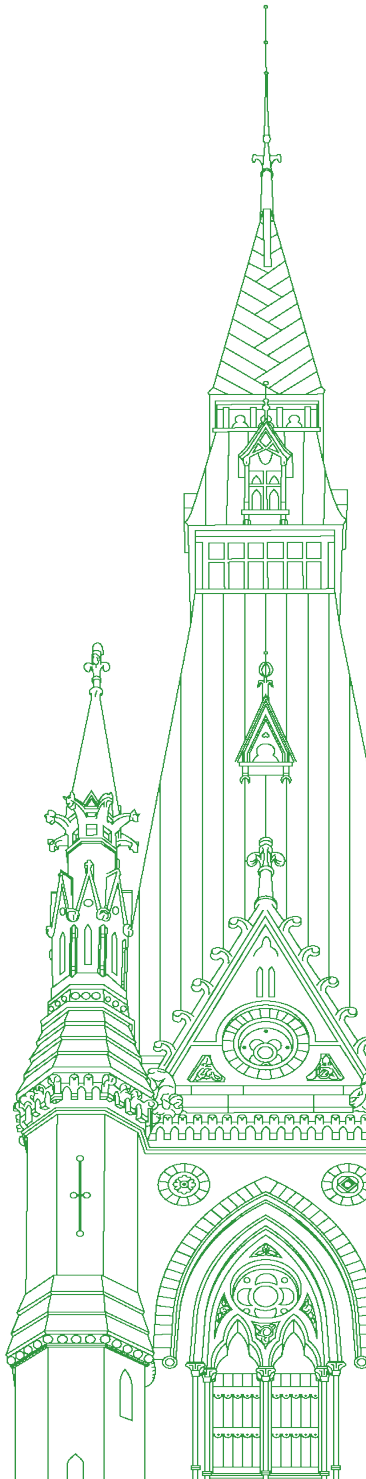
43rd PARLIAMENT, 2nd SESSION

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

EVIDENCE

NUMBER 038

Thursday, June 3, 2021



Chair: Mr. Sean Casey

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

Thursday, June 3, 2021

● (1535)

[*English*]

The Chair (Mr. Sean Casey (Charlottetown, Lib.)): I call this meeting to order and welcome you to meeting number 38 of the House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities.

Today's meeting is taking place in a hybrid format, pursuant to the House order of January 25, 2021. The proceedings will be made available via the House of Commons website, which will always show the person speaking rather than the entirety of the committee.

Pursuant to Standing Order 108(2) and the motion adopted by the committee on Tuesday, February 2, 2021, the committee will continue its study on the impact of COVID-19 on seniors.

I'd like to welcome Dr. Suzanne Dupuis-Blanchard from the National Seniors Council.

Dr. Blanchard, interpretation is available at this video conference. You have the choice at the bottom of your screen of floor, English or French. When speaking, please speak slowly and clearly, and when you're not speaking, your mike should be on mute.

You'll probably see me from time to time holding up one finger. That's not because I have something to say; it's to signal that there's one minute left in the turn of the person who's asking you a question.

Thank you so much for being with us, Dr. Dupuis-Blanchard.

Without further ado, you have the floor for your opening remarks for a five full minutes, if you need them.

Dr. Suzanne Dupuis-Blanchard (Professor, National Seniors Council): Thank you Mr. Chair, and thank you to the members of the committee for your interest in the impact of COVID-19 on older adults.

On behalf of the members of the National Seniors Council, I want to provide our sincerest condolences to Canadians who have lost a parent or loved one during this pandemic, and our thoughts go out to family members who have been separated from their relatives in long-term care facilities for the past 13 or 14 months.

In addition to my role as chairperson of the National Seniors Council, I am a registered nurse, for the past 30 years, with experience in aging and community health, currently involved in vaccination efforts against COVID-19; a professor at the school of nursing at l'Université de Moncton, where I also hold a research chair in population aging from the Consortium national de formation en santé, studying aging in place and director of the centre on aging.

The National Seniors Council was created in 2007 to advise the Government of Canada, through the Minister of Seniors and the Minister of Health, on matters related to health, well-being and quality of life of older adults. The council currently has 11 members, including me, who come from a wide variety of sectors related to aging, including academia, social and health sectors, community and front-line organizations and the private sector. In developing its advice to ministers, the council undertakes a range of activities, including commissioning research, consulting with older adults and stakeholders across the country and convening expert panels and round tables.

When the COVID-19 pandemic hit in March 2020, the council was in the process of implementing a three-year work plan covering 2018 to 2021. The work plan had four main priorities: first, identifying measures to reduce crimes and harms against seniors; second, examining potential objectives and elements of a national seniors strategy; third, developing an age-friendly healthy aging policy lens to potentially examine federal policy and initiatives; fourth, identifying measures to counteract ageism by shifting the public discourse on aging.

● (1540)

[*Translation*]

In 2019, in the context of a general public meeting and expert roundtable in Winnipeg, we addressed the priority of action to reduce crimes targeting seniors and financial harm to seniors. In addition, we released the “What We Heard” report, which is available on our website. However, I would like to make a few points that remain relevant to COVID-19.

[*English*]

The council found that financial crimes and harms against seniors are perpetrated by different actors and assume a variety of forms, from romance scams to aggressive door-to-door sales. Of importance is that social isolation can be a key risk factor, as scammers often prey upon the loneliness of older adults who are isolated and in need of basic human contact. Poverty and economic insecurity can also make older adults more susceptible to certain scams.

You can understand that with social isolation having increased as a result of the pandemic, new frauds are being perpetrated against older adults. These include unsolicited calls claiming to be from a private company or from health care providers offering home self-testing kits or even vaccination for an upfront fee; and private companies selling fraudulent products that claim to treat or prevent COVID-19.

When the pandemic began, the council quickly shifted its priorities to monitoring the pandemic situation of older adults. We immediately recognized that the pandemic was having, and was going to have, a disproportionate impact on older adults, and that studies were appearing to take stock of the situation from various perspectives, especially in relation to long-term care, but to a somewhat lesser extent, notions such as social isolation and older adults residing outside of long-term care facilities.

The council determined that to add value, it would provide high-level advice to ministers by reviewing research findings and the viewpoints of older adults and stakeholders, and by identifying values and principles to support the health and well-being of older adults. In response, and prior to the beginning of the second wave, the council prepared a report for ministers based on a review of over 40 reports regarding older adults and the pandemic. The report, entitled “Seniors Well-Being in Canada: Building on Lessons Learned from the Pandemic”, will soon be added to the council's website. If members of the committee would like to receive a copy, I'd certainly be happy to share it after this meeting.

[*Translation*]

The report suggests 22 actions, supported by conclusive data, as they relate to five main themes. Each action is further broken down into short, medium and long-term actions. Our advice to ministers has taken into account such fundamental elements as healthy aging and quality of life for seniors, the full continuum of care from home to nursing home, the negative impact of COVID-19, and respect for federal, provincial and territorial jurisdictions.

[*English*]

Since then, the council has continued working on the impacts of the pandemic on older adults, and has recently submitted advice to the ministers regarding the national long-term care standards, as these were included in the ministers' revised mandate letters and budget 2021. We continue to monitor the research that is being published related to the pandemic and older adults, and we will continue advising the ministers on this important issue. We are also in early discussions related to our next work plan.

Thank you for the opportunity to be here with you. I certainly look forward to our discussion.

The Chair: Thank you very much, Dr. Dupuis-Blanchard.

We will now begin with rounds of questions, starting with the Conservatives.

Mr. Vis, please go ahead for six minutes.

● (1545)

Mr. Brad Vis (Mission—Matsqui—Fraser Canyon, CPC): Thank you, Mr. Chair.

Thank you, Ms. Dupuis-Blanchard, for being here today.

What really got me going when you first started speaking was the issue of phone scammers in conjunction with social isolation during the pandemic. My grandmother—my oma—who's 93, lives on her own and made a really good friend in Jamaica who talked to her about Jesus Christ and wanted her bank information. My oma was about to give it to him, had it not been for a family member who came into the house when the man called. They had numerous conversations over the phone. I will note that my oma has day-to-day care in her house through her grandchildren and children.

What can we do at the federal level to try to temper phone scamming? It is prevalent and almost ubiquitous, and it's only getting worse. Do you have any recommendations about how we can combat financial crimes that are taking place over the telephone?

Dr. Suzanne Dupuis-Blanchard: Thank you for that important question.

It is something that we looked at when we did our consultation in Winnipeg. We had national representation there from experts and whatnot. A lot of the recommendations that came forth, which would be related to what you just shared, are on creating a campaign to create awareness. We all think that people know about these scams, but I'm sure that if we think back, we ourselves, or others, have been involved in clicking on something or receiving a call and providing information that we probably shouldn't have.

We definitely need to create that awareness about being careful. Those efforts need to continue. Actually, the federal government has wonderful resources already available, but a lot of people don't know about them.

I have to say, even during that meeting of experts [*Technical difficulty—Editor*] we presented to the experts there some of the federal resources, and a lot of them were not even aware that those existed. One of those is “The Little Black Book of Scams”. It's been wonderfully done. It's been widely accepted by the people who do know about it, but we certainly have to continue facilitating or creating that awareness. Also, people do not know how to report it.

Mr. Brad Vis: Thank you. That's very, very helpful. We need to do a better job of promoting existing resources that are available.

You mentioned, as well, and we heard in our last panel on Tuesday, especially from the seniors advocate from the province of British Columbia, where I reside, that social isolation has led to even worse mental health outcomes for seniors during the pandemic.

Could you talk briefly about the role that civil society can play, and more importantly, family and friends? What can the federal government do to facilitate more interactions with seniors, maybe either through funding community groups or empowering people in the community who want to play a role helping seniors but don't know how to do it?

Dr. Suzanne Dupuis-Blanchard: Thank you again for another important topic, that of social isolation.

The council, previous to my involvement, also looked at social isolation. There's work on our website that dates from 2017. There were some consultations done previous to that report as well.

Some of the recommendations that the council made to the ministers at that time were, again, to increase public awareness about the importance of, but also the consequences of social isolation. It also went further, to say that we need to improve access to information on the programs and the services that are available in the local community. Some services are available, and activities, but a lot of seniors don't know about them. Until you're in a position to seek those services or activities to get you out of the house, you don't really pay attention to it. So we definitely have to facilitate that.

We all have a role to play in addressing social isolation. For me, that's where age-friendly communities come into play, as well as initiatives like the new horizons for seniors program, which I know you all know about. That plays an important role in bringing community programs and initiatives to seniors who are isolated as well.

● (1550)

Mr. Brad Vis: Thank you.

Mr. Chair, how much time do I have left?

The Chair: You have just under a minute.

Mr. Brad Vis: Okay, I'm good. That was a great round.

Thank you.

The Chair: Thank you very much, Mr. Vis.

Next we have Mr. Turnbull, please, for six minutes.

Mr. Ryan Turnbull (Whitby, Lib.): Thank you, Mr. Chair.

Thanks to the witness, Ms. Dupuis-Blanchard.

It's great to have you here. Thanks for your testimony.

I want to go back to what Mr. Vis was talking about in relation to social isolation and loneliness. Certainly it's a concern. I am fully aware in my community of constituents in long-term care, but also seniors who are isolated at home for long periods of time. From your perspective, what are the health impacts that seniors have been experiencing as a result of this?

As an example, my mother has vascular dementia and has been isolated for almost 15 months in long-term care and I've seen a very significant decline in her overall physical health.

Could you comment on the health impacts of that?

Dr. Suzanne Dupuis-Blanchard: There are definitely some important health impacts of social isolation, be it in long-term care, like what you just shared, or for people in the community. I've seen it myself in my own projects on aging in place and the impact that social isolation is having on things like mobility, because people are not moving around as much as they used to. That really has an impact even on muscle loss and risk of falls.

There is an impact mentally as well. I'm thinking about dementia. I'm thinking mostly about those who would be maybe in the early stages of dementia and who haven't seen their extended families and whatnot. There's certainly going to be an impact when we start opening up again and when family members interact with older adults who have been isolated and who may have progressed in their loss of mobility or cognition.

These are important impacts on life and on trying to keep seniors independent as well. That's what it gets at. We want to make sure seniors remain as independent as possible in terms of mobility, meal preparation and socialization.

Also, socialization is so important. When we look at social isolation, the latest research talks about how it's almost like chain-smoking. The impact on a person's body is the same as smoking about 15 cigarettes a day. If we think about that in the context of COVID, then with everything else and the precautions and the stress of it, it certainly is something seniors are living now.

The effects on mental health, as well, will certainly have to be addressed as we think about post-pandemic times.

Mr. Ryan Turnbull: Thank you for those comments. They're really appreciated.

The Chair: Mr. Turnbull, we now have Dr. Kuperman with us. I'm going to suggest that we suspend to do a sound check for him and then allow him to deliver his opening remarks. You are about halfway through your turn. If all goes well and Dr. Kuperman is ready to go, then you'll have three minutes when we come back.

We'll suspend while we do the sound check.

Dr. Kuperman, you might have missed some of the preamble. I'll give you the condensed version.

Interpretation is available on the bottom of your screen. You have the choice of floor, English or French. Please close your microphone when you're not speaking, and speak slowly and clearly for the benefit of the interpreters. That's the Reader's Digest version.

Now we're going to resume with questions, beginning with Mr. Turnbull for three minutes.

Mr. Turnbull, you have the floor.

● (1555)

Mr. Ryan Turnbull: Thank you.

I'll go to Mr. Kuperman. Thank you for being here. I suppose you probably caught the tail end—

The Chair: Excuse me, Mr. Turnbull. I missed one very important step.

Dr. Kuperman has undoubtedly been working for days and days on his opening remarks, and I gave such a condensed version that I forgot to give him the floor.

Dr. Kuperman, you have five minutes for your opening remarks, and then Mr. Turnbull is going to ask some very interesting questions. You have the floor.

Dr. Victor Kuperman (Associate Professor, McMaster University, As an Individual): Thank you so much, Chair Casey. I appreciate being here, and I thank you for your patience.

I'm an associate professor at the Department of Linguistics and Languages at McMaster University, and I am a member of the McMaster Institute for Research on Aging. I study two topics: the psychological and emotional well-being of seniors and the public discourse regarding seniors during the COVID-19 pandemic. I will touch upon both topics today.

I use language as my data: media and social media, stories written by seniors, and messaging by federal and provincial authorities. The present testimony is based on my own work and existing international research.

Our studies of stories written by older adults show that the psychological fallout of COVID-19 on Canadian seniors has been profound. Linguistic analysis of the choice of words and topics pointed to signs of profound psychological distress among seniors. We saw an increasing use of language markers of pessimism, anxiety, fear and uncertainty. This evidence maps well onto the Canadian statistics of deteriorating mental health.

We set up a longitudinal study that uncovered the dynamics of the emotional toll that the pandemic took. 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 this decline by roughly four months, yet since August 2020 and up until now, the seniors have remained at the same deteriorated emotional state—the "new normal". If the lockdown continues, our data predict that this state will worsen, leading to further loss of health and lives. Our analyses further confirmed robust findings that loneliness, social isolation and pre-pandemic health issues are the key determinants of psychological vulnerability.

What brings relief to seniors? Many participants in our studies mentioned the success of intergenerational online projects involving storytelling and story-sharing, a creative and therapeutically relevant form of communication, yet these projects leave out those seniors that may need them the most, that is, the ones without access or knowledge to engage in online communication. Unless caretakers provide training in the use of online tools of social engagement to such individuals, the digital divide will grow and social isolation exacerbate.

Given available data, I recommend to support further development of social engagement programs, especially those across generations; provide reliable Internet infrastructure and access to technology to all seniors; and, support education in digital literacy for seniors with the help of trained caretakers.

Another topic that looms large in my current research and the international research is the rise of ageism in the public discourse on the pandemic. This discriminatory sentiment is not new, but it has now been fuelled by the greater vulnerability that seniors show to COVID-19. Ageism surfaces in media as an undifferentiated portrayal of all seniors as frail, helpless or burdensome. This negative perspective can even find support in social policies if they are formulated in terms of age as a number, rather than talking about individuals and their situation. In its most radical form, ageism surfaces as blatant disregard for seniors' lives. It is illustrated in social networks by an offensive, insulting label: #BoomerRemover.

Ageism is not a prevalent sentiment in social media, but it is persistent, so it strengthens negative stereotyping against seniors in all age groups. It has been widely reported to bias triaging decisions in health care delivery against seniors, as well as employment decisions. Seniors themselves absorb this negative public discourse as well. It adds to their daily stress, harms their cognitive functioning and undermines their self-esteem.

With these findings in mind, I recommend to support educational and public awareness programs about aging and its physiological, cognitive and emotional components. In official communication, including policies and public health messaging, I recommend avoiding an emphasis on age as a critical group variable. Instead, public messaging should target socio-economic or health-related characteristics of individuals.

Thank you for your attention. I'm looking forward to further discussion.

● (1600)

The Chair: Thank you, Dr. Kuperman.

Without further ado, for the remainder of his six-minute round, we have Mr. Turnbull.

I'll do my best not to interrupt you over the next three minutes, Mr. Turnbull. You have the floor.

Mr. Ryan Turnbull: Thank you, Mr. Chair.

That was absolutely perfect, because the question I was going to ask you was basically answered in your opening remarks. Thank you for that. I have other questions that follow up on your opening remarks, so perhaps I'll get to dive a little further into the topic as a result.

You mentioned intergenerational programming as potentially a way to reduce social isolation and loneliness among seniors. You also talked about digital literacy and the divide that is perhaps there. I think we're all present to that. I know the new horizons for seniors program has at times, at least in my riding, focused on some of the programs that can be delivered in a virtual format during the pandemic.

Mr. Kuperman, could you expand on how we address digital literacy when dealing with seniors?

Dr. Victor Kuperman: We're talking about [*Technical difficulty—Editor*] that is the most detached from technology, and it's a sizable proportion. I think the estimate is that only about 75% of seniors age 65 and up have access to Internet in North America. This is a question of infrastructure and providing access, but it is also a question of who will teach them to use the technology and the tools. Indeed, great strides have already been made with the help of federal and provincial funding. I know several programs that do that. The one closest to me geographically is Cyber-Seniors.

I think it is through the support of caretakers, those who have physical access to seniors and can bring the technology and knowledge to them, that this will perhaps succeed the most.

Mr. Ryan Turnbull: Coming out of the pandemic, assuming we are, which I think we're all very hopeful for at this moment.... Certainly with vaccinations increasing across the country and case numbers going down in most areas of the country, I think perhaps we can see the light at the end of the tunnel.

There is this sort of shadow pandemic of mental, physiological and emotional health and cognitive functioning, which you spoke to, within the seniors population, and I wonder how we begin to address that as we move forward. Do you have broad suggestions for us on what we can do to ensure that seniors' health, both physical and emotional, doesn't decline further?

The Chair: Be as brief as you can, please.

Dr. Victor Kuperman: Briefly, the public awareness programs and the educational programs that I mentioned would be a very good partial solution. They need to be directed at the seniors and the population at large to make sure that awareness is there and that ageism does not proliferate.

The Chair: Thank you, Mr. Turnbull.

[*Translation*]

Ms. Chabot, you have the floor for six minutes.

Ms. Louise Chabot (Thérèse-De Blainville, BQ): Thank you, Mr. Chair.

Thank you to the witnesses.

My question is for Ms. Dupuis-Blanchard, president of the National Seniors Council, whom I welcome.

At the beginning of your remarks, you reminded us of the objective of the National Seniors Council. I'm looking at it myself right now: your role is to engage seniors, stakeholders, and experts in order to advise the government.

When it comes to engaging seniors, in what ways do you consult them?

I am asking you this because in Quebec, the mobilization of seniors has been very strong with regard to the impoverishment of seniors and their financial situation. Yes, the pandemic has hit hard, but it has also highlighted the impoverishment of our seniors. Yes, health and mental health issues must be considered, but the financial issue is also important.

In your recommendations and advice to government, do you address the issue of the impoverishment of seniors?

If so, do you recognize that seniors can find themselves in very precarious financial situations as early as age 65?

● (1605)

Dr. Suzanne Dupuis-Blanchard: Thank you, Ms. Chabot. This is a most important issue.

The mobilization role of the National Seniors Council can be interpreted in different ways.

The members of the council often come from different provinces, so we have a fairly national representation. All members are very close to the elders in their communities and engage with them in different ways. Often, my council colleagues bring back the experiences and stories of the seniors they consulted.

Of course, when we launch a consultation or hold a roundtable, for example, it allows us to reach out to certain groups of seniors. We recognize that the number of people we can engage is limited. However, we always make a strong effort to reach out to seniors so that their voices are heard.

I can speak from personal experience, although I know we are focusing on the council right now.

We are certainly well aware that there are seniors living in poverty or with low incomes. The council has done some work on elder crime and elder abuse. In that work, we have found that seniors with low incomes are often at risk.

In terms of my own work, our team in New Brunswick worked to develop a picture of the economic situation of seniors. We focused on the situation of francophone seniors in the province. Often, statistics show us that francophone seniors have a lower income than anglophone seniors because of their education. They have a lower level of education and hold more precarious or seasonal jobs. This results in their having a much lower income when they reach retirement age than their anglophone counterparts.

So my personal work converges with my work on the council. My colleagues on the council and I are always trying to get [*Technical difficulty—Editor*] and see what other sometimes underrepresented subgroups of seniors need to be part of our discussions and recommendations.

Ms. Louise Chabot: Thank you, Ms. Dupuis-Blanchard.

You know that the government decided to increase the old age security pension for people aged 75 and over, even though this pension is available to Canadian seniors starting at the age of 65. However, no evidence has been provided to explain why seniors aged 60 to 74 are excluded. As you just said, poverty has no age limit.

As part of your health care and financial studies, have you collected data by age group? For example, do you have data on seniors aged 60 to 70 and seniors aged 70 and over?

Dr. Suzanne Dupuis-Blanchard: I've collected some data as part of my personal work. I could send it to you if you're interested.

The Chair: Thank you, Ms. Chabot.

[*English*]

Next we are going to have Ms. Gazan, please, for six minutes.

Ms. Leah Gazan (Winnipeg Centre, NDP): Thank you so much, Chair.

My first questions are for Madam Dupuis-Blanchard.

On ageism, seniors have paid the cost of poor planning and policy with their lives and well-being during this pandemic. I believe the pandemic very clearly exposed the role of ageism in Canada and how elders in our communities—not in all communities—are really quite devalued. It's very sad.

Can you tell us more about the role of ageism during the pandemic?

● (1610)

Dr. Suzanne Dupuis-Blanchard: Yes, certainly, and I agree with your comment about how sad [*Technical difficulty—Editor*]

Ageism certainly happens in the intersection of sexism as well and sexuality. It's not an isolated phenomenon that happens.

During the pandemic, what we've seen is often what we say is "compassionate ageism". What I mean by this is that older adults have been portrayed as passive persons who should rely on someone else to receive care and support. We've portrayed them in that pity kind of way of looking at things. For sure, the pandemic's impact has been phenomenal and we can't deny that, but there is certainly a way to portray it that would not necessarily conduct to ageism.

As Dr. Kuperman said in his opening remarks, as soon as the pandemic was declared an older adult disease and something to be preoccupied by, on Twitter all of a sudden we saw the BoomerRemover hashtag and things like that. We've witnessed during the pandemic that ageism is certainly present, even in new ways that weren't there, like needing to take care of them, but they're so passive and they're not active, it's.... Yes.

Ms. Leah Gazan: I totally agree with that analysis.

In response to that, do you have recommendations on how to create societies and systems that aren't ageist and to put those systems in place?

Dr. Suzanne Dupuis-Blanchard: It's a complex question. Certainly, at the National Seniors Council, we are just starting our work on ageism. It was one of our priorities in the last work plan and we are carrying that priority into our new workload as well, because we have ongoing work that's happening there.

As far as recommendations go, again, I think it's to have that link that we're able to apply and to look at new policies and programs and at our discourse, the vocabulary we use, and to be conscious of that: to understand what ageism is, first of all, and to be conscious of it. I would certainly say create a lot of awareness around it as well. A lot of people and even we gerontologists will say things sometimes, and we'll stop ourselves and say, "Oh, that was so ageist on my part to say that." It's sort of part of that regular vocabulary we use, and all of a sudden you have to stop yourself and say that there's a better way to say that, that there's a positive way to say it as well.

Ms. Leah Gazan: Because I have a limited amount of time, I will ask about Canada Post and one of the programs that they wanted to offer needing to be supported by the federal government in regard to social isolation of seniors [*Technical difficulty—Editor*] while they're doing their postal routes.

I'm wondering, Mr. Kuperman, if you could speak to that.

Maybe you can add to it as well, Madam Dupuis-Blanchard.

I think it's a great idea. It's an idea that I certainly support. I was wondering if I could get your thoughts on it.

Dr. Victor Kuperman: Yes, I think that would be a terrific initiative. Indeed, there are only a few professions, a few occupations, that get physical access to just about every locale, every house and every domicile in our country. Canada Post would be a great candidate for that.

I will just add to the entire discussion that, as a country, whatever we invest now in the public awareness programs or educational programs that fight ageism will be an investment that goes way beyond the end of the pandemic. The problem did not begin with COVID-19, and ageism unfortunately will not go away.

● (1615)

Ms. Leah Gazan: Thank you very much.

Madam Dupuis-Blanchard, do you have anything to add about Canada Post?

Dr. Suzanne Dupuis-Blanchard: I think that would be a great idea. In my own work on aging in place, we've started to explore that. We have retired employees from Canada Post in our community, and they were telling us that we really should look into this because they know it would work. Even newspaper carriers who go door to door have an access that others do not have, as does anybody who goes door to door or does regular check-ins with older adults.

The Chair: Thank you, Ms. Gazan.

Ms. Leah Gazan: Thank you so much.

The Chair: Next, Mr. Tochor, please go ahead for five minutes.

Mr. Corey Tochor (Saskatoon—University, CPC): Thank you, Chair.

Thank you, witnesses, for what you have shared today and for your work during the pandemic and the public service that you're doing representing an important segment of our population, which I think, especially during the first and second wave, was overlooked. Unfortunately, the pandemic has ravaged the senior population more than any other segment, whether in terms of actual direct effects of COVID or indirectly in suffering during the restrictions. I think as a country we should have bubble-wrapped our seniors and supported them a lot better than we have.

I'd like to hear from both of you whether you have individual stories about seniors who have passed away, unfortunately, from COVID and how the grieving process has changed during a pandemic and all the restrictions. Do you have any individual stories you'd like to share?

Dr. Suzanne Dupuis-Blanchard: I can share one personally, not from my own family but from research we did on caregivers who had a relative in long-term care who they hadn't been able to visit. We heard from a designated care person who was allowed to go in how difficult it was to not be able to have the full family support there. They recognized that their relative was at the end of life. That's already a difficult experience, with the grief and with preparing for that stage in life, but to be limited to doing it with only the staff there and maybe one additional person who was able to access the long-term care facility, for example, while the other family members either tried to be at the window or were just at a distance.... It's that lack of presence and that lack of humanness as well. That's what they were sharing with us. They said, “We knew mom was going to die and it's not that it was a surprise; it's the fact that she did it with only me and my sister there and that the others were just not being part of it.”

This caregiver said, “I actually feel privileged that I was the one to be there, because that's part of my grieving process”, but the other family members who weren't able to be there are living a very different grieving process, and it makes it very, very difficult.

Mr. Corey Tochor: Before we hear Victor's comments on this, have you heard of more seniors turning, unfortunately, to MAID? There have been media reports that seniors are just giving up. Getting vaccines into the province or into the country has been too slow. Have you heard of that?

Dr. Suzanne Dupuis-Blanchard: I've not heard of requesting or thinking about MAID, but I have certainly heard of seniors wanting to stop eating.

Mr. Corey Tochor: That's unfortunate.

Victor.

Dr. Victor Kuperman: I would just add one personal story. I have a friend who works in a long-term care facility. What she told me was that the seniors who were, unfortunately, in their terminal stages were trying to make arrangements to be on the first floor of that facility because that allows window access. They could see their loved ones. This makes a lot of difference for them. There's a sad aspect both, of course, for those who pass away and for their families. The grieving has multiplied.

● (1620)

Mr. Corey Tochor: Victor, have you heard of, unfortunately, more people accessing MAID in some of your studies?

Dr. Victor Kuperman: I've not directly, but that is something I will definitely start paying attention to.

Mr. Corey Tochor: I appreciate that.

I understand that you have a study coming out shortly on the loneliness and the aspects of mental health in seniors during these trying times.

Just quickly, have you heard of many seniors who are waiting to access surgical care or health care outside of COVID concerns?

Dr. Victor Kuperman: Yes. Health care and the health situation is a very common topic. It's the most prevalent topic in the linguistic analysis that we're conducting.

What we did not expect was how much health care outside of COVID-19 was being talked about. Delays, postponed surgeries and postponed care are very much at the forefront of seniors' minds.

Mr. Corey Tochor: I'm very concerned about the health care system, because we know that a huge backlog of care needs to be provided. The provinces will be stretched to the limit once we're on the back end and we finally get enough second doses out there. There will be immense pressure on the health care sector.

Thank you again for the work you do.

The Chair: Thank you, Mr. Tochor.

Mr. Dong, you have five minutes, please.

Mr. Han Dong (Don Valley North, Lib.): Thank you very much, Chair.

I want to thank the witnesses for coming to the committee today.

Dr. Dupuis-Blanchard, I have a quick follow-up on MP Tochor's question with regard to long-term care. After the release of the report by our military on project Laser, what kind of response or feedback did you receive from the NSC?

Dr. Suzanne Dupuis-Blanchard: I can certainly share reactions from the members. Of course, we were quite concerned. It certainly fed into the report we were preparing at that time on COVID and older adults. I can't say that we were fully surprised. I think many of us who have been in the sector of aging and long-term care for a while knew that conditions were deteriorating even before COVID. I think COVID highlighted some situations that were there and probably worsened other situations.

We remain concerned. We're talking about quality of life here, no matter where seniors live, be it in the community or in long-term care. When we see those [*Technical difficulty—Editor*] really fuelled some of our recommendations and the advice that we provided. That will be made public very soon.

So yes, definitely.

Mr. Han Dong: Did any recommendation on what the federal government can do going forward stand out for you?

Dr. Suzanne Dupuis-Blanchard: We always come back to the long-term care standards, to not only developing them but also making sure that they're able to be implemented. Make the conditions correct that they are able to be implemented. We know that it's an FPT matter and it's at different levels, but we definitely need to find a way to be able to develop long-term care standards and also implement them, which will be the most important part.

Mr. Han Dong: Thank you.

Professor Kuperman, do you have any comments or suggestions on this?

Dr. Victor Kuperman: Unfortunately, I'm not familiar with that report.

Mr. Han Dong: I want to talk about something that you are familiar with.

You mentioned that we know for a fact that seniors feel happier when they're aging at home with their family, community and neighbours. Can you tell us a little bit about what social isolation does to a senior's physical health?

Dr. Victor Kuperman: Yes. At some level, social isolation gives fewer reasons for a person to move. It's all about mobility. My work is mostly about social mobility and communication. This is about the drive to exercise, the drive to go out, to leave the bed, which is undermined if a person is isolated. They have fewer reasons to move in order to stay healthy.

● (1625)

Mr. Han Dong: I have to share with you that in my family line, a few people at the end of of their lives were patients of dementia. Is there a direct or indirect link between social isolation and dementia?

Dr. Victor Kuperman: What helps fight dementia is exercising the mind and the body. On the mind side, the fewer chances there are to communicate, to do intellectual work and to do cognitive training, the faster the dementia progresses. On the physical level, it's very similar too.

Mr. Han Dong: Dr. Dupuis-Blanchard, you talked about the new horizons program. We've seen $25,000 awarded to organizations like the National Resource Center on LGBT Aging, Diversity 101 and Alzheimer Society of Prince Edward Island. The seniors who identify as a member of the LGBTQ2+ community faced different additional challenges during the pandemic. Do you have any views on what else the government can do to support them?

The Chair: Answer as concisely as possible, if you could, please.

Dr. Suzanne Dupuis-Blanchard: Yes.

Maybe not precisely, but we certainly are aware that they are a group of seniors who are more at risk of social isolation, especially with COVID. Seniors who identify as LGBTQ often say that they go back in the closet when they reach a certain age. They feel that it's not as accepted. I think there's work to do around that.

Mr. Han Dong: Thank you.

The Chair: Thank you, Mr. Dong.

[*Translation*]

Ms. Chabot, you have the floor for two and a half minutes.

Ms. Louise Chabot: Thank you, Mr. Chair.

Ms. Dupuis-Blanchard, a Coalition pour la dignité des aînés representative who met with us on Tuesday spoke about a possible solution for seniors. We know that seniors want to stay in their homes longer. This was true even before the pandemic. He told us that one way for the federal government to help directly would be to provide additional support to adapt homes or living quarters so that people can live more independently and remain in their homes.

Do you think that this would be a good solution?

Dr. Suzanne Dupuis-Blanchard: Yes, certainly. I often see in my personal work on home support that all aspects of housing are very important.

Ms. Louise Chabot: Quebec has passed legislation on the abuse of seniors and vulnerable adults. I had the pleasure of participating in the parliamentary commission on this issue. This legislation is quite [*Technical difficulty—Editor*]. I don't know whether this exists in the other provinces.

How can the federal government address these issues?

Dr. Suzanne Dupuis-Blanchard: These are often issues involving the law and crime. The authorities often tell us that the law doesn't protect them when they want to move forward with certain complaints received. I think that there could be a legislative review in this area.

Ms. Louise Chabot: Do you think that the federal government could improve or strengthen some current programs, rather than creating new ones?

Dr. Suzanne Dupuis-Blanchard: Yes, certainly. You're making an important point. The issue of abuse is addressed in various federal programs. I think that it's a matter of identifying them and combining them in order to make a range of support measures available.

Ms. Louise Chabot: Our committee's work seeks to paint a picture of the situation of seniors and vulnerable people. We want to know how they fared during the crisis. However, we're also thinking a great deal about the recovery.

In terms of isolation, we're hoping that the lifting of the lockdown and the vaccinations will help restore some normalcy. We're trying to determine how things look for the future and how we can directly help seniors navigate through life.

● (1630)

The Chair: Thank you, Ms. Chabot.

[*English*]

The last questions will be posed by Ms. Gazan, please.

Ms. Gazan, you have the next two and a half minutes.

Ms. Leah Gazan: Thank you so much, Chair.

My last question is for Madam Dupuis-Blanchard, and perhaps Mr. Kuperman could respond to this one as well.

I'm wondering how you feel the government is doing in terms of mandating Canada's commitment to the implementation in Canada of healthy aging policies as set out by the World Health Organization. How are we doing in Canada with that?

I'll start with you, Madam Dupuis-Blanchard, and then follow up with Mr. Kuperman.

Dr. Suzanne Dupuis-Blanchard: Thank you for that question.

The National Seniors Council is indirectly involved, I can say.

My understanding is that the Public Health Agency of Canada is currently working on how to best align with the Decade of Healthy Ageing. The Public Health Agency of Canada is part of the work that we do at the council, and there have been discussions and some back and forth on that. My understanding is that they are working on Canada's commitment to the Decade of Healthy Ageing.

Dr. Victor Kuperman: I will add that from what we've seen in our studies of public messaging and federal messaging, the commitment is there, the alignment between federal policies and the broader context takes place.

That's what I can comment on.

Ms. Leah Gazan: How critical do you think it is for us to move quickly on this, especially in light of COVID and what we found out during COVID, or what we already knew but was highlighted during COVID?

Dr. Suzanne Dupuis-Blanchard: I think it aligns very well with some of the priorities that even the council is working on.

When we look at the components of the Decade of Healthy Ageing, it talks about healthy communities, about ageism, and many of these are issues that are currently discussed. I think it would be quite...I want to say “easy”, but it's never easy. However, it would certainly align with some of the priorities that are being discussed currently.

Ms. Leah Gazan: Thank you so much.

The Chair: Thank you, Ms. Gazan.

Thank you to our witnesses today.

Dr. Kuperman, thanks for your patience in working through the new reality that is Zoom and technology.

To both of you, we very much appreciate the work that you do in your professional academic careers and your willingness to share that. It will be of great benefit to us in our work.

We appreciate the patient and comprehensive way you've handled all the questions. Thanks for being with us.

Colleagues, we're going to suspend for a couple of minutes to do the sound checks for the next panel.

To our witnesses, you're welcome to stay, but you're free to leave.

● (1630)

(Pause)

● (1635)

The Chair: I call the meeting back to order.

We have one witness who is besieged with technical problems, but Mr. Prud'homme is in a position to deliver the opening statement for Réseau FADOQ and Ms, Tassé-Goodman will join us when that is possible. We don't have the leisure to extend the meeting today, so we're going to proceed.

We are continuing our study on the impact of COVID-19 on seniors.

The following comments are for the benefit of the witnesses.

Before speaking, please wait until I recognize you by name. When you're ready to speak, you can click on the microphone icon to activate your mike. Interpretation is available at this meeting. You have the choice at the bottom of your screen of floor, English or French.

[*Translation*]

When speaking, please speak slowly and clearly. When you aren't speaking, your microphone should be on mute.

I now want to welcome the witnesses to continue our discussion. They'll have five minutes to give their opening remarks. The committee members can then ask questions.

● (1640)

[*English*]

From the United Way of Canada, we have Debra Shime, vice-president of community initiatives.

[*Translation*]

I also want to welcome the representatives of the provincial secretariat of the Réseau FADOQ: Danis Prud'homme, director general, and Gisèle Tassé-Goodman, president.

It's a pleasure to see you.

Ms. Gisèle Tassé-Goodman (President, Provincial Secretariat, Réseau FADOQ): Good afternoon.

The Chair: We'll conduct a sound check with Ms. Tassé-Goodman. Ms. Shime can then begin her presentation.

[*English*]

If we could, let's do a sound check for Ms. Tassé-Goodman, Madam Clerk.

[*Translation*]

The Clerk of the Committee (Ms. Danielle Widmer): Can you speak for a few seconds, Ms. Tassé-Goodman?

Ms. Gisèle Tassé-Goodman: Okay.

Good afternoon. Can you hear me properly?

The Clerk: Yes, that's fine.

Thank you, Ms. Tassé-Goodman.

[*English*]

The Chair: We're going to start with Ms. Shime for five minutes, please.

You have the floor.

Ms. Debra Shime (Vice-President, Community Initiatives, United Way Centraide Canada): Good afternoon. Let me start by recognizing and thanking the committee and the government for the critical and important work you are doing to support people across Canada and to support the essential community services that are helping our families and communities.

United Way Centraide is Canada's largest funder of vital community services. We focus on eliminating poverty and ensuring vulnerable Canadians have the support they need to build sustainable livelihoods.

Each year United Way invests over $500 million to support over 3,500 organizations in over 5,000 communities across all provinces and territories. Of that, over $23 million is invested in specific seniors programs that help 330,000 people annually. In addition, we know that thousands of other seniors attend many other types of programs addressing such things as food security, disability services and general community well-being. With the support of our donors and corporate partners, we mobilized during the pandemic an additional $47 million, which aggregates both our initial investment in community and the government's investment.

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. Over the course of the last year, we also funded over 5,200 community service programs through the emergency community services fund, of which 2,000 were services specifically for seniors.

To ensure that every person had access to services, with support from the federal government, we rapidly expanded our 211 navigation service to all regions of Canada so that every Canadian could get help finding the services in their community. The 211 service saw a staggering 39% increase in contacts over prior years. Many of those callers were and continue to be seniors or those seeking support for their [*Technical difficulty—Editor*] particularly vulnerable group. The extended shutdown of public activities affected the many community programs and services that those already vulnerable seniors relied on to combat isolation, build social networks, access culturally appropriate food, receive mental health support and stay active.

United Ways worked with municipalities, public health entities, foundations and front-line agencies to coordinate pandemic community responses. We collectively mobilized quickly around community response tables to problem solve such things as how to maintain Meals on Wheels deliveries, transition in-person contact to phone check-ins, assist seniors with prescription and grocery delivery and pivot seniors to online gatherings to maintain vital social connections.

Based on the context of each community, Centraides identified and responded to the needs of those who face barriers. Some of the barriers that we identified are living on a low income, being a member of a minority group or being over the age of 80. Those were identified as considerations of overall vulnerability. The most frequently funded programs were food and grocery support; outreach to prevent and address isolation, and hygiene and cleaning supports.

I'd like to leave you today with five key takeaways.

First, the last year has shown the level of innovation and agility that is possible within the community services sector. We do not want to lose that spirit of innovation and collaboration as we emerge from the pandemic.

Second, it is important to focus on the role that caretakers play as part of the continuum of care. It is an essential part of our response going forward that caretakers have the supports they need to keep seniors safe, secure and healthy at home.

Third, partnerships and collaborations have been the foundation of the innovation and response that we have seen over this past year. We can and should encourage collaboration and coordination between organizations, rather than foster competition. Seniors and their caregivers will be better off for it.

Fourth, we would be remiss to not mention the disproportionate impact of COVID on communities of colour—Black, indigenous and South Asian specifically. Our efforts must double to address systemic racism and the barriers and inequities they create.

Finally, one of the lessons for funders is the need for flexibility. Local leadership knows what they need, and with the right supports they will find the right solutions. We expect that services are going to start costing more and that agencies will not be able to deliver the same level of services over the coming months. These organizations have stepped up during this crisis and they are under great stress. We need to help them maintain their operations.

The United Way Centraide network remains committed to supporting seniors as Canada emerges from the third wave and as we turn our attention towards building back better. If we want a strong and equitable recovery that supports healthy aging, we need to support the community-based and community-led organizations that support seniors where they live.

● (1645)

This is particularly true for seniors from the most marginalized communities, including Black and indigenous communities, and those living in vulnerable circumstances.

I am happy to speak further to any of these issues, as requested.

Thank you very much for your time and attention today.

The Chair: Thank you, Ms. Shime.

[*Translation*]

We'll now turn to Gisèle Tassé-Goodman, president of the provincial secretariat of the Réseau FADOQ.

Welcome to the committee, Ms. Tassé-Goodman. You have the floor for five minutes.

Ms. Gisèle Tassé-Goodman: Thank you, Mr. Chair.

Parliamentarians, my name is Gisèle Tassé-Goodman. I'm the president of the Réseau FADOQ. I'm joined by Danis Prud'homme, the director general of our organization. I want to thank the committee members for this invitation.

The Réseau FADOQ consists of a group of people aged 50 and over. The group has nearly 550,000 members. Each time that we take political action, we want to help improve the quality of life of seniors.

Sadly, seniors were the first victims of COVID-19. 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, many seniors temporarily lost their support network. This led to additional costs, especially for delivery services.

In the end, the government provided a one-time payment to seniors who were struggling to make ends meet last summer. Obviously, the Réseau FADOQ would have preferred that the government speed up the implementation of the old age security increase promised in 2019. This improvement was ultimately announced in the latest federal budget. Any improvement is welcome. However, the Réseau FADOQ believes that people aged 65 to 74 should also benefit from it. The government must review this proposal to avoid creating two classes of seniors.

As president of the Réseau FADOQ, I must point out the elephant in the room. A great deal has been said about residential and long-term care facilities. Many seniors have paid the price for a flawed health care system during this health and social crisis. In reality, the provinces are chronically underfunded by the federal government when it comes to health care.

Granted, some money has been provided during the current crisis and the latest federal budget proposes investments in long-term care. However, this support is neither recurring nor proportional. Health care funding takes up 40% of provincial and territorial budgets, while the Canadian government funds only 22% of the spending.

According to the Conference Board of Canada, based on the current growth rate of the Canada health transfer, the federal share of health care funding will drop to less than 20% by 2026.

The Réseau FADOQ is asking the federal government to increase the indexing of the Canada health transfer by 6% each year, in other words, to its pre-2017 level.

The Canada health transfer must also take into account the aging population of the provinces and territories.

The COVID-19 crisis has exposed significant shortcomings in terms of financial literacy and the affordability of Internet services. This reality has left many seniors doubly isolated, both physically and virtually.

The Réseau FADOQ is actively working to strengthen digital literacy among its members through training workshops. This type of initiative deserves more government support.

Moreover, Internet service packages are very expensive and seniors have limited incomes. The federal government must improve competition among service providers so that more affordable Internet packages are available to everyone.

I want to thank the committee members for listening. Mr. Prud'homme will answer questions. However, I'll reserve the right to answer them as well.

Thank you.

● (1650)

The Chair: Thank you.

We will begin the first round of questions and answers.

Mr. Tochor, go ahead for six minutes.

[*English*]

Mr. Corey Tochor: I believe Brad is up on the schedule.

The Chair: Mr. Vis, please.

Mr. Brad Vis: Thank you, Mr. Chair.

Thank you to both witnesses for appearing today.

Ms. Shime, on the fourth point you raised, you said that the impact of COVID-19 on communities of colour was disproportionately more impactful. You mentioned the South Asian community.

Can you explain what data you used to reach that conclusion, and how it impacted the South Asian community? I ask that because approximately 30% of the people I represent are of South Asian descent.

Ms. Debra Shime: Thank you so much for the question.

In preparing our statement for today, we looked quite broadly at the communities that were adversely affected by COVID, and I would say that we know the South Asian community has been disproportionately affected overall in the pandemic, so we draw our conclusion from that. We're happy to provide you with some data and statistics following this meeting if that would be helpful for you.

I would say that one of the things we do know is that 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 that allowed all of us to eat and to get our prescriptions delivered and to get our food delivery and Amazon delivery and things like that. I think that's just drawing conclusions from what we know of the community, but I'm happy to provide additional information.

Mr. Brad Vis: That's actually very helpful. I know there are two groups in my community, the Filipino community and the Punjabi community especially, who work in long-term care, and there were local instances, just as you described.

Was there anything particularly related to [*Technical difficulty—Editor*] impact in those communities, though, or was it just the fact that some of their family members who they're living with were taking COVID home because of the vulnerable situations they found themselves in while working?

Ms. Debra Shime: I would say it's the latter.

Mr. Brad Vis: Thank you so much.

My riding is very rural with a large population base in the southern part. In the community of Boston Bar, one thing that came to mind during the pandemic was the lack of transportation. To get groceries, people have to go down the mountain passes to get to the community of Hope, which is outside of my riding, and they lost their community shuttle bus. Most of the people up there can't afford a vehicle. There's not a lot of money in that area.

What has United Way found for seniors groups and seniors living in isolation in rural Canada during the pandemic? Do you have any thoughts on that point?

Ms. Debra Shime: I would say that there are a couple of things.

I think my colleague here talked about interconnectivity, to have access online [*Technical difficulty—Editor*] and to get supports for mental health or to speak to your doctor or what have you. The transportation issue was huge.

We also saw that in a lot of the rural communities there were additional costs for food, whether it was for delivering the food or that the actual cost of the food was higher, especially in more remote areas. The dollar has to stretch that much further for those seniors who are living in those remote and rural areas, but the lack of transportation is a significant issue. Also, you're farther away from your neighbours in rural and remote areas.

I live in urban downtown and there are lots of supports locally. I can knock on my neighbour's door. In a rural and remote area, that's harder to do, so those natural communities of caring are harder to organize and manage in a rural or remote area.

● (1655)

Mr. Brad Vis: As it relates to this impact of COVID-19 on seniors, you mentioned the cost of food going up in rural areas. Has the increase in the cost of food through inflation had a negative impact on seniors?

Ms. Debra Shime: I can't speak specifically to that. Again, I'm happy to find information if that would be useful for you, but I think our experience in working and funding in the rural and remote areas was that not only was food more expensive, but there was also a supply-demand issue, right?

For example, we had a lot of trouble getting—this is not to the food issue—technology to folks, because there were no iPads available. Everybody was saying, yes, they'll get seniors iPads and connect them, but it was really hard to get those, to purchase those in bulk, for some communities. I would say that generally, the cost of food went up and lower-income families struggled in rural and remote areas to be able to afford what they might previously have been able to pay for.

Mr. Brad Vis: Yes, I found that in the community of Lillooet, for example. There's only one place where you can purchase groceries.

I heard from a number of my senior constituents that they can't afford to buy cauliflower anymore because of the inflation in the cost of groceries in those communities. For me, if I have to pay five or six dollars for a head of cauliflower, it's not that big a deal, but when you're a senior living on a fixed income, those price increases, which I think were much more heightened for essential food items like vegetables, are a real big deal when you're planning on only paying two dollars, for example, when you're living on a fixed income.

Ms. Debra Shime: We know that low-income communities often struggle to afford healthy food. There may be food available, but it's not always the healthy fresh fruit and vegetables that you alluded to in your comment. I think that's an important factor as well.

Mr. Brad Vis: Yes.

Thank you so much for appearing today, Madam Goodman. I wish I had more time. I had a few questions for you as well.

Thank you, Mr. Chair.

The Chair: We might get back to you, Mr. Vis, for another turn.

Mr. Long, you have six minutes, please.

Mr. Wayne Long (Saint John—Rothesay, Lib.): Thank you, Chair.

Good afternoon to my colleagues.

Thank you very much to our presenters. Those were very, very good presentations.

Ms. Shime, I want to start by thanking you and United Way for the outstanding work and the service you deliver right across the country. Here in Saint John—Rothesay, the executive director is Alexya Heelis, who does a fantastic job. She's been in her role now for a little over a year.

I want to talk first and foremost about the emergency community support fund, the $350 million that our government announced to support community organizations. An amount of $9 million went to United Way Centraide Canada for seniors. In my riding I think there were 22 applications, and 13 organizations received funding. One of them was Meals on Wheels in Saint John, which got a $12,000 grant. Meals on Wheels obviously provides hundreds of free meals for seniors who need that support, especially during the pandemic.

That's a great example of the kind of service needed from community organizations who understand what seniors need. To continue the positive contribution to our society, how do we better leverage the work of such long-standing partners as United Way?

Ms. Debra Shime: Thank you for that question. I really appreciate the feedback as well. For a relatively new ED in your local community to deliver in this year was quite extraordinary.

I would say that we're really pleased to see that there's attention being paid to the charitable and non-profit sector in the budget for 2021. We welcome the announcement of the community services recovery fund, which is now focusing on modernizing and adapting and resilience in the community going forward. For that kind of resource to be successful and for us to work in partnership with government and others in the delivery of that, we want to make sure that the supports for longer-term change management for organizations to adapt are reasonable; that we have the supports for system-wide thinking around IT, fundraising and HR capacity; and that there is a role for national organizations to play along with intermediaries [*Technical difficulty—Editor*] CFC and CRC.

We generally fund to the general operating costs, as the United Way, not project funding. More support for general operating costs from the federal government would certainly help ensure that organizations serving seniors and other vulnerable populations could continue to do their good work locally in the community and be really responsive to what's happening as we build back and come out of this third wave. We're really focused on that system-change thinking of how we as a sector can transform with the learnings we have gathered through the last year and a half.

I hope I answered your question.

● (1700)

Mr. Wayne Long: You did, and I thank you for that.

In addition to the $9 million we funded through United Way Centraide Canada, we also allocated an additional $20 million in funding for new horizons for seniors programs. Obviously, we all know what new horizons does and the impact in all of our ridings. It helps organizations mobilize to help seniors through more community-based programs.

Do you think this [*Technical difficulty—Editor*] investment and flexibility provided will help community organizations have the means to carry out projects?

Ms. Debra Shime: I can't speak specifically to the parameters of the $20 million that you're referring to, but I can say that I think the funds that the federal, provincial, regional and municipal governments contributed to ensure that services were continued and could be expanded and shifted through the pandemic were essential to all our collective responses across the country. That ongoing and sustained investment is really important as we move forward.

As I said before, being a long-term funder in the community, we do really appreciate the flexibility for organizations to spend on the solutions and the programs that they feel are best suited for their communities, with as much flexibility as we can provide to organizations to use funds. The longer-term multi-year funding is always helpful to continue to build out those programs across the community over time.

Mr. Wayne Long: Thank you for that.

I read an article today. It was in the Delta Optimist. It is obviously B.C. based. The headline is, “United Way Healthy Aging connecting seniors through new digital project”.

I will just quote some of the stats here:

> When the pandemic forced everyone into social isolation, many turned to technology to stay connected. This is true for seniors as much as for anyone. Research shows that device ownership and usage among older adults has grown markedly and 65 per cent of Canadians over 65 now own a smartphone and 83 per cent of them use it daily.

Can you give us your comments on what we could do to help enhance that, to help keep seniors connected, especially with what we have seen over the last year?

Ms. Debra Shime: We tend to clump seniors all together, and as I think I heard some of the previous folks on the panel speak to, there are different stages of aging, especially now. My father is 86, and he is using an iPad to do his hearings. He's a lawyer, and he's on his phone every day. I think we tend to generalize.

There is an issue of ensuring connectivity and making sure there is connectivity available across the county, that it's affordable and accessible to all. That's a big piece of what I think the federal government can support.

I also think there's training and education at the local level for seniors who may not have the facility to work with digital technology.

Mr. Wayne Long: I will just jump in.

Is the United Way doing this in other areas across the country or is this a pure pilot project?

The Chair: Can you respond very quickly, please? We are out of time.

Ms. Debra Shime: Yes.

What you're speaking to is a very specific project, but across the country, I would say United Ways have been deeply involved in ensuring that seniors and other vulnerable populations have access to technology, have the connectivity, have the training and support, and equally important, that the community agencies that are providing the services have the infrastructure to support them and that they themselves are equipped. We often forget that those organizations need that infrastructure and that ongoing support, as well, so they can reach those seniors. It's not just about the seniors having it.

Those are all important pieces of the puzzle to ensure that we can continue to reach vulnerable seniors who are living at home or in congregate care.

Mr. Wayne Long: Thank you for your time.

The Chair: Thank you, Mr. Long.

● (1705)

[*Translation*]

Ms. Chabot, the floor is yours for six minutes.

Ms. Louise Chabot: Thank you, Mr. Chair.

I thank the witnesses. Engaged individuals have provided us with good testimony with a lot of depth. That really helps us in our work.

My question is for the Réseau FADOQ representatives, Ms. Tassé-Goodman or Mr. Prud'homme.

As everyone knows, you have been putting in a lot of effort, especially in the public arena. You also participated in a meeting of the Standing Committee on Finance, following the recent federal budget announcement concerning the old age security pension increase, which will be available to people aged 75 and over starting in 2022. Like you, we feel that this will create two classes of seniors. I have even said that it would be a first, as the old age security pension applies once people turn 65.

I would like you to explain the impact of this measure, which will create two groups of seniors.

Ms. Gisèle Tassé-Goodman: I will first answer and will then yield the floor to Mr. Prud'homme, so he can complete my answer.

Thank you for the question.

I would begin by saying that social inclusion is paramount for healthy aging. For example, the growing price of gas is quite real for everyone, and it is even more difficult for people who are receiving the guaranteed income supplement and the old age security pension. Increasing the old age security pension by 10% starting at age 75 creates inequality among seniors. A number of seniors have been saying this to us.

Rent also increases every year, and that affects people aged 65 and over, as it does those aged 75 and over. The grocery bill has also increased a lot. I was told that a dozen eggs no longer cost the same as they did one or two years ago. The price of fruits and vegetables has increased dramatically. The grocery bill is a heavy burden for people aged 65 and over, as it is for those aged 75 and over.

In many cases, there are more widowed women than widowed men among those aged 65 and over. Those women often become caretakers for their aging parents. Therefore, that means those women are deprived of income because they dedicate their time to taking care of their aging parents' health.

In many other cases, as well, men and women—but especially women—stayed at home to raise their children and take care of their education. They have not participated in the labour market, which means they have very low or no pension funds.

Those people start receiving the old age security pension and the guaranteed income supplement at 65 years of age, and they live with very little money—$18,500 a year. That's very little money to live on. That is why Réseau FADOQ is calling for the 10% increase to be provided to all seniors aged 65 and over, unconditionally.

Mr. Prud'homme, do you want to add anything?

Mr. Danis Prud'homme (Director General, Provincial Secretariat, Réseau FADOQ): I would add that this creates dichotomy.

The government said it wanted to help the neediest people, as expenses were higher for those aged 75 and over. However, the wrong approach was used. The reason is simple: when old age security is increased, a claimant can receive that higher pension until their annual income reaches $77,000. So the wrong approach was used.

If the government really wanted to help those who need money and were in need, it should have increased the guaranteed income supplement.

That is why we are saying that a general increase must be provided, and not only for those aged 75 and over. Otherwise, two classes of seniors will really be created.

Ms. Louise Chabot: Thank you.

In the recent budget, the government presented a number of assistance measures to support the provinces. I think that is tantamount to interference in provincial matters, but I am not asking you to comment on this. I am thinking of considerations such as home care and the imposing of national health standards. However, that care comes under provincial jurisdiction.

Do you think those one-time payments, which we do not underestimate, are pushing aside money that could be permanent, a real health transfer covering 35% of the spending?

● (1710)

Mr. Danis Prud'homme: Thank you for the question.

Yes, one-time payments do not solve the issue; they just push it forward.

We must plan for the future. I will use the example of people aged 85 and over, as they generally need the most care. In 2011, they were 150,000. They will be 600,000 between 2031 and 2041. That number will then increase further to reach 700,000. If we cannot take care of people who need care today, how will one-time payments enable us to plan properly?

That is why we are asking for a 6% increase to get back to where we were before. We are mostly asking for indexing to be introduced and for an aging criterion to be set, so the provinces with the oldest populations can take better care of those people.

The Chair: Thank you, Mr. Prud'homme and Ms. Chabot.

[*English*]

Next is Ms. Gazan, please, for six minutes.

Ms. Leah Gazan: Thank you so much, Chair.

My first questions are for Réseau.

In response to the Liberal government's announcement about increasing the payment to seniors over the age of 74 and excluding seniors age 65 to 74, you joined forces with the Canadian Association of Retired Persons and the National Association of Federal Retirees, collectively representing more than one million seniors, to call out the federal government on this.

You called for raising the old age security benefit by 10% for all eligible seniors. Can you tell us why you called for this change and how you arrived at this number?

[*Translation*]

Mr. Danis Prud'homme: Yes, of course. Thank you for the question.

It is actually very simple. The government put forward the argument that it wanted to help seniors who were most in need. That is why this measure focused on seniors aged 75 and over.

However, we feel that this measure will not help only those in need, as people are entitled to the old age security pension until their annual income reaches $77,000. Had the government really wanted to help people in need, it should have increased the guaranteed income supplement generally, for seniors aged 65 and over.

For starters, old age security makes no distinction among age groups; the minimum age of 65 is the only consideration. Now that the decision has been made to split old age security in two, two classes of seniors have been created. Unfortunately, that decision is a major mistake, as it will not help those most in need.

[*English*]

Ms. Leah Gazan: When you say the most needed, can you expand on that?

[*Translation*]

Mr. Danis Prud'homme: In fact, those who need it the most are those whose only income comes from old age security and the guaranteed income supplement. Their annual income is about $18,500.

According to the market basket measure, people should have an income between $19,500 and $21,000, depending on where they live, and that amount is just enough to survive.

In addition to not helping those who need help the most, increasing the old age security pension only for seniors aged 75 and over will benefit many people who do not need that increase right now.

Ms. Gisèle Tassé-Goodman: In light of what Mr. Prud'homme just said, let me add that people receiving old age security and the guaranteed income supplement are struggling to pay for their medication and cover their grocery bill at the end of the month. Some have even told me that, when they get to the checkout, they would remove items from their grocery basket. They also don't have the means to pay for dental hygiene appointments. They have to pay increasingly high bills for rent, communications and support materials, among other things. Those are all important goods and services that guaranteed income supplement claimants cannot afford, as they have an annual income of $18,500. Everything becomes a luxury for them.

● (1715)

[*English*]

Ms. Leah Gazan: I agree with both of you, and I have deep concerns about the level of poverty in which seniors in this country, including women, live. We often talk about seniors working their whole lives. Many women worked at home and don't benefit from pension plans, and many women, particularly seniors, live in poverty. There are certainly heightened rates of poverty among certain groups, such as Black and indigenous people and people of colour.

In saying that, one of the things I put forward in this past session was a motion in support of a guaranteed livable basic income in addition to programs and support. This means taking the current guaranteed income and making it livable, in addition to providing other programs and support. Unfortunately, our bill in support of universal pharmacare was voted down.

Do you think that putting in place a guaranteed livable basic income, in addition to current and future government programs and supports, would be a game-changer for seniors in this country?

[*Translation*]

Mr. Danis Prud'homme: Thank you for the question.

In briefs we have submitted to the government when we appeared before other committees, we suggested three different possibilities. For instance, the market basket measure could be adjusted by 7% or, as you just said, an adequate income could be established as defined by IRIS, the Institut de recherche et d'informations socioéconomique. So possibilities do exist. It is a fact that not everything has been taken into consideration.

For people with a low income or low savings, we have even asked the federal government not to tax the money they withdraw from their RRSPs for eye care or dental care. We have been asking for this for a number of years, but the federal government has still not responded.

[*English*]

The Chair: Thank you, Ms. Gazan.

[*Translation*]

Thank you, Mr. Prud'homme.

[*English*]

Ms. Leah Gazan: Thank you.

The Chair: Next we have Mr. Tochor, please, for five minutes.

Mr. Corey Tochor: Thank you, Chair.

Today, we are talking a lot about the different classes of seniors, unfortunately, that the last budget changed. We were discussing the OAS increase. Ms. Tassé-Goodman, you brought it up, but we didn't talk about the GIS.

Would you agree that it would be fairer to increase the GIS versus the OAS?

[*Translation*]

Mr. Danis Prud'homme: Thank you for the question.

Had the government wanted to take care of those most in need both among people aged 65 to 74 and those aged 75 and over, it should have used this approach.

[*English*]

Mr. Corey Tochor: Ms. Tassé-Goodman.

[*Translation*]

Ms. Gisèle Tassé-Goodman: What our organization's director general just said is true. At the very least, the guaranteed income supplement should have been increased by $50 a month because it goes to the less fortunate.

In any case, as Mr. Prud'homme said previously, when old age security claimants have an annual income from $77,000 to $120,000—I no longer recall the exact numbers—there is a return. The amount is not the same for someone who receives $30,000 as for a person receiving more than $75,000.

So we are asking the federal government to at least increase the guaranteed income supplement by $50 a month, for the less fortunate.

[*English*]

Mr. Corey Tochor: That supports some of the reports we are hearing in the media about the pandemic relief having gone to the most well off versus going to families and seniors who need help the most. That's where I question why that was done and especially for that age group.

My office has been talking with seniors, and it's more the younger seniors who are in tougher financial situations than the older seniors. You'll find low-income seniors in every age group. If you were going to design a program.... Let's think about those who are under 75 years of age versus the ones who are older, It's not just the years they would have worked, and perhaps accumulated more savings; it's the lower-income seniors who are retiring or have retired in the last five years for whom I feel the worst.

The last time our country was facing runaway inflation, they experienced hyperinflation with fewer dollars. They had more debt, such as mortgages. What occurred was that once interest rates skyrocketed for those individuals back in the 1980s, their savings accounts were negatively affected by inflation more so than older seniors. For older seniors who went through that time period and were fortunate enough to have had work at that time, they were actually better off. I question why the Liberals have drawn that line and made two different classes.

It brings up the point of inflation, and you talked about it before. What are you hearing from seniors anecdotally? The cost of living is up. They're making different decisions. I'd like to hear if you have some first-hand stories of what decisions seniors are making, because of inflation and the increase in the cost of living.

● (1720)

[*Translation*]

Ms. Gisèle Tassé-Goodman: Mr. Prud'homme, I will let you answer.

Mr. Danis Prud'homme: There are actually several considerations.

The number of choices seniors must make is growing for two reasons.

First, the cost of groceries has increased tremendously, according to what we have been told, as has the cost of grocery deliveries, as seniors are no longer mobile in some cases.

Second, seniors have found themselves isolated. They no longer had visits, and so they no longer had help, either. The lack of access to technology has also contributed to their isolation. In more remote regions, where there was no [*technical difficulties*]. In some villages, grocery stores, Canada Post offices and bank branches closed their doors. Finally, seniors found themselves even more isolated and even poorer, and that has resulted in additional costs.

[*English*]

The Chair: Thank you, Mr. Tochor.

We're going to Mr. Vaughan for five minutes.

Mr. Adam Vaughan (Spadina—Fort York, Lib.): It's great to see the Conservatives supporting the boost to the guaranteed income supplement. They voted against it, of course, when we did it in the last mandate, which was a landmark move to help reduce seniors poverty. I'm glad they're coming on board to understand that seniors need this help now.

I'd like to ask Deb Shime about some of the collective efforts and the individual efforts.

Of course, individual transfers are important, but Dr. Kuperman from McMaster was here earlier as a witness. He said that there was a real pivot point at the end of August and the beginning of September in terms of major indicators that he was following around seniors health. This is interesting, because in the first wave of support for seniors in the pandemic, we increased direct transfers to seniors, but we were convinced by the provinces that they needed support, too, so we did a block transfer with the safe restart agreement that kicked in for September. It was a $22-billion transfer to the provinces.

Did you receive funding from provincial governments at that point to sustain and extend your services through the safe restart agreements?

Ms. Debra Shime: We did not at United Way Centraide. We're the national office, and I can't speak to it. We can gather that information from our United Way locals to see if they received any provincial funding for services in their community.

Mr. Adam Vaughan: Direct transfers for long-term care were part of that block funding as well. Doug Ford, in our province of Ontario, boasted that he was going to put an “iron ring” around long-term care with these new federal dollars, but we saw even worse results in the second wave than we saw in the first wave. The only real iron ring that was put around seniors residences was a legal one, which prevents families from suing for neglect of care.

Did you see any long-term care specific engagements from the provinces or were we better to spend our money directly with frontline services than with transfers to provinces?

● (1725)

Ms. Debra Shime: As I referenced in my comments, we really work with seniors living at home, so my area of expertise and the information I gather from our locals do not address the issues and challenges of long-term care. I would leave that for others who are better equipped to speak to that specifically.

Mr. Adam Vaughan: On aging in place, there are some who say we should do direct transfers to individuals through CPP and OAS and just send people individual cheques. In terms of seniors, we also heard that the collective action—engagement in social settings, physical activity, being checked-in—and the community care were as critical to seniors' health and outcomes.

In that regard, is it just a question of transfers or a question of dollar amounts being sent in cheques, or do we need to also build systems that provide additional supports to help people age in place?

Ms. Debra Shime: Thanks for the question.

Yes, I think my comment alluded to the fact that we need to continue to support the community-led community organizations across the country in order for them to have the infrastructure and the adaptive programming to respond to and to support seniors living at home and their families—their caregivers explicitly.

Creating that fabric of a network of organizations across the community is essential, and not only for those organizations and their services. They're often the ones to support and engage volunteers in being active in their community.

We want seniors aging at home as much as they possibly can, and we need to build the infrastructure to support them. Many times, that comes through organizations [*Technical difficulty—Editor*].

Mr. Adam Vaughan: If you have mobility issues, you may have a cheque to go to the grocery store, but if you can't get up or down the stairs to get to the kitchen or out of the house to get to the supermarket, if you don't have the supports around to realize the menu, there's no point in having money if you can't get to the grocery store or cook and clean afterwards.

Ms. Debra Shime: I would use 211, which is a helpline across the country, as a perfect example of why we call ourselves “human services”. It is a phone line. You can also go on and search—somebody like me can go on and search for a service, come up with some solutions and make some calls.

A senior might need help even prioritizing what the issues they have are. They can often work through that by talking to a live person to navigate which services and where to go. That individual can also identify if those seniors are in need of support. The human part of the human services sector is really essential to ensuring that people can live and to supporting the continuum of care that's needed for seniors in our community.

Mr. Adam Vaughan: On the individual transfers, people talk about the guaranteed income supplement. We, of course, boosted that by 10%. They don't talk about the GST rebates. That was about $400 per person across the country, which is also a direct transfer to individuals. Now, as well, there is the new top-up for people over the age of 75. All of these measures collectively....

Madam Tassé-Goodman, at the end of the day it doesn't matter what cheque from the government becomes bigger. What matters is that the household contribution grows. Whether it's CPP, OAS, GIS, the GST rebate or even the refund on a price on pollution, as long as all of the federal transfers to individuals increase, seniors do better. It doesn't need to be one or the other.

[*Translation*]

The Chair: Please provide a brief answer.

Mr. Danis Prud'homme: Basically, it is true that all this improves the situation of seniors, but only as long as no age–based discrimination is taking place. Unfortunately, that is the case here.

The Chair: Thank you, Mr. Prud'homme.

[*English*]

Thank you, Mr. Vaughan.

We have a couple of minutes left. I'm going to suggest one question each.

[*Translation*]

So Ms. Chabot and Ms. Gazan could each ask a question.

Ms. Chabot, do you have one last question to ask?

Ms. Louise Chabot: Yes. Thank you, Mr. Chair.

Ms. Shime, you said something important in your testimony concerning assistance for community support. You were saying that assistance should be provided according to organizations' missions, their autonomy and their needs. As far as I understand your testimony, support programs should be very flexible, so that they could be adapted to all organizations, which can differ from one another.

Did I understand correctly?

[*English*]

Ms. Debra Shime: I think one of the benefits of the way we collectively responded through this pandemic was the great flexibility. Funders, government included, stepped up and asked local leaders to tell them what they needed and how they need to spend those funds. That allowed that creativity to happen at the local level.

We do not want to lose that. It is really essential for us to be able to locally solve the problems that are in front of us and to work with the many experts in those communities to figure out what the best programmatic and other supports are for ensuring that seniors can live at home.

● (1730)

The Chair: Thank you, Ms. Shime.

The last question is for you, Ms. Gazan. You have the last word.

Ms. Leah Gazan: Thank you, Mr. Chair.

I'll follow up with Réseau FADOQ.

I spoke to you about a guaranteed livable income. Part of the reason I discussed that is I really believe that a lot of seniors in the country don't live in dignity. They're not given what they need to live in dignity.

I'm wondering if you could provide some further thoughts and speak a little bit about what you believe is creating age-friendly care environments. What are your thoughts about aging in place?

[*Translation*]

Mr. Danis Prud'homme: Thank you for the question.

First, if a country wants to have a user–friendly society in terms of care, it must focus the care on aging. That is what experts and the World Health Organization are saying, but that is unfortunately not being done or too much time is being taken to do it.

Second, if we want seniors to live at home, they must be provided with care at home. Unfortunately, that was no longer possible during the pandemic, and we have seen their health deteriorate. So budgets must be reversed: more funding must be provided for home care and less must be invested in curative care—in other words, hospitals.

The Chair: Thank you, Mr. Prud'homme.

[*English*]

Thank you to all of our witnesses for being with us today.

The United Way is very prominent right across the country, not just in seniors programs but in many others.

We very much appreciate the work that you do and for being with us.

[*Translation*]

Réseau FADOQ is a very important partner in the province of Quebec. We thank you for your work in your province and in your communities.

We also thank you for your testimony today. I know that your group is often invited to committee meetings, and for good reason.

Thank you very much.

[*English*]

Colleagues, do we have consent to adjourn?

I see that there is consent in the room. Thank you.

We'll see you next week. Have a good weekend, everyone.

The meeting is adjourned.