Fondation HÉLÈNE TREMBLAY LAVOIE[MC] Foundation

Forum on Partnering for Innovative and Collaborative Long-Term Care Solutions for Francophones

Final Report

February 26, 2019

This project is a collaborative effort between Fondation Hélène Tremblay Lavoie Foundation and Reflet Salvéo. We would like to recognize the Steering Committee for their dedication and leadership for this project.

STEERING COMMITTEE MEMBERS

Ms. Sylvie Lavoie	Fondation Hélène Tremblay Lavoie Foundation
Ms. Joyce Irvine	Reflet Salvéo
Ms. Solange Belluz	Reflet Salvéo
Mr. Patrick Boily	Fondation Hélène Tremblay Lavoie Foundation
Ms. Marine Rigal	Reflet Salvéo
Mr. Gilles Marchildon	Reflet Salvéo
Ms. Annette Dubreuil	Fondation Hélène Tremblay Lavoie Foundation

On behalf of all the partners, we would like to express our gratitude to the organizations and individuals including community members, partners, families and staff who generously provided their insights and participated during the Forum on Partnering for Innovative and Collaborative Long-Term Care Solutions for Francophones:

Hon. David Crombie	
Dr. Frances Morton-Chang	Health Services Research, and Life Course and Aging, Institute of Health Policy, Management and Evaluation, University of Toronto
Dr. Shilpi Majumder	AdvantAge Ontario
Ms. Véronique Demers	Toronto Central LHIN
Mr. Jean Roy	Bendale Acres Fédération des aînés et des retraités francophones de l'Ontario (FARFO)
Ms. Bahar Karimi	Bendale Acres
Mr. Sean Keays	Foyer Richelieu
Ms. Vonnie Barron	SPRINT Senior Care
Mr. Phil McKenzie	Hearthstone by the Bay

Our special thanks go to Entité 4 and Les Centres d'Accueil Héritage.

Table of Contents

SUMMARY OF LONG-TERM CARE AND DEMENTIA HOUSING OPTIONS AND NEEDS

Service Providers	**Services** *Applies to all: housing, meals, activities*	**Funding**	**Cost per bed/unit per month**	**Operated by**	**Homes or Beds**		
					GTA Total	**Francophone: Current**	**Francophone Minimum needs**
Long-Term Care Homes*	Long-term care, palliative care, dementia care	-Provincial Government -Individual co-payment -Charitable donations	$4,500 to $6,000, plus co-payments ($1,850 to $2,600)	-Private -Municipalities -Not-for-profit (incl. religious)	30,455 beds (581 beds per 100,000) **200 days to placement**	37 beds (Bendale Acres) (29 beds per 100,000) **1 to 8 years to placement**	737 beds Shortage: 700
Retirement Homes	Rental housing, non-health support services, low- to middle-dementia care, home and community care	-Individuals	$1,500 to $15,000	-Private	~110 homes	None	~2-3
Retirement Condomini-ums	Home ownership, non-health support services, low- to middle-dementia care, palliative care	-Individuals	$450,000 per unit + $2,500 per month	-Private	1 condo (Hearthstone by the Bay)	None	~1
Supportive Housing or Assisted Living*	Support services, some dementia care, home and community care palliative care	-Provincial and municipal governments -Charitable donations -Individual co-payment	$1,750 to $5,000	-Not-for-profit	Unknown	1 (Centre d'Accueil Heritage, 135 apartments)	~3
Specialized Care Residences for Dementia	All levels of dementia care, palliative care	-Individual -Charitable donations	$2,310 to $5,000	-Not-for-profit -Private	Unknown	None	2+

* Waitlists are government agency controlled.

EXECUTIVE SUMMARY

Access to French Language Services, more specifically to long term care beds and specialized dementia care units are not equitable and accessible across the Greater Toronto Area (GTA) and do not meet the specific needs of the Francophones in terms of location and language needs.

Based on the goals of laying the foundation for action-oriented public / private / not-for-profit partnerships (social enterprise), better defining the needs of the Francophone community for specialized long-term care, and exploring innovative models that can be adapted to the different needs of the community, Fondation Hélène Tremblay Lavoie Foundation organized a one-day Forum to engage with different stakeholders on November 23, 2018 in Toronto.

The one-day Forum ensured that key stakeholders, namely private/public sector, seniors, caregivers, health and social service providers, long-term care homes, retirement homes, financial institutions, developers and governments (LHINs, ministries, GTA municipalities), French Language Services Planning Entities (Reflet Salvéo and Entité 4) and post-secondary educational institutions such as Collège Boréal, Glendon, UOIT, York and Schulich and University of Toronto) came together to discuss on opportunities to

- *create an awareness of different programs and care models within the French community*
- *facilitate access to and expansion of French health care services and programs for Francophone adults experiencing loss of autonomy*
- *raise funds to support the improvement of long-term care and for an eventual capital project to support building the first bilingual long-term care facility dedicated to serving Francophone adults experiencing loss of autonomy within the GTA*

The Hélène Tremblay Lavoie Foundation believes this one-day engagement provided an opportunity for stakeholders the opportunity to make recommendations on moving forward. As such, 13 recommendations have developed for different stakeholders including the Francophone community on the next pages.

Fondation Hélène Tremblay Lavoie Foundation firmly believes that this Forum is the first step towards *contributing to the availability and improvement of long-term care for Francophone adults experiencing loss of autonomy in southern Ontario*

RECOMMENDATIONS

Our recommendations to enhance long-term options for Francophones are sub-divided for the different stakeholders: the Ministry, Local Health Integration Networks (LHINs), Long-Term Care Homes (LTC) and the Francophone community.

Recommendations for the Ministry of Health and Long-Term Care

1. That the Ministry of Health and Long-Term Care (MOHLTC) remains committed for the 5000 new beds to be culturally appropriate, with 1,500 new beds for specific cultures, including Francophone communities, and designate at least 700 beds for Francophones as specialized units and/or centralized/decentralized models in the Greater Toronto Area (GTA):

    a. That the Ministry of Health and Long-Term Care encourage the City of Toronto to require its municipal homes to submit proposals as part of their redevelopment plans to replicate and scale the Bendale Acres model of dedicated units for Francophones across some of its nine other Long-Term Care Homes (Carefree Lodge, Castleview Wychwood Towers, Cummer Lodge, Fudger House, Kipling Acres, Lakeshore Lodge, Seven Oaks, True Davidson Acres and Wesburn Manor).

    b. That the Ministry of Health and Long-Term Care fund 2 dementia group homes with 20 beds each to replicate the models of care at SPRINT Senior Care or Pioneer Elder Care and that this model be replicated across all of Ontario, especially where language ability varies to alleviate hallway care in hospitals and reduce the shortage of long-term care beds

    c. That the Ministry of Health and Long-Term Care work with private retirement homes to designate 160 spaces for Francophones across the GTA.

    d. That the Ministry of Health and Long-Term Care issue new licences for 167 beds for one or more privately-owned or charitable/not-for-profit organization(s) to build a centralized model of long-term care based on the model of Foyer Richelieu.

2. To sufficiently understand the demand for French Language services for the purposes of short-term and long-term planning, the Ministry of Health and Long-Term Care should work with the Local Health Integration Networks (LHINs) to determine the needs of Francophone population across the five LHINs, collect overall information on waitlists and wait times for long-term care services and develop services to address the continuum of care for Francophone seniors using the Home First philosophy.

Recommendations for the Local Health Integration Networks

3. That the Local Health Integration Networks (LHINs) in the GTA commit to a common strategy to develop and implement long-term care services such as dementia care, specialized home care and long-term care services in the form of Community Hubs for Francophones.

4. That the Local Health Integration Networks, through their Home and Community Division, identify and report the number of Francophones registered on the waitlist for each long-term care home in the GTA region.

5. That the Local Health Integration Networks enhance their care coordination to meet the needs of Francophone seniors across the GTA.

6. That the Local Health Integration Networks participate in the OZi project to identify French language capacity among their staff to support Francophones in the five GTA LHINs (Central West, Central East, Central, Toronto Central and Mississauga Halton).

7. That the Local Health Integration Networks update their long-term care application forms to include French as one of the languages.

Recommendations for Long-Term Care Homes

8. That the City of Toronto submit proposals to the Ministry to spread the Bendale Acres model of dedicated units for Francophones across its other nine other Long-Term Care Homes (Carefree Lodge, Castleview Wychwood Towers, Cummer Lodge, Fudger House, Kipling Acres, Lakeshore Lodge, Seven Oaks, True Davidson Acres and Wesburn Manor).

9. That all Ministry-funded long-term care homes develop an active approach to offer specialized units or pods for Francophones in their organizations.

Recommendations for the Francophone Community

10. That the Francophone community within the five GTA LHINs develop a campaign to help fund new long-term care beds.

11. That the Francophone community within the five GTA LHINs develop a campaign to help fund new specialized dementia group homes (private and/or not-for-profit) based on the models at SPRINT Senior Care or Pioneer Elder Care.

12. That the Francophone community create at least one retirement home, ideally near new Francophone long-term care beds or assisted living facilities.

13. That the Francophone community develop a strategic plan that would inspire a private-public partnership with private enterprises and the community.

1.0 Problem Statement

The findings from the *Survey on the Vitality of Official-Language Minorities* (Corbeil & Lafrenière, 2010) showed that the majority of Francophones in Ontario use English when communicating with family physicians, nurses or telephone health line workers, despite reports by these health professionals that they are able to conduct a conversation in French.

The Kaleidoscope Model of Communication and Health shows that if services are unavailable in a given language or if they are available but the linguistic competence of the service provider is deemed inadequate by the user, interactions are likely to be less satisfactory and patient outcomes may be jeopardized (Fitzpatrick & Vangelisti, 2001).

This issue is particular urgent for long-term care and dementia services for Francophones. Currently the 12.5 million Ontarians have access to a total of 76,000 long-term care (LTC) beds financed by the provincial government, which represents 581 beds per 100,000 of population. By comparison, there are only 37 beds designated to provide French Language services at Pavillon Omer Deslauriers (Bendale Acres) for the 126,723 Francophones in the GTA - that is a ratio of 29 beds for 100,000 Francophones, which is significantly less than the 581 beds for Ontarians. This is less than 5% of the average ratio. Francophones, therefore unfortunately do not have equitable access to LTC services.

In addition, there are 17% of French-speaking Ontarians aged 65 years and over compared to 14% of the total population. Ontario's Francophone population is aging more quickly than the province overall (*Office of Francophone Affairs and Statistics Canada, Census of Population, 2011*).

Despite the fact that there are some Francophone residents in most of Ontario's 630 LTC homes, very few of those LTC Francophone residents have access to services in French. With the growing number of older Francophones who will require LTC, there is an urgency and an opportunity to ensure that services are available in French in LTC facilities for Francophone citizens when they need them most (*A Guide for Planning and Providing Francophone Long-Term Care Services, 2018*).

2.0 Introduction

The Hélène Tremblay Lavoie Foundation was created to help address this critical lack of long-term care for Francophones in the GTA. This Foundation is leading the way on behalf of Francophones, especially those in the later stages of their lives, to have the opportunity to live in French and enjoy a quality of life that they deserve, and that is equal to what all Ontarians are accessing.

Access to LTC beds has to be equitable and accessible, as well as meet the specific needs of Francophones in terms of location and language amongst other criteria. There is also the need for long-term community services such as specialized day programs for those suffering from cognitive disorders like Alzheimer's and dementia.

In April 2018, the Ministry of Health and Long-Term Care announced its strategy to support seniors, caregivers and families with 5,000 new long-term care beds for seniors across the province by 2022. These 5,000 new beds will include nearly 500 new beds for Indigenous communities and over 1,500 new beds for specific cultures, including Francophone communities. The new beds are in addition to the 30,000 existing beds that are being redeveloped.

Based on the goals of laying the foundation for action-oriented public/private/not-for-profit partnerships (social enterprise) to explore innovative models that can be adapted to the different needs of the Francophone community for specialized LTC options and the new opportunity presented by the new beds announced by the Ministry, The Hélène Tremblay Lavoie Foundation organized and hosted a one-day Forum in Toronto to engage with over 40 stakeholders on November 23, 2018. Stakeholders included private funders, government officials, not-for-profit service providers, health practitioners, and members of the Francophone and Francophile communities.

3.0 Overview of Long-Term Care Residences and Dementia Services in Ontario

There are different types of long-term care (LTC) residences for adults who are unable to live independently and require services in a home-like environment. There are a number of LTC residences that are available in Ontario including LTC homes, retirement homes, retirement condominiums, supportive housing and assisted living group homes, amongst others.

3.1 Long-Term Care Homes

The *Long-Term Care Homes Act, 2007* came into effect on July 1, 2010. The Act and its regulations set out standards for all LTC homes in Ontario. It also covers residents' rights, care and services, admission of residents, operation of homes, as well as funding and licensing of homes.

Ontario's long-term-care homes provide accommodation and care in a home-like environment to adults who are unable to live independently and/or require round-the-clock nursing care in a secure setting. There are about 630 LTC homes in Ontario. They provide care to approximately 77,600 residents, most of whom are over 65 years old. LTC homes are places where adults can live and receive help with most or all daily activities and have access to 24-hour nursing and personal care. To live in a long-term care home, Ontarians must be 18 years or older, have a valid Ontario Health Insurance Program (OHIP) card and have care needs which cannot be safely met in the community through publicly-funded community-based services and other caregiving support including; 24-hour nursing care and personal care, frequent assistance with activities of daily living, on-site

supervision or monitoring to ensure their safety or well-being. The Ministry of Health and Long-Term Care funds, licenses and regulates Ontario's LTC homes. Services in these homes can be provided by either for-profit or not-for-profit organizations, which are further categorized as municipal and non-municipal homes, as shown in Figure 1.

Figure 1: Long-Term Care Homes in Ontario, March 2015

Long-Term Care Homes	# of Homes	# of Beds
For-profit	360	41,800
Not-for-profit (other than municipal)	170	20,300
Not-for-profit (municipal)	100	16,400
Total	630	78,500*
*Of which, approximately 77,600 beds were occupied as of March 2015.		

Source: Ministry of Health and Long-Term Care

3.2 Needs of Residents in Long-Term Care Homes

Based on the *Ontario Long-Term Care Association's Report* (2018), seniors whose dementia has progressed to the middle or advanced stages are the core population in LTC homes. Two out of three (64%) residents have been diagnosed with Alzheimer's disease or another type of dementia. Overall, 90% of residents in LTC have some form of cognitive impairment, resulting not solely from dementia but from other causes such as stroke and memory loss. In one-third of residents, this impairment is considered to be severe.

Further statistics provided by the Ontario Long-Term Association (*Excerpted from This is Long-Term Care 2018)* show that:

- 85% of residents need extensive help with daily activities such as getting out of bed, eating, or toileting; 1 in 3 are highly or entirely dependent on staff
- 90% have some form of cognitive impairment; 1 in 3 (64%) are severely impaired
- 46% exhibit some level of aggressive behaviour related to their cognitive impairment or mental health condition
- 40% have a mood disorder such as anxiety, depression, bipolar disorder or schizophrenia
- 40% need monitoring for an acute medical condition

3.3 Funding for Long-Term Care Homes

In the 2018 fiscal year, the Ministry's funding for LTC homes through the province's LHINs totalled $4.28 billion (7% of the overall provincial health budget). This breaks down to being $149.95 per resident per day ($4,561 per month), approximately $100.91 per day for nursing and personal care (such as assistance with personal hygiene, bathing, eating, and toileting), $12.06 per day for specialized therapies, recreational programs, and

support services and $9.54 per day for raw food (ingredients used to prepare meals) (*2018 Ontario Budget, LTCH Level-of-Care Per Diem Funding Summary (July 1, 2018)).*

Residents also contribute to the costs of running long-term care services. As of July 1, 2018, the maximum accommodation rates were as follows:

Type of Accommodation	Daily Co-Payment
Basic Long Stay	$60.78
Semi-Private Long Stay*	$69.11-$73.27
Private Long Stay*	$79.52-$86.82
Short Stay (Respite)	$39.34
*Varies depending a home's structural class and date of move-in.	

Source: Ministry of Health and Long-Term Care, Senior's Care: Long-Term Care Homes.

The government sets the amount that residents must pay the home, with an opportunity to qualify for a subsidy if a resident's basic accommodations are not affordable. Residents also pay out of pocket for any medications or other services not covered by their private insurance plans or the provincial drug benefit program.

It is important to note that most residents make a co-payment of between $1,800 and $2,500 a month, depending on whether they occupy a basic, semi-private or private room.

3.4 Number of Beds and Waitlist for Long-Term Care Homes

210 LTC homes are located in the five GTA LHINs (Central West, Central East, Central, Toronto Central and Mississauga Halton LHINs) and represent one third of the total number of homes in the province of Ontario. Together, these homes include 30,455 beds which represent 40% of the total number of beds in the province.

In total,16,869 clients are on the waitlist for a LTC bed in the five GTA LHINs. This represents 51% of the total number of clients waitlisted for a LTC bed in Ontario as of April 2018. Figure 2 provides an overview of the number of LTC homes, number of beds, waitlist and days to placement in each of the GTA LHINs. It is interesting to note that the average number of days to placement varies across LHINs from a high of 284 days to a low of 136 days.

Figure 2: Long-Term Care Homes in GTA LHINs, June 2018

LHINs	Number of LTC beds	Number of LTC homes	Number of clients waitlisted for a LTC bed	Number of days to placement
Toronto Central	5,878	36	2,414	233
Central	7,247	46	4,661	199
Mississauga Halton	4,163	27	2,224	151
Central East	9,686	68	6,649	284

Central West	3,481	23	921	136
Total	30,455	200	16,869	200.6*
*Average days to placement in the five LHINs.				

Source: Ontario Long-Term Care Association, June 2018

3.5 Models of Long-Term Care Homes

There are different models of LTC homes in Ontario. Among the models we describe in this section are two models that serve Francophones in their own language: a decentralized model and a and a centralized one. Both models are funded through the Local Health Integration Networks.

3.5.1 Decentralized Long-Term Care Model serving specific populations

One innovative and existing example of this model is the Pavillon Omer Deslauriers (POD) at Bendale Acres Long-Term Care Home in Toronto. Bendale Acres is one of 10 LTC homes owned and operated by the City of Toronto.

As part of its specialized unit, Bendale Acres offers a French Language Unit which is home to a 37-bed French Language Services Unit. Staff are bilingual in both English and French and are able to provide care for residents in their preferred language. One of Bendale Acres short-stay beds is also located in the POD to provide additional support for the Francophone community. Residents can enjoy recreational activities, special events, spiritual and religious care, as well as, music, art and complementary care in a language-specific environment.

This model for providing Francophone LTC services within a minority linguistic context has a number of distinguishing features including the fact that Francophones have priority access to LTC beds within a Francophone cluster and it is designed to meet the distinct language and cultural needs of Francophone residents. Francophones are prioritized by the LHINs Home and Community Care for the designated bilingual beds. Bilingual resources (e.g. staff, interpretation support, bilingual information) are actively pursued and used for POD residents.

3.5.2 Centralized Long-Term Care Model serving a specific population

Foyer Richelieu is a 65-bed not-for--profit LTC facility located in Welland, Ontario in the Niagara Peninsula. Foyer Richelieu specializes in improving the quality of life of people with chronic diseases and all services are delivered in French. This facility includes 37 private rooms, 2 semi-private rooms and 26 basic rooms. The Foyer Richelieu Welland is a product of the efforts of the members of the Club Richelieu Welland and was incorporated on January 1, 1988. In June 1996, the Province of Ontario designated the Foyer Richelieu Welland was an official provider of services in French.

There is a general satisfaction rate of over 95% amongst residents and their families and 93% of residents and families say that they are happy with the variety of services Foyer Richelieu offers.

Foyer Richelieu is reviewing its strategy to meet the new provincial design standards by 2025.This includes increasing the number of beds to 128 and the creation of Maison Richelieu with 50 new wellness suites for supportive housing.

3.6 Retirement Homes

A retirement home is a privately-owned residence that provides rental accommodation with care and services for seniors who can live independently with minimal to moderate support and are able to fund this lifestyle on their own.

Retirement homes are regulated by the *Retirement Homes Act, 2010, S.O. 2010, c. 1 (RHA)* and provide rental accommodation with care and services for seniors. As defined by the RHA, a retirement home is a building that is occupied primarily by persons who are 65 or older, are occupied by at least six people not related to the operator and make available at least two of the thirteen care services set out in the Act. These include providing meals, assistance with bathing, personal hygiene, dressing or ambulation, providing a dementia care program, administering medicine, providing incontinence care or making available the services of a doctor, nurse or pharmacist. Unlike LTC homes, retirement homes do not provide 24-hour nursing care.

To live in a retirement home, Ontarians must be able to pay for their own care and living costs. The government does not fund retirement homes. The individual needs to cover the full cost of their own housing and care. The cost of private room is from $1500 to $6000 per month and clients can often choose to opt in or out of meal plans and/or other services.

There are over 600 retirement homes in Ontario providing accommodation and services to more than 56,000 seniors. Since retirement homes are private enterprises, they are not subject to the French Language Services Act (see section 4 for more details), and so none are designated as having to provide French services; and none of them in the GTA do. Furthermore, while some retirement homes offer dementia services, including locked floors, again, none of these services are offered in French.

3.7 Retirement Condominiums

Retirement condominiums (or condos) are residences where customers buy their unit instead of renting them, like in retirement homes. The retirement condominiums provide access to all of the services and amenities that clients would expect in a retirement residence, as per section 3.6 above, in addition to having a full kitchen. These retirement condos create a community that is in effect exclusive and may have community-specific features that include any or all of golf courses, tennis and other sports courts (squash and racquetball), swimming facilities, as well as fitness and recreation centres. These spaces are often well-landscaped and situated near hiking or walking trails.

Retirement condos are often part of the active lifestyle opted into by many people just on the cusp of retirement, whereas retirement homes are more suited for people needing further levels of care and support.

Retirement condos offer residents more privacy. In some cases, this form of seniors housing accommodates both working and retired residents. Hence, people in these condo communities may still be working, while easing into fuller retirement. There may be some staff on hand in these communities to take care of grass cutting, snow removal and other such services, but there is not likely to be any care offered. Therefore, residents may hire in-home care or other such services if they are interested in more support.

The average cost of a retirement condominium is $450,000 for the condominium and $2,500 per month on average for services (Hearthstone by The Bay, 2018). Unlike in rental retirement homes, management cannot request an owner to leave when their health conditions reach a critical point (for e.g. disruptive behaviour or severe medical needs sometimes exhibited by dementia patients). However, clients will typically purchase some private nursing services to make this work, as well as accessing CCAC services (again, because they own the home).

3.8 Supportive Housing or Assisted Living

Seniors' Supportive Housing provides specially modified rental homes for low-income seniors and people with disabilities who need some assistance to live on their own. Support services include 24-hour response, light housekeeping, meals, as well as, social and recreational activities.

There are two types of supportive housing/assisted living: public or private.

For the public supportive housing or assisted living options, rent supplements are provided either by the Ministry of Health and Long-Term Care and/or by the municipality to support low-income seniors and people with disabilities. Services are provided by the LHINs through health service providers.

The private assisted living services provide a senior housing solution for adults who can live independently but also require some assistance. For many seniors, assisted living provides just the level of care they need to flourish and triumph in their new phase of life. After all, the "Golden Years" should be enjoyable and assisted living has more options than ever before. Many communities charge a basic rate that covers all services with an additional fee for special services. Most assisted living communities charge a month-to-month rate but there are also long-term options available.

Typically, base rates only cover room, board and a service of daily meals, and are determined by the assisted living community. Average costs were $3,204 in 2013, with prices ranging from roughly $1,750 for the least expensive bachelor to just over $5,000 for the most expensive two-bedroom apartment (Ministry of Health and Long-Term Care, 2018). The basic services offered in the private assisted living include 24-hour supervision and security, daily meals, basic housekeeping, laundry, health and exercise programs, social programs, transportation and access to medical services.

The GTA has only one designated Francophone residence in this category, operated by Centres d'Accueil Héritage (CAH), which is located by the Distillery District. Named Place

Saint-Laurent, the nine-storey building, has 135 apartments, including 80 one-bedroom, 55 two-bedroom units and two respite beds. A hundred of the apartments are subsidized while the other 35 are at market rent. Some of the subsidized apartments are reserved for adults living with HIV/AIDS. Residents hail from over 50 countries. In addition to housing services, CAH provides a range of community support services both to its residents and to clients in the community (escort, transportation, meals, case management, caregiver supports, etc.) and operates two adult day programs as well as one Seniors Active Living Centre. All of its services are provided in French.

3.9 Specialized Care Residences for Dementia

A dementia care residence is a home for people in the early to mid-stages of Alzheimer's disease or related dementias who are no longer able to live safely in their own residence. Caregivers of the clients at these residences can be assured that their family members receive the highest quality, round-the-clock care including programs and activities to improve the overall wellness of clients. Services include clients' supervision, assistance with medication and personal care, activation, socialization, and cueing to perform activities of daily living for clients. The specialized resources include house calls interdisciplinary mobile team serving frail seniors, regional geriatric program, psychogeriatric resource consultation program, psychogeriatric outreach teams, amongst others.

One example is the program at Ewart Angus SPRINT Home, which is located in Toronto. This program is specially designed to provide a home-like residential environment for 20 residents through four self-contained wings of five private bedrooms. The Ewart Angus SPRINT Home is funded through the Supportive Housing funding to support 24-hour care by the Toronto Central LHIN. There is a co-pay of $2310 which includes rent, activation and food for the clients.

Another example is Pioneer Elder Care which offers a 24-hour innovative private model of care for its residents requiring residential homes for seniors with dementia, Alzheimer's, memory challenges and palliative care. Its four houses each offer 10 personal and comfortable private rooms in St. Catharines. These services cost $5,000 per month, all inclusive.

4.0 Francophone Communities in Ontario

The Ontario *French Language Services Act* (FLSA) guarantees an individual's right to receive services in French from government ministry and scheduled agency headquarters and their offices in 25 designated areas as well as from provincially funded agencies designated as providers of French language services under the FLSA. In the health sector, the Ministry and the LHINs work with health service providers to enhance their capacity to provide services in French with a view to their eventual designation under the FLSA. Other legislation also touches on the right to receive service in French in areas such as the courts and education. However, the Ontario Human Rights Code, which deals with discrimination on a variety of grounds such as race, religion, disability, ethnic origin

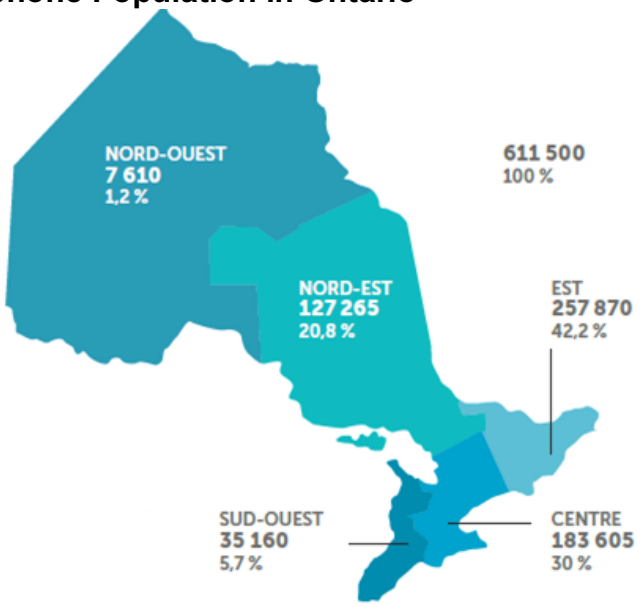
and immigration status, does not include language and culture. As a result, any perceived discrimination in the private sector on the basis of language or culture cannot be reported or addressed through the legal system.

4.1 Francophone Population

In 2009, the adoption of the Inclusive Definition of Francophone (IDF) added nearly 50,000 more identified Francophones. The IDF includes not only people whose mother tongue is French but also individuals whose mother tongue is neither English nor French (allophones) but who have a particular knowledge of French as an official language and use it at home. Under the IDF, a Moroccan family, for instance, that speaks Arabic and French at home is considered Francophone. Nearly half of all Francophones in the Greater Toronto Area were born outside Canada and many came from Jewish, Chinese, Italian and African communities, amongst others.

With an aging and increasingly diverse Francophone population, the demand for French language services is rising in Ontario. As of 2011, Ontario was home to 611,500 Francophones, representing 5% of the province's population (Office of Francophone Affairs and Statistics Canada, Census of Population, 2011). The absolute number of Francophones has steadily increased over the past two decades, especially in the GTA.

Figure 3: Francophone Population in Ontario



Source: Office of Francophone Affairs and Statistics Canada, Census of Population, 2011

In Toronto, almost half of Francophones were born outside the country. Three out of five Francophones are born in Ontario and one out of five Francophones is born in Quebec. 39.1% Francophone immigrants are from Europe and 26.9% are from Africa.

Over 20% of Ontario's Francophone population or 126,723 people live in the GTA LHINs. Ontario's Francophone population is aging more quickly than the province's population. Many Francophone seniors, including 30% in Toronto, live alone and lack caregiver support. Nearly half of Toronto's Francophones were born outside of Canada and have diverse cultural needs. Approximately 81% of Francophones in the central region of Ontario (including the GTA) have a partner or spouse whose primary language is English or another language. These couples and families will require bilingual services as they age.

Figure 4: Endogamous and Exogamous Francophone Couples with Children by Region

Civil Status	Ontario	East	Centre	South West	North East	North West
Exogamous couple: one parent is Francophone, the other is not	68%	60%	81%	88%	57%	84%
Endogamous couple: both parents are Francophones	32%	40%	19%	12%	43%	16%

Source: Office of Francophone Affairs and Statistics Canada, Census of Population, 2011

4.2 Specificities of Francophones

In comparison to Anglophones, the Francophone population is older, less educated, less active in the job market, more highly concentrated in rural areas, composed of fewer immigrants and lives alone or coupled with one child (Bouchard et al., 2012).

Furthermore, in the Health and Social Services sectors, as noted by Sarah Bowen (2015) in her study entitled *Language Barriers in Access to Health Care*, it is generally acknowledged that a client who receives services in his or her language follows instructions better, does not need to fall back on hospital services as often and remains in better health. Often, the client will have a stronger sense of belonging to the community, which also has a positive impact on his or her well-being. By offering services in a client's preferred language, service providers can understand his or her situation more adequately and offer services that are better adapted to his or her needs. This improves the quality of their services and translates their concern for equity into concrete action. Additionally, a bilingual capability lends providers the advantage of reaching a greater proportion of the target clientele, creating links with the communities and providing a better reflection of the community's diversity.

Researchers allocate increasing levels of importance to this sense of belonging as an indicator of individual and community well-being (Report to the Federal Minister of Health: Towards a New Leadership for The Improvement of Health Services in French, 2007).

Stress, cognitive impairment and dementia can cause people to lose their ability to communicate in English or other second languages over time, a concern for all linguistic minorities. Given the increasingly complex medical needs and rising rates of dementia in the population, LTC and other dementia services will continue to be a needed option for many older Francophones (A Guide for Planning and Providing Francophone Long-Term Care Services, 2017).

4.3 Use of Health Care in French by Seniors

There are approximately 21,500 Francophone seniors in the GTA area, 30% of senior Francophones live alone and do not receive or have access to services in French. Studies show that Francophones are more likely than Anglophones to suffer from single or multiple chronic diseases (arthritis, diabetes and cardiovascular disease). This is due to limited access to French-language primary care services.

Figure 5: Comparative Table of the Impact of Chronic Disease Among Francophones and Non-Francophones in Ontario

	Arthritis	Diabetes	Cardiovascular Diseases	Chronic Disease	Two or More Chronic Diseases
Francophones	19.8%	8.3%	6.2%	39.2%	17.1%
Non-Francophones	17.6%	6.9%	4.7%	37.5%	15.3%

Source: Health Analytics Branch, Ministry of Health and Long-Term Care - Canadian Community Health Survey, 2013-2014. People aged 12 and over.

In 59% of cases, misunderstanding and miscommunication are the source of serious and irreversible events: misdiagnosis, unnecessary testing, appearance of distrust, lack of follow-up, discrimination, nutrition, decreased quality of life, etc.

5.0 New Long-Term Care Beds for Seniors

In 2018, the Ministry of Health and Long-Term Care announced that Ontario has allocated 5,000 new long-term care beds in communities across the province. This was announced as part of the Ministry's commitment to build 5,000 new beds by 2022 and more than 30,000 new beds over the next decade. These 5,000 new beds will include nearly 500 new beds for Indigenous communities and over 1,500 new beds for specific cultures, including Francophone communities. The new beds are in addition to the 30,000 existing beds that are being redeveloped. These investments will give seniors better access to high-quality, culturally appropriate professional care and help them continue to live happy and healthy lives.

6.0 Planning for Innovative and Collaborative Long-Term Care Solutions for Francophones

As of 2011, 17% (103,955) of the Francophone population include seniors aged 65 and over and 15% (91,725) are in the older adult age group of 55-64 (Office of Francophone Affairs and Statistics Canada, Census of Population, 2011).

On November 23, 2018, Fondation Hélène Tremblay-Lavoie Foundation organized a one-day forum on innovative and collaborative long-term care solutions for Francophones at the Alliance Française in Toronto. This event saw the participation of over 50 community members, health service providers, associations, LHINs, municipal government, long-term care providers and financial investment groups.

This was a great opportunity for long-term care providers, private and public organizations, community members including both Francophones and Anglophones, as well as, LHINs to develop additional services in French.

6.1 Inequity of Services

The Office of Francophone Affairs (2011) reported that language retention of seniors aged 65 or older in Ontario is higher (55%) than those of younger adults (51%), with seniors in the Eastern regions exhibiting a higher level of retention (71%) of their mother tongue. If healthy seniors tend to retain their mother tongue longer, if one's mother tongue is likely to resurface in dementia and if services in that language are difficult to find, then it is possible that the health encounters and subsequent pathway to diagnosis for minority-language populations with dementia may be more difficult than for those who speak the dominant language.

6.1.1 Long-Term Care Beds

Seniors (65 years and older) are the fastest-growing age group in Ontario. In 2016, 16.4% of Ontario's population was 65 years or older. By 2041, it is projected that 25% of Ontario's population will be 65 years or older, almost doubling from 2.3 million seniors in 2016 to 4.6 million seniors (Office of Francophone Affairs and Statistics Canada, Census of Population, 2011). Ontario's seniors' population is becoming increasingly diverse with different language needs.

Comparatively with the provincial average of 581 beds per 100,000 Ontarians, there are 37 beds at Pavillon Omer des Lauriers for 127,000 francophones in the GTA, therefore an inequity in the number of beds as depicted by Figure 6.

Figure 6: Average of Beds for Ontarians and Francophones

Population	Number of beds per 100,000 population
Ontarians	581
Francophones	29

Source: Office of Francophone Affairs and Statistics Canada, Census of Population, 2011

In order to achieve an equitable distribution of LTC services to the Francophones, it is estimated that a mix of 700 beds is needed as per Figure 7.

Figure 7: Estimate Number of Beds Needed for Francophones

Population	Francophones
Number of beds per 100,000 population	581
Number of beds needed for 127,000 Francophones	737
Number of existing long-term care beds at Bendale Acres	37
Gap in long term care beds	700

In order to create equity of services for Francophones, a gap of 700 LTC beds has been identified for Francophones either in a centralized or decentralized model of care.

6.1.2 Dementia Care

According to the *Rising Tide* report, one Canadian is diagnosed with dementia every five minute, a rate that will increase to a new case every two minute by 2038 (*Alzheimer Society of Canada, 2010*). The importance of an early diagnosis in helping individuals transition toward living with dementia has been well documented (*Prince, Bryce & Ferri, 2011*). However, much of the information used by the physicians in arriving at a diagnosis is based on a patient's history (Cole & Bird, 2000).

According to Fitzpatrick and Vangelisti's *Kaleidoscope Model of Health Communication (2001),* patient outcomes such as compliance, satisfaction and quality of life can be directly affected by communication issues. The cornerstone of this model is that health care interactions are fundamentally a function of interpersonal relationships that are dependent on effective communication, amongst other things. Thus, the language(s) and the culture(s) with which the patient and their health care professionals identify, in combination with the patient's coping skills and the context in which they are communicating may, according to this model, be crucial to patient outcomes and satisfaction.

The research program, *The Pathway to Diagnosis of Dementia for Francophones Living in a Minority Situation* (2013), investigated ethno-cultural factors and pathways to a diagnosis of dementia. The experiences of Francophone Canadians living in a linguistic minority context in Eastern Ontario were examined. Through this research, it was determined that the pathway to diagnosis of a Francophone by a specialized clinic for individuals with memory disorders took anywhere from 12 to 84 months, that is one to seven years, from the estimated first suspicions of a problem to obtaining an official diagnosis; this compares with an average time of 30 months for non-Francophones from initial symptoms to diagnosis (Boise, Morgan, Kaye and Camicioli, 1999).

Delay has significant consequences for people with dementia, for their families and for health care systems. As stated above, the importance of an early diagnosis in helping individuals transition toward living with dementia has been well documented (Prince, Bryce, & Ferri, 2011).

6.1.3 Navigation of Health Care Services

Based on the report on the *Health of Francophones in Ontario: A Regional Portrait* (2016), Francophones are slightly less likely to undergo medical prevention and diagnostic tests (e.g. mammograms, blood tests for prostate cancer, amongst other tests) compared to Anglophones. Overall, only 52% of Francophones indicated they spoke French with their family doctors compared to nearly 100% of Anglophones speaking English with their family doctors.

Natale-Pereira A et al. (2011) reviewed the role of patient navigators in eliminating health disparities and identified that despite many important efforts to increase equity in the health care system, not all Ontarians have equal access to health care or similar health outcomes. This study explored the unique role that patient navigation can play in improving health outcomes for racial and ethnic minorities, as well as other underserved populations. Patient navigators can not only facilitate improved health care access and quality for underserved populations through advocacy and care coordination, but can also address deep-rooted issues related to distrust in providers and the health system that often lead to avoidance of health problems and non-compliance with treatment recommendations. By addressing many of the disparities associated with language and cultural differences and barriers, patient navigators can foster trust and empowerment within the communities they serve to enhance prevention and early detection and health care access and coordination through a social determinant lens on diversity and cultural competency.

Factors beyond biological differences, including cultural beliefs, language, acculturation, nativity status, and health beliefs, often contribute to disparities in health outcomes and health-seeking behavior. Distrust in health care services and providers contributes significantly to delays in treatment services, the receipt of less than quality services and increased rates of non-adherence to treatment (*Blanchard J. et al., 2004; Han H. R. et al., 2009*).

Carroll et al. (2010) identified that patient navigators provide emotional support by “being there”, and helpful information to support clients and families across the health care system. These findings highlight the importance of trust in the patient-navigator relationship. In the study, patients recognized the navigator as existing in two worlds, one as an insider to the health care system and the other as a caring companion to the client and caregivers.

Currently there is only one French-speaking care coordinator in the five GTA LHINs to provide French services to clients. This inequity of service is due to recruitment gaps in LHINs, as well as gaps in identifying the needs of the Francophone population.

6.2 Learnings from the Forum

More than 40 stakeholders representing private/public partnerships, staff from the three Local Health Integration Networks, long-term care homes, AdvantAge Ontario, University of Toronto and community members attended this Forum. Participants focused on three main questions during the break-out sessions:

1. Priority needs for Long-Term Care Services: Based on what we heard today and the different needs assessment exercises, please identify the top 5 priority needs of Francophones.
2. Funding models of Long-Term Care Services: From your perspective, what funding models are more appropriate: public pay/delivery or private pay/delivery or public pay/private delivery?
3. Care Models and Health Human Resources: From your perspective, what are the most appropriate care models to address these key priority needs and what innovative partnerships could help strengthen the current service delivery framework to meet the key priority needs of francophone seniors?

6.2.1 Priority needs for Long-Term Care Services

There is no doubt that Francophones are the poor cousins when it comes to accessing services in French. Using data from three cycles of the *Canadian National Population Health Survey* to study the impact of social networks on health service utilization decisions, Deri (2005) found that the higher the availability of services in a specific language in a neighbourhood, the more the services were used by that target population. The focus of the discussion was to ensure that the health system is more responsive to the diverse French community's needs by further developing the models of care presented in the panel discussion, such as spreading of the Bendale Acres model of care across the nine other City of Toronto owned LTC homes and developing innovative models of dementia care for Francophones. Currently the few services available are not sufficient to meet the growing and increasingly complex community needs.

Because Francophones in the GTA and surrounding areas are only 2 to 3% of almost every neighbourhood and therefore very widely dispersed, it was recognized that apart from long-term beds and specialized homes, there needs to be strong coordination/navigation around needs assessment, as well as connection with appropriate community services. It was suggested that the Health Line website could be enhanced to provide additional information on where and how to access services such as transportation, meals on wheels and services to caregivers.

6.2.2 Funding models of Long-Term Care Services

Out of the 626 homes licensed and approved to operate in Ontario, 58% are privately owned, 24% are not-for-profit/charitable and 16% are municipal. The provincial funding for long-term care in 2018 was $4.28 billion (7% of the overall provincial health budget) (*2018 Ontario Budget, LTCH Level-of-Care Per Diem Funding Summary, July 1, 2018*).

A number of long-term options were discussed, and they focused mainly on public/private partnerships with existing long-term care providers, Infrastructure Ontario, Hearthstone by the Bay and Arch Corporation. The focus was on private funding for accommodation with public funding for health services, based on Naturally Occurring Retirement Communities (NORC) to develop the necessary services for Francophones seniors. Community bonds, Land Trusts, establishment of social enterprises, and even a new registered savings tool (similar to RESPs) were identified as ways to fund and finance public-private partnerships.

83% of those who were surveyed following the Forum wish to continue the conversation to eventually contribute to a strategic plan that would inspire a private-public partnership with private enterprises and possibly individuals who can purchase community bonds, for example.

6.2.3 Care Models and Health Human Resources

Participants identified that the campus of care model is the ideal model for Francophones as it provides all the needed services in centralized locations, which is aligned with the strategies of Community Hubs at the care communities' level. Because of the geographic dispersion of Francophones, the final model will also likely necessitate having additional units spread across different institutions across the GTA, similar to the Bendale Acres model. The following recommendations were made:

- Duplicate the model of Bendale Acres across the municipal homes or other long-term care homes;
- Focus on a recruitment strategy for bilingual health human resources;
- Promote and communicate job postings in the Francophone community. Francophones must play a role in promoting job postings and reaching out to members of the community;
- Include "French" and "Other" as language options on the various referral forms, in addition to English; and
- Change immigration legislation and focus on the foreign worker program.

7.0 Conclusion

The long-term care system does not deliver consistent care across Ontario. Where you live matters when it comes to waiting for services and quality of care (Office of the Auditor General of Ontario - Long-Term Care Home Placement Process, 2012). However, it's not only where you live, it's also your income and your ethnicity. Those with language barriers

such as Francophones wait much longer, in some cases up to eight years, for long-term care homes of their choice. With Toronto's increasingly diverse aging population we are facing a serious equity issue in how we deliver long-term care to meet health, financial and cultural needs in the GTA. Persons who apply for ethno-specific homes wait about six months longer than those who apply for mainstream homes *(Wellesley Institute, The Cost of Waiting for Care| Think Piece, 2016).*

However, it is time for the Francophone community to start partnering for innovative solutions to develop services that would meet the 21,590 ethno-culturally diverse Francophone seniors who need long-term care beds and/or other specialized long-term care services. Aligned with its strategic plan, The Fondation Hélène Tremblay Lavoie Foundation is firm in its commitment to envision a future where *"Francophone adults experiencing loss of autonomy have access to long-term care services and can live fully in French throughout all phases of their lives in an environment respectful of their cultural, social and linguistic values".*

The Fondation Hélène Tremblay Lavoie Foundation is looking forward to working with key stakeholders from the public, not-for-profit and private sectors, such as seniors, caregivers, seniors advocacy groups, health and social service providers, long-term care homes, retirement homes, financial institutions, developers and governments (LHINs, ministries, GTA municipalities), French Language Services Planning Entities (Reflet Salvéo and Entité 4) and post-secondary educational institutions such as Collège Boréal, York University including Glendon and Schulich, UOIT, and the University of Toronto) to meet its objectives of:

- Creating an awareness program within the French community;
- Facilitating access to and expansion of French health care services and programs for Francophone adults experiencing loss of autonomy; and
- Raising funds to support the improvement of long-term care and for an eventual capital project to support building the first long-term care facility dedicated to serving Francophone adults experiencing loss of autonomy within the GTA.

This project can be leveraged to support other ethnoculturally diverse communities. Canadian literature has documented that ethno-cultural and racialized groups often experience barriers to accessing appropriate care and has presented linguistic and cultural competence as one of the key strategies for improving accessibility (Mental Health Commission of Canada & Centre for Addiction and Mental Health, 2009*).*

The Fondation Hélène Tremblay Lavoie Foundation will continue to work on the recommendations proposed in this report with the ministry, LHINs and other partners including the planning entities for French Language Services.

8.0 References

1. The health of Francophones in Ontario - A regional portrait, Louise Bouchard, Maled Batal, Pascal Imbeault, Isabelle Gagnon-Arpin, Ewa Makandi and GolnazSedigh, 2012 - *http://eenet.ca/resource/health-francophones-in-ontario-regional-portrait.*

2. Language Barriers in Access to Health Care, Bowen Sarah, 2001 *https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/health-care-accessibility/language-barriers.html.*

3. Report to the Federal Minister of Health: Towards a New Leadership for The Improvement of Health Services in French, Consultative Committee for French-Speaking Minority Communities, 2007.

4. Corcoran M. A, 2009, Screening for dementia: First signs and symptoms reported by family caregivers, Geriatrics and Aging.

5. Alzheimer Society of Canada, 2010 Rising tide: The impact of dementia on Canadian Society Toronto, ON: Alzheimer Society of Canada Retrieved December 2, 2018 *from http://www.alzheimer.ca/en/Get-involved/Raise-your-voice/Rising-Tide/~/media/Files/national/Advocacy/ASC_Rising%20Tide_Full%20Report_Eng.ashx.*

6. Boise L, Morgan D, L. Kaye, J. Camicioli R, 1999 Delays in the diagnosis of dementia: Perspectives of family caregivers, American Journal of Alzheimer's Disease and Other Dementias.

7. Cole S. A, Bird J, 2000, The medical interview: The three-function approach, St. Louis, MO: Elsevier Health Sciences.

8. Deri C, 2005, Social networks and health service utilization, Journal of Health Economics.

9. Linda J. Garcia, PhD Lynn McCLeary, PhD Victor Emerson, PhD Hélène Léopoldoff, MA William Dalziel, MDNeil Drummond, PhD Carole Cohen, MDCM Sharon Koehn, PhD James Silvius, MD, The Pathway to Diagnosis of Dementia for Francophones Living in a Minority Situation, *The Gerontologist*, Volume 54, Issue 6, 1 December 2014.

10. Carroll JK, Humiston SG, Meldrum SC, et al. Patients' experiences with navigation for cancer care. Patient Educ Counselling.

11. Mental Health Commission of Canada & Centre for Addiction and Mental Health 2009, Improving mental health services for immigrant, refugee, ethno-cultural and racialized groups: Issues and options for service improvement.

12. Blanchard J, Lurie N. R-E-S-P-E-C-T: patient reports of disrespect in the health care setting and its impact on care.

13. Han HR, Lee H, Kim MT, Kim KB. Tailored lay health worker intervention improves breast cancer screening outcomes in non-adherent Korean-American women.

14. Office of the Auditor General of Ontario 2012, Long-term-care Home Placement Process.