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Are We Meeting the Needs of Minority Populations in Ontario Long-Term Care Homes?

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 May 16, 2019




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ACKNOWLEDGEMENT



This webinar is supported in part with funding from the Government of Ontario through the Ontario CLRI at Bruyère. The views expressed herein do not necessarily reflect the views of the Province.



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OUR PRESENTERS



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Webinar Overview

1. Profile of minority populations in Ontario LTC homes
2. Minority populations' access to LTC homes: What does the literature say?
 - Ethnic/racial minority groups
 - LGBTQ2S+ minority groups
 - Research gaps
3. Methodology: How are we addressing the research gaps?
4. Minority populations' health outcomes in Ontario LTC homes
 - The role of language and cultural-specific LTC homes
 - Health outcomes of immigrant residents
5. Conclusions and next steps



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The Profile of Minority Populations in Ontario Long-Term Care Homes




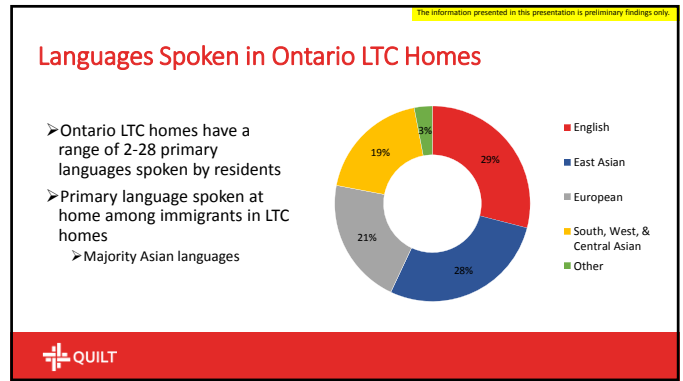
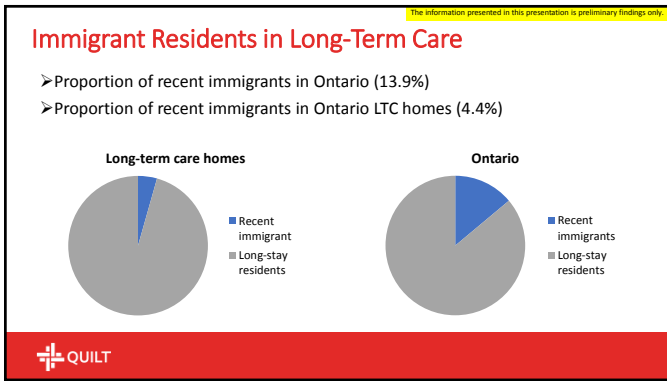
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Poll Question 1

The proportion of immigrants in the overall Ontario population is 13.9%. The proportion of immigrants in all Ontario long-term care homes is:

- a. Less than 5%
- b. Between 5% and 10%
- c. Between 10% and 15%
- d. Greater than 15%





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Poll Question 2

What is the most common culture-specific LTC home in Ontario (non-English, non-French)?

- Chinese
- Ukrainian
- Italian
- Polish

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Culture/Language-Specific LTC Homes in Ontario

- 571 anglophone LTC homes
- 33 francophone LTC homes:
 - 18 homes with 50%+ of resident-days as French
 - 15 homes with 25-49% of resident-days as French
- 50 non-majority English LTC homes
- 32 other-language LTC homes

Majority Language	# of Homes	Mean % of Resident-Days as Primary Language
French	18	74.8
Italian	8	76.5
Chinese	6	44.9
QAV*	3	45.0
Greek, Modern	2	71.8
Ukrainian	2	85.7
Dutch	1	41.0
Estonian	1	93.9
Finnish	1	93.3
German	1	41.7
Korean	1	90.8
Latvian	1	80.2
Lithuanian	1	92.2
Polish	1	86.1
Portuguese	1	73.8
Slovenian	1	65.1
YUE*	1	52.0

*YUE and QAV are more specific Chinese groups/dialects, including Yue Chinese and Mandarin

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Minority Populations' Access to Long-Term Care Homes: A Systematic Review

Alain Mayhew, Mary Scott, Nicole Shaver, Ahwon Jeong, Julie Lapenskie, Amy Hsu, Elizabeth Tanjong-Ghogomu, Peter Tanuseputro, Vivian Welch

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- ### Objectives
- To assess the extent of access to long-term care homes among older adults belonging to minority groups
 - Considered minority groups based on race/ethnicity, culture, religion, language, and sexual orientation/gender identity
 - To identify barriers or facilitators that influence the admission of minority populations to long-term care homes
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Results – Available Literature

- 55 studies included; 82% conducted in US
- 4 broad categories:
 1. Proportion of minority populations in LTC relative to non-minority groups (n=15)
 2. Minority group status as a determinant of entry to LTC homes (n=25)
 3. Expectations and preferences of minority populations for LTC homes (n=17)
 4. Quality of care received by minority groups in LTC homes (n=4)

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Results – Minority Status as a Determinant of LTC Home Access

- Across ethnic, linguistic, and immigrant populations, minority groups were consistently found to enter and reside in LTC homes less than majority groups
- Almost all studies examined race/ethnicity with Caucasian populations as the reference majority group
 - Controlled for resident sociodemographic & health and LTC homes characteristics
 - Minority populations had decreased admission to LTC homes in 91.5% of comparisons.
 - Ethnic minority groups also waited significantly longer for LTC homes
- ‘Double-burden’ phenomenon

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Results – Expectations & Preferences of Minority Groups

- Ethnic, LGBTQI2S+, immigrant, & religious minority groups represented

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Results – Expectations & Preferences of LGBTQ+ Groups

- LGBTQI2S+ populations
 - Unequal access to social and health services
 - Non-acceptance of gay culture
 - Lack of family support
 - Fear of victimization & isolation*
 - Diversity and sensitivity training programs*
 - Role for LGBTQ+ retirement and LTC communities

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Gaps in Existing Research

- Lack of Canadian-based research on minority populations in LTC homes
- 5 studies conducted in Canada
 - 3 on ethnic migrant groups
 - Chinese Canadians
 - Japanese Canadians
 - 1 on LGBTQI2S+ community
 - 1 on Francophones

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Methods – Health Administrative ‘Big Data’

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Quality for Individuals who require Long-Term support

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Health Administrative Data for Ontario Residents



- Data on almost all health system encounters and demographic information for every individual in Ontario with an OHIP card
 - E.g. emergency department visits, hospitalizations, receipt of palliative care and home care, physician visits, rehabilitation
 - E.g. age, sex, language, income quintile, rurality
- Individual databases for different health settings and characteristics are linked
 - Can follow individuals over time across multiple settings to see how an exposure (e.g. immigrant status, language, chronic diseases, etc.) influences their outcomes (e.g. hospitalization, death, quality of life)



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The Role of Language and Culture-Specific Homes in Long-Term Care

Ricardo Batista, Amy Hsu, Peter Tanuseputro,
Douglas Manuel



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Objectives

1. Compare healthcare quality indicators and health outcomes between Anglophones and Francophones in Ontario LTC homes.
2. Examine the impact of the discordance of primary language spoken by residents and main language of their LTC homes on health outcomes.



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Methods

- Time period: LTC home residents who entered an Ontario LTC home between 2010 and 2016
 - Continuing Care Reporting System (CCRS) database
- Language of resident = language reported at first assessment in LTC
 - Resident Assessment Instrument (RAI-MDS)



Anglophone	ANG: <25% francophone and >50% anglophone resident days
Francophone	FRA1: 50%+ francophone resident days



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Results

- Francophones and Anglophones in Ontario LTC homes had similar sociodemographic characteristics and physical and cognitive function
- Francophone LTC homes were more likely than anglophone LTC homes to be:
 - Not-for-profit homes (74% vs. 27%)
 - In rural communities (36% vs. 16%)
 - Smaller in size (<100 beds)



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Poll Question 3

Compared to anglophones, francophones in Ontario LTC homes have higher rates of:


- a. Use of physical restraints
- b. Pain
- c. Depression
- d. A and C
- e. All of the above



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Results – Anglophone vs. Francophone Residents

	Francophones (N=4,421)		Anglophones (N=108,765)	
	#	%	#	%
Physical Restraints				
At admission: 1st Assessment	196	4.4	4,062	3.7
Second Assessment	188	4.3	4,221	3.9
Worsening	79	1.8	1,723	1.6
Pressure Ulcer				
At admission: 1st Assessment	360	8.1	11,863	10.9
Second Assessment	249	5.6	8,488	7.8
Worsening	923	20.9	26,707	24.6
Pain				
At admission: 1st Assessment	1,998	45.2	49,098	45.1
Second Assessment	1,524	34.5	34,582	31.8
Worsening	396	9.0	9,435	8.7
Depression				
At admission: 1st Assessment	1,121	25.4	23,736	21.8
Second Assessment	1,010	22.8	20,892	19.2
Worsening	123	2.8	2,458	2.3




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Results – Outcomes by Resident-LTC Home Match

- 56.4% of francophone residents were admitted to predominantly English LTC homes
- Francophone residents in francophone LTC homes had lower rates of hospitalization and emergency department visits
- Similar pattern for anglophone residents

Outcome	Francophones		Rate Ratio (French/English)
	French Home	English Home	
Hospitalization	30.5 (28.5-33.1)	32.9 (30.6-34.8)	0.93
Emergency Department Visits	65.2 (61.9-69.1)	70.1 (66.3-73.0)	0.93
Mortality	33.9 (31.5-36.8)	33.8 (31.3-35.9)	1.00

Twelve month crude rates x 100 resident-days






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Immigrants' Access to and Health Outcomes in Long-Term Care Homes

Ahwon Jeong, Julie Lapenskie, Robert Talarico, Amy Hsu, Danial Qureshi, Peter Tanuseputro



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- ### Objectives
1. Examine how long immigrants versus non-immigrants wait for LTC home entry
 2. Describe the immigrant population in long-term care homes
 3. Evaluate variation in health outcomes (hospitalization and mortality rates) between recent immigrants and long-stay residents
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- ### Methods
- New LTC home applications between 2007 and 2010
 - New LTC home admissions between 2013 and 2016
 - Linked administrative and health datasets held at ICES
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- **Population:**
 - Client Profile database (CPRO)
 - Continuing Care Reporting System (CCRS)
 - **Immigrant status:** Immigration, Refugees and Citizenship Canada (IRCC) database
 - **Hospitalizations:** Discharge abstract database (DAD)
 - **Deaths:** Registered Persons Database (RPDB)
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Poll Question 4

Approximately 1 in 6 (17%) immigrants who apply to LTC die before entry.

- a. True
- b. False



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Poll Question 4 - Answer

False: Over 1 in 5 (23%) of immigrants who apply for LTC die before entry
 ➤ This value is similar for non-immigrant populations (21.5%)



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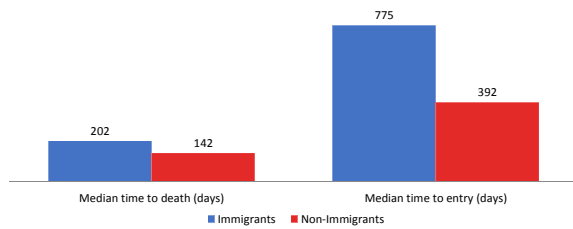
Poll Question 5

Immigrants in Ontario wait approximately twice as long to enter a LTC home than non-immigrants?
 a. True
 b. False



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Immigrants on the LTC Homes Waitlist



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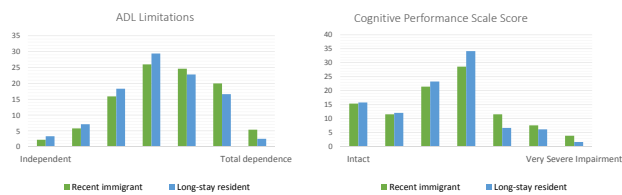
Immigrant Residents in Long-Term Care

- Compared to non-immigrants, immigrants in Ontario LTC homes:
 - Come from poorer neighbourhoods
 - Reside in large (100+ bed) LTC homes in urban areas
 - Are younger, BUT
 - Have greater functional impairment in ADLs (toileting, dressing, feeding)
 - Have greater cognitive impairment



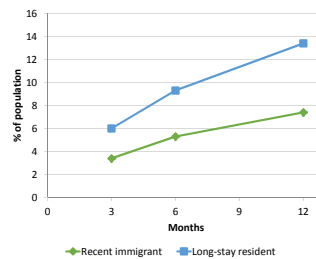
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Immigrant Residents in Long-Term Care



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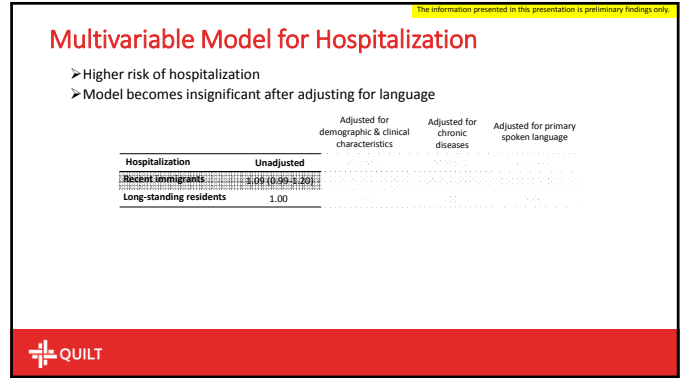
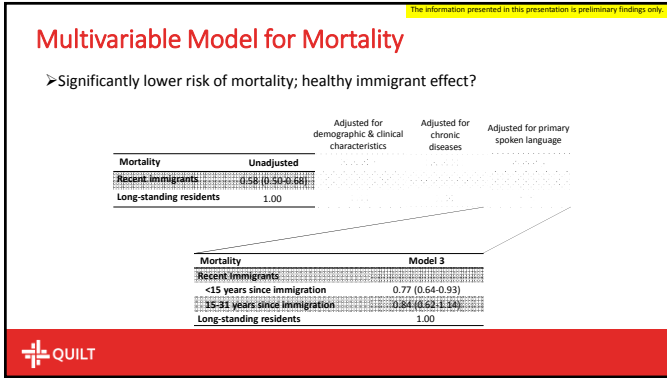
Mortality Rate



Location of death

	Long-Stay Resident	Recent Immigrant
Acute care setting	733 (10.0)	35 (18.6)
Nursing home	6,210 (85.0)	148 (78.7)
Other	359 (4.9)	≤5 (2.7)





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Conclusions

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- ### Conclusions
- There is a need for more research on non-racial/ethnic minority groups in LTC homes
 - Linguistic and immigrant ethnic minority groups make up an increasing proportion of LTC home residents in Ontario
 - Minority populations enter and reside in LTC homes less often than non-minority groups, and experience unique barriers to accessing LTC homes
 - Discrimination, fear, and mistrust
 - Need for cultural sensitivity and diversity training in LTC homes
 - Language and culture-specific services in LTC: food, recreation, information
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- ### Conclusions
- Resident outcomes are better when resident language and LTC home majority-language match
 - Qualitative literature supports this
 - Role of language and culture specific homes
 - Immigrants wait longer to enter LTC homes: waiting for culture-specific homes?
 - Despite greater cognitive and functional impairment, immigrants are less likely to die within 1 year of LTC home admission than non-immigrants
 - Healthy immigrant effect
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Thank You!

Please email Peter with any follow-up questions!

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Bruyère Research Institute
for providing the venue for this webinar!

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