Slide 1

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Centres for Learning,
Research & Innovation
in Long-Term Care

BAYCREST • BRUYÈRE • RIA

Diversity, Aging, and Living in
Long-Term Care Homes:
Considerations for Care Practitioners

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**Ontario CLRI Supporting Diversity and Inclusion in LTC Advisory Group
and the Webinar Working Group**

Partners UNIVERSITY OF Waterloo

Webinar
February 19, 2020

Slide 2

WHAT WE DO

EDUCATION
INNOVATION
RESEARCH
EVIDENCE-BASED CARE DELIVERY
KNOWLEDGE
COLLABORATION

ONTARIO CLRI

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Slide 3

HOST ORGANIZATIONS

The Ontario CLRI is funded by the Government of Ontario and hosted at Baycrest Health Sciences, Bruyère, and the Schlegel-UW Research Institute for Aging. The collective expertise, resources and partnerships of our host organizations help advance our provincially-mandated goals.

Baycrest

BAYCREST HEALTH SCIENCES
Baycrest Health Sciences is a global leader in geriatric residential living, healthcare, research, innovation and education, with a special focus on brain health and aging.

Bruyère

BRUYÈRE
Bruyère is an academic organization excelling in the provision of evidence-based health care and services for seniors, vulnerable populations and people with medically complex needs.

RIA RESEARCH INSTITUTE for AGING
Schlegel • UWaterloo • Conestoga

SCHLEGEL-UW RESEARCH INSTITUTE FOR AGING (RIA)
The RIA is an innovation catalyst. By advancing research, education and practice, the RIA enhances quality of life and care for older adults everywhere.

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ONTARIO CLRI SUPPORTING DIVERISTY AND INCLUSION ADVISORY COMMITTEE

April 2019
Kipling Acres

October 2019
The Village of Erin Meadows

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ACKNOWLEDGEMENT

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Land Acknowledgment

https://www.caut.ca/content/guide-acknowledging-first-peoples-traditional-territory

We acknowledge the RIA and the University of Waterloo (including the Waterloo, Kitchener, and Cambridge campuses), the land on which we live and work, is situated on the Haldimand Tract land promised to the Haudenosaunee of the Six Nations of the Grand River, and is the traditional territory of the Neutral, Anishinaabeg, and Haudenosaunee peoples.

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OBJECTIVES

- Understand how your social identity might influence acknowledgement of marginalization and social difference.
- Define what social identity is and how it plays a part in your professional role.
- Develop increased awareness to various diversity and inclusion principles and concepts.

OUTCOME: Reflect on our own assumptions, unconscious bias, and responsibilities to supporting diversity in LTC homes.

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This space and *Our* engagement

Ethical space
- *Free-from* climate

Strategies for engagement

Respecting diversity of thought
- Oops, Ouch

Ermine, W. (2007). The ethical space of engagement. *Indigenous LJ, 6*, 193.

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Hello, nice to meet you! Thanks for attending.

Kim(berly) Lopez

I identify as...

Pronouns: She/her/hers

Why this topic is important to me:

Ash(ley) Flanagan

I identify as...

Pronouns: She/her/hers

Why this topic is important to me:

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Introductions

In the chat box, please share:

- Your name
- ~~Preferred~~ Pronouns
    + other identifiers (if desired)
- Affiliation
- What brought you to this webinar today?

Pronouns

Female:
    she/her/hers

Male:
    he/him/his

Gender Neutral:
    they/them/theirs
    ze/hir/hirs
    e/em/eirs

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USEFUL TERMS

Positionality - is the social and political context that creates your identity in terms of race, class, gender, sexuality, and ability status.

Privilege - An unearned advantage; a special right, advantage, or immunity granted or available only to a particular person or group.

Oppression - being subject to unjust treatment or control.

Equality

Equity

Image source: Visualizing Health Equity: One Size Does Not Fit All Infographic https://www.rwjf.org/en/library/infographics/visualizing-health-equity.html

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To Speak Up For *Inclusion*, We Need to Speak About *Inclusion*

https://www.youtube.com/watch?v=pBBirlVxVsq

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Unconscious Bias

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Why me, why now?

Critical thinking on positionality and labels that define each of us.

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Diversity in LTC Homes

~~Rationale~~ Why now:

Aging - aging and the need for care, especially 24-hour care and support, is on the rise (Speller & Stolee, 2015).

LTC home residents and increasing diversity in Canada (more people "out," increasing ethnic diversity, etc.)

LTC home staff supporting reproductive work - histories of reproductive work continue to play out into public spheres, which now more than ever, impact the trans-nationalization of care work (Glenn, 1985, 1992; Robinson, 2011).

Difference "blindness" - is commonplace and denies historical differences that persist—such as a lack of access to higher education, employment mobility, and adequate social assistance (Fleras, 2014).

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Checking our balances- Poll

By law, we as partners in care in LTC homes, are responsible for:

A. Supporting residents in activities of interest in their community

B. Including cultural, spiritual, and religious interests in residents' Care Plans

C. LTC homes must meet residents' cultural, spiritual, and religious interests

D. All of the above

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Checking our balances

Section 25 of the LTCHA (Ontario Long Term Care Homes Act):
- It outlines that every resident should be informed of activities in the community that may interest him or her and every resident should be assisted and supported to participate in activities that may be of interest if he or she if not able to do so independently (Ontario Ministry of Health and Long-Term Care, 2011).

Section 26 of the LTCHA:
- "every resident's plan of care must use an interdisciplinary assessment of specified care domains including: "cultural, spiritual and religious preferences and age-related needs and preferences" (Ontario Ministry of Health and Long-Term Care, 2011, pp. 2-18).

LTCHA and Ontario Regulation 79/10:
- "The fundamental principle to be applied in the interpretation of the Long Term Care Homes Act and the Regulation is that a Home is primarily the home of its residents and is to be operated so that it is a place where its residents may live with dignity and in security, safety and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met"

(Ontario Ministry of Health and Long-Term Care, 2011, pp. 1-1).

Section 26, Resident Bill of Rights:
- "Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her [or their] potential and to be given reasonable assistance by the Home to pursue these interests and develop his or her potential" (Ontario Ministry of Health and Long-Term Care, 2011, pp. 2-1).

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Challenging Assumptions, Checking Bias:

Practicing "person-first" in relationship-centred care

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Activity Time: Diversity Self-Assessment

1. What is my definition of diversity?

2. What assumptions might I have about…?

3. Where do I think these assumptions came from (e.g., friends, relatives, television, movies)?

4. How do I interact with co-workers/residents/etc. based on these assumptions?

5. What steps do I need to take to learn about positionalities different from my own?

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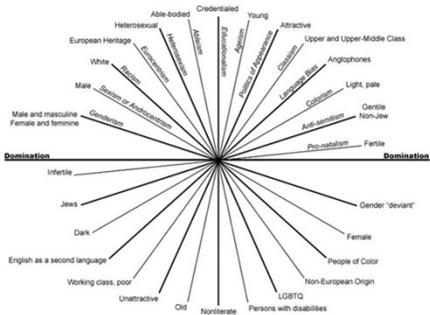
Challenges to expression in LTC Homes

(1) Attitudinal barriers

"We don't have any gay residents."

"I don't feel I'm culturally competent enough."

(2) Lack of resources (actual and perceived)

Time, money, human power…

"I'm not sure I'm the 'right person' to support you with this."

(3) Risk (actual and perceived)

 Discrimination/hate, victimization, isolation…

"I'm not sure I want to 'stand' out"

"I'm fearful I'll be treated differently"

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Support: Assessing, developing, and accessing resources

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Objectives & Takeaways

- Understand how your social identity might influence acknowledgement of marginalization and social difference.

  • We *all* have a role to play in advancing diversity and inclusion in LTC

- Define what social identity is and how it plays a part in your professional role.
  • Practicing sensitivity, relationally
  • Selective disclosure
  • Reduce constraints to expression

- Increased awareness to various diversity and inclusion principles and concepts.
  • Equality < equity

Reflect on our own assumptions, unconscious bias, and responsibilities to supporting diversity in LTC homes.

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Case Study: Kwame

Adapted from Berbary (2017):
- Kwame is an 83 year old man who is Caribbean Canadian, single, heterosexual, with substance use challenges, and was without permanent residence due to complications of Post-Traumatic Stress Disorder from military missions overseas. He receives some income from the Ontario Disability Support Program. He has recently moved into a LTC home.
- During the first care conference with Kwame's care team, the Recreation Therapist shares details about his socioeconomic status, mental health, and previous alcohol use. They are interrupted by another member of the care team who says 'we don't have time for all of those details and moves on to Kwame's clinical care needs

→ **Reflect:**

1. What are the challenges faced by the practitioner in this scenario?

2. What, if anything, is being ignored/dismissed? Why is this information important?

3. Is there information that is not important for care team decisions at this time? When does it become important, if at all?

4. What actions should be taken? In what manner?

Let's move this discussion to the chat box (to the right)

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Additional Resources

- Ontario CLRI Diversity Resources
- Ontario CLRI LGBTQI2S+ Resources
- Ontario CLRI Webinar Recordings

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Toolkit Development

- Being developed by Ontario CLRI Supporting Diversity and Inclusion Advisory Group
- Will include: resources for LTC educators, leaders and team members that support diversity and inclusion in LTC – including an Organizational Self-Assessment tool

COMING SPRING 2020!

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