



LE RÉSEAU DU MIEUX-ÊTRE  
**FRANCOPHONE**  
DU NORD DE L'ONTARIO

Report

Needs Study: Long-Term Care Homes  
in the Northwestern Ontario Region

Submitted to North West LHIN

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# Introduction

Early in 2016, the Réseau du mieux-être francophone du Nord de l'Ontario (RMEFNO) received funding to conduct a needs study regarding long-term care homes in the Northwestern Ontario Region. This report summarizes the results for the North West Region, based on the data collected on Francophones and long-term care homes in Northern Ontario that was provided by the long-term care home administrators as well as data from Statistic Canada according to the inclusive definition of Francophone. This study was developed and implemented in partnership with the North West LHIN and the long term-term care homes.

This report covers the challenges faced by Francophones in minority situations who reside in long-term care homes. As well, we touch on culturally appropriate care, and provide examples of best practices gathered from long-term care homes across the province. Finally, recommendations are made regarding long-term care homes in the North West. These recommendations address the identification of certain long-term care homes, the linguistic variable, as well as culturally appropriate care.

The French Language Services Act guarantees an individual's right to receive services in French from Government of Ontario ministries and agencies in 26 designated areas<sup>1</sup>. It is to be noted that the identified agencies, in this instance long-term care homes, are encouraged to provide health services in French and improve access to French language health services.

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<sup>1</sup> Government of Ontario Website

# Part 1 – Culturally Appropriate Care

## Background

A Wellesley Institute research on the Long-Term Care system in Ontario shows that, given the rapidly growing senior population from minority groups, there is a real problem in terms of access to long-term care that meets the financial, cultural and health needs of this population. (Seong-gee Um 2016)

First, the aging population faces several financial barriers when significant differences are observed between the wait time for basic housing (two to four beds per unit) and private accommodation in a long-term care home. In that respect, “on average, those with basic accommodation waited 86 days longer than those in private accommodation (397 days for basic vs. 311 days for private rooms).” (Seong-gee Um 2016)

Second, members of this aging population, particularly those belonging to minority groups, also face language and cultural barriers which have a direct impact on their wait time for housing in a long-term care home that is culturally adapted to their needs. Not only do they have to wait approximately three months longer for basic housing, “persons who apply for ethno-specific homes<sup>2</sup> wait about six months longer than those who apply for mainstream home.” (Seong-gee Um 2016) This is just as relevant in the Northern Ontario Region, particularly with respect to Francophones in minority situations.

The inclusive definition of Francophone (IDF) adopted by the Government of Ontario in 2009, is an efficient way of characterizing Francophones:

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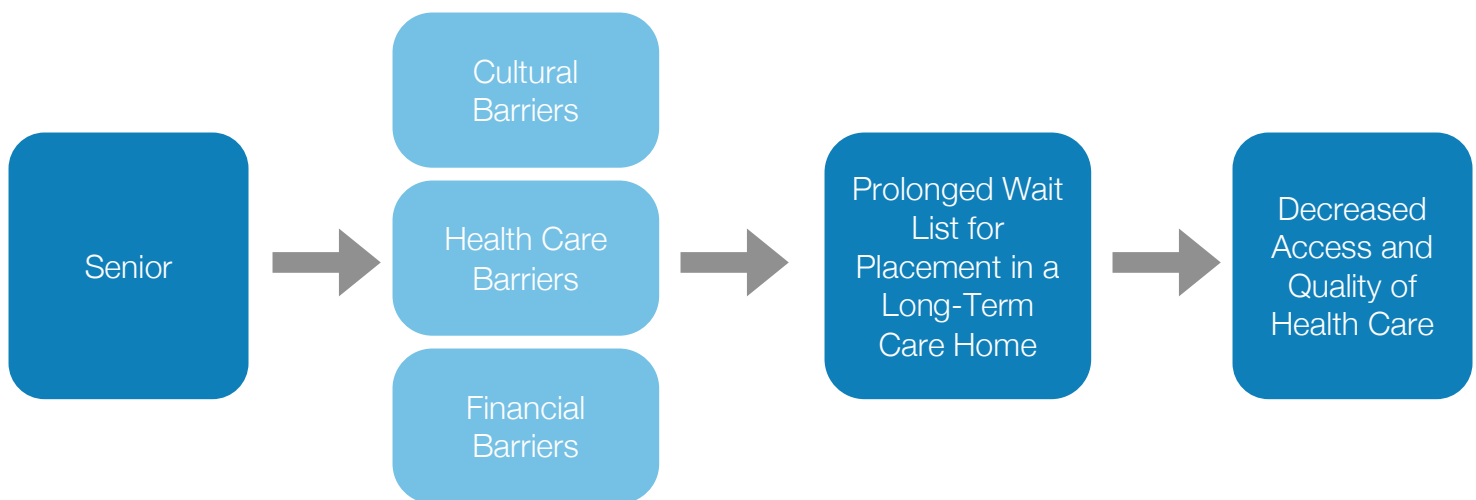
<sup>2</sup> It is important to note that the *ethno-specific* home concept refers to homes that have the capacity to offer health care and services in the resident’s mother tongue and organize activities that are culturally appropriate to the needs of its clientele.

“persons whose mother tongue is French, plus those whose mother tongue is neither French nor English but have a particular knowledge of French as an Official Language and use French at home.<sup>1</sup>”

Francophones in minority situations are used to not always receiving health services in their language. Consequently, many believe that these services are non-existent, hence the importance of clearly indicating that French language health services are available at all times.

Finally, there is a close link between wait time and financial and cultural barriers, in that access to and quality of long-term care services become increasingly limited for the aging population, especially those in minority situations. Active offer of health services in French is the action of proactively offering services that are clearly announced, visible, accessible, and whose quality is comparable to that of those services provided in English.

The following diagram demonstrates the challenges of seniors as they relate to their cultural, financial, and health care needs.



<sup>2</sup> Office of Francophone Affairs Website

It is to be noted that research on culturally appropriate care is limited in Canada, but is more extensive in the United States.

<sup>3</sup> This information was taken from the Glebe Centre’s website: [http://www.glebecentre.ca/chinese\\_unit.php](http://www.glebecentre.ca/chinese_unit.php)

## Challenges and Benefits

Transition to a long-term care home can be difficult for most seniors, as they are expected to rapidly adapt to change. A study conducted by the University of Texas<sup>2</sup> in 2015 reveals that individuals who led a culturally active life prior to entering a traditional home mostly encountered the following difficulties related to language and cultural barriers:

- Difficult transition period;
- Ineffective communication (lack of understanding of verbal and non-verbal communication, therefore the behavioral and emotional needs of residents are not recognized);
- Discrimination (increases psychological stress);
- Isolation (directly affects wellbeing and quality of life);
- False diagnostics and misleading evaluations (various ways of communicating distress, conceptual differences regarding illness, reluctance to share information, stereotypes, and lack of training);
- Nutritional problems (unfamiliar food linked to a decrease in quality of life).

These difficulties can demonstrate that the lack of French language services poses a risk and has direct consequences on the quality of care as well as the safety of those seniors who find themselves in a vulnerable situation.

However, this research also shows that cultural accommodations, such as the provision of French language services, have significantly beneficial effects on the physical and mental health of residents:

- Sense of safety in a familiar environment;
- Decrease in social isolation;
- Lower rate of depression;

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It is to be noted that research on culturally appropriate care is limited in Canada, but is more extensive in the United States.

- Decrease in number of falls and hospitalization rates;
- Stress reduction;
- Improved morale, psychological wellbeing and self-esteem;
- Increase in resident and family satisfaction.

Another important factor that is often raised in the course of research is the importance of the family's involvement in the selection of the home, access to information, and continuity and quality of care. According to Tom Carrothers (Chair of the Advocacy Committee for Family Council Network 4), "long-term care should be focused on socialization, not institutionalization. Residents are operating as if they are on an assembly line, in my opinion. They have to get up. They have to get fed. They have to get toileted, etc... it's not what we want for our loved ones and our family." (Dziedzic 1)

Finally, it is important that the linguistic and cultural component be reflected and present at all levels of care, and across all services and programs: administration, human resources, therapy, nursing care, etc. Furthermore, it must also be represented when it comes to food services, social activities, and various cultural and religious programs.

## Existing Models

There are over 50 ethno-specific homes in Ontario, the majority of which are located in Southern Ontario. Our study focuses on two homes providing culturally appropriate services in Northeastern Ontario, namely the Hoivakoti Nursing Home (Sudbury), and the Wikwemikong Nursing Home (Manitoulin Island), as well as two models from other parts of the province, the Glebe Centre (Ottawa), and the Pavillon Omer-Deslauriers (Scarborough).

### Hoivakoti Nursing Home

In 1982, a 40-acre lot was donated by a Canadian of Finnish heritage who wanted the site to become a place of residence for Finnish seniors in Sudbury.

The Finlandia Village includes several types of residences, such as the 110-bed Hoivakoti Nursing Home, where 33 beds (29%) are occupied by residents of Finnish heritage. The priority is not given to individuals of Finnish heritage, which is problematic considering the Village's mission. There are currently 1,440 individuals (0.91%) whose First language is Finnish living in the community of Sudbury.

Although the Village community is multicultural, in the sense that many cultures are represented (Francophones, Anglophones, Italians, etc.), it is nonetheless culturally appropriate for the Finnish seniors. For instance:

- Some employees speak Finnish, even though recruitment is becoming increasingly difficult;
- Menus include Finnish dishes, especially for special occasions and holidays;
- The visual identity of the Finnish culture is strongly represented by artwork, books, films, and symbols throughout the residence;
- Finnish concerts are held regularly;
- Committees for male veterans, social activities for women (i.e. knitting, etc.);
- Saunas have been installed in several areas.



## Wikwemikong Nursing Home, Manitoulin Island

This home was built in the mid-seventies specifically for the Wikwemikong Reserve Aboriginal population, although seniors from Sudbury, Espanola, and Little Current are also admitted, due to the long wait lists in those areas. The home's capacity is 59 residents but, in November 2016, 51 beds were occupied, 30 of which (59%) by Aboriginal residents. There is no waiting list at the present time, but priority is given to Aboriginal individuals from the Wikwemikong Reserve, then to Aboriginal individuals from other reserves, and lastly to any other individual. Renovations are being planned for the Wikwemikong Nursing Home, which could explain why the home is not at full capacity.

The residence is culturally appropriate for Aboriginal seniors. For example:

- Every employee speaks the language of the residents (either Ojibway or Cree);
- Typical Aboriginal dishes are on the menu, especially for special occasions and holidays. Residents can assist in the preparation of these dishes;
- The visual identity of the Aboriginal culture is strongly represented by artwork, books, and symbols throughout the residence;
- Cultural activities are held regularly (smudging, drumming, etc.).

Families are very involved in the organization of cultural and social activities, as most of them live on the reserve and visit their family member regularly. Most of them assist in the planning and preparation of menus, activities, and special occasions.

## Glebe Centre, Ottawa

Given its large Chinese population, Ottawa's Glebe Centre decided to dedicate a full unit, namely the sixth floor, to this population: "when this building was being designed, a decision was made, in consultation with the local Chinese Community, and with the approval of the Ministry of Health, that we would create a Residence Home Area (unit) dedicated to Chinese Residents."

Several ethnic features have been incorporated in the design and operation of the unit:

- A wok was installed so that our Chinese cook can prepare meals on the unit;
- The decor is appropriate to the Chinese culture;
- Most staff speak either Cantonese or Mandarin;
- The monthly menu is available in Chinese;
- A Chinese Program Facilitator provides appropriate activities including Mahjong."<sup>3</sup>

In addition, according to the Centre's website, there is a distinct wait list for this unit, in that Chinese seniors are given priority.

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<sup>3</sup> This information was taken from the Glebe Centre's website: [http://www.glebencentre.ca/chinese\\_unit.php](http://www.glebencentre.ca/chinese_unit.php)

## Pavillon Omer Deslauriers, Scarborough

The Pavillon Omer Deslauriers<sup>4</sup> gives priority to eligible Francophone seniors who wish to receive services in French. A total of 37 beds have been designated on the third floor of the Pavillon in order to accept Francophones on a first come, first served basis.

The Pavillon Omer Deslauriers provides care and services that are culturally appropriate for Francophones. For instance:

- Employees are bilingual (French and English);
- Spaces and environments are created so as to group Francophone residents together;
- The families of residents are very involved in the process of selecting a long-term care home;
- A bilingual Recreation Services Assistant plans and organizes social and cultural activities for the residents.

According to the information gathered, Francophone seniors are given priority.

In summary, the first model is a village whose long-term care home is culturally appropriate, but this population is not given priority for access to beds, and everyone is accepted. The second model is a fully culturally appropriate long-term care home and this population has priority access to beds, but anyone can be accepted when there is space available. The third model is a long-term care home with a complete dedicated unit providing culturally appropriate care and this population has priority access to beds.

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<sup>4</sup> For further information regarding the Pavillon Omer Deslauriers, please see the following video : <https://www.youtube.com/watch?v=iUP9c-soH68>

## Inventory of Best Practices

In terms of best practices, the four models examined all have the same practices in place in order to satisfy and better serve their specific clientele. The linguistic and cultural component is reflected and present at all levels of care, and is further extended to social activities as well as cultural and religious programs. Every home has a calendar of activities available in the preferred language of residents, and it was noted that, even though not all activities and programs were completely culturally appropriate, residents always have the choice of joining in an activity that appeals to them, for example, bingo in their language, a specific cultural activity, the option of watching a movie or listening to typical music, etc.

The following factors are considered in the best practices observed:

- Language (employees speak the residents' preferred language);
- Food services are typical and appropriate;
- There is a strong visual identity present in the decor and public spaces (dining room, lounge, entrance, etc.);
- Cultural and social activities are held regularly;
- Residents can fill out surveys to suggest activities, dishes, etc.;
- Families of residents can fill out surveys to make suggestions;
- In some cases, priority to the beds is given to patients from the targeted culture.

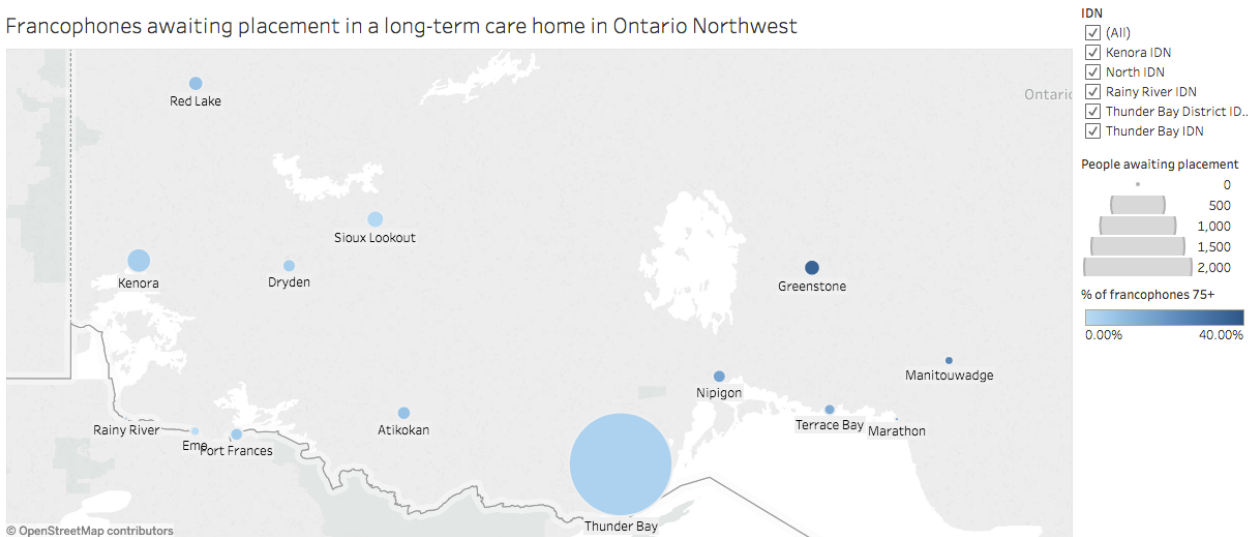
## Long-Term Care Homes that could provide culturally appropriate care and services to Francophones

The next stage of our study was to identify long-term care homes that could provide culturally appropriate care and services to their Francophone residents.

The mapping exercise was an essential element for this study in order to better visualize the data collected in regards to the francophone population. The mapping exercise below demonstrates the Francophones awaiting placement in a long-term care home in Northwestern Ontario. In order to represent and analyze the data, follow the web link:

<http://tabsoft.co/2IV639n>

Francophones awaiting placement in a long-term care home in Ontario Northwest



It is important to note that these data reflect a specific moment in time, as they were collected in the fall of 2016. An update will be made as soon as the new linguistic data from the 2016 Census are released. The mapping exercise is an essential part of this study, as the data and information gathered about the Francophone population allows for a better study and understanding of the situation in long-term care homes in Northwestern Ontario. However, a significant amount of information has not been collected or is simply missing. As a result, the lack of reliable health-related data for Francophones considerably decreases the capacity for analysis of the health care needs of individuals in Francophone communities. It is also a hindrance to sound health service planning that would directly meet the needs of this population. It is important to state that the health system relies on data in its health service planning for the population; consequently, the linguistic variable is helpful in identifying the needs of the Francophones and also enhances the management of French language service planning which, in turn, has very beneficial effects on the physical and mental health of Francophones. (Please refer to page 6 to see some of the benefits).

The following table lists the long-term care homes in Northwestern Ontario that could offer culturally appropriate care and services to Francophones. It should be noted that all long-term care homes, whether designated, identified, or non-identified, can offer culturally appropriate care and services that meet the cultural needs of their Francophone residents. In the Northwest, we used the number of francophone and the definition of a designated area to target long-term care homes with sufficient capacity to offer services in French. Such care and services could take the form of Francophone spaces that ensure French language service delivery through programming of activities. Other examples could be based on the four models presented earlier in this report.

## Long-Term Care Homes that could offer culturally appropriate care and services to Francophones

Home	City/Town	% of Francophones in the home	% of Francophones 75 years and over in the community	Status under the FLS Act
Geraldton District Hospital (ELDCAP)	Greenstone	36.8%	36.2%	Identified
Manitouwadge General Hospital (ELDCAP)	Manitouwadge	22.2%	25.0%	Identified
Nipigon District Memorial Hospital (ELDCAP)	Nipigon	13.3%	16.7%	Non identified
North of Superior Healthcare Group (Wilkes Terrace) (LTC beds)	Terrace Bay	9.1%	14.3%	Identified
North of Superior Healthcare Group (Wilson Memorial General Hospital Site)	Marathon	No data received	17.9%	Identified
Lakehead Manor (Revera)	Thunder Bay	No data received	3, 2 %	Identified
Roseview Manor (Revera)	Thunder Bay	No data received	3, 2 %	Identified
St-Joseph Care Group - Bethammi	Thunder Bay	No data received	3, 2 %	Identified

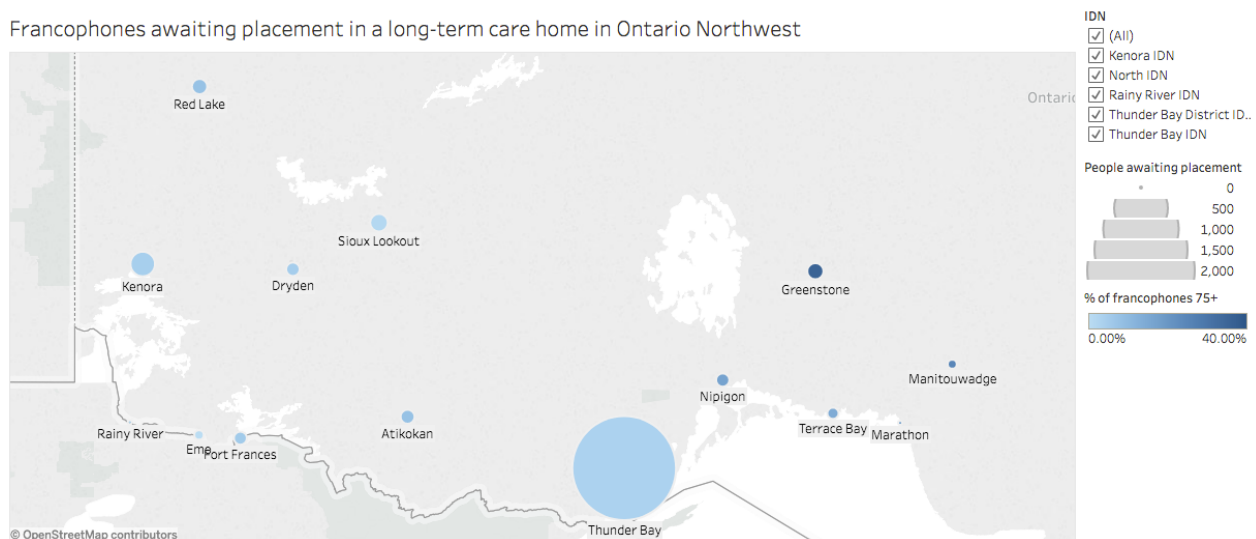
It is important to take into consideration that some of these homes may already provide culturally appropriate care and services to their Francophone residents. This specific data was not collected in this study. It is also worth noting that although the Nipigon District Memorial Hospital is non-identified under the French Language Services Act, the hospital serves an area with a large francophone population as well as a population residing in a designated area.

# Part 2 – Identification

The next step in our study consisted in determining which long-term care homes could be identified for planning and provision of French language services.

The mapping exercise below demonstrates the Francophones awaiting placement in a long-term care home in Northwestern Ontario.

Francophones awaiting placement in a long-term care home in Ontario Northwest



It is important to note that these data reflect a specific moment in time, as they were collected in the fall of 2016. An update will be made as soon as the new linguistic data from the 2016 Census are released.

In order to better visualize and analyze the data, follow the web link:

<http://tabsoft.co/2IV639n>



## Long-Term Care Homes that could be identified for planning and provision of French language services.

The following table lists the long-term care homes in Northwestern Ontario that have not been identified for planning and provision of French language services.

<b>Long-Term Care Homes that have not been identified</b>		
<b>Home</b>	<b>City/Town</b>	<b>% of Francophones 75 years and over in the community</b>
Birchwood Terrace	Kenora	4.2%
Emo Health Centre (ELDCAP)	Emo	0.0%
Nipigon District Memorial Hospital (ELDCAP)	Nipigon	16.7%
Pinewood Court	Thunder Bay	3.2%
Princess Court	Dryden	4.8%
Rainycrest	Fort Frances	5.3%
Rainy River Health Centre (ELDCAP)	Rainy River	3.2%
William A. 'Bill' George Extended Care Facility (ELDCAP)	Sioux Lookout	1.5%

According to the data in the above table, the following long-term care homes could be identified for planning and implementation of French language services:

- Nipigon District Memorial Hospital (Nipigon)
- Princess Court (Dryden)

These long-term care homes were chosen since they serve a designated area in Northwestern Ontario.

# Recommendations

## **Recommendation 1:**

According to the results of this study, it is recommended that long-term care homes where the percentage of Francophones aged 75 years and over in the community is equal to or higher than 10% provide culturally appropriate care and services to Francophones. This recommendation includes the following homes:

- Geraldton District Hospital (Greenstone)
- Manitouwadge General Hospital (Manitouwadge)
- Nipigon District Memorial Hospital (Nipigon)
- North of Superior Healthcare Group - Wilkes Terrace (Terrace Bay)
- North of Superior Healthcare Group - Wilson Memorial General Hospital Site (Marathon)
- Princess Court (Dryden)
- Lakehead Manor – Revera (Thunder Bay)
- Roseview Manor – Revera (Thunder Bay)
- St-Joseph Care Group (Bethammi)

## **Recommendation 2:**

It is also recommended that the following long-term care homes be identified for French Language Services planning and implementation of culturally appropriate care. The providers not only serve a designation area such as the community of Ignace but also a non-designated area with a significant francophone population:

- Nipigon District Memorial Hospital (Nipigon)
- Princess Court (Dryden)

**Recommendation 3:**

It is recommended that the linguistic variable be applied through the North West Region, and all sub-regions, in order to enhance the planning of French language services in long-term care homes.

The linguistic variable consist of the following questions:

1. What is your mother tongue?

A: French, English, Other

2. If your mother tongue is neither French nor English, in which of Canada's official languages are you most comfortable?

A: French, English

The second question allows for the inclusion of newcomers whose mother tongue is not French, but who know and understand French as an official language, as proposed by the IDF.

**Recommendation 4:**

Further to the data collection related to culturally appropriate care and services, as well as best practices already in existence in long-term care homes, it is recommended that this information, as well as all best practices, be shared with every long-term care home in Northwestern Ontario.

**Recommendation 5:**

It might be interesting to conduct the same mapping exercise to determine the number of employees (such as personal support workers and nursing staff) who speak French in the homes with the assistance of the French language Services tool. This would enable us to establish a link between the number of Francophone residents and the number of Francophone employees in the home, and to determine areas of strengths and weaknesses.

**Recommendation 6:**

It is recommended that the homes build on partnerships with the francophone community in order to better serve its francophone residents in conjunction with culturally appropriate care.

**Recommendation 7:**

It is recommended that the language becomes a deciding factor when it comes to the placement of residents in a home and the refusal to be placed in a home based on language is not considered as a refusal.

# Conclusion

Finally, it is important to consider that culturally appropriate care and services take into account the patient-centered approach while addressing the needs, personality, history and values of the individuals. As the Francophone population is aging, demand will continue to increase and long-term care homes will have to adapt their care to their residents' realities, while taking into account their language and cultural needs, as well as adapting the variable linguistic approach.

In our view, it would be helpful to share the results of this study internally within the LHIN, for instance with the staff responsible for Long-Term Care, and eventually with the Long-Term Care Homes Administrators' Group. It would also be important to include the recommendations in the work plan and to establish objectives and a schedule in order to undertake the next steps of this project.

# Part 3 - Resources

The following is a list of resources that can assist long-term care homes in providing quality French language services to their Francophone residents.

- North West LHIN French Language Services Toolkit:  
<http://www.northwestlin.on.ca/FLS%20Toolkit.aspx>
- *For Health Service Providers* Section on the Réseau du mieux-être francophone du Nord de l'Ontario (RMEFNO) website: <http://www.reseaudumieuxetre.ca/en/health-service-providers/active-offer-information-kit/>
- L'Accueil francophone de Thunder Bay website :  
<http://www.accueilfrancophone.com/?lang=en>
- Toolbox for the Active Offer : <http://www.offreactive.com/home/>

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