

Understanding the Long-Term Care Experience of Official Language Minorities in Canada: An Environmental Scan

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OBJECTIVE

The main objective of this research is to provide an evidence-based portrait of access to services in the official language (OL) of choice for older Canadians in Official Language Minority Communities (OLMC) who need long-term care (LTC), the quality of care they receive in LTC settings, and their health outcomes.

METHODS

- 1) Key stakeholder interviews
- 2) Systematic literature review
- 3) Analyses of health administrative data (ICES) in Ontario

RESULTS

Compared to seniors speaking the majority language, unique barriers to LTC access exist for OLMC seniors, including language, cultural support, family support, and fear and mistrust.

“To find out about the supports available to OLMCs, self-conducted research is often required by the client due to a lack of resources.”

- OLMC seniors needing LTC can self-refer by contacting their local health authorities, where a Care Coordinator will be assigned to support their application. Referrals can also be initiated by a hospital-based Care Coordinator prior to discharge if available support in the community cannot meet their needs.
- OL seniors are not always aware of and may under-utilize community resources that exist to support their linguistic needs.
- A needs assessment is typically completed by the Care Coordinator to determine the appropriateness of a LTC placement.
- Care Coordinators support the selection of potential LTC homes and coordination of facility visits, although choices are more limited for OLMC seniors given that LTC facilities are seldom equipped to offer.
- Placement in a LTC home.

Once placed in LTC, the system places the responsibility on family members, visitors and volunteers to serve as the translator for residents despite their lack of training. Previous literature highlighted concerns about impact on subsequent care.

RECOMMENDATIONS

- 1) Resources supporting application to LTC, material related to residents' rights and responsibilities of the substitute decision makers, and information supporting goals of care discussions in LTC should be available in both OL and other languages that reflect the diverse needs of immigrant populations in Canada.

- 2) In certain contexts, the staff linguistic capacity in both OL (hiring criteria, training at work) as well as cultural support should be increased by providing more language and diversity training for frontline staff and volunteers in LTC and ensuring provision of care is available in both OL.
- 3) There are few studies examining the LTC experience of older Canadians from different linguistic and cultural communities. More research is needed.

