

ACCESS TO LONG-TERM CARE IN THE ERIE ST. CLAIR REGION:

ANALYSIS AND RECOMMENDATIONS

2023



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ABBREVIATIONS

In this report, we used the following abbreviations to facilitate reading.

ESC	Erie St. Clair Refers to the geography of the former Erie St. Clair Local Health Integration Network, which was comprised of Windsor/Essex, Chatham-Kent area and Sarnia/Lambton areas
FLS	French Language Services Used interchangeably with “French Language Health Services”
FLHS	French Language Health Services Used interchangeably with “French Language Services”
HCC	Home and community care
HCCSS	Home and Community Care Support Services Formerly known as the Local Health Integration Network, and previously under the name of Community Care Access Centre
LHIN	Local Health Integration Network Now dissolved. The planning, funding allocation and performance functions are integrated into Ontario Health.
LTC	Long-term care
OH	Ontario Health
SW	South West Refers to the geography of the former South West Local Health Integration Network

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TEMPLATE

Le présent rapport vise à formuler des recommandations à l'intention de Santé Ontario (SO) Ouest afin de combler les lacunes en matière d'accessibilité aux soins de longue durée (SLD) en français et, par conséquent, dans les services de soutien à domicile et en milieu communautaires (SSDMC) afin de maintenir les aînés francophones à domicile dans la région d'Érié St. Clair (ESC). Dans la mesure du possible, le rapport proposera également des recommandations pour la localité de London dans la région du Sud-Ouest (S-O).

Méthodologie

Une combinaison de plusieurs méthodes a été utilisée, notamment:

- Un inventaire des services de SLD offerts à la population francophone dans les sous-régions du RLISS de la région ESC
- Un inventaire des meilleures pratiques dans les communautés de langue officielle minoritaire partout au Canada.
- Une revue de la situation pour synthétiser les connaissances existantes nécessaires à la cartographie des concepts clés et des lacunes dans le secteur des SLD pour les aînés francophones.
- Une recherche et une analyse d'articles et de rapports publiés au cours des huit dernières années portant sur les SLD et les services de soutiens à domicile et en milieu communautaire ainsi que sur les aînés francophones et leurs besoins en matière de santé et de logement, partout au pays.
- Collecte et analyse de données quantitatives à partir de documents administratifs tels que les rapports sectoriels annuels, les rapports internes et les rapports annuels des fournisseurs sur les services en français (SEF).
- Sondage auprès des aînés francophones et de leurs aidants naturels dans les régions ESC et Sud-Ouest (S-O).
- Entretiens avec des informateurs clés dans les régions ESC et S-O.

Analyse

Au total, 158 personnes ont répondu au sondage en ligne et 10 personnes ont participé aux entrevues.

Notre enquête sur la capacité des SLD dans la région ESC a montré que, comme la population de l'Ontario, la population de la région ESC devrait vieillir rapidement au cours des 20 prochaines années, que l'utilisation des SLD est déjà à sa capacité maximale et que le comté de Windsor-Essex affiche la plus forte croissance prévue pour les personnes de 75 ans et plus ainsi que pour les besoins en lits de SLD. La population francophone croît et vieillit plus rapidement dans la région ESC que dans le reste de la population.

Selon les rapports des SEF soumis en 2020 par les fournisseurs de services de santé (FSS), il y avait 104 résidents francophones dans les foyers de SLD dans la région ESC. Toutefois, ce nombre ne correspond pas au profil de la communauté francophone. D'après le profil de la population et le ratio de lits pour 1 000 personnes de 75 ans et plus, il y a un besoin de 186 lits de SLD dans la seule région de Windsor/Essex. Par conséquent, le nombre de résidents francophones dans les foyers de SLD est probablement beaucoup plus

SUMMARY

This report intends to provide recommendations to Ontario Health (OH) West to bridge the gaps in accessibility to long-term care (LTC) in French, and consequently, in home and community care (HCC) services to maintain Francophone seniors at home in the Erie St. Clair (ESC) region. Where possible, the report will also propose recommendations for the London area in the South West (SW) region.

Methodology

A combination of several methods was used including:

- An inventory of LTC services available to the Francophone population in the ESC LHIN sub-regions
- An inventory of best practices in Official Language Minority Communities across Canada.
- A scoping review to synthesize the existing knowledge needed to map key concepts and gaps in the LTC sector for the Francophone seniors
- A search and analysis of articles and reports published over the past eight years focusing on LTC and home and community care services as well as Francophone seniors and their health and housing needs, across the country.
- Quantitative data collection and analysis from administrative documents such as annual sector reports, internal reports, and providers' annual French Language Services (FLS) reports.
- A survey among Francophone seniors and their informal caregivers in the ESC and the South West (SW) regions.
- Interviews with key informants in the ESC and SW regions.

Analysis

A total of 158 individuals responded to the online survey and 10 individuals participated in the interviews.

Our investigation into LTC capacity in the ESC region showed that, like the population of Ontario, the population in ESC is projected to age rapidly in the next 20 years, utilization of LTC is already at maximum capacity, and Windsor-Essex County has the highest projected growth for individuals 75 years and older and LTC bed requirement. The Francophone population is growing in ESC and aging at a faster rate than the rest of the population.

According to FLS reports submitted in 2020 by health service providers (HSPs), there were 104 Francophone residents in ESC LTC homes. However, this number is not in line with the Francophone community profile. Based on the population profile and the ratio of beds per 1,000 75+ years old individuals, there is a need for 186 LTC beds in the Windsor/Essex area alone. Therefore, the number of Francophone residents in LTC homes is likely much higher. We know that the identification of the linguistic identity of patients and residents is inconsistent among HSPs, and that several providers do not follow best practices to identify their patients and residents. Individuals in vulnerable or stressful situations will not self-identify. Others will fear

being victims of discrimination or not receiving quality services, and will also not identify themselves as Francophones.

Three homes in ESC have been identified under the FLS planning process, mandating them to develop their capacity to provide FLS. These facilities are Tilbury Manor Nursing Home, Banwell Gardens Care Centre and Country Villages Homes-Woodslee. Other non-identified facilities have some potential to provide FLS, and conversation should be initiated with these facilities. These include Extendicare Southwood Lakes, Marshall Gowland Manor, Meadow Park Nursing Home, Riverview Gardens and Sun Parlor Home for Senior Citizens.

Our analysis of Francophone and other researches showed that linguistically and culturally adapted healthcare ensures patient safety, effective patient-provider communication, effectiveness of treatment, and overall patient and provider satisfaction. We found several interesting models of services for seniors in minority environments that could be replicated in ESC as well as resources on the provision of culturally competent services. Our research also enabled us to confirm that patients with dementia often lose their functional aptitudes in their non-native languages, creating further communication barriers.

Our survey revealed a clear need to increase the availability of home and community care services in French in ESC. The provision of home and community care is the preferred solution to maintain seniors in their home as long as possible, hopefully avoiding placements in long-term care. Innovative models such as ALSO neighbourhoods of care should be implemented and adjusted to the needs of the specific communities they serve. This model is offered at Résidence Richelieu in Windsor, and it has had a positive impact of the number of emergency visits, hospital admissions and LTC placements while improving the quality of life of the residents who benefit from these services.

Recommendations

Based on our findings, we are recommending identifying LTC homes in each area, with designation of Francophone beds, implementing a campaign to increase awareness of all LTC providers about the provision of cultural and linguistic sensitive care to Francophone residents as not all Francophones are, or will be, served in a Francophone designated unit, and facilitating collaboration between long-term care homes and French-language community colleges to train personal support workers (PSWs), registered practical nurses (RPNs) and other staff members. For the Windsor/Essex area, due to the size of the Francophone population, we are further recommending to facilitate the development of a Francophone LTC home.

Additionally, results of our survey revealed a marked desire of seniors for a LTC home dedicated to Francophones or to remain in their own homes as long as possible. Therefore, we are also recommending that the expansion of FLS in the home care sector occurs simultaneously with the improvement of LTC by implementing the following specific recommendations: collaborate with Francophone providers in the community to create comprehensive health care support systems that can be easily accessed by patients and families; develop and implement with Home and Community Care Support Services (HCCSS) ESC and SW a comprehensive plan to serve appropriately the Francophone population; build with OHTs a seamless continuum of care and services for Francophones, that includes Francophone patient navigators and care coordinators; and spread the neighbourhoods of care implemented by ALSO in Windsor to other areas.

INTRODUCTION

This report was prepared as part of the LHIN-Entity 2019-2022 Joint Action Plan¹ where care and services to seniors is identified as a priority, and, in particular, access to long-term care (LTC) in the Erie St. Clair region. Although the report focuses on the Erie St. Clair (ESC) region, needs of the Francophone population in the South West (SW) region, in particular within the city of London, were also considered as part of the recommendations.

There is compelling evidence of the negative impact of language barriers on healthcare access, patient satisfaction and experience, as well as disparities in receipt of care between English (dominant language) proficient patients and those facing language barriers. Lack of access to LTC in French poses a risk in terms of both quality and safety.

This report is opportune as the provincial government recently announced increased funding for elderly groups in minority situations, including Francophones. It will provide the required information and evidence to ensure that initiatives are directed to meet the needs of elderly Francophones. The report seeks to simultaneously reconcile quantitative and qualitative data to craft the most cohesive approach to improving the care available to the elderly Francophones of the Erie St. Clair Region.

1. CONTEXT

The need for French language services (FLS) is of a great concern among the Francophone population across the province. Though a close collaboration between the French language health planning entities and the LHINs has led to some progress, Francophones still have limited access to services in their language in many parts of the province. The need for such services is even greater among Francophone seniors with complex health problems such as chronic diseases, loss of mobility, dementia and other mental health issues, especially when it comes to long-term care. Many of these individuals will end up in hospital while they wait for placement. Furthermore, the situation will likely worsen in the coming years because of the aging population. Currently, there are nearly 34,000 people in Ontario waiting for a long-term care bed.² Over the next 25 years, the number of seniors in Ontario is expected to almost double,³ continuing to mount pressure on the health system and within the next 10 years, the waitlist for long-term care could grow to

¹ Note: The LHIN's health system planning, performance and accountability functions were transferred to Ontario Health on April 1st, 2021.

² Ontario Long Term Care Association (2018). <https://oltca.com/OLTCA/>

³ Ontario Ministry of Finance. (2018). <http://www.ontario.ca/page/ministry-finance>

84,000 Ontarians.⁴

These realities are equally relevant to the ESC region, particularly with respect to Francophone seniors.⁵ While only nine (9) LTC homes were reported to offer FLS in Ontario,⁶ none of them is located in the ESC region. Over the years, the Entity and the ESC LHIN have worked together to increase accessibility of Francophone seniors to FLS. One noteworthy initiative is the provision of assisted living/supported housing services at Résidence Richelieu in Windsor, which has allowed its frail senior residents who needed additional services to age in place. However, this is only one initiative, in one location. More initiatives and actions are needed to meet the community's growing needs along the seniors' continuum of care.

The Ontario government reaffirmed LTC as a priority and the need for innovative solutions in the provision of culturally safe care to French-speaking individuals and individuals of diverse cultures.⁷ It also indicated that funding for new long-term care beds would be a priority for homes offering services for Francophones, Indigenous and other culturally specific populations to alleviate hospital pressures.

Considering this, identifying the specific needs of the Francophone communities using the LTC sector is crucial to ensure that political decisions are guided by tangible evidence. This will ensure that initiatives can be accurately guided for the benefit of Francophones of the province.

⁴ Helene Tremblay Lavoie Foundation. (2019). Report-Forum on Partnering for Innovative and Collaborative LTC Care Solutions for Francophones, February 2019⁴ Ministère des Finances de l'Ontario (2018).

⁵ French Health Network of Central Southwestern Ontario. (2017). A Guide for Planning and Providing Francophone Long-Term Care Services. Learning from Pavillon Omer Deslauriers (POD) at Bendale acres and other French language health services for seniors in Canada

⁶ Ministry of Health and Long-Term Care. (2019). Hallway Healthcare: A System Under Strain, 1st Interim Report from the Premier's Council on Improving Healthcare and Ending Hallway Medicine, January 2019

⁷ Ministry of Health and Long-Term Care. (2018). Aging with Confidence: Ontario's Action Plan for Seniors - Guidelines for Submitting Applications for New Long-Term Care Bed Capacity, February 2018.

Sub-Region Boundaries



Note: The sub-regions illustrated above are planning geographies used by the former ESC LHIN. Now, planning is mostly done according to Ontario Health Teams geographies, i.e Windsor-Essex, Chatham-Kent and Sarnia/Lambton.

2. PURPOSE OF THE REPORT

This report intends to provide recommendations to Ontario Health (OH) West to bridge the gaps in accessibility to long-term care in French, and consequently, in home and community care services to maintain Francophone seniors at home.

The specific goals are:

- To analyze the LTC homes' capacity in the ESC LHIN in order to acquire a better understanding of the gaps in Francophone seniors' accessibility to French language LTC;
- To examine services and initiatives that were implemented in other parts of the country regarding services to seniors in a minority context, and to identify effective models and practices that could be replicated in ESC;
- Identify and propose next steps for further analysis and/or implementation of an optimal model tailored to the specific needs of ESC, and to make recommendations to OH West.

3. METHODOLOGY

3.1 ADMINISTRATIVE AND LITERATURE REVIEW

A combination of several methods was used to meet the specific goals listed above including:

- An inventory of LTC services available to the Francophone population in the ESC LHIN sub-regions (Windsor; Tecumseh Lakeshore Amherstburg La Salle; Essex South Shore; Chatham City Centre; Rural Kent; Lambton).
- An inventory of initiatives targeting Official Language Minority Communities across Canada. This is to better understand approaches taken by service providers, characteristics of target clientele, and operational models used in this type of service.
- A scoping review to synthesize the existing knowledge needed to map key concepts and gaps in the LTC sector for the Francophone seniors. As per this approach, we did not evaluate the methodological quality of studies. The overall search strategy included an electronic database search, a website search, and a manual search of substantive literature reviews on the topic.
- We identified articles and reports published over the past eight years focusing on LTC and Home and Community support services as well as about Francophone seniors and their health and housing needs, across the country. These include government research reports, studies produced by/for community or para-governmental organizations, association in health care publications, scientific journal articles, guides developed for seniors and for professionals working with seniors.
- Quantitative data collection from administrative documents such as annual sector reports, internal reports, and providers' annual FLS reports.

3.2. SURVEY AND INTERVIEWS

A survey was conducted among Francophone seniors and their informal caregivers in the ESC and SW regions, and focused primarily on quantifying the accessibility and importance of receiving care in French for these individuals.

Interviews with key informants in the ESC and SW regions were conducted as a follow-up to the survey to gather qualitative data and narrative feedback. These were intended to better understand the experiences of elderly Francophones and their caregivers with the healthcare system as well as their needs and views in regards to the future of Francophone elder care in the ESC and SW regions. An inductive method was used to elaborate codes for the purpose of classifying collected data. The steps of the method were as follows:

- Successive readings of the testimonials
- Identification of the subject contained in each participant's comment and identification of key words contained in each testimonial
- Creation of 'open codes' based on the topics emerging from the primary analysis
- Use of the 'open codes' for categorization of each subject or key word contained in the testimonials in the form of themes

The survey and interviews were designed to reach Francophone seniors and their families in the ESC and SW regions, for the purpose of increasing our understanding of a) the issues and needs related to French-language health services; and b) the value of developing a Francophone LTC home.

A total of 158 individuals responded to the online survey and 10 individuals participated in subsequent interviews.

We find the number of respondents significant given the size of the Francophone community in the region expecting to take part in the survey.

A review and analysis of documents through an analysis grid was conducted using the following steps:

- Development of information collection tools
- Compilation of collected data
- Data analysis and report writing

4. RESULTS

4.1. ESC LONG-TERM CARE HOME CAPACITY

4.1.1. ESC LHIN SENIOR POPULATION

Ontario is facing a rapid increase in its proportion of seniors, i.e. 65 years and older. According to the *Aging with confidence: Ontario's Action Plan for Seniors*,⁸ seniors are the fastest growing population group in Ontario with 2.3 million seniors (16.4% of the general population) in 2016, expected to double and reach 4.6 million (25%) by 2041. This growth will contribute to the increasing pressure on the health system, which is already fragile. The population in the ESC LHIN is aging: in 2012, an estimated 16% of individuals living in the LHIN catchment area were 65 years and older. According to a 2015 ESC LHIN administrative data report showing population projection, the ESC LHIN ranked 5th highest among the 14 LHINs in terms of the proportion of the population 75 years of age or older. **(Table 1)**

Table 1: Population Projection Per LHIN (75+)⁹

Geography	75+(%) 2015	Proj 75+(%) 2027	Ranking High to Low HIN 75 +	Ranking High to Low 75 + % Growth 2027
ESC LHIN	8.00%	47%	5	19
SW LHIN	8.00%	49%	6	9
LHIN 3	6.20%	59%	12	5
LHIN 4	8.30%	47% ⁵	3	11
LHIN 5	4.70%	81%	14	1
LHIN 6	5.60%	66%	13	2
LHIN 7	7.30%	40%	9	13
LHIN 8	6.30%	60%	11	3
LHIN 9	7.30%	49%	8	8
LHIN 10	9.10%	52%	1	7
LHIN 11	6.80%	58%	10	6
LHIN 12	8.10%	59%	4	4
LHIN 13	8.50%	39%	2	14
LHIN 14	7.40%	45%	7	12

⁸ Ontario government. (2017). *Aging with confidence: Ontario's Action Plan for Seniors*, November 2017

⁹ Erie St. Clair LHIN Administrative report. (2018). *Long Term Care Occupancy Report*, 2018

Based on projections from Intellihealth Ontario, the 65+ age group is expected to grow by 84%, and the 75+ age group by 148% in Windsor-Essex between 2016 and 2040. Meanwhile, in Chatham-Kent and Sarnia-Lambton, the expected growth will be 56% and 50% for the 65 years and older respectively and by 120% for the 75 years and older. **(Table 2)**

Table 2: Population Projection Per ESC LHIN County (75+)¹⁰

65 + By County	2011	2016	2011-2016	2020	2025	2030	2035	2040	2016-2040
CHATHAM-KENT	18685	21475	15%	23921	27791	31463	33053	33584	56%
LAMBTON	23862	27846	17%	31519	36346	40253	41629	41860	50%
WINDSOR-ESSEX	59355	70868	19%	81300	96465	112374	123309	130125	84%
ESC LHIN	101902	120189	18%	136740	160602	184090	197991	205569	71%

75+ By County	2011	2016	2011-2016	2020	2025	2030	2035	2040	2016-2040
CHATHAM-KENT	8781	9584	9%	10608	12877	15452	18497	21140	121%
LAMBTON	11185	12264	10%	13753	16784	20368	24075	26807	119%
WINDSOR-ESSEX	27650	31053	12%	35314	44192	54124	65707	77090	148%
ESC LHIN	47616	52901	11%	59675	73853	89944	108279	125037	136%

¹⁰ Erie St. Clair LHIN Administrative report. (2018). Long Term Care Occupancy Report, 2018

4.1.2 CHARACTERISTICS OF LTC WAIT-LISTED INDIVIDUALS FOR ESC AND WINDSOR-ESSEX

In 2018, there were 1,611 people on the LTC Long Stay wait list across the three counties of the LHIN.¹¹ Aging is strongly associated with the rise of multiple chronic diseases and in the ESC LHIN, chronic conditions such as arthritis, hypertension, diabetes, and cancer are on the rise, with more than half of older persons suffering from two or more of these conditions.¹²

According to the ESC LHIN LTC Admin Data, about half (51%) of the LTC wait-listed individuals in ESC experienced great difficulties in performing Activities of Daily Living (ADLs) such as eating, personal hygiene, toilet use and locomotion in the house; and less than a fifth (15%-16%) were able to handle such tasks on their own. This is considerably higher than in other regions of Ontario, where between 19-35% of LTC wait-listed individuals depend on others to perform ADLs. When it comes to Instrumental Activities of Daily Living (IADLs) like meal preparation, housekeeping, telephone use, and medication management, about 90% of the same groups requires assistance in ESC compared to 57-77% throughout Ontario. Although IADL challenges are common in LTC wait-listed populations across Ontario, they appear to be more prevalent in the ESC region.

The data also showed that about four in ten (40-42%) individuals waiting for LTC in ESC had an informal caregiver (often an adult child) living with them at home. This does not include those receiving help from informal caregivers living outside of their home. This rate is consistent with the average in Ontario where 35-55% of individuals waiting for LTC had an informal caregiver. This finding is significant considering the important responsibilities placed on informal caregivers.

In ESC, according to a **2014 ESC LHIN Report**,¹³ more than eight in ten individuals (81%) waiting for LTC experienced cognitive challenges: they had short-term memory problems, consistently made decisions which were poor or unsafe and required continuous cues/or supervision. These proportions exceed by far the range observed elsewhere in the province (48%). There has been an increase in the proportion of residents with higher needs in recent years. Referring to The Ontario Long Term Care Association¹⁴ analyzed data, since 2012:

¹¹ Erie St. Clair LHIN administrative report. (2018). Long Term Care Data

¹² Erie St. Clair LHIN. (2013). Better care, better experiences, better value: 2013-16 Erie St. Clair

¹³ Erie St. Clair LHIN. (2014). Erie St. Clair (ESC) Balance of Care Project Windsor-Essex Final Report, May 2014

¹⁴ Canadian Institute for Health Information. (2018). Continuing Care Reporting System: Profile of Residents in Continuing Care Facilities 2017–2018. Ottawa: CIHI.

- there are more residents in long-term care with a diagnosis of dementia (64%);
- the prevalence of severe cognitive impairment has increased (90%);
- more people need extensive or complete support with everyday activities such as getting dressed or feeding themselves (86%);
- the prevalence of bladder and bowel incontinence 58.9% has notably increased;
- ADL and IADL challenges are growing generally amongst LTC users, but this is more significant in ESC;
- there are greater cognitive challenges amongst individuals waiting for LTC in ESC.

4.1.3. ESC LHIN LTC DATA ASSESSMENT OVERVIEW

Improving health care for seniors is a top priority for the Erie St. Clair LHIN, and long-term care is one of the areas of focus for the ESC LHIN as per its' 2018-2019 mandate letter. More specifically, the ESC LHIN's 2017-18 ABP¹⁵ mentioned their engagement to:

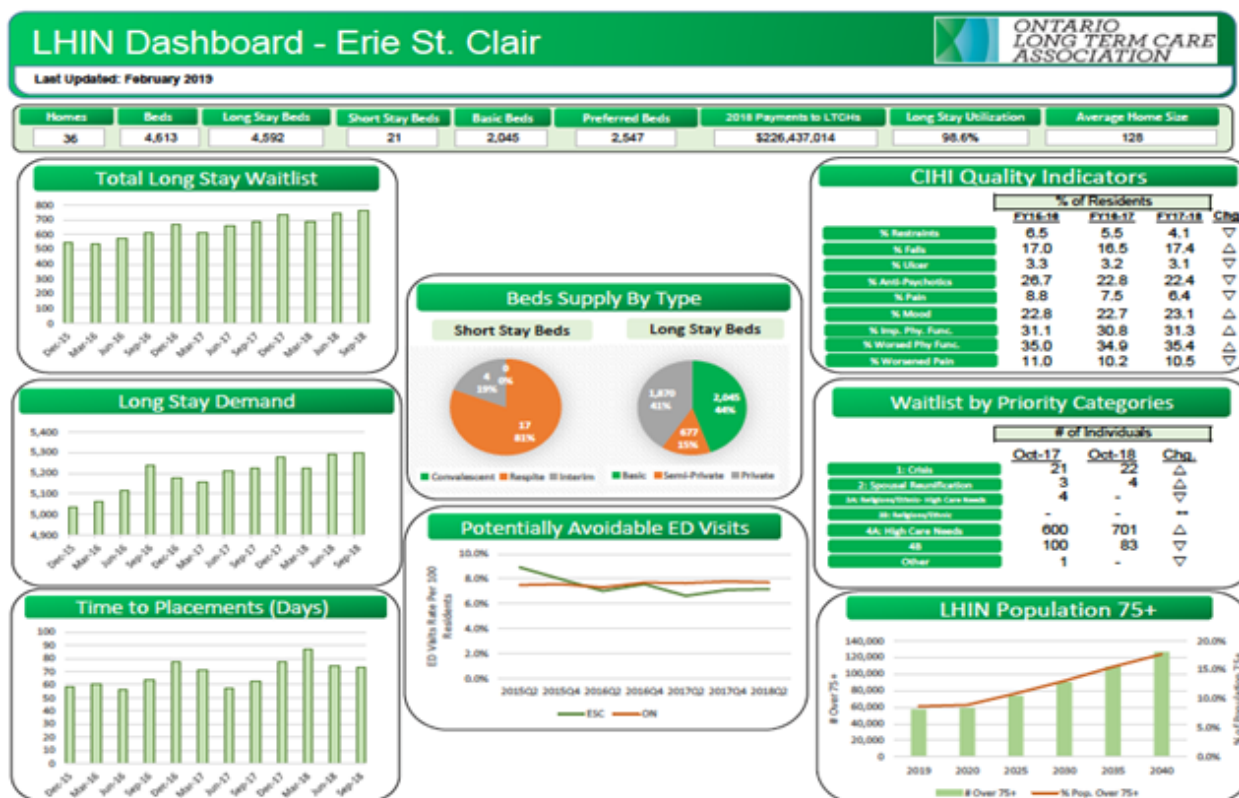
1. Support long-term care (LTC) redevelopment to meet the growing regional demand for access.
2. Work with its' LTC home sector to increase primary care and palliative care access.
3. Work with its' LTC home sector to improve transitions between levels of care to ensure that patients are receiving care in the most appropriate setting.

LTC in ESC LHIN is delivered by 36 Health Service Providers (HSPs) for 4,613 beds (Ontario Long Term Care Association, 2019). The LHIN's average number of beds per 1000 people aged 75+ is 90 compared to 80 in Ontario. The quasi-totality (99.5%) of the beds are long-term stay beds with an occupation rate of 98.6%.

This shows that there is little room for new patient admission and explains the long waitlist illustrated in the figure below.

¹⁵ Erie St. Clair LHIN. (2017). Annual Business Plan 2017-2018

Figure 1: Summary of ESC LHIN LTC Capacity Data¹⁶



In general, the data in **table 3** point to the fact that bed availability, both short and long-term, ranges across sub-regions of ESC, with sub-regions above and below the provincial rates. Therefore, while beds may be available in ESC, they may not always prove equally accessible to individuals according to their location. This data suggests the need to adopt an increasingly needs-based approach to allocating both short and long stay beds in LTC across sub-regions of ESC. Future development of the LTC sector in ESC should take a data-driven approach requiring throughout background research in terms of the particular requirements and population profiles of each sub-region.

Table 3: Projected Bed Demand Required to Achieve Ontario Rate¹⁷ (See next page)

¹⁶ Erie St. Clair LHIN Administrative report. (2018). Long Term Care Occupancy Report, 2018

¹⁷ Erie St. Clair LHIN Administrative report. (2018). Long Term Care Occupancy Report, 2018

MOHLTC LTC Report (February 2018)	Total Beds in Operation	Total Population (2015)	Population age 75+ (2015)	Per Capita 2017 beds/ 2015 Population	Intellihealth Projections	Population (2025)	Beds needed to reach Ontario Demand (2025)	Population (2030)	Beds needed to reach Ontario Demand (2025)	Population (2035)	Beds needed to reach Ontario Demand (2025)	Population (2040)	Beds needed to reach Ontario Demand (2025)
ESC LHIN	4614	638816	51150	90	ESC LHIN	73853	1364	89944	2667	108279	4151	125037	5508
Windsor-Essex County	2,645	406,054	30,374	87	Windsor- Essex	44192	932	54124	1736	65707	2674	77090	3595
Windsor	1417	219335	17603	80		% of total Beds	68%	% of total Beds	65%	% of total Beds	64%	% du total des lits	65%
Tecumseh Lakeshore Amherstburg LaSalle	450	111983	6369	71									
Essex South Shore	778	74736	6402	122									
Chatham-Kent County	841	105,190	9,197	91	Chatham- Kent	12877	201	15452	410	18497	656	21140	870
Chartham City Centre	558	43251	3837	145		% of total Beds	15%	% of total Beds	15%	% of total Beds	16%	% of total Beds	16%
Rural Kent	283	61939	5360	53		16784	231	20368	521	24075	821	26807	1042
Samia-Lambton County	1,128	127,572	11,579	97	Sarnia- Lambton	% of total Beds	17%	% of total Beds	20%	% of total Beds	20%	% of total Beds	19%
Ontario Rate per 1,000 Total Beds (2015)	81	*Population projections from Intellihealth* (201)											

Key Points:

- The population of Ontario, and particularly the ESC region, is projected to age rapidly in the next 20 years
- Utilization of LTC is already at maximum capacity
- Windsor-Essex County has the highest projected growth for individuals 75 years and older and LTC bed requirement

4.2. ESC LHIN LONG-TERM CARE HOME CAPACITY FOR FRANCOPHONES

4.2.1 PROFIL OF THE FRANCOPHONE POPULATION

As noted previously, Ontario's Francophone population is aging faster than the province overall. There are 19.5% of French-speaking Ontarians aged 65 years and over compared to 16.2% in the general population.¹⁸ This is particularly true in the ESC region where 34% of the Francophone population is aged 65 years old or more compared to 18% in the general population. For the 75+ age group only, the proportion of Francophones is 15.6% compared to 7.3% in the general population. **(Table 4)**

Table 4: Special Populations¹⁹

Age Group	General Population	%	Francophone	%	
Chatham-Kent					
< 24	28365	28.1	2315	17.46	
25-64	52045	51.5	1480	50.51	
65-74	11890	11.76	615	21	
75+	8790	8.7	510	17.41	
Total	101090		2930	2.9	
Windsor-Essex					
< 24	118995	30.4	2315	17.46	
25-64	52045	51.5	1480	50.51	
65-74	39270	10.01	2440	18.4	
75+	25320	6.45	2090	15.76	
Total	392215		13260	3.4	
Sarnia-Lambton					
< 24	33945	27.11	405	13.85	
25-64	65095	52	1585	54.2	
65-74	15365	12.3	540	18.46	
75+	10820	8.64	395	13.5	
Total	125225		2925	2.34	
RLISS ESC					
Total ESC	Population	618530		19115	3.09
	75+	44930	7.30%	2995	15.60%

¹⁸ Ministry of Francophone Affairs, Profile of the Francophone Population – 2016.

<https://www.ontario.ca/page/profile-francophone-population-ontario-2016>

¹⁹ Government of Canada, S. C. (2017, August 2). Language Highlight Tables, 2016 Census—Mother tongue by age (Total), 2016 counts for the population excluding institutional residents of Canada, provinces and territories, 2016 Census – 100% Data.

<https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/hlt-fst/lang/Table.cfm?Lang=E&T=11&Geo=00>

4.2.2. ISSUES FACED BY FRANCOPHONE SENIORS

The Wellesley Institute highlighted that, with the rapid growth of the older population from minority groups, significant issues exist in the accessibility of home and community care that satisfies the financial, cultural and health needs of these groups. These realities are equally relevant in the ESC region, particularly with respect to Francophones in minority situations.²⁰ In addition to the vulnerabilities accompanying cognitive decline including short-term memory, cognitive skills for decision-making, expressive communication, self-performance ability with eating, and the difficulty with activities of daily living (ADLs) related to aging, Francophones are impacted by a number of additional challenges linked to being a member of an Official Language Minority Community.

Interviews conducted as part of this study confirmed these additional challenges. When we asked participants about their experiences in the health care system, the following themes emerged:

- Having to choose between the language of service and the quality of care
- Lack of services available in French
- Discrimination in the face of requests for care in French
- Challenges in the communication with healthcare providers
- Significant impact on the quality of life of informal caregivers who have to care for the patient and ensure interpretation in the communication of the patient with their healthcare provider
- Language barriers creating challenges in delivery of care

LANGUAGE

Participants emphasized that language of communication is a factor that is prioritized by Francophones in the health care they receive. Francophones face a lack of services available in French for seniors and often find themselves having to choose between language of service and quality of care.

I have been interested in long term care for the past four years when we realized that our mother had dementia. Unfortunately, the Francophone home was not suitable for dementia patients. We found an English-speaking home specializing in dementia care and we are very happy with it. We were faced with the challenge of choosing between language of service and quality of care. This should not be the case, even for Francophones. It is concerning to have so few choices in the area."

²⁰ Seong-gee Um, Sathiyamoorthy, T & Roche, B. (2021). The Cost of Waiting for Long-Term Care: Findings from a Qualitative Study. 2021.

Participants also reported significant barriers to their health care due to language. The lack of bilingual staff and health services in French, as well as improper identification of bilingual staff and information regarding the availability of health care in French were highlighted.

"I am a caregiver for one relative and some friends. I have sometimes met staff who speak some French but there is nothing to identify them as being able to speak French. One of my friend refuses to go to the hospital because she has difficulty being understood in English. She was once refused services in French saying it would take too long."

Participants noted that the language barriers faced by Francophone seniors result in significant communication difficulties between patients and health care providers, reducing the quality of care, and increasing incidents of discrimination that deter patients from seeking care and services. They believe that there is a lack of awareness on the part of service providers regarding the impact of language barriers on access, safety and quality of care for the Francophones.

"My mother has been in a wheelchair since she had a fracture after a fall. Because of her Alzheimer's, the physiotherapy sessions were unproductive because she was afraid to walk on her own and there was no instruction or support in French to help her in the process. They spoke to her in English, and she didn't understand. I will say that it is because of this lack of service in French in this LTC home that she has remained for four years now in the wheelchair."

Interviews highlighted that the lack of French language services for the elderly often placed caregivers in a role of increased responsibility for care delivery and interpretation between the patient and the care providers, which could impact the health and well-being of both the patient and the caregiver.

"My mother often has problems expressing herself to nurses and workers. It is difficult for her because no one seems to want to understand her. The decision is often to call me to find out what my mother wants to tell them. It's hard to understand how with so many personal support workers, no one can help her; it's complicated for my 94-year-old mother!"

Francophone caregivers expressed a need for more supports tailored to their role, including respite services. They point out that family members are expected to provide significant levels of support at home to high needs individuals and even after transition to LTC, without being offered caregiver supports or respite resulting in caregiver stress.

"I live in the county, and this is another big problem. I have to travel every day to see my mother, plus when the LTC home needs me to assist them with translation. There is all the stress that comes with taking care of my mother. I decided to take some time off with visits for two weeks and even so, the residence will call me if they need to do some things for her."

SERVICES

With respect to services, participants expressed the importance they place on being able to receive their health care in French and the difficulty many faced in having to choose between quality of care and language. As a result, clients may have to rely on care that does not fit their needs simply because it is available.

"I like to receive health services in French without losing the importance and quality of the care and services offered. That's one of our challenges sometimes."

Participants expressed a desire to have more fully French-speaking LTC facilities as well as designated French-speaking floors and beds in non-French-speaking LTC in the region. They feel that the lack of awareness of the needs of Francophone populations in low-density settings could contribute to a neglect of these communities.

"It's really special to think that I could have services in French once I'm in a long-term care home! When we are old, we prefer services in our mother tongue." "It would be nice to think about having a Francophone residence or home in Essex County. Not all Francophones live in Windsor."

When talking about priorities, participants emphasized the importance of involving their loved ones in their care as well as the importance of having leisure activities and personal interests such as religious activities included in their care.

"Religion is important to me and I wish there was an opportunity for religious activity or being close to a church or having transportation to get there."

Lorsqu'ils ont parlé des priorités, les participants ont souligné l'importance de faire participer leurs proches à leurs soins ainsi que l'importance d'avoir des activités de loisirs et des intérêts personnels tels que des activités religieuses incluses dans leurs soins.

AGING AT HOME

Participants expressed a strong desire to remain in their homes as long as possible as they grow older. This will require the establishment of home and community support structures in French. For them, few services are truly adapted to their needs, and they are sometimes forced to pay for additional private services.

"If possible, we would like our mother to stay at home and receive her support in French in her home where she feels most comfortable."

"I would like to age in my own home. It would be better to provide enough home support services in my language."

"The help I received was not adapted to the need. (Participant's spouse is a tall heavy man.) There was no man to help with physical care. As a caregiver, I was paying for respite for two nights a week to get some sleep."

OTHER ISSUES

Finally, participants mentioned a major issue experienced by seniors in a minority context, namely the lack of information about long-term care or home care in French and difficulties in navigating the Francophone health care system. They emphasized the importance of increasing the visibility of Francophone health care providers as well as increasing the presence of Francophone workers in the health care system.

When asked about the state of the LTC and community care support system in the future, their concerns, their hopes and their vision, participants emphasized the necessity to continue to fight against inequality in access to care and to implement policies for changes that will promote continuity and integration of care services. Participants' concerns centered on the following themes:

- No (or insufficient) LTC services in French
- The impact on caregivers' mental and physical health
- The obligation to sacrifice quality of care
- Discrimination against Francophones
- Insufficient home care services

"My concern is that there are not enough French language spaces for seniors. It would be nice to have a second residence with a LTC wing so that seniors would not have to move. Be able to have services in the home in French for Francophones."

Participants' hopes, visions and potential solutions included the following themes:

- One or more residences such as Foyer Richelieu in Welland
- The addition of a Francophone option for all health services offered
- An increase in the number of Francophone health care staff (promotion in schools)
- An increase in services available in the home
- A Francophone floor in all LTCs
- Better promotion of French language services
- More support and respite services for Francophone caregivers
- Better conditions for LTC staff
- More community life for Francophones in LTC

"However, I believe that if our hospitals, residences and long-term care facilities employed more bilingual staff, both French and English, they could promote themselves by saying that their services are available in both French and English. This would also encourage our youth, knowing that it would be easier for them to be employed. Also, employees who speak French, or even other languages, could wear a pin that identifies them."

Participants also had the opportunity to express their views on the development of dedicated beds for Francophones in LTC. Emerging themes from these questions were:

- The value of such an initiative
- The need to ensure that it is not stigmatizing
- The importance of unity and mutual support from the Francophone community in such an initiative.

"It could be a place like the Richelieu Residence where Francophones would be gathered. However, it should not be a place of discrimination. Many people are afraid to be identified as Francophone because of that. The idea of having a Francophone home would be good. Better promotion of French services could help. We need to continue to make an active offer."

4.2.3 THE STATE OF LONG-TERM CARE HOUSING FOR FRANCOPHONE SENIORS

Under the French Language Services Act (FLSA),²¹ all Ontario government offices and institutions must provide services in both official languages, English and French. In the health care system, this responsibility was reaffirmed in the MOHLTC's Guide to FLHS (2017).²² In that regard, all OH-funded HSPs are required to submit an annual report on their services to Francophones. The French Language Services Reports (FLS Report) in the Erie St. Clair region provided an overview of the FLS capacity in each ESC LHIN sub-region. The table below shows the characteristics of LTC Services in the Erie St. Clair Region from the 2020 FLS Reports. Among the 36 LTC homes in the region (3 identified and 33 non-identified), there are 4,592 beds, servicing 4,822 clients, of whom 104 are Francophones, and 280 bilingual employees. **(Table 5)**

Table 5: Characteristics of Long-Term Care Services in the Erie St. Clair Region (2020)²³ (See next page)

²¹ Ministry of Health and of Long-Term Care. The French Language Services Act, and Regulation 407/94—French Language Health Services—Ministry Programs—Public Information—MOHLTC. Government of Ontario, Ministry of Health and Long-Term Care. <https://www.health.gov.on.ca/en/public/programs/flhs/flsa.aspx>

²² Ministry of Health and of Long-Term Care. (2017). Guide to Requirements and Obligations Relating to French Language Health Services, November 2017

²³ Erie St. Clair LHIN Administrative report. (2020). Long term care OZI report, 2020

Health-Service Provider	Designation	Sub-region Served*						Total Clients	Total French Clients	Total French HR	Capacity of French HR [§]			
		CCC	ESS	L	RK	TLAL	W				Adv.	Elem.	Int.	Und.
Afton Park Place	Non-Identified			x				128	4	2	1	1	0	0
Banwell Gardens Care Centre	Identified						x	228	4	26	26	0	0	0
Berkshire Care Centre	Non-Identified						x	231	3	6	2	0	4	0
Blenheim Community Village	Non-Identified				x			97	0	1	1	0	0	0
Brouillette Manor	Non-Identified					x		60	2	4	4	0	0	0
Chateau Park Long Term Care Home	Non-Identified						x	59	1	13	6	7	0	0
Cooper Terrace	Non-Identified	x						146	2	2	2	0	0	0
Country Village Homes-Woodslee	Identified		x					103	2	1	1	0	0	0
Extendicare Southwood Lakes	Non-Identified						x	150	1	34	4	26	4	0
Extendicare Tecumseh	Non-Identified					x		128	2	5	0	4	1	0
Fairfield Park	Non-Identified				x			129	0	0	0	0	0	0
Fiddick's Nursing Home Limited	Non-Identified			x				n/a	n/a		0	0	0	0
Franklin Gardens Long Term Care Home	Non-Identified		x					190	3	9	2	7	0	0
Heron Terrace	Non-Identified						x	140	9	6	0	0	6	0
Huron Lodge Long Term Care Home	Non-Identified						x	224	4	0	0	0	0	0
Iler Lodge	Non-Identified		x					130	4	9	5	1	3	0
Lambton Meadowview Villa	Non-Identified			x				125	4	1	1	0	0	0

Leamington United Mennonite Home and Apartments	Non-Identified		x					84	0	2	1	0	1	0
Marshall Gowlands Manor	Non-Identified			x				126	0	16	1	13	2	0
Meadow Park Nursing Home	Non-Identified	x						132	0	67	3	61	3	0
North Lambton Lodge	Non-Identified			x				88	0	3	3	0	0	0
Regency Park Long Term Care Home	Non-Identified						x	72	0	23	8	9	6	0
Richmond Terrace Limited	Non-Identified					x		128	2	6	6	0	0	0
Riverside Place	Non-Identified						x	131	4	2	0	1	1	0
Riverview Gardens	Non-Identified	x						458	16	20	6	12	2	0
Royal Oak Long Term Care Centre	Non-Identified					x		160	4	0	0	0	0	0
Sumac Lodge	Non-Identified			x				141	2	0	0	0	0	0
Sun Parlor Home for Senior Citizens	Non-Identified					x		206	4	8	8	0	0	0
Village at St. Clair	Non-Identified						x	256	5	7	4	0	2	1
The Village of Aspen Lake	Non-Identified						x	192	2	11	4	1	6	0
Tilbury Manor Nursing Home	Identified				x			75	11	19	19	0	0	0
Trillium Villa Nursing Home	Non-Identified			x				152	6	3	2	0	1	0
Twin Lakes Terrace	Non-Identified			x				60	2	1	0	0	0	1
Village on the Ridge	Non-Identified				x			59	0	3	2	0	1	0
Vision Nursing Home	Non-Identified			x				146	0	3	1	0	2	0
Watford Quality Care Centre	Non-Identified			x				116	1	0	0	0	0	0

*CCC = Chatham City Centre ; ESS = Essex South Shore ; L = Lambton ; RK = Rural Kent ; TLAL = Tecumseh Lakeshore Amherstburg LaSalle ; W = Windsor
\$Adv = Advanced-perfectible to superior; Elem. = Elementary ; Int. = Intermediate ; Und. = Undetermined

Based on the 2020 ESC LHIN FLHS Capacity report,²⁴ 98% of Francophone clients in the LTC sector were served by non-identified HSPs. This points to the need to identify a number of LTC homes for FLS provision. However, there are very few LTC homes with the capacity to provide services in French, and it will be important to support them in strengthening their capacity to offer FLHS.

Survey results as well as qualitative information collected during interviews support these findings. Many respondents discussed the lack of French-language services available to them in LTC and the corresponding challenges, which include difficulties communicating with their providers and the need for informal caregivers to take a health provider's role for which they felt ill equipped.

"I have decided to take a break for two weeks; it's the first time in 11 years. Despite this, the residence will call me when they need to communicate with her."

According to the 2020 FLS Reports, 100% of LTC homes said that they identified their Francophone residents. This has to be taken with a grain of salt, as the numbers of reported Francophone residents are not consistent with the proportion of Francophone seniors, and anecdotal evidence points to higher numbers of Francophones in LTC homes. This under-identification of Francophone residents leads to improper service delivery and is undermining planning efforts. Asking questions to identify the linguistic identity of residents should support the desired objective, that is the provision of services in French.

Meanwhile matching of Francophone clients with French-speaking staff was practiced in only 30% of the non-identified LTC and in 33% in the identified ones. Identifying Francophone clients is a sine qua non condition for an active offer of FLHS. If clients are not identified as Francophones, there is very little chance that they will be offered FLHS. Likewise, if HSPs have no defined practices that allow for systematic alignment of Francophone clients to available human resources (HR) proficient in French, provision of FLHS will be difficult.

Two of the identified LTC homes have a sizeable bilingual staff complement, whereas the majority of non-identified LTC homes only have a few staff members with advanced or superior French-language skills. All homes have a number of staff members who have intermediate French-language skills. While these staff members are not able to provide quality FLHS, they represent a potential asset to tap into, with appropriate language training.

Another major concern reflected in the ESC LHIN FLHS Capacity report (2020), is that none of the LTC organization (0%) in Erie St. Clair LHIN referred Francophones to other HSPs. This data suggests that HSPs do not understand the importance for residents of receiving care in their language and/or do have the required information to suggest transfers to another home with French language capacity. Francophone patients should have the choice to receive FLHS elsewhere.

²⁴ RLISS ERIÉ St. Clair Rapport administratif. (2020). Services de santé en français Rapport de capacité, Mars 2020

Based on the above table, we can see that:

- Banwell Gardens Care Centre and Tilbury Manor Nursing Home have the highest numbers of bilingual human resources with French proficiency (26 and 19), and both are identified to provide French language services. Despite its bilingual staff capacity, Banwell Gardens has a very low proportion of Francophone residents (1.75%). Tilbury Manor has both a significant bilingual staff capacity and a good proportion of Francophone residents, with 14%.
- In other cases, homes, such as Country Village Homes - Woodslee (identified) or Meadow Park Nursing Home (non-identified), reported only one French-speaking staff member and one Francophone resident.
- Other homes, such as Riverview Gardens (non-identified) reported a relatively high number of Francophone bilingual staff member (20) and Francophone residents (16).

These figures demonstrate that the selection process is biased for Francophones as they lack appropriate information in order to make an informed decision. They also illustrate the need to better guide Francophone residents into facilities that have the capacity to serve them in their preferred language.

In 2020, 104 Francophone residents were housed in 26 different long-term care homes in the region, according to FLS data for Erie St. Clair LHIN.²⁵ The dispersion of residents across 26 homes, each reporting between 1 and 16 Francophone residents, presents an additional barrier to centralizing resources and services in French.

Regarding client identification, only 29 of the 1611 individuals on the LTC Long Stay wait list across the three counties of the LHIN have their first language designated as French or have requested service in French according to ESC administrative data.

This source mentions that in 2019-2020, there was a total of 64 individuals that were on LTC placement in ESC with 43 in Windsor-Essex area, 11 in Sarnia-Lambton, 9 in Chatham-Kent and 1 out of region. However, statistics regarding the aging and increasing needs of the Francophones in this region suggest that these figures should be higher and point to an important under-identification of Francophones.

This discordance is supported by our survey findings where 66% of respondents indicated that receiving services in French was very important to them, and 94 % of respondents answered that they would elect an entirely Francophone long-term care facility or one with allocated Francophone beds if given the choice.

This observation is further reinforced by interview participants who indicated that requesting services in French is pointless as noted by one participant: ***“Is it realistic to request these services knowing that we will not receive them!”***

²⁵ Erie St-Clair LHIN Administrative report. (2020). French Language Health Services Capacity report, March 2020

Our study also revealed that some Francophones experienced discrimination when identified, making them reluctant to identify themselves: “[My friend] went to the hospital today and requested services in French and she was laughed at.”

Sadly, the lack of services in French and the fear of discrimination is leading several participants to choose services in English.

Finally, the results showed that quality of care was the most important criteria in the choice of a LTC facility for our participants, although the availability of French services was the second most important factor in this decision. It is important to note that the importance of the French language is more important for seniors than for caregivers. This should be taken into account when considering that seniors are the primary users of LTC. This point is further supported by the observation that most people over the age of 55, as well as all caregivers, would choose a place in a French-language facility if they had the choice. Very importantly, most respondents are willing to travel a significant distance of up to 20 km to obtain LTC in French.

As of October 2017, Windsor-Essex is home to the greatest volume of individuals on the Home and Community Care wait list followed by Sarnia-Lambton.

Table 6 shows that, of those individuals waiting for a LTC bed, more than two thirds (69%) were in Windsor-Essex, about a fifth (22%) lived in the Sarnia region, and 9% lived in and around Chatham. While this distribution is similar to that observed for home care referral clients, individuals in Windsor-Essex appear to be proportionately more likely to be referred to LTC.

Table 6: Wait List by Patient County²⁶

Patient County	HCC Wait list (Oct-2017)	Population 75+ (2017 forecast)	Wait list per 1000 population
Windsor-Essex	2414	32067	75
Sarnia-Lambton	667	12620	53
Chatham-Kent	220	9830	22

²⁶ Données administratives du RLISS ÉRIÉ St. Clair: Rapport d’occupation SLD du RLISS ESC, 2018

Table 7 provides a picture of the number of LTC beds currently offering services in French as well as the number of required beds for Francophone seniors in the ESC region. Windsor-Essex is the community with the largest number of Francophone seniors 75+. The MOHLTC ratio indicates that 186 beds would be required for Francophones in this sub-region alone.

Table 7: Long-Term Care Beds for Francophone Seniors

Number of LTC beds with French language services (required and current) by location in the ESC region					
Sub-Regions	Francophone population age 75 + (2016 census) ²⁷	Per capita beds required for Francophones	Total beds in operation (2017) ²⁸	Total beds per capita/75+population	Designated Francophone Beds
Windsor-Essex	2090	186	2645	87	0
Chatham-Kent	510	45	1682	253	0
Sarnia-Lambton	395	35	1128	97	0

Note: MOHLTC Calculation of the ratio population/ bed in long-term care: Number of long-term care beds = Population 75 years and older x 89 beds per 1,000 citizens 75 years and older.

Key Points:

- The Francophone population is growing in ESC
- There is currently a higher proportion of individuals aged 75 years and older among the Francophone population than in the general population
- The Francophone population is aging faster than the rest of population
- There are currently 104 Francophone seniors spread over 26 LTC homes
- In the health care sector, most clients are served by identified providers when required, except in LTC where 81% were served by non-identified providers
- Identifying HSPs in the LTC sector, with designation of Francophone beds, will increase access to FLHS offered across the continuum of care
- There are currently human resources that are not use at their full potential regarding their language abilities and a lack of centralization of Francophone human resources and patients

²⁷ Government of Canada, Statistics Canada. (2017, August 2). Language Highlight Tables, 2016 Census—Mother tongue by age (Total), 2016 counts for the population excluding institutional residents of Canada, provinces and territories, 2016 Census – 100% Data.

<https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/hlt-fst/lang/Table.cfm?Lang=E&T=11&Geo=00>.

²⁸ Erie St. Clair LHIN Administrative data: ESC LHIN LTC Occupancy Report, 2018

- There is a need to create a systematic process to identify and adequately direct Francophone patients in LTC to ensure matching with Francophone providers
- In Erie St. Clair, there are three identified homes under the FLS planning process, meaning they have been asked to build their capacity to provide FLS. They are:
 1. Tilbury Manor Nursing Home, Tilbury – no designated beds for Francophones per say – 22% of overall staff are French Speaking (FS) – 14,7% of residents are Francophones – the owners have submitted a proposal for redevelopment and will be relocating the home in the Belle-River area leaving the area of Chatham-Kent with no beds identified for Francophones.
 2. Banwell Gardens Care Centre, Windsor – No designated beds for Francophones per say – 14% of overall staff are FS – 1,75% of clients are FS – they have not yet submitted a proposal for redevelopment.
 3. Country Villages Homes, Woodslee – No designated beds for Francophones – no capacity to provide FLS (only 1 staff is FS) – 1,94% of clients are FS.
- In the meantime, these non-identified LTC homes have some capacities to offer FLHS in terms of staff with French language skills, thus presenting opportunities to valorize existing resources for FLHS:
 1. Extendicare Southwood Lakes, Windsor, 34 staff members with French capacity, 1 Francophone resident
 2. Marshall Gowlands Manor, Lambton, 16 staff members with French capacity, 0 Francophone Resident
 3. Meadow Park Nursing Home, Chatham-Kent, 67 staff members with French capacity, 0 Francophone resident
 4. Riverview Gardens, Chatham-Kent, 16 staff members with French capacity, 20 Francophone residents
 5. Sun Parlor Home for Senior Citizens, Leamington, 8 staff members with French capacity, 8 Francophone residents
- Based on a ratio of 89 beds per 1,000 75-years-old, there is a theoretical need of 186 LTC beds to serve Francophones in the Windsor-Essex area, 45 beds in Chatham-Kent and 35 in Sarnia/Lambton

4.2.4. IMPACT OF LINGUISTIC BARRIERS ON FRANCOPHONE PATIENTS

The impacts of linguistic minority status on Francophones' health status are poorly documented. The few studies that have addressed the issue indicate that language and cultural barriers make it more difficult to access health services, prevent accurate diagnosis and lead to poor patient's compliance with treatment.²⁹

A review of international evidence related to language access in health care highlighted the importance of addressing language barriers if quality and safety of care is to be achieved.³⁰ Findings of this study are demonstrating that language barriers contribute to poorer quality of care and patient safety. According to the authors, language concordance between patient and provider is essential for effective communication to ensure accurate patient assessment, appropriate examinations, ancillary testing, diagnosis, and prescribed treatment.

In their study, Mary Anne Fitzpatrick and Anita Vangelisti (2001) stressed the importance of language.³¹ According to the authors, communication issues can directly affect patient outcomes such as compliance, satisfaction, and quality of life. The language of interaction and the cultural sensitivity of their health care providers therefore become vital to patient outcomes and satisfaction.

A 2015 study from the University of Texas Health Science Centre³² found that residents with language barriers experience a difficult transition to long-term care with poor communication, discrimination, isolation, misdiagnosis and inaccurate assessments, nutrition problems, and a decrease in quality of life. Many of these issues were solved when residents were placed in a home suited to their ethnic or cultural needs. "Fixing Long-Term Care Act, 2021" and its regulations set out standards for all LTC homes in Ontario,³³ covering residents' rights, care and services, admission of residents, operation of homes, as well as funding and licensing of homes.

²⁹ Forgues, É., Landry, R. (2014). Société Santé en français . L'accès aux services de santé en français et leur utilisation en contexte francophone minoritaire - Institut canadien de recherche sur les minorités linguistiques.
<https://icrml.ca/fr/recherches-et-publications/publications-de-l-icrml/item/8709-acces-aux-services-de-sante-en-francais-et-leur-utilisation-en-contexte-francophone-minoritaire>

³⁰ De Moissac, D., & Bowen, S. (2019). Impact of Language Barriers on Quality of Care and Patient Safety for Official Language Minority Francophones in Canada. *Journal of Patient Experience*, 6(1), 24–32.
<https://doi.org/10.1177/2374373518769008>

³¹ Fitzpatrick, M., & Vangelisti, A. (2001). Communication, Relationships, and Health (pp. 505–530).

³² Seong-gee Um. (2016). University of Texas Health Science Centre . The Cost of Waiting for Care: Delivering Equitable Long-term Care for Toronto's Diverse Population, April 2016

³³ Government of Ontario. Ontario's Regulatory Registry. Fixing Long-Term Care Act, 2021
<https://www.ontario.ca/laws/statute/21f39?search=long+term+care>

Observations made through the interviews conducted as part of our recent study on the state of LTC in ESC pointed to such challenges as those discussed above. Clients reported that their loved ones were unable to communicate with care providers in their homes, placing important barriers to the expression of their needs as well as their understanding of their health:

“It’s difficult for [my mother] because nobody seems to want to understand her”.

Clients also reported instances of discrimination, as previously discussed:

“[My mother] went to the hospital and requested services in French and she was laughed at”.

Many respondents also emphasized the priority that they placed in having elements of their Francophone culture integrated into their care setting:

“It’s time to add all of the Francophone components into the services offered to the Francophone community”.

Finally, our survey revealed the important burden currently placed on informal caregivers to bridge the communication and culture gaps that currently exist in LTC and severely impact their health and well-being:

“I’m experiencing stress disorder because of having to take on this role”.

This is further reinforced by the findings of our survey, indicating that the availability of services in French is the second most important criteria for Francophones when selecting a long-term care facility, with 61.79% of respondents citing this amongst their top five priorities.

With these findings in mind, long-term care homes in ESC are expected to provide appropriate services and cares that meet the linguistic and cultural needs of their Francophone residents in compliance to their service agreement. According to this agreement, all HSPs must be responsive to the needs of their local Francophone population. Based on these two essential criteria, namely number of Francophone residents and French-speaking human resources (language skills and functions), this care and service could take the form of Francophone spaces that ensure the delivery of culturally appropriate care and services in French through the programming of activities (see table below). Models presented later in this report could also serve as inspiration.

EXAMPLE OF THE LANGUAGE IMPACT: DEMENTIA

Dementia is characterized by a decline in cognitive abilities, language being one of them, and can significantly interfere with the ability to maintain daily life activities.³⁴ The report, Looking Ahead, Getting Ready, states, that more than half of people in long-term care have a form of dementia.³⁵ Over time it will become challenging for Francophone seniors with this cognitive impairment, to access care in their language. The report suggests that given the rising rates of dementia in the LTC population, compounded with other complex medical needs, quality long-term care, linguistically adapted, is vital for Francophone seniors.

This recommendation also aligns with The Canada Dementia strategy,³⁶ which promotes quality of care and puts an emphasis on populations that may be facing barriers to equitable care.

In the 2018 Long-Term Care Plus report,³⁷ the authors insist that incorporating an approach that focuses on providing an environment with meaningful activities and relationships with staff in their primary language, will improve the quality of life of all residents.

Two innovative examples of models in specialized dementia care could serve as frameworks for creating such programs in French:

The first is The Ewart Angus SPRINT Home³⁸ in Toronto, that is specially designed to provide a home-like residential environment for 20 residents in four self-contained wings of five private bedrooms. Residents receive care on a 24-hour basis.

Another example is Pioneer Elder Care in St. Catharines³⁹ that offers a 24-hour innovative model of care to its residents requiring personal assistance in a home-like intimate environment. It is composed of four houses, each offering 10 personal and comfortable private rooms to seniors with dementia, Alzheimer's, memory challenges and palliative care needs.

³⁴ World Health Organization. Long-Term Care Team, & Cluster, W. H. O. N. D. and M. H. (2002). Current and future long-term care needs: An analysis based on the 1990 WHO study, The Global Burden of Disease and the International Classification of Functioning, Disability and Health (WHO/NMH/CCL/02.2). World Health Organization. <https://apps.who.int/iris/handle/10665/67349>

³⁵ Office of the French Language Services Commissioner of Ontario—Annual Report 2017-2018. <https://csfontario.ca/en/rapports/ra1718>

³⁶ Canada, P. H. A. of. (2021). A Dementia Strategy for Canada: Together We Aspire [Education and awareness] , April 2021. <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/dementia-strategy.html>

³⁷ Wilkinson, A., Haroun, V., Cooper, N., Chartier, C. (2018). Meeting the Needs of Ontario's Seniors Optimizing our Health System Long-Term Care Plus Realizing Innovative Models of Care for the Future, December, 2018

³⁸ Ewart Angus SPRINT Home. SPRINT Senior Care. <https://www.sprintseniorcare.org/programs-and-services/ewart-angus-sprint-home/>

³⁹ Pioneer Elder Care providing Dementia and Alzheimer's Care and Assisted Living. Pioneer Elder Care Retirement Home Providing Dementia and Alzheimer's Care. <http://www.pioneereldercare.com>

Other provinces like the British Columbia⁴⁰ as well as several European countries⁴¹ are developing similar concepts.

Key Points:

- **Linguistically and culturally adapted healthcare ensures patient safety, effective patient-provider communication, effectiveness of treatment and overall patient satisfaction.**
- **Patients with dementia often lose functional aptitudes in languages that are not their primary languages creating further barriers in communication.**

The evidence presented in this section emphasizes the need to create both linguistically and culturally adapted LTC structures for the Francophone population. In April 2018, the Ministry of Health and Long-Term Care announced that, out of the 5,000 new beds available by 2022, there would be 500 new long-term care beds to help Francophone seniors access high-quality, culturally specific care.⁴² With the addition of further funding by the Ministry, we are hopeful that new LTC beds will be available for the Francophone senior population in ESC LHIN.

⁴⁰ The Village Langley. Living here. <https://www.thevillagelangley.com/>

⁴¹ Humanitæ . <http://www.humanitae.ca/>

⁴² Ministry of Health and Long-Term Care. (2019). The Premier's Council's first interim report: Hallway Healthcare: A System Under Strain, January 2019

5. INTEGRATED AND ADOPTED APPROACHES TO IMPROVING THE QUALITY OF LONG-TERM CARE TO FRANCOPHONES IN ESC

5.1. EXAMPLE OF BILINGUAL LONG-TERM CARE HOMES MODELS IN MINORITY LANGUAGE SETTING

Evidence of several researches confirms the importance of meeting cultural and linguistic needs for seniors' issues from the minorities, living in long-term care. In Ontario, several Francophone researches^{43, 44, 45, 46} have analyzed innovative LTC models specifically designed for seniors in a linguistic minority setting across Canada. These reports focus on the Hoivakoti Nursing Home (Sudbury) and the Wikwemikong Nursing Home (Manitoulin Island) in Northeastern Ontario, the Glebe Centre (Ottawa), the Pavillon Omer-Deslauriers (Scarborough), Foyer Richelieu Welland (Welland, Ontario), Action marguerite Chemin River (Winnipeg, Manitoba), Maison d'Amis and Villa Familiale at Summerset Manor (Summerside, Prince Edward Island) . Three main models of culturally adapted long-term care were identified.⁴⁷ The first model is a long-term care home that is culturally adapted, but the linguistic minority group population does not have priority over the beds. The second is a very culturally adapted long-term care home with the specific population having priority over the beds. The third model is a long-term care home that give priority over beds in a dedicated unit to the linguistic minority group.

More importantly, the models identified according to the aforementioned reports have shown demonstrable best practices in culturally safe and linguistic adapted services that impact and improve residents' quality of life and safety. The following table summarizes some of the current models of culturally specific long-term care across Canada resulting from the findings of these reports.

⁴³ Réseau du Mieux-Être Francophone du Nord de Ontario (2017). Interim report - needs study: long-term care homes in the northeastern Ontario region, October 2017

⁴⁴ French Health Network of Central Southwestern Ontario. (2017). A Guide for Planning and Providing Francophone Long-Term Care Services. Learning from Pavillon Omer Deslauriers (POD) at Bendale acres and other French language health services for seniors in Canada

⁴⁵ Helene Tremblay Lavoie Foundation. (2019). Report-Forum on Partnering for Innovative and Collaborative LTC Care Solutions for Francophones, February 2019

⁴⁶ Helene Tremblay Lavoie Foundation. (2019). Report-Forum on Partnering for Innovative and Collaborative LTC Care Solutions for Francophones, February 2019

⁴⁷ Réseau du Mieux-Être Francophone du Nord de Ontario (2017). Interim report - needs study: long-term care homes in the northeastern Ontario region, October 2017

Table 8: Summary of some current models of culturally specific long-term care across Canada

	Specificity	Number of Beds	Specific Services and Amenities	Priority of placement	Representation of Targeted Cultural Group
Hoivakoti Nursing Home (Sudbury, Ontario)⁴⁸ http://www.finlandia.village.ca/	LTC home to serve those with a Finnish heritage	110	-Finnish-speaking staff -Finnish meals served -visual identity of the Finnish culture (artwork, symbol, films) -social activities specific to the Finnish culture	-no specific priority given to individuals of Finnish descent	-33/110 residents are of Finnish descent
Wikwemikong Nursing Home (Île Manitoulin, Ontario)⁴⁹ https://www.wikwemikongnursinghome.com/	LTC home built specifically for the Aboriginal Population	59	-all employees speak either Ojibway or Cree -Indigenous dishes are served and residents can assist in the preparation of traditional meals -Indigenous culture is visible through artwork, books etc. -frequent traditional cultural Indigenous activities	-priority given to the natives of Wikwemikong reserve, then to other indigenous groups and finally to non-indigenous individuals	-33/51 residents are of Indigenous heritage
Glebe Center Inc. (Ottawa, Ontario)⁵⁰ http://www.glebecentre.ca/chinese_unit.php	LTC home with an entire unit for Chinese	32 (in the unit)	-A wok is installed for Chinese cooks on the unit -The decor is appropriate to the Chinese culture -Most staff speak Cantonese or Mandarin -A Chinese Program Facilitator provides appropriate activities	-the wait-list for the unit prioritizes individuals of Chinese descent	-32/32 residents of the units are of Chinese descent

⁴⁸ ⁴⁹ ⁵⁰ Réseau du Mieux-Être Francophone du Nord de Ontario (2017). Needs Study: Long-Term Care Homes in the Northeastern and Northwestern Ontario Regions- RMEFNO- December 2017

Pavillon Omer Deslauriers, Bendale Acres (Toronto, Ontario)⁵¹ http://www.toronto.ca/ltc/bendaleacres	LTC home with a dedicated unit for Francophones	37 long-term ; 1 short stay	-employees speak both French and English	-the wait list for the unit prioritizes French-speaking individuals	-37/37 residents of the unit are French-speaking
			-social and cultural activities specific to Francophones are organized by a bilingual recreation services assistant		
			-the facility is planned to create a community environment amongst Francophones		
Foyer Richelieu Welland (Welland, Ontario)⁵² https://www.foyerriichelieuwelland.com/fr/foyer-richelieu-a-propos-de-foyer/	LTC home providing all services in French	62 LTC	-all activities and services are provided in French	-the facility is designed for Francophone residents	-65/65 residents are Francophones
		3 Respite			
Actionmarguerite Chemin River (Winnipeg, Manitoba)⁵³ www.actionmarguerite.ca	LTC facility providing all services in French	154	-all activities and services are provided in French and are in-line with the Francophone culture	-the facility is designed for Francophone residents as all services are provided in French	-154/154 residents are Francophones
Maison d'Amis et Villa Familiale au Summerset Manor (Summerside, Île-du-Prince-Édouard)⁵⁴ http://www.healthpe.ca/summersetmanor	LTC units designated as Francophone or bilingual and designed for Acadian	13 to 14 each	-residences are decorated using visual representation of the Acadian culture	-priority is given to bilingual individuals	N/A
			-French-speaking staff		
			-partnerships with Francophone groups in the community (schools, Francophone community centers)		

^{51 52} Helene Tremblay Lavoie Foundation. (2019). Report-Forum on Partnering for Innovative and Collaborative LTC Care Solutions for Francophones, February 2019

⁵³ French Health Network of Central Southwestern Ontario. (2019). Implementing the Optimal Model of Long-Term Care for Francophone and Other Cultural and Linguistic Minority Groups-RFSSO-November 2019

⁵⁴ French Health Network of Central Southwestern Ontario. (2017). A Guide for Planning and Providing Francophone Long-Term Care Services. Learning from Pavillon Omer Deslauriers (POD) at Bendale acres and other French language health services for seniors in Canada

From the examples in the table above, there are four facilities offering French language health care services. The Pavillon Omer Deslauriers (POD) model at Bendale Acres, described as a decentralized Long-Term Care Model serving a specific population,⁵⁵ can be summarized as a unit within a long-term care home, dedicated to Francophone residents where these seniors have priority over the beds. Action Marguerite is a provincially designated site, offering services in French to Manitoba's Francophone community. Summerset Manor's prioritizes French language status admissions to the bilingual households. Finally, the Foyer Richelieu of Welland described as a Centralized Long-Term Care Model⁵⁶ serving a specific population, is an entirely Francophone LTC facility and an official designated provider of French language health care services.

While the majority, of the ethno-specific homes are located in Southern Ontario, Foyer Richelieu and POD are the only ones dedicated to Francophones in a minority setting. They are described in several studies as two very successful models for francophone seniors' care.

5.1.1. FOYER RICHELIEU WELLAND:⁵⁷

The Foyer Richelieu is a non-profit long-term care facility (62 LTC beds and 3 respites) located in Welland, Ontario. The Foyer Richelieu Welland is the only fully bilingual long-term care home in Southern Ontario. The facility is designed to accommodate Francophone residents and their spouses, with all staff fluent in French and all services provided in French. This facility includes 37 private rooms, 2 semi-private rooms and 26 basic rooms. The Foyer Richelieu Welland is the 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 as an official provider of services in French. The Foyer Richelieu Welland has created many partnerships within the Francophone community, for example, programs linking students in the Francophone local schools to seniors living at the Foyer Richelieu. Moreover, recently, the Foyer Richelieu put in place a program to sponsor Francophone students in their training to become personal support workers. There is a general satisfaction rate of over 95% among residents and their families, and 93% of residents and families say that they are happy with the variety of services Foyer Richelieu provides.

Foyer Richelieu submitted a redevelopment proposal that was successful. The project will see the development of a bilingual senior complex with 128 LTC beds, including 66 new beds as well as 55 wellness suites in supportive housing. The complex will also include palliative care beds operated by Hospice Niagara as well as a community cultural centre.

⁵⁵ ⁵⁶ Helene Tremblay Lavoie Foundation. (2019). Report-Forum on Partnering for Innovative and Collaborative LTC Care Solutions for Francophones, February 2019

⁵⁷ Foyer Richelieu. <https://www.foyerichelieuwelland.com/>

5.1.2. PAVILLON OMER DESLAURIERS:⁵⁸

The POD is a 37-bed unit located within Bendale Acres Long-Term Care Home in Toronto designed to accommodate French-speaking residents. Francophones have priority access to LTC beds within the Francophone cluster designed to meet their distinct language and cultural needs. One of Bendale Acres short-stay beds is also located in the POD to provide additional support for the Francophone community. POD's staff are bilingual (English and French) and can provide care for residents in their preferred language. Bilingual resources are actively pursued and used for POD residents. Residents can enjoy recreational activities, special events, spiritual and religious care as well as music, art and complementary care in a language-specific environment.

The POD is an example of innovation in the field of LTC in French and has been cited as an example for the development of similar facilities in the province with evidences of positive impacts on the quality of life of residents. The POD received its designation under the FLSA in 2021.

These two models have improved service quality and coverage, and they enjoy higher customer satisfaction as well as a better team attitude and ownership.

BEST PRACTICES

Referring to the RMEFNO report (Needs study, Dec. 2017)⁵⁹ these homes have policies in place to serve their specific clientele, and the linguistic and cultural component is reflected at all levels of care and social activities.

These results are consistent with Susan Barrass (2006) findings. The study highlights the critical role of culturally sensitive care in alleviating the environmental stressors of institutional care on older immigrants. In that regard, the author stressed out the importance of language, food, religion, recreation and nursing care in providing culturally appropriate care.⁶⁰ These components considered as best practices in term of success, relevance, sustainability and transferability were lessons learned from ethno-specific long-term cares analyzed in the study.

⁵⁸ Bendale Acres. <http://www.toronto.ca/ltc/bendaleacres>

⁵⁹ Réseau du Mieux-Être Francophone du Nord de Ontario (2017). Needs Study: Long-Term Care Homes in the Northeastern and Northwestern Ontario Regions- RMEFNO-December 2017

⁶⁰ Barrass, S. (2006). An ecological model for culturally sensitive care for older immigrants: best practices and lessons learned from ethno-specific long-term care. Carleton university, 2006

Key Points:

All studies highlight the benefits of cultural and linguistic sensitive care for residents and care providers, such as better quality of life, improved quality of care, enhanced safety, and increased resident and provider satisfaction.

OPPORTUNITIES

Over the past few years, the range of education tools on best practices and cultural sensitivity has expanded due to increased knowledge of effective interventions and the willingness from service providers especially the LTC community to put their clients at the centre of their relationship. In response to gaps in services, the Ontario Centres for Learning, Research and Innovation in Long-Term Care (CLRI) encourage including in staff training, of components that give care providers a better understanding of cultural specificities.⁶¹ The CLRI have recently published the Embracing Diversity Toolkit (2020) to support equitable and respectful care within Ontario's long-term care sector.

In addition, the Erie St. Clair and South West LHINs have launched in 2020 a Cultural and Linguistic Sensitive Care Learning Program. This training was developed to support service providers in gaining knowledge about cultural and linguistic sensitive care focusing on Francophones personal perspectives and inclusive health practices to further inform health equity and quality patient-centered care through an active offer lens.

In 2019, the French Health Network of Central Southwestern Ontario published a manual⁶² to support LTC providers by walking them through the steps required to plan and implement a locally adapted optimal model of Long-Term Care for their Francophone population. This implementation manual complimented their study, The Optimal Model (2017) a review of several innovative long-term care models designed for Francophones in a linguistic minority setting that identified best practices in culturally safe and linguistic adapted services.⁶³

These comprehensive resources provide various promising strategies to the long-term care community to incorporate cultural competence, responsiveness and safety in creating a culturally supporting long-term care home for minority seniors, especially Francophones.

⁶¹ Cragg, S. (2018). The CLRI Program. Supporting Cultural Diversity in Long-Term Care Needs Assessment and Work Plan for 2017-2018.

⁶² French Health Network of Central Southwestern Ontario. (2019). Implementing the Optimal Model of Long-Term Care for Francophone and Other Cultural and Linguistic Minority Groups-RFSSO-November 2019

⁶³ French Health Network of Central Southwestern Ontario. (2017). A Guide for Planning and Providing Francophone Long-Term Care Services. Learning from Pavillon Omer Deslauriers (POD) at Bendale acres and other French language health services for seniors in Canada

5.2. INTEGRATING HOME AND COMMUNITY CARE TO MEET THE NEEDS OF FRANCOPHONE SENIORS

According to the 2019-2020 FLS report, thirty-one (31) community organizations deliver support services in the ESC region. These organizations are either identified (15) or non-identified (14). Only Assisted Living Southwestern Ontario (ALSO) and Community Support Services of Essex County are partially designated under the French Language Services Act.

These community support services providers offer a wide range of services that allow seniors to maintain their independence, but none of them delivers all their services in French in a consistent and permanent manner. These providers served 1,113 Francophone clients, and this number is likely much higher because of under-identification of Francophones.

Table 9: Characteristics of community care services in Erie St. Clair (2020)⁶⁴

Health-Service Provider	Designation	Sub-region Served						Total Clients	Total French Clients	Total French HR	Capacity of French HR			
		CCC	ESS	L	RK	TLAL	W				Adv.	Elem.	Int.	Und.
Aamjiwnaang First Nations – Chippewas of Sarnia	Non-Identified			x				235	0	1	0	1	0	0
Alzheimer Society of Chatham-Kent	Identified	x			x			1462	16	2	2	0	0	0
Alzheimer Society of Sarnia-Lambton	Non-Identified			x				904	2	0	0	0	0	0
Alzheimer Society of Windsor and Essex County	Identified		x			x	x	3357	1	3	3	0	0	0
Amherstburg Community Services	Identified		x			x		546	0	6	6	0	0	0

⁶⁴ Erie St. Clair LHIN. (2014). Erie St. Clair (ESC) Balance of Care Project Windsor-Essex Final Report, May 2014

Bkejwanong Territory, Ojibways of Walpole Island	Non-Identified				x			256	0	0	0	0	0	0
Canadian Hearing Service – Windsor Region	Identified	x	x		x	x	x	745	13	1	1	0	0	0
Visions Loss Rehabilitation Canada – Erie St. Clair	Identified	x	x	x	x	x	x	627	1	0	0	0	0	0
Centre for Seniors operating as Life After Fifty	Non-Identified					x	x	579	24	18	4	10	3	1
Chippewas of Kettle and Stony Point	Non-Identified			x				265	0	0	0	0	0	0
Community Support Services of Essex County	Designated		x			x	x	1722	174	3	3	0	0	0
Family Counselling Centre	Non-Identified			x				165	3	1	0	0	1	0
Family Service Kent	Identified	x			x			4827	1	0	0	0	0	0
Family Services Windsor-Essex	Identified		x			x	x	9424	17	14	14	0	0	0
House of Sophrosyne	Identified	x	x	x	x	x	x	942	3	10	10	0	0	0
Lambton Elderly Outreach Incorporated	Non-Identified			x				2174	0	77	0	6	3	71
Leamington United Mennonite Home & Apartments	Non-Identified	x	x	x	x	x	x	84	0	2	1	0	1	0
Maple City Centre for Older Adults operating as Active Lifestyle Centre	Non-Identified	x			x			1500	33	1	0	1	0	0

St. Andrew's Residence, Chatham Inc.	Non-Identified	x			x			463	5	1	0	1	0	0
The Hospice of Windsor and Essex County Inc.	Identified		x			x	x	2406	10	4	4	0	0	0
Assisted Living Southwestern Ontario (ALSO)	Designated		x	x		x	x	1008	32	45	45	0	0	0
Canadian Mental Health Association, Lambton-Kent Branch	Identified	x		x	x			7231	14	7	7	0	0	0
Canadian Red Cross – Chatham-Kent, Sarnia/Lambton Branch (The)	Non-Identified	x		x	x			3168	21	3	3	0	0	0
Chatham-Kent Health Alliance	Identified	x			x				0	23	23	0	0	0
Corporation of the County of Lambton – Long-Term Care Division	Non-Identified			x				109	0	0	0	6	0	0
Hôtel-Dieu Grace Healthcare	Identified	x	x	x	x	x	x	13210	231	47	47	0	0	0
March of Dimes Canada Erie St. Clair	Identified	x		x	x			206	6	6	6	0	0	0
New Beginnings ABI and Stroke Recovery Association	Identified	x		x	x			210	3	2	2	0	0	0
South Essex Community Council Incorporated	Non-Identified		x					1527	7	22	1	11	3	7
Victorian Order of Nurses for Canada-Ontario Branch/Essex-Windsor, Sarnia-Lambton, Chatham-Kent	Identified	x	x	x	x	x	x	11840	492	18	18	0	0	0
Chatham Kent Hospice	Identified	x			x			503	4	5	5	0	0	0

*CCC = Chatham City Centre; ESS = Essex South Shore; L = Lambton; RK = Rural Kent; TLAL = Tecumseh Lakeshore Amherstburg LaSalle; W = Windsor

*Adv = Advanced-perfectible to superior; Elem. = Elementary; Int. = Intermediate; Und. = Undetermined⁶⁵

While long-term care is essential for many individuals when informal caregivers are not available or can no longer meet the needs of their loved ones, addressing the needs of the senior population also importantly includes strengthening the structures that can help maintain these individuals at home with dignity. As mentioned previously, the wait lists for long-term care can be lengthy.

Expanding the supply of community care resources that allow people to remain in their own homes and communities as long as possible could help alleviate the stress on the LTC homes. This idea is stressed by Williams P et al. in a 2016 study.⁶⁶ According to the study, community-based quality supports can help shift the tipping point for long-term care. The authors affirm “where needed formal and informal community-based supports are more accessible, the needs tipping point for residential LTC beds will be higher, and older persons will be more likely to age at home or in homelike settings, even those persons with relatively high levels of need. Conversely, where needed community-based supports are less accessible, the needs tipping point will be lower, and older persons will be more likely to require residential LTC, even at lower levels of need.”

Moreover, maintaining seniors in their homes as long as possible is crucial in terms of their physical and psychological independence and well-being. The interviews conducted as part of our study on the needs of elderly Francophones in ESC confirmed that respondents wished to age in their homes with the appropriate support:

“We hope to stay in our home as long as possible”.

After more than 24 months of COVID-19 pandemic, seniors are more than ever resolute to remain in their homes with the care and support they need. In its submission to the Standing Committee on Finance and Economic Affairs as part of the Pre-Budget Consultation 2022,⁶⁷ the Fédération des aînés et des retraités francophones de l’Ontario (FARFO - Francophone seniors and retirees federation) not only recommended investments to ensure a continuum of home and community care support services in French but also the creation of Francophone organizations or formally designated bilingual organizations to offer that continuum.

^{65 69} Erie St. Clair LHIN. (2014). Erie St. Clair (ESC) Balance of Care Project Windsor-Essex Final Report, May 2014

⁶⁶ Williams P., & al. (2016). Integrating Long-Term Care into a Community-Based Continuum. IRPP. <https://irpp.org/research-studies/integrating-long-term-care-into-a-community-based-continuum/>

⁶⁷ Fédération des aînés et retraités francophones de l’Ontario (FARFO). (2022). Mémoire remis dans le cadre des consultations prébudgétaires du Comité permanent des finances et des affaires économiques de l’Ontario en vue du budget 2022. https://farfo.ca/wp-content/uploads/2022/01/Me%CC%81moire_pre%CC%81budge%CC%81taire.pdf

As previously discussed, a significant amount of care received by elderly individuals in their homes is dispensed by informal caregivers (family members, friends, loved ones) who are usually not trained to administer the care that they provide and must often make important sacrifices in their lives to take-on these roles. Our interviews revealed that many Francophone informal caregivers feel that the role affects their health, and they experience a lack of resources to support them:

“I am the sole caregiver of my husband who suffers from dementia [...] I don’t sleep much at night because I have to help him get to the bathroom [...] It’s currently very difficult at home.”

As is the case in the long-term care sector, Francophone resources in the home and community care sector are lacking. This is supported by findings of our survey. The vast majority (97%) of our respondents lives at home, and only 3% in LTC home. Most of those living at home (86%) have reported that they had not received any of their home or community care in French. When asked whether they had been offered services in French by the LHIN or CCAC during the past three years, 83 % of participants answered that this had not been the case. For the 17% who received these services, 19% of the services obtained from the CCAC were in French. The lack of support is both in terms of care needs for elderly individuals and of support systems for informal caregivers, such as support groups, respite care or counselling.

These findings therefore suggest the need to strengthen the Francophone home and community care sector alongside the long-term care sector in ESC. Doing so will ensure that Francophones are presented with options regarding care setting as they age, while partially relieving the long-term care sector and ensuring that those individuals on the wait lists for LTC and their families are provided with the resources to support themselves during the waiting period.

Three models could be of particular interest in the expansion of the home and community care sector.

5.2.1. ASSISTED LIVING SOUTHWESTERN ONTARIO⁶⁸

Assisted Living Southwestern Ontario / Aide à la vie autonome du Sud-Ouest de l’Ontario (ALSO) is a partially designated HSP in ESC. ALSO provides housing and a range of supportive services, on a 24/7 basis, to older adults and persons with disabilities. Services include personal Support/Independence Training (MOH), Assisted Living Services (MOH), ABI Services/Personal Support and Independence Training (MOH), Crisis

⁶⁸ Aide à la vie autonome du Sud-Ouest de l’Ontario (ALSO). (2017). Innovation dans le renforcement des capacités communautaires pour répondre aux besoins de l’Ontario dans les soins de proximité.
<http://www.alsogroup.org/about-us/neighbourhoods-of-care-ocsa-2017/>

Intervention & Support (MOH); ODSP Employment Supports and Day Program (MCSS) to ensure that older adults and persons with disabilities can stay in the community longer. The model offers a continuum of health and social care that promotes health and wellness; strengthens access to community-based primary care and home and community care; promotes senior-friendly environment with timely discharge from hospital to home and community; and improves capacity within residential homes. ALSO introduced the concept of neighbourhoods of care in 2011,⁶⁹ and has been implementing the concept in phases since then. In the traditional approach to care, individuals are transferred from one setting to the next as their need level increases. With the neighbourhoods of care, ALSO has the capacity to add services in conjunction with traditional supportive housing and health services. The model facilitates the integration of services between organizations and the addition of mobile services to individuals in need. This wraparound approach allows the delivery of flexible and nimble services to individuals.

With funding from the ESC LHIN, ALSO has been providing services to eligible residents at Résidence Richelieu in Windsor since 2015. Résidence Richelieu is a 51-apartment building that is home to Francophone seniors. Since its inception, ALSO has successfully allowed residents to remain in their home while reducing hospital visits and LTC placements.

Services provided to Francophones were acknowledged in the study by respondents:

“ALSO has met all my mother's needs in terms of support services through the professionalism, availability and kindness of the caregivers assigned to her.”

“My mother did not really have a problem because everything was available at the Résidence Richelieu thanks to the services of ALSO. They still need someone in French for palliative care. ALSO has services in the community and it would be nice to promote them.”

According to the 2020 FLS report, ALSO indicated 1008 clients with 32 Francophone clients. ALSO has a good bilingual HR capacity with 45 staff members being proficient in French. For the majority of our survey respondents, availability of French language services is important. Yet, only a small proportion of Francophones who are receiving home and community support services were receiving these services in French. Francophones are not aware of services available in French through ALSO, and they are not transferred to these services. Better promotion of ALSO services in French and better coordination of services in French are important. ALSO should be encouraged to seek full designation under the French Language Services Act.

⁶⁹ Aide à la vie autonome du Sud-Ouest de l'Ontario (ALSO). (2017). Innovation dans le renforcement des capacités communautaires pour répondre aux besoins de l'Ontario dans les soins de proximité.
<http://www.alsogroup.org/about-us/neighbourhoods-of-care-ocsa-2017/>

5.2.2. SPECIALIZED COMMUNITY CARE:⁷⁰

The Specialized Community Care model is centered around the concept of long-term care homes in the community leveraging their expertise to the greater community in the form of specialized programs and care services for seniors in the community. Families can use these services full-time, part-time, in the daytime and/or nighttime and for respite, as needed. The program also includes partnerships with community volunteer organizations for transportation. Currently, the program serves individuals with dementia but has the potential to be expanded to meet broader needs of seniors.

Kensington Gardens and Shalom Village are two good examples of LTC operators who are currently implementing this innovative model of care.

Kensington Gardens is a not-for-profit, long-term care home located in the heart of Kensington Market that offer 24-hour care, programs and services to 350 residents and their families.⁷¹

Shalom Village, in Hamilton Ontario, has a program called “Goldies2Home” which provides long term and convalescent care, supportive housing and adult day services to help seniors rebuild their health and regain their independence.⁷²

5.2.3. THE COMMUNITY HUB:⁷³

The “campus” model of care offers privately funded retirement and assisted living as well as publicly funded long-term care in the form of a “campus”, including a doctor’s office, pharmacy, support services as well as external services such as clothing and mobility devices sales and servicing. While this model was initially designed for its residents, the campuses are increasingly reaching out to meet the needs of seniors in the community, who are able to benefit not only from the services but also from the social life on the campus. Thus, the model assists seniors in the community while reducing the isolation they may feel otherwise.

This model is for example implemented at the Georgian Village campus of care, located in Penetanguishene. The campus offers a continuum of services to address the specific needs of seniors in the North Simcoe region. The campus was the result of a successful strategic collaboration between Georgian Village and the government, with the goal to help seniors to age in place and improve their health care outcomes.

⁷⁰ Long-Term Care Plus. (2019). Realizing Innovative Models of Care for the Future. Meeting the Needs of Ontario’s Seniors. http://www.advantageontario.ca/AAO/Content/Lead_Stories/Nov19-Budget-LS.aspx

⁷¹ Kensington Gardens. <https://www.kensingtonhealth.org/long-term-care>

⁷² Shalom Village. <https://www.shalomvillage.ca/>

⁷³ Long-Term Care Plus. (2019). Realizing Innovative Models of Care for the Future. Meeting the Needs of Ontario’s Seniors. http://www.advantageontario.ca/AAO/Content/Lead_Stories/Nov19-Budget-LS.aspx

Le campus offre un continuum de services pour répondre aux besoins particuliers des aînés de la région de Simcoe-Nord. Le campus est le résultat d'une collaboration stratégique fructueuse entre Georgian Village et le gouvernement, dans le but d'aider les aînés à vieillir chez eux et à améliorer leurs résultats en matière de soins de santé.⁷⁴

5.3.1 ONTARIO HEALTH TEAMS

The modernization of home and community care that has recently begun provides an opportunity to improve the delivery of services in French to the Francophone population. The creation of Ontario Health Teams (OHTs) will lead to improved care coordination and navigation services. Under the OHTs, health care providers (including hospitals, doctors and community care providers) will work as one coordinated team. At maturity, OHTs will assume the responsibility for the provision of home and community care services, including placement services.

As noted during a community consultation for the Chatham-Kent OHT (September 2019), Francophones noted the importance of receiving services in their language. They expressed the need to have a bilingual care coordinator that could accompany them along their health journey, help them navigate the system and facilitate access to health services in French.

Key Points:

- **Francophone seniors wish to age at home with appropriate home and community care support services**
- **There is a clear need to increase the availability of home and community care services in French**
- **The expansion of the ALSO's neighbourhoods of care concept in other areas will foster aging in place**
- **ALSO should be encouraged to seek full designation under the French Language Services Act**
- **Consideration should be given to innovative models such as Specialized Community Care and the Community Hub to meet the needs of the Francophone communities**
- **The provision of home and community care represents the most cost-effective solution to provide care to seniors**
- **Home and community care offers an alternative to long-term care, potentially reducing the wait-lists as well as a temporary solution for those waiting for a place in LTC**
- **The modernization of home and community care and the implementation of Ontario Health Teams represent an opportunity to strengthen the delivery of services in French**

⁷⁴ Advancing senior care. (2019). The Challenge of a Generation: Meeting the Needs of Ontario's Seniors. http://www.advantageontario.ca/AAO/Content/Lead_Stories/Nov19-Budget-LS.aspx

6. SUMMARY AND RECOMMENDATIONS

Over the next 20 years, the population of seniors over the age of 75 is projected to double. That growth, by extension, will lead in an increased demand of long-term care and other care supports.⁷⁵ Services must address the growing seniors' demographic and the need for integrated health and community.

The findings highlight the importance of meeting linguistic and cultural needs in long-term care, to achieve a better health outcome by ensuring patient safety, effective patient-provider communication, effectiveness of treatment and overall patient satisfaction. Seong-gee Um & al (2021) also suggest that potential barriers in accessing long-term care, such as a language, lack of cultural sensitivity, and marginalized status may lead to lower use of long-term care by some minority groups.⁶³

In light of the inability for the majority of francophone seniors to communicate with healthcare providers and other staff in the settings where they receive care, specially when they have dementia, there is an urgency to maximize investments to support LTC homes and home and community care support services to propose services to Francophones that move beyond current models of care.

Furthermore, the LTC sector is “moving forward”. First, the Ontario government has committed to optimize funding for additional long-term care beds⁷⁶ and to support current homes by providing a minimum of four hours⁷⁷ of direct care for each long-term care resident by 2025. Second, they are more comprehensive resources available that provide various promising strategies to the long-term care community to incorporate cultural competence, responsiveness and safety in creating a culturally supporting long-term care home for minority seniors, especially Francophones. This presents a unique and timely opportunity to increase long-term care system capacity for Francophone seniors by enabling and implementing innovative ways to deliver services.

⁷⁵ Ontario Long Term Care Association (2018). This is Long-Term Care, 2018. <https://oltca.com/OLTCA/>
<https://www.oltca.com/OLTCA/Documents/Reports/Thisislongtermcare2018.pdf>

⁷⁶ Ministry of Health and of Long-Term Care. Ontario Providing New and Upgraded Long-Term Care Spaces (November 20, 2020). <https://news.ontario.ca/fr/backgrounder/59290/lontario-ajoute-des-places-de-soins-de-longue-duree-nouvelles-et-modernisees>

⁷⁷ Ministry of Health and of Long-Term Care. Province Increasing Direct Care for Long-Term Care Residents to Four Hours per Day (November 20, 2020). <https://news.ontario.ca/en/release/59030/province-increasing-direct-care-for-long-term-care-residents-to-four-hours-per-day>

As detailed in this report, access to LTC services in their own language is an important issue for Francophone seniors in the ESC region. Here is a summary of the key points:

- **Shortage of Francophone LTC beds while at the same time, the demand for LTC is rising.**
- **No Francophone designated LTC beds in ESC and SW.**
- **Lack of information about care options for Francophone seniors, which contributes to low demand for French language health services.**
- **Challenges in referring Francophone patients to linguistically adapted long-term care services due to the lack of centralization of information.**
- **Inaccurate identification of Francophone patients and inconsistent use of the Inclusive Definition of Francophones (IDF) and the linguistic variable.**
- **This under-identification of Francophone patients hinders their placement in LTC facilities with French language capacity.**
- **Scattering of Francophone or bilingual healthcare providers in non-identified LTC facilities.**
- **Challenges in recruiting and retaining French-speaking health human resources with skills regarding language-specific care and cultural competency.**
- **Home and community care services are proven, with the right capacity, to be a successfully alternative to LTC to ensure that Francophone seniors have access to the most appropriate care to continue living in their home or while waiting for LTC placement.**

Recommendations:

Overall:

- Identification of homes in each area (Windsor/Essex, Chatham-Kent, Sarnia/Lambton and London/Middlesex), with designation of Francophone beds
- The location of French-speaking staff and residents in the same areas fosters the development of a Francophone living environment
- Consider inclusion of other forms of care to not only fill the units, but also to meet the needs of the Francophone community, such as offering convalescent and respite beds
- Consider also the needs for specialized units for Francophones living with Alzheimer's disease or other forms of dementia
- Building a new Francophone-specific home in Windsor/Essex
- Campaign to increase awareness of all LTC providers about the provision of cultural and linguistic sensitive care to Francophone residents as not all Francophones are, or will be, served in a Francophone designated unit, and staff and management turnover is particularly high in LTC homes
- Facilitate and oversee collaboration between long-term care homes and French-language community colleges to train personal support workers (PSWs), registered practical nurses (RPNs) and other staff members
- Provide support to identified LTC homes to recruit bilingual staff and to develop an environment that is Francophone-friendly

Windsor-Essex:

- 1) Development of a new Francophone-specific LTC home
- 2) Building on existing capacity

For consideration:

- Based on population size, there is a theoretical need of 186 LTC beds for Francophones
- Francophones residents deserve to count on a French-speaking LTC home. Evidence has shown that provision of services in one's language, in a linguistically-friendly environment that is managed by Francophones will provide the best outcomes. The size of the Francophone population in Windsor/Essex is high enough to justify having one Francophone-specific LTC home while maintaining the FLS identification of one unit in other homes. This would facilitate the recruitment of French-speaking staff by focusing on one large Francophone home plus a few units in other selected homes
- Two homes are currently identified to provide FLS: Banwell Gardens Care Centre and Country Village Homes- Woodslee
- Banwell Gardens has a good number of French-speaking staff, but practically no French-speaking residents as Francophones are reluctant to apply for this category C home. The home is eligible for redevelopment, but a proposal has not yet been submitted. The building of a new home will provide opportunity to engage in discussions with the owners and rethink the way FLS are offered at the home
- Country Village Homes - Woodslee has no staff members who are able to speak French. High turnover in leadership in the past 15-20 years resulted in a degradation of FLS over the years and a lack of sensitivity about the need to provide FLS
- Other options should be considered to offer FLS in the southern portion of the county of Essex. Sun Parlour Home has a number of bilingual staff members and a few Francophone patients. It is also a municipal home
- Technically, Tilbury Manor Nursing Home, currently located in Chatham-Kent, is scheduled to be rebuilt in Lakeshore. If this is the case, this is an excellent opportunity to pursue as Tilbury Manor has a good number of French-speaking staff and residents. As well, it will be relocating in a region where the number of Francophones is even higher. Because of its proximity to Tecumseh, the new home is likely to attract a large number of Francophones, and for this reason, full designation of the home should be sought

Chatham-Kent:

1) Designation of a French-speaking unit

For consideration:

- Based on population data, there is a theoretical need of 45 beds for Francophones
- The eventual closure and relocation of Tilbury Manor from Tilbury to Lakeshore will leave a gap in LTC delivery in the West portion of Chatham-Kent
- The former city of Tilbury and surrounding townships as well as the former township of Dover are designated under the FLSA and count a significant number of Francophones. In addition, about half of the Francophone population in Chatham-Kent lives in non-designated areas, mainly in the former city of Chatham
- In Chatham per say, there is no home identified to provide FLS. This a gap as Francophones mainly access services in Chatham which is where the majority of health services are located
- We are recommending to identify a home in Chatham for the provision of FLS, and to consider Riverview Gardens as a first option. It is a municipal home, and it has a number of bilingual staff members and Francophone residents

Sarnia/Lambton:

1) Designation of a French-speaking unit

For consideration:

- Based on population size, there is a theoretical need of 35 beds for Francophones
- The vast majority of Francophones live in the city of Sarnia
- There is no home with a large number of French-speaking staff or Francophone residents
- We are recommending to identify the home that has the most Francophone residents, i.e. Trillium Villa

London:

1) Designation of two French-speaking units

For consideration:

- Based on population size, there is a theoretical need of 52 LTC beds for London/Middlesex
- Mount Hope LTC is identified to provide FLS. However, there are no data available about the number of Francophone residents or the availability of bilingual staff members, and the availability of FLS is therefore unknown. Further investigation is required to confirm suitability
- Since Francophones are spread out throughout the city of London, we are recommending to identify two units in different parts of city meet current needs

- Based on availability of French-speaking staff, approaching Henley Place or Earls Court Village, located in the North-East portion of London, would be the best scenario
- Based on number of French-speaking residents, approaching Westmount Gardens LTC Home, located in the South West portion, would make sense

Expansion of care options for Francophones outside of the LTC sector:

- Considering the rapid growth of the elderly population, the addition of long-term care beds will remain insufficient to meet the needs of the entire senior population. As the results of our survey pointed out, the majority of seniors hope to remain in their homes as long as possible. Home and community care has proven its effectiveness in reducing the burden on the healthcare system and enhancing the quality of life of seniors. However, our survey has also revealed the lack of Francophone resources in the home and community care sector. In addition, survey results showed that a large proportion of the burden of care provided at home rests on informal caregivers, significantly affecting their own health and well-being. For these reasons, we are making the following recommendations:
1. Work with Francophone providers in the community to create comprehensive health care support systems in forms of caregiver training and support, counseling and respite programs which can be easily accessed by families and patients
 2. Work with Home and Community Care Support Services (HCCSS) ESC and SW to immediately develop and implement a comprehensive plan to serve appropriately the Francophone population. This plan must include:
 - Identification of the linguistic identity of patients
 - Identification of the linguistic skills of their staff
 - Designation of bilingual positions
 - Implementation of care pathways for Francophones
 - Training for all staff – Francophones, and Cultural and Linguistic Sensitive Care
 - Ensuring Service Provider Organizations are providing quality FLS
 3. Work with OHTs to build a seamless continuum of care and services for Francophones, which includes Francophone patient navigators and care coordinators
 4. Spread the neighbourhoods of care implemented by ALSO in Windsor to other areas. This will bring services where Francophones are living. ***See section 5.2.1 for more information***

CONCLUSION

Francophone seniors are not being adequately served by long-term care providers. Our analysis showed that LTC providers are ill equipped to meet the needs of Francophone seniors. This report provides several avenues for analysis and reflection that should lead to a better understanding of issues limiting access to long-term care to Francophones in the ESC and SW regions. It also highlights models found to be effective in other regions, in improving accessibility to, and provision of, culturally appropriate LTC and home and community care services.

With the MOHLTC commitment in investing and strengthening LTC and home and community care, there is an opportunity to implement an adapted and integrated approach to seniors' services that ensures equitable access to services for Francophone seniors. This approach would emphasize the specific characteristics and needs of these individuals, implement a flexible service organization close to the community, and mobilize a range of actors to optimize the use of resources.

In light of the study's findings, we recommend that Ontario Health West works with health service providers, including OHTs, to develop without delay an action plan to implement the recommendations contained in this report in the immediate future. We further recommend seeking appropriate resources and funding to make this happen. Francophone seniors deserve to receive the best care possible in their language.

SCHEDULES

Schedule 1: REFERENCES

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LTC home online resources

Bendale Acres. <http://www.toronto.ca/ltc/bendaleacres>

Ewart Angus SPRINT Home. SPRINT Senior Care. <https://www.sprintseniorcare.org/programs-and-services/ewart-angus-sprint-home/>

Foyer Richelieu. <https://www.foyerichelieuwelland.com/>

Humanitæ . <http://www.humanitæ.ca/>

Kensington gardens. <https://www.kensingtonhealth.org/long-term-care>

Pioneer Elder Care providing Dementia and Alzheimer's Care and Assisted Living . Pioneer Elder Care Retirement Home Providing Dementia and Alzheimer's Care. <http://www.http://pioneereldercare.com>

The Village Langley. Living here. <https://www.thevillagelangley.com/>

Shalom Village. <https://www.shalomvillage.ca/>

Schedule 2: SURVEYS

English questionnaire

The Erie St. Clair/South West French Language Health Planning Entity is completing a new study on long-term care in the region. The purpose of the study is to identify a model or models that meet the needs of the Francophone community and to make recommendations to the appropriate authorities. Through this survey, we hope to gather information from you that will help us to inform our orientations.

Long-term care homes are where adults can live and receive 24-hour nursing, personal care and help with their daily activities. These homes are also called nursing homes.

Thank you for taking the time to answer these few questions.

Part 1 - Getting to know you better.

Q1. Who are you?

I am:

- 55 years old or older (go to question 2)
- under the age of 55, but I have functional limitations (go to question 2)
- caring for an elderly or frail parent or loved one (go to question 3)
- Other, specify _____

Q2. Where do you live?

Enter your postal code _____ (go to question 6)

Q3. Where do you live?

Enter your postal code _____

Q4. Do you live in the same area as the person you are caring for? Yes, No

Q5. If you answered "no" to the previous question, in which region does this person live?

Enter his or her postal code _____

Q6 What type of residence do you or the person you are caring for live in?

- Home
- Seniors' or Retirement Residence
- Richelieu Residence, Windsor
- Long-Term Care Home
- Other _____

Part Two - Getting a better understanding of your situation.

Q7. Do you receive home care services (such as nursing care, help with bathing or dressing, physiotherapy, etc.) and community care services (such as meal delivery, housekeeping, transportation, friendly visiting, etc.)? Is the person you are caring for receiving home and community care services? Yes, No

Q8 Are these services available in French? Yes, No

Q9: How important is language (availability of services in French) when choosing your service providers?

Not at all important -1

More or less important - 2

Somewhat important - 3

Very important - 4

Q10. In the past 3 years, have you received home care services from the LHIN (Local Health Integration Network) / CCAC (Community Care Access Centre)? Yes, No

Q11: Were you offered services in French? Yes, No

Q12: Did you receive services in French? Yes, No

Part Three - Better understanding the criteria that would influence your decision.

Most of us want to stay in our homes for as long as possible, or even die there when the time comes. In the event that you need to choose a long-term care home for yourself or the person you care for, we would like to understand the factors or criteria that would guide your choice.

Q13 What criteria would you use to choose a long-term care home?

Choose the five (5) criteria that are most important to you:

- Staff
- Quality of care
- A culture of respect and dignity
- Location of the home in relation to my neighbourhood
- Proximity to public transportation services
- Visiting hours
- Activities offered
- Availability of services in French
- Involvement of family members in care planning
- Choice of menus adapted to food and cultural preferences

- Respect for religious, cultural and linguistic needs
- Specialized services offered by the home
- Size of the home - the smaller, the better
- Cost
- Location of the home in relation to my family
- Age of the home

Q14: If you had the choice of a long-term care home that is entirely francophone or in a home with beds reserved for francophones, would you choose that home? Yes, No

Q15: How far would you be willing to travel to obtain long-term care in French?

- Less than 5 km
- 5 km
- 10 km
- 20 km
- 50 km
- 100 km
- It doesn't matter

Q16. Other comments _____

Q17. We are looking for a few volunteers to participate in a more in-depth interview to help us better understand your experience with home and community care or long-term care services. If you are interested, please include your name, email address and telephone number.

The survey is now complete. Thank you for taking the time to answer our questions.

French questionnaire

L'Entité de planification des services de santé en français ERIÉ St. Clair/Sud-Ouest complète une nouvelle étude sur les soins de longue durée dans la région. L'étude vise à définir un ou des modèles pour répondre aux besoins de la communauté francophone et à faire des recommandations aux autorités compétentes. Par le biais de ce sondage, nous souhaitons recueillir de l'information auprès de vous qui nous aideront à étayer nos orientations.

Un foyer de soins de longue durée est un établissement où les adultes peuvent vivre et recevoir des soins infirmiers et personnels ainsi que de l'aide pour leurs activités quotidiennes 24 heures par jour. On utilise aussi « maison de soins infirmiers » pour désigner ce type d'établissement.

Merci de prendre le temps de répondre à ces quelques questions.

- Première partie – Mieux vous connaître
- Q1. Qui êtes-vous?
- Je suis une personne âgée de 55 ans ou plus (passez à la question 2)
- Je suis une personne âgée de moins de 55 ans, mais j'ai des limitations fonctionnelles (passez à la question 2)
- Je suis un aidant qui prend soin d'un parent ou d'un être cher âgé ou frêle (passez à la question 3)
- Autre, préciser _____
- Q2. Où résidez-vous?
- Indiquez votre code postal _____ (passez à la question 6)
- Q3. Où résidez-vous?
- Indiquez votre code postal _____
- Q4. Demeurez-vous dans la même région que la personne dont vous prenez soin? Oui, Non
- Q5. Si vous avez répondu « non » à la question précédente, dans quelle région demeure cette personne?
- Indiquez son code postal _____
- Q6. Dans quel type de résidence demeurez-vous ou la personne dont vous prenez demeure-t-elle?
- Maison
- Résidence pour personnes âgées
- Résidence Richelieu, Windsor
- Maison de soins de longue durée
- Autre _____

Deuxième partie – Mieux comprendre votre situation

Q7. Recevez-vous des services de soins à domicile (comme les soins infirmiers, l'aide pour prendre un bain ou s'habiller, la physiothérapie, etc.) et en milieu communautaire (comme les services de livraison de repas, l'entretien ménager, les services de transport, les visites amicales, etc.)? La personne dont vous prenez soin reçoit-elle des services de soins à domicile et en milieu communautaire? Oui, Non

Q8. Ces services sont-ils offerts en français? Oui, Non

Q9. Quelle importance accordez-vous à la langue (disponibilité de services en français) dans le choix de vos fournisseurs de services?

Pas du tout important -1

Plus ou moins important – 2

Un peu important – 3

Très important – 4

Q10. Au cours des 3 dernières années, avez-vous reçu des services de soins à domicile du RLISS (Réseau local d'intégration des services de santé) – en anglais LHIN (Local Health Integration Network) / du CASC (Centre d'accès aux soins communautaires) – en anglais CCAC (Community Care Access Centre)? Oui, Non

Q11. Vous a-t-on offert des services en français? Oui, Non

Q12. Avez-vous été servi(e) en français? Oui, Non

Troisième partie – Mieux comprendre les critères qui influenceraient votre décision

La plupart d'entre nous souhaitons demeurer chez nous le plus longtemps, voire y mourir le moment venu. Dans l'éventualité où il vous faudrait choisir une maison de soins de longue durée pour vous-même ou pour la personne dont vous prenez soin, nous aimerions comprendre les facteurs ou les critères qui guideraient votre choix.

Q13. Quels critères utiliseriez-vous pour choisir une maison de soins de longue durée?

Indiquez les cinq (5) critères les plus importants pour vous:

- Le personnel
- La qualité des soins
- Une culture de respect et de dignité

- L'emplacement de la maison par rapport à mon quartier
- La proximité des services de transport public
- Les heures de visite
- Les activités offertes
- La disponibilité de services en français
- La participation des membres de la famille à la planification des soins
- Le choix de menus adaptés aux préférences alimentaires et culturelles
- Le respect des besoins religieux, culturels et linguistiques
- Les services spécialisés offerts par la maison
- La taille de la maison – plus elle est petite, mieux c'est
- Le coût
- L'emplacement de la maison par rapport à ma famille
- L'âge de la maison

Q14. Si vous aviez le choix d'obtenir une place dans une maison de soins de longue durée entièrement francophone ou dans une maison qui compte des lits réservés aux francophones, choisiriez-vous cette maison? Oui, non

Q15. Quelle distance seriez-vous prêt(e) à faire pour obtenir des soins de longue durée en français?

- Moins de 5 km
- 5 km
- 10 km
- 20 km
- 50 km
- 100 km
- Peu importe

Q16. Autres commentaires _____

Q17. Nous sommes à la recherche de quelques bénévoles pour participer à une entrevue plus approfondie au sujet de leur expérience avec les soins à domicile et en milieu communautaire ou les soins de longue durée. Si vous êtes intéressé(e), svp indiquez vos nom, courriel et numéro de téléphone ici.

Nous avons maintenant terminé. Nous vous remercions d'avoir pris le temps de répondre à nos questions.