



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

Interim Report

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

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# Table of Contents

<b>Introduction</b> .....	<b>3</b>
<b>Part 1 – Culturally Appropriate Care</b> .....	<b>4</b>
Background .....	4
Challenges and Benefits .....	5
Existing Models.....	7
<i>Hoivakoti Nursing Home, Sudbury</i> .....	7
<i>Wikwemikong Nursing Home, Manitoulin Island</i> .....	8
<i>Glebe Centre, Ottawa</i> .....	9
<i>Pavillon Omer Deslauriers, Scarborough</i> .....	10
Inventory of Best Practices .....	11
Long-Term Care Homes that Could Provide Culturally Appropriate Care and Services for Francophones .....	12
<b>Part 2 - Identification and Designation</b> .....	<b>15</b>
Long-Term Care Homes that Could Be Identified under the French Language Services Act .....	16
Long-Term Care Homes that Could Be Designated under the French Language Services Act .....	18
<b>Recommendations</b> .....	<b>21</b>
<b>Conclusion</b> .....	<b>24</b>
<b>Sources</b> .....	<b>25</b>

# 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 Northeastern Ontario Region. This two-part needs study is expected to be completed in March 2018. This report summarizes the results of Part 1, for the North East Region, based on the data collected on Francophones and long-term care homes in Northern Ontario.

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, we make recommendations regarding long-term care homes in the North East. These recommendations address identification and designation under the French Language Services Act, as well as culturally appropriate care.

# 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)

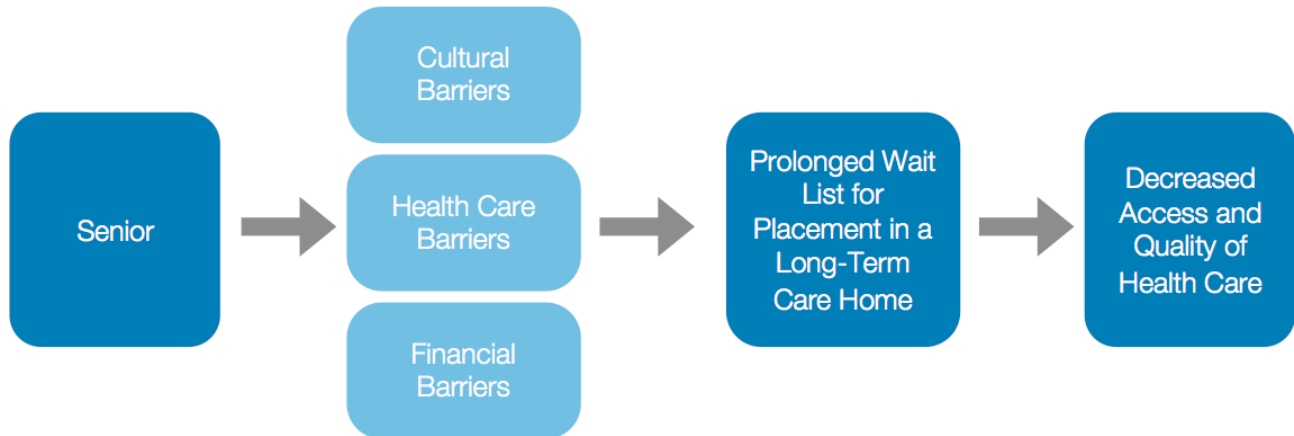
Second, members of this aging population, particularly those belonging to minority groups, also face language and cultural barriers which have a direct impact on their wait time for housing in a long-term care home that is culturally adapted to their needs. Not only do they have to wait approximately three months longer for basic housing, “persons who apply for ethno-specific homes<sup>1</sup> wait about six months longer than those who apply for mainstream home.” (Seong-gee Um 2016) This is just as relevant in the Northeastern Ontario Region, particularly with respect to Francophones in minority situations.

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.

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<sup>1</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.

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



## 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 (impersonal 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 in *ethno-specific homes* have very 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;
- 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.

## Excisting 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 other 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.glebecentre.ca/chinese\\_unit.php](http://www.glebecentre.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:

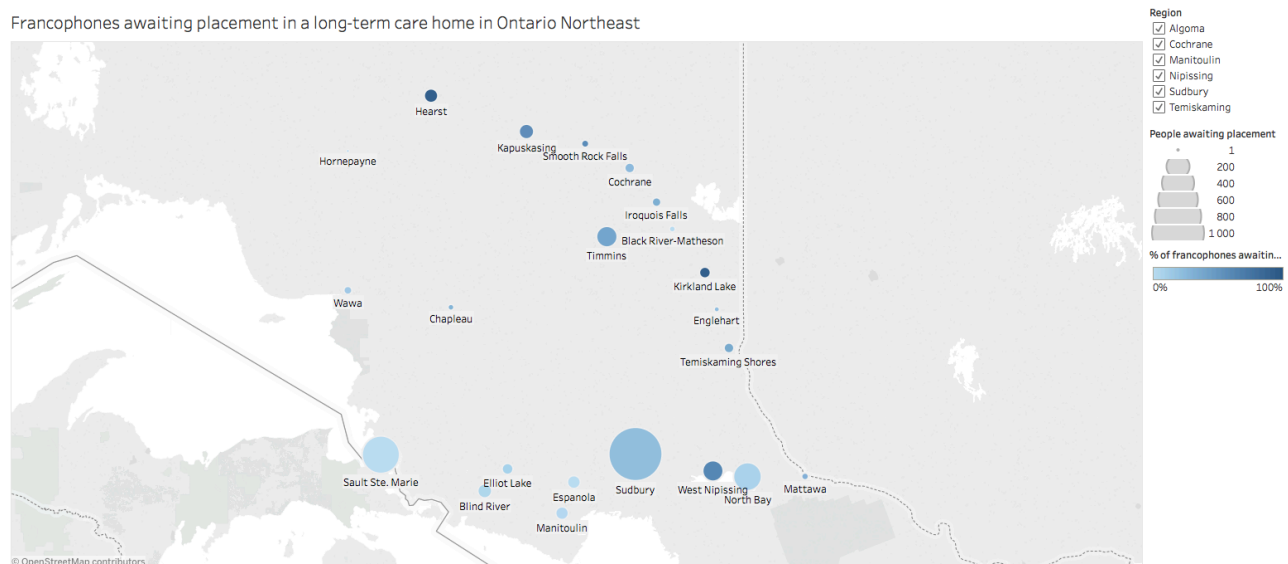
- Language (employees speak the residents' preferred language);
- Food services are typical and appropriate;
- There is a strong visual identity present in the decor and public spaces (dining room, lounge, entrance, etc.);
- Cultural and social activities are held regularly;
- Spaces and environments are created so as to group together residents who share a same culture;
- 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.

In order to better visualize and analyze the data, a mapping exercise was conducted and is available at the following web link:

<http://tabsoft.co/2gi0WPn>



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 2017 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 Northeastern Ontario.

However, some long-term care homes have not replied to the questionnaire regarding the number of their Francophone residents, which explains the empty boxes in the following tables. The health system relies on data in its health service planning for the population; consequently, the linguistic variable enhances the management of French language service planning which, in turn, has very beneficial effects on the physical and mental health of Francophones, hence the importance of adopting the linguistic variable and collecting these data.

The following table lists the long-term care homes in Northeastern 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. 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.

It is important to note that, in the following section, only the homes where the percentage of Francophone residents aged 75 and over is equal to or higher than 40% have been selected.

<b>Long-Term Care Homes that could offer culturally appropriate care and services to Francophones</b>					
<b>Home</b>	<b>City/Town</b>	<b>% of Francophones in the home</b>	<b>% of Francophones on wait list for placement</b>	<b>% of Francophones 75 years and over in the community</b>	<b>Status under the FLS Act</b>
Au Château - Home for the Aged	Nipissing West	93%	62%	70%	Identified
Elizabeth Centre	Val Caron	63%	22%	30%	Identified
Extendicare Kapuskasing	Kapuskasing	66%	55%	65%	Designated
Foyer des Pionniers	Hearst	90%	91%	81%	Designated
Nipissing West General Hospital	Nipissing West	77%	62%	70%	Designated
North Centennial Manor	Kapuskasing	68%	55%	65%	Identified
South Centennial	Iroquois Falls	51%	32%	45%	Identified

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

Home	City/Town	% of Francophones in the home	% of Francophones on wait list for placement	% of Francophones 75 years and over in the community	Status under the FLS Act
Manor					
Villa Minto	Cochrane	52%	24%	44%	Designated

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.

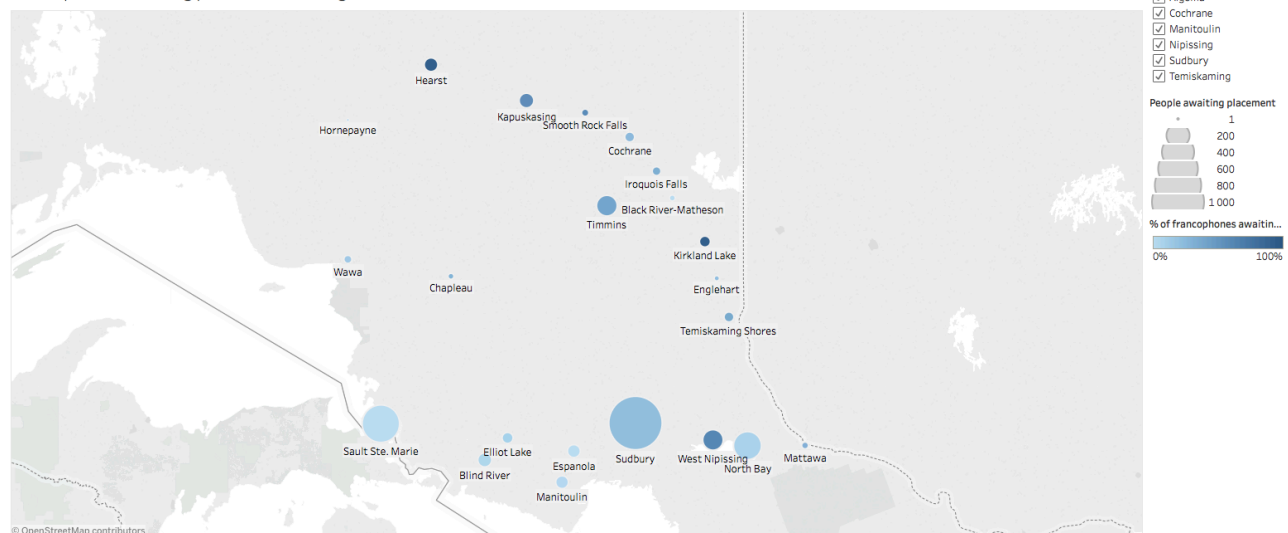
# Part 2 – Identification and Designation

The next step in the study consisted in determining which long-term care homes could be identified for designation, as well as those that could be designated, under the French Language Services Act.

In order to better visualize and analyze the data, a mapping exercise was conducted and is available on the web at:

<http://tabsoft.co/2gi0WPn>

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



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 2017 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 Northeastern Ontario.

## Long-Term Care Homes that could be identified under the French Language Services Act

The following table lists the long-term care homes in Northeastern Ontario that have not been identified under the FLS Act.

Long-Term Care Homes that have not been identified				
Home	City/Town	% of Francophones in the home	% of Francophones on wait list for placement	% of Francophones 75 years and over in the community
Belvedere Heights	Parry Sound	0%	0%	3%
Cedarwood Lodge	Sault Ste. Marie	6%	0%	5%
Eastholme Home for the Aged	Powassan			
Extendicare - Falconbridge	Sudbury	20%	22%	30%
Extendicare - York	Sudbury	16%	22%	30%
Finlandia Hoivakoti Nursing Home	Sudbury		22%	30%
Golden Manor	Timmins		39%	37%
Lady Isabelle Nursing Home	Powassan			
Lakeland Long Term Care	Parry Sound		0%	3%
Manitoulin Centennial Manor	Little Current		2%	
Manitoulin Lodge Long Term Care	Gore Bay	0%		
Mauno Kaihla Koti	Sault Ste. Marie	6%	0%	5%

Long-Term Care Homes that have not been identified				
Home	City/Town	% of Francophones in the home	% of Francophones on wait list for placement	% of Francophones 75 years and over in the community
Northview Nursing Home	Englehart		20%	10%
Pioneer Manor	Sudbury	37%	22%	30%
Teck Pioneer	Kirkland Lake		9%	21%
Wikwemikong Nursing Home	Wikwemikong			

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:

- Extendicare-Falconbridge (Sudbury)
- Extendicare-York (Sudbury)
- Golden Manor (Timmins)
- Pioneer Manor (Sudbury)

## Long-Term Care Homes that could be designated under the French Language Services Act

The following table lists the long-term care homes in Northeastern Ontario that have been identified for designation under the FLS Act.

<b>Long-Term Care Homes that have been identified for designation</b>				
<b>Home</b>	<b>City/Town</b>	<b>% of Francophones in the home</b>	<b>% of Francophones on wait list for placement</b>	<b>% of Francophones 75 years and over in the community</b>
Algoma Manor Home for the Aged	Thessalon	1%	4%	12%
Elizabeth Centre	Val Caron	63%	22%	30%
Espanola Nursing Home	Espanola	8%	0%	21%
Extendicare Kirkland Lake	Kirkland Lake	16%	9%	21%
Extendicare - Maple View	Sault Ste. Marie	2%	0%	5%
F J Davey Home	Sault Ste. Marie		0%	5%
Golden Birches Terrasse	Blind River		4%	12%
Hornepayne Community Hospital	Hornepayne		0%	21%
Nippissing Manor	Corbeil		8%	17%
North Centennial Manor	Kapuskasing	68%	55%	65%

<b>Long-Term Care Homes that have been identified for designation</b>				
<b>Home</b>	<b>City/Town</b>	<b>% of Francophones in the home</b>	<b>% of Francophones on wait list for placement</b>	<b>% of Francophones 75 years and over in the community</b>
Rosedale Centre	Matheson		0%	34%
South Centennial Manor	Iroquois Falls	51%	32%	45%
St. Joseph Manor	Elliot Lake	11%	9%	15%
Temiskaming Lodge Nursing Home	Temiskaming Shores	39%	36%	31%
Villa St-Joseph*	Sudbury	9%	22%	30%

According to the data in the above table, specifically the data related to the percentage of Francophones, the following long-term care homes that are currently identified could be designated under the French Language Services Act:

- North Centennial Manor (Kapusksasing)
- Elizabeth Centre (Val Caron)
- South Centennial Manor (Iroquois Falls)
- Temiskaming Lodge Nursing Home (Temiskaming Shores)
- Villa St. Joseph\*

These Long-Term Care Homes were chosen as they demonstrate higher results in the following data: percentage of francophones in the home, percentage of francophones on wait list for placement, percentage of francophones aged 75 year or older in the community.

*\* We are aware that the percentage of Francophones at Villa St-Joseph represents only 9% of the total residents; however, if we take into account the percentage of Francophones awaiting placement (22%), and the percentage of the population aged 75 years and over in the community (30%), we believe that these data are sufficient to justify a designation under the French Language Services Act.*

# Recommendations

## **Recommendation 1:**

According to the results of this study, it is recommended that long-term care homes where the percentage of Francophone residents is equal to or higher than 40% provide culturally appropriate care and services to Francophones. This recommendation includes the following homes:

- Au Château – Home for the Aged (Ouest Nipissing)
- Elizabeth Centre (Val Caron)
- Extendicare Kapuskasing
- Foyer des Pionniers (Hearst)
- West Nipissing General Hospital
- North Centennial Manor (Kapuskasing)
- South Centennial Manor (Iroquois Falls)
- Villa Minto (Cochrane)

## **Recommendation 2:**

It is recommended that data on homes that provide culturally appropriate care and services to their Francophone residents be collected with the assistance of the French Language Services tool. When the amount of data collected is sufficient, a further analysis can be made to determine whether the home should request a cultural designation.

### **Recommendation 3:**

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 be shared with every long-term care home in Northeastern Ontario.

### **Recommendation 4:**

It is also recommended that the following long-term care homes be identified for French Language Services planning and implementation:

- Extendicare-Falconbridge (Sudbury)
- Extendicare-York (Sudbury)
- Golden Manor (Timmins)
- Pioneer Manor (Sudbury)

### **Recommendation 5 :**

In our opinion, it is important that the following long-term care homes be designated under the French Language Services Act:

- North Centennial Manor (Kapuskasling)
- Elizabeth Centre (Val Caron)
- South Centennial Manor (Iroquois Falls)
- Temiskaming Lodge Nursing Home (Temiskaming Shores)
- Villa St-Joseph\*

*\* We are aware that the percentage of Francophones at Villa St-Joseph only represents 9% of the total residents; however, if we take into account the percentage of Francophones on wait lists for placement (22%), and the percentage of the population aged 75 years and over in the community (30%), we believe that these data are sufficient to justify a designation under the French Language Services Act.*

**Recommendation 6:**

It might be interesting to conduct the same mapping exercise to determine the number of employees (such as nurses) 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.

# 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.

In our view, it is important to include the above recommendations in the work plan, and to establish objectives and timelines, in order to move forward with/to the next step in this project. In addition, 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.

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