



Supporting Cultural Diversity in Long-Term Care

Needs Assessment and Work Plan for 2017-18

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- Knowledge leaders at the Alzheimer's Societies of Canada and Ontario; and
- Personnel at the Ministry of Health and Long-term Care.

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Executive Summary

Cultural diversity among the Canadian population and within long-term care is expected to increase. Long-term care homes are challenged to recognize and support the culture of their residents at a time when their health and mental capacity are declining. Culture is ingrained in individual identity and affects life and health care practices, traditions, values, and decision making.

This project set out to:

- Explore cultural diversity issues in Ontario's Long-term care homes;
- Determine CLRI contribution to cultural diversity issues for CLRI 2.0 Workplan; and
- Partner for innovation opportunities that benefit Ontario's LTC sector.

It achieved this through a literature review and discussions with a wide range of stakeholders and guidance by an Advisory Group comprised of experts in a number of relevant areas.

This resulting report of findings is intended as an internal document to the CLRIs to inform future work around developing tools and resources to support cultural diversity in long-term care and to scale-up existing successful practices. Findings stemming from exploration of cultural issues and specific long-term health care needs that can be supported by the CLRI Program to contribute to sector care and services improvements are presented in detail. Issues were identified around the acuity of residents, the complexity and constraints of the system and regulatory context that homes operate within, the potential for cultural conflict between and among residents, families and staff.

A number of opportunities to meet the needs of long-term care homes in supporting culture

have been identified. There is a need to share evidence-based information, successful practices, resources, tips and tools. Practices recommended by the literature and key stakeholders or observed during visits to homes are shared along with discussions of the various roles of staff, family and community groups in supporting resident culture. These are presented in the context of supporting culture, language, spirituality, staffing and training practices and dietary services support for traditional foods.

While not all identified opportunities are necessarily ones that could or should be filled by CLRI initiatives, the following types of opportunities to create tools and resources or scale up existing successful practices have been identified:

- Addressing and resolving inter-cultural conflicts among and between, residents, families and staff and to address racism.
- Training for all staff around cultural competence and cultural safety training for all staff..
- Connecting with community care providers to ease the transition from community services to those provided within the long-term care facility.
- Supporting individuality and culture within the standardized environment of regulation and compliance.
- Meeting Accreditation standards for cultural diversity.
- Leadership training that includes cultural diversity, both in academic and in-service milieus.
- Supporting staff in getting to know residents better.

- Using admission questions that ask about cultural needs and preferences and integrating that information into care planning.
- Working with cultural and faith-based community organizations, to connect residents to their services and including cultural activities into programming.
- Knowing about cultural values, traditions and beliefs in a very general way.
- Providing traditional foods, and sourcing ingredients.
- Engaging and working with interpreters.
- Communicating with residents in their language and supporting language use.
- Engaging and retaining care staff, supervisors, board of directors' members and volunteers from many cultures.
- Identifying languages spoken by staff and assigning shifts to ensure language support.

The report has shared some of the practices gathered from key informants and has identified opportunities for next steps for ongoing collaboration with stakeholders, gathering of information, and ideas for research, education and dissemination. Ideas for future initiatives includes:

- Continued advisory committed guidance and further stakeholder outreach;
- Ongoing information gathering;
- Ideas for resources to fill identified gaps;
- Ideas for education and training;
- Ideas for research projects.

The activities and principles of a dissemination plan are outlined, including a strong collaboration with the Associations and other stakeholders to ensure uptake and implementation. A final section discusses evaluation and monitoring of progress and success of efforts of homes to support cultural diversity of residents and of the project as a whole.

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Introduction

It is no secret that Canada's population is aging. The proportion of Canada's population that consists of older adults is significant and growing: 14% of Canada's population is aged 65 or older and this proportion is expected to reach 23% by 2036.¹ This growth will place increasing pressure to provide beds and, with the aging of the baby-boomers, the expectations of care will change. Among the challenges faced by Ontario's long-term homes is the increasing diversity of cultural backgrounds of residents. In 2006, close to 20% of Canada's population was foreign-born and this number is expected to grow to as much as 28% by 2031.¹ This proportion is similar among older adults.²

Project purpose and goals

The Centres for Learning, Research and Innovation in Long-Term Care (CLRIs) are funded by the Ontario Ministry of Health and Long-Term Care. The Program's mandate is included in Appendix A. Among the projects jointly undertaken by the CLRI Program partners in 2016-17 were those that explored issues around supporting cultural diversity in long-term care and around supporting Indigenous culture in long-term care. The activities and results of the *Supporting Indigenous Culture in Long-term Care* project are provided in a separate report. This project, which is a joint initiative of the Schlegel, Baycrest and Bruyere, CLRIs was intended to:

- Explore cultural diversity issues in Ontario's long-term care homes;
- Determine CLRI Program contribution to cultural diversity issues for the CLRI 2.0 Workplan; and

- Partner for innovation opportunities that benefit Ontario's long-term care sector.

The project undertook an initial exploration of cultural issues and specific long-term care home needs that CLRIs can contribute to sector-wide care and services improvements through a literature review and engagement with multiple stakeholders such as:

This report is intended as a CLRI Program internal document to inform future work to develop and disseminate tools and resources to help homes support cultural diversity in long-term care and to scale-up existing successful practices.

Background

Canada's 'ethnic' population includes new Canadians and immigrants, and also individuals who were born in Canada but who identify with the culture of the country of their family roots. Moreover, diversity includes far more than ethnic origin or roots that extend to foreign countries. Diversity is a broad term that embraces all forms of personal culture including those related to ethnic, Indigenous, religious, racial, national, linguistic (and literacy level), gender, sexual, socioeconomic status, occupational (including military service), physical and mental abilities, and other identities, backgrounds, belief systems or cultures. Individual values, beliefs, traditions and behaviors about health and well-being and interpersonal interaction styles are among the traits shaped by these factors.

Moreover, groups are not homogeneous. Differences can be greater within groups than between them and may be based on age,

geographic origins, class and other factors.³ In addition, cultural diversity is present among not only residents of long-term care, but also their care providers,³ and others who surround them.

Cultures are learned, dynamic and evolving. Areas in which an individual's culture may affect their life and care include:^{4,5,6}

- sense of self and self in relation to group, community and social environment;
- expectations from self, life and others;
- perception of and ways of approaching health, illness and death;
- decisions regarding end-of-life issues and spiritual beliefs, rituals and customs including last rites, burial options, disposal of the body, and organ donations;
- decisions regarding control of pain;
- meaning and role of suffering;
- views of hospitals, nurses, doctors and other healers;
- day-to-day rituals and customs (religious and other);
- concept of "home" and what it means to feel at home;
- food choices, dietary practices and traditional foods;
- boundaries related to privacy, physical contact, personal space, age, gender and relationships;
- effectiveness and value of different types of therapies;
- approaches to wholistic care;
- staff assignments;
- concept of time and time-keeping beliefs and practices that may direct activities (e.g., medical testing appointment before sunset, or instructing residents to take medication before or after an event, such as breakfast, instead of at a specific time, such as 08:00 hrs);

- family and social relationships (e.g., roles of family members in decision-making and caregiving, perception of what is best for the individual versus the family as a whole);
- decision-making on consent to treatment (e.g., sharing information versus being shielded by family and having decisions made for them);
- independence/self-care versus interdependence/being cared for by others;
- relationship with nature;
- ways of dealing with conflict; and
- style of communication and communication norms (e.g., eye contact versus avoiding direct eye contact, asking questions versus avoiding direct questioning).

Culture is a big part of how an individual defines who they are and this varies by all the facets of culture defined above. If a resident entering long-term care finds that their culture is not supported or respected, or if they find themselves in an environment where the culture is radically different than their own, they may experience:

- social isolation and loneliness because they cannot speak the language of those around them or cannot relate to them;
- health consequences due to an inability to communicate needs and health information;
- spiritual isolation when religious practices differ from their own;
- distress and even hunger or malnourishment when served unfamiliar foods; and

- alienation when they are not provided with the opportunity to practice familiar traditions or celebrations.

When a resident's culture is not supported, it can impact their resiliency, ability to thrive, enjoyment and quality of life, their mental health and susceptibility to depression, their eating habits and nutrition, and puts them at risk of an increased likelihood of falls, hospitalizations and greater need for pain management and medication.^{7,9} Lack of awareness about cultural differences could result in: treatment in the absence of informed consent; failure to understand health beliefs, practices and behaviour on the part of providers or patients that breaches professional standards of care; or failure to follow instructions because they conflict with values and beliefs.^{4,8}

Relocation to an institutional long-term care setting is a stressful time which can be exacerbated by unfamiliar cultural practices.³⁵ Often the primary caregiver has not only provided nursing and personal care, but has also served as translator and facilitator of care when language barriers and cognitive functioning have served as impediments to accessing care.³⁵ This situation changes with a move to long-term care. When residents feel uncomfortable with their surroundings because of language barriers or differences in social norms, they can feel threatened by different and strange-seeming mannerisms. This can cause extreme anxiety, frustration and depression³⁴ and there is a higher risk of negative health consequences, poor quality care, or dissatisfaction with care.⁸

When culture is supported, residents are provided with an opportunity to communicate, to better participate in social opportunities, to participate in their own care, to live according

to their own values and beliefs and to practice their own traditions. In short, they are better able to thrive and live in an environment where their way of being is acknowledged and accommodated. As one focus group participant noted, respect and support of culture when resident is deteriorating can be the *one* comfort for that resident.

Communication in the resident's own language and ethno-specific care provides physical and mental health benefits such as reduced social isolation, lower rates of depression, fewer falls and hospitalizations,⁹ and improves the likelihood of following medication guidelines^{8,19} and understanding medical decision making. Communicating needs in one's own language can minimize misdiagnosis and assist with accessing appropriate support.¹⁰ Indeed, the homes consulted in this project all discussed the barriers and challenges that come with language, especially when, in the later stages of dementia, a resident uses only their first learned language.

In recognizing the differences that make everyone unique, it's also important to recognize what we all have in common. While there are still cultural and individual ways of interpreting these commonalities, people in general have psychosocial needs that include social connectedness, feelings of belonging, friendship, safety, dignity, well-being and health. In making people feel welcome and included, by saying hello, making eye contact, expressing interest in getting to know a person, finding out what is important to them and valuing their individuality, we acknowledge those basic common needs.

Differing opinions about culture and care can often pose challenges to the delivery of care. Differences and potential conflicts can arise

from varying patterns of communication, work habits, and expectations about how care is to be provided and received.³ Staff can become frustrated if individuals appear unwilling to cooperate with care as a result of the anxiety that comes from being in an unfamiliar environment³⁴ or if treatment is not consistent with their cultural beliefs and customs.

As individuals age, and particularly for those who develop dementia, providing good quality service means providing familiarity through delivering services in their own language, food that they recognize,^{9,10,35,31,12,34,28} and programs that are appropriate for them.^{9,10,35,31,12,34,28} Familiar meals can promote residents' food and liquid intake, which in turn can reduce the risk of malnutrition and unintended weight loss.⁹

Some residents and staff may have experienced or demonstrated racism or homophobia in their lives or outside of the long-term care home. Racism and homophobia affects quality of care and resident health. It can affect worker turnover, stress levels and health, and continuity of care.¹¹ Cross-cultural provider-resident situations can trigger racism and abusive situations, particularly when working with residents suffering from dementia,¹² among whom filters may be weaker.³⁵

Poor cultural support and management of any potential negative interactions between residents or families and staff, or between either ethnic or interprofessional cultures among staff, can result in lower levels of job satisfaction, higher levels of turnover and stress among staff. For example, challenges and barriers that limit PSW's ability to provide culturally competent care have been identified as limited financial and human resources, inconsistency of care due to the high use of casual staff, hectic work conditions that

compromised their opportunity to spend time with residents and learn their unique needs and preferences, lack of time to communicate with residents' family members to learn about the residents' needs, and lack of time to communicate with the Social Worker to access the findings of the residents' initial assessments and learn about the residents' backgrounds.¹³ PSWs in the cited study, and in some of the homes consulted for this project, experienced time constraints that limited attending in-service training, their ability to apply new learning, or spending the time they felt they needed to get to know residents.

Cultural Competence, Cultural Responsiveness and Cultural Safety

Three concepts underlie all conversations about supporting culture in long-term care: those of cultural competence, cultural responsiveness and cultural safety. *Cultural competence* is defined as the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, race, ethnic backgrounds, religions, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each.³ This involves knowing one's own biases, understanding the sociocultural aspects of health, and effective communication skills.¹⁴ Awareness of one's individual role in maintaining systems of oppression is imperative, but perhaps even more critical is to acknowledge the systemic nature of oppression.³ The underlying values for cultural competence are inclusivity, respect, valuing differences, equity and commitment.¹⁵

Culturally appropriate and supportive care recognizes the roles and importance of family

and kinship ties in care practice;³⁵ the role that religious and spiritual beliefs play in care and perceptions of health;³⁵ the impact of language barriers on the quality of care received;^{8,35} and the importance of maintaining traditional health practices and treatments.³⁵ It supports and celebrates resident heritage and associated traditional activities, holidays, worship practices and traditional foods;³⁵ provides the ability for residents to converse in their preferred language;^{4,8,10,16,17,35} and builds a sense of community with residents of the same and with those of other heritage.^{35,18}

A culturally competent organization accepts and respects differences among and within different groups.^{19,15,20} It continually assesses its policies and practices regarding culture, expands cultural knowledge and resources and adapts service models to better meet the needs of the communities it serves, and seeks advice and counsel from clients.^{15,19,4,24} A culturally competent organization is committed to policies that enhance services to a diverse clientele.¹⁵

Integrating skills in culturally competent care meets six aims of quality of health care: safe, effective, patient-centred, timely, efficient, and equitable.²⁰ Using culturally competent techniques celebrates the uniqueness of each individual, increasing their sense of self-worth and can:^{8,35}

- improve communication;
- increase trust;
- improve racially or ethnically specific knowledge of epidemiology and treatment efficacy;
- reduce the rate of diagnostic testing;
- expand understanding of patients' cultural behaviour and environment;
- improve cost efficiency;

- diminish the environmental stress of institutional living;
- facilitate clinical encounters with more favourable outcomes;
- enhance the potential for a more rewarding interpersonal experience and increase resident satisfaction;
- improve health outcomes and quality of care; and
- contribute to the elimination of racial and ethnic health disparities.

Although it is important to be aware of various cultures and customs, cultural competence does not require organizations to be familiar with every culturally specific belief and behaviour. Rather, it requires that clinicians respect the diversity of cultural perspectives that influence the health of individuals and communities.⁸ Planning must be done in consultation with community members about their needs and identifying community-specific requirements.^{8,21} Services must take a wholistic approach to health care, have community acceptance and instill a sense of belonging, security and safety.^{22,23}

Cultural responsiveness moves beyond fundamental cultural competence to reflect a dynamic interplay between two or more people, each of whom brings his or her own ethnocultural reality to the interaction.³ *Cultural responsiveness* is about relationships—relationships with the resident, their values, their support networks, and the community they come from. It includes but is not simply the acquisition of knowledge, skill development, and self-awareness. Rather it requires that staff pay attention and connect to multiple aspects of an individual's cultural makeup.³

Cultural safety is particularly relevant in the interactions with Indigenous peoples. Cultural safety incorporates the idea of a changed power structure that carries with it potentially difficult social and political ramifications.²⁴ It questions and challenges the concept of cultural competence and, by bringing in the notion of safety, it extends the debate by focusing less on the benefits of cross-cultural awareness and sensitivity, and more on the risks associated with their absence.²⁴ Culturally unsafe practices have been defined as “any actions that diminish, demean or disempower the cultural identity and well-being of an individual.”²⁴ Power imbalances need to be addressed so that Indigenous and non-Indigenous ways of knowing can come together and be equally valued. The current power structure undermines the role of Indigenous people as partners with healthcare workers in their own care and treatment.²⁵

A culturally safe approach to care would, at a minimum, involve:¹⁶

- respect for Indigenous views of dementia and of the appropriateness of residential care;
- knowledge of the complexity of the Indigenous determinants of health;
- understanding the role of the family in care;
- relationship development with primary care professionals to help minimize distrust in the health care system;
- culturally specific coping strategies;
- knowledge of historical policies that may affect care giving today and of contemporary policies that result in differential access to care;

- training on appropriate advocacy for Indigenous caregivers and persons with dementia; and
- the development of health promotion and prevention tools that are sensitive to diverse Indigenous peoples’ understandings of dementia.

Demographics

Immigrant seniors have different linguistic, income and health profiles than Canadian-born older adults. The majority of immigrant seniors live in Toronto, Montreal and Vancouver (32%, 11% and 12%, respectively for a total of 55%).¹ In terms of mother tongue, while 93% of Canadian-born report having English and/or French as mother tongue; the corresponding figure for immigrant seniors was only 31%.¹ However, not having English or French as mother tongue does not mean that someone could not converse or understand either or both of those official languages. In 2006, 94% of established seniors reported the ability to speak English and/or French. Among those seniors who immigrated more recently, the percentage was lower (at 51%).¹

Immigrants and new Canadians may have a lower level of financial resources that in turn influences their choices and access to care. Foreign-born seniors are more likely than Canadian-born seniors to have incomes that fall below the low-income cut-off.^{26,27} Immigrant women, particularly those who are visible minorities, are the most impoverished.²⁷ Among the many life choices and opportunities

impacted by income are their long-term care accommodation options.*

The 2003 Canadian Community Health Survey (CCHS) reported that 28% of immigrant seniors who settled in Canada between 1981 and 2003 rated their health as either excellent or very good, compared to 38% of Canadian-born seniors and 36% of long-term immigrant seniors, who had landed in Canada before 1981.¹ The 2009 CCHS reported that although the general health of those aged 65 years and older tended to decline with age, the decline appeared to be faster for immigrant seniors, with fewer immigrant seniors reporting their general health as good or better when compared with non-immigrant seniors. Older immigrant seniors reported lower overall functioning compared with non-immigrant seniors in a similar age range.¹ Racial and ethnic minorities have higher morbidity and mortality from chronic diseases such as lung cancer, breast cancer, and hypertension.^{28,19,10}

There appears to be very little research measuring the prevalence of chronic diseases, substance use, addictions and mental health

among immigrants,¹ and limited research on immigrant populations and Alzheimer's points to a likelihood of later onset among those that speak more than one language but also a lack of knowledge about the disease among members of this population.¹

In addition, access and use of health services appears to differ by ethnicity. Minority elders tend to experience less access to or availability of services than older adults who are White.^{29,4} Ethnic minorities under-utilize hospice palliative care services, which means they are often under-treated, leading to unnecessary suffering and poorer outcomes.⁴ Challenges among members of this population to accessing hospice palliative care services are similar to those for accessing long-term care.⁴ Racial and ethnic minorities are also more likely to have lower levels of literacy, often due to cultural and language barriers and differing educational opportunities. Low literacy may affect patients' ability to read and understand instructions on prescription or medicine bottles and health educational materials.¹⁹

* Through the Long-Term Care Home Rate Reduction Program, the government of Ontario helps low-income long-term care home residents who live in basic accommodation by reducing the cost of their accommodation (services such as room and board) to a rate based on their income. Eligibility is

dependent on living in basic accommodation and having first accessed all sources of income, including all government benefits the resident is eligible to receive. Savings, liabilities and citizenship/immigration status do not affect eligibility to apply for a rate reduction.

Methodology

The project involved a literature review, the formation and ongoing involvement of an advisory group, data collection via interviews and focus groups and the identification of options that could be included in a work plan for 2017-18. Each of these steps are described in the remainder of this section. A visual framework of the project methodology, which was shared with Advisory Group members, and all those consulted during data collection is provided in Appendix B.

Literature Scan

The literature scan was undertaken in September to inform the project and provide a base of knowledge upon which to build through the data gathering process. The search was generally limited to literature published within the last seven years, although some earlier seminal articles were also included. The process looked for academic and gray literature (reports, conference proceedings, dissertations and theses and white papers) on Canadian and international considerations related to cultural diversity in long-term care. The search terms (see side bar) were developed jointly with the CLRI Management team. Source credibility was verified and articles were included in the review if they were deemed relevant, if the full-text was available and if the language of publication was English or French. The time frame for undertaking this project and its potential scope excluded an exhaustive examination of all possible sources. This search, therefore, took rapid review approach.

The identified articles were initially screened based first on their title, then on the abstract or executive summary. The search resulted in the location and review of 7 academic articles and

Cultural Diversity in Long-Term Care Search Terms

Long-Term Care OR Retirement Homes or Retirement Living

Ethnic Diversity OR New Canadians OR Immigrants OR Refugees OR Ethno-cultural OR Diversity

Discrimination OR Racism OR Ageism OR Cultural Relevance OR Integration OR Inclusion OR Marginalization OR Vulnerable Groups OR Equitable OR Inclusive OR Underrepresented Groups OR Minority

Older Adults OR Senior Citizens OR Retirees OR Seniors OR Elders

Programming OR Resources OR Tools OR Research OR Policy OR Guides OR Handbooks

31 gray literature documents. An annotated list of references with the bibliographic information, country of origin, abstract and key findings of each article was created for internal use. A summary document was created for internal use to inform the Advisory Group and project team. This document was validated with the Advisory Group and findings have been vetted by multiple stakeholders who reviewed a draft of this report. Literature review findings inform the background section above and are used to further support practices and potential work plan ideas below.

Advisory Group Formation and Activities

A project Advisory Group was formed via invitation of individuals who were recommended by key stakeholders and by the initial group members. The list of members is

included in the Acknowledgement section above. Members were invited by way of an e-mail that introduced the CLRI Program and the project and included a draft Terms of Reference (included in Appendix C).

Members had diverse backgrounds and brought the following knowledge of issues to the group:

- Culturally diverse long-term care and culturally specific long-term care;
- Health equity;
- Sexual orientation and gender identity;
- Policy;
- Representation of the Associations that work with long-term care homes and their residents and families at various levels;
- Research;
- Knowledge exchange;
- Administration;
- Front-line experience;
- Gerontology; and
- Experience in supporting conversations with families, residents and staff about honouring cultural practices and values.

A representative of the Ministry of Health and Long-term Care was invited to join the Advisory Group but was unable to attend.

Since the initial meeting in late October, the group has met monthly and discussed the following themes:

- What are the key issues?
- Who should we talk to in our data gathering efforts?
- What should we be asking?
- Do the findings from the various sources make sense?
- Do the ideas for future activities make sense and are they feasible?

- What else could/should the CLRI Program consider doing to support Ontario's long-term care homes support resident cultures?

In addition to monthly meetings, ideas were also gathered from members of the Advisory Group via an on-line document that provided a place to park ideas for discussion. This document was shared with all group members and provided an asynchronous place to jot down thoughts to build upon with the group or to share ideas for tools and resources. It was promoted as a 'safe' space in which to brainstorm.

The group has been responsible for review and approval of the initial literature review findings, data gathering documents and a draft of this report.

Data Gathering

Data were gathered via consultation with key informants from the long-term care sector. One-on-one in-person and telephone interviews and focus groups gathered information from:

- Directors of Care;
- Long-term care home social workers, chaplains and spiritual care coordinators, resident coordinators, dietary and nutrition staff, recreation and life enhancement staff, nursing directors, personal support leaders, nurses, personal support workers, maintenance staff and administrative staff;
- Staff responsible for research, ethics quality control and risk;
- Residents and family members; and
- Representatives of sector associations, CCACs and accreditation organizations.

Interview and focus group guides were developed to provide structure and an idea of

topics to cover. Whenever possible, participants were supplied the guide ahead of time and informed that these guides were to inspire ideas and that conversations would follow the lines of thought that were important to the respondents. For all encounters, the conversations were facilitated to follow a natural flow. However, guide topics were generally covered by the end of each encounter. Copies of the semi-structured interview and focus group guides are included in Appendix D and E.

A case study template was developed but actual case studies were not undertaken. The depth and format of data gathering was felt to be too much of a burden on respondents and the quality of data gathered via sharing these guides ahead of time was sufficient to inform the project. A copy of the template is included in Appendix F.

In addition to multiple Advisory Group meetings, the project involved 9 site visits to

long term care homes, 17 group discussions and 19 one-on-one interviews were held with a total of 109 individuals. Project findings are provided in the section below and the recommended work plan follows.

Vetting Findings

A final activity involved sharing a summary of the information gathered and ideas generated via the literature review, consultations, focus groups and brain-storming space with the Advisory Group, via a PowerPoint presentation and teleconference, for initial comment and validation. The draft report was created based on these discussions and it was shared with the Advisory Group members, the CLRI Management Team and several other key informants for comment and validation of findings. The report was finalized based on the comments received.

Findings

In the discussions with the stakeholders, several key issues and themes related to supporting residents' cultures emerged. They are discussed below along with supporting documentation identified from the literature.

Context: Challenges

There are many challenges and contextual factors that form the backdrop to supporting culture. These include the health and social status of residents, historical trauma,[†] cultural conflicts, language issues and the need to operate within regulatory constraints.

Diversity and Acuity

One overarching challenge is the increasing acuity levels of long-term care residents and the diversity of ages. As one Director of Care put it, "programming is geared to an 85-year-old lady and we have some 18-year-olds in here." Similarly, the multitude of cultures, including deaf culture or the culture of those with developmental disabilities coming from a group home environment, further add to resident diversity. While it is impossible to do everything for everybody, homes are doing their best to get to know a resident and address their needs and preferences.

Cultural Conflict

Cultural conflict can arise from different types of relationships and interactions. There is potential for cultural conflicts between residents, between residents and staff, between family members and staff, and between staff of

Key Players in Providing or Ensuring Cultural Support

- Organizational and operational support for policy, training and quality (i.e., head offices of chains and municipal leads)
- Ministry Policy makers and Inspection Staff
- Administrators and Boards of Directors
- Executive Directors
- Directors of Care
- Nurses, Personal Support Workers, Doctors
- Life Enhancement, Recreation and Programming Service Providers
- Dietary and Nutrition Services
- Social Workers
- Chaplains
- Ethicists
- Researchers
- Family and Residents' Councils
- Associations (Ontario Long-term Care Association, Ontario Association of Non-Profit Homes & Services for Seniors, Ontario Association of Residents' Councils, Family Councils of Ontario, Ontario Association of Long-Term Care Clinicians)
- Ontario's Centres for Learning, Research and Innovation in Long-term Care
- Health Quality Ontario
- McMaster Healthy Aging Portal
- Seniors Health Knowledge Network

[†] Please note that, while much of the background and context included in this report can be applied to that of Indigenous people, specific background and

context of this population is included in the separate *Supporting Indigenous Culture in Long-term Care* report.

different ethnic or professional cultures. In addition, tolerance and acceptance of people from different cultures may be altered by the effects of dementia.

Organizations have the opportunity to address this by managing the dynamics of difference²⁰ and identify conflicts in culture among staff and residents that may exist.³¹ For example, while little can be done to change the behaviour of elderly residents, a supportive team environment for the person who is experiencing racism, can reduce some of the negative effects.¹² One home mentioned that they approach each conflict with the premise that their home has a *culture of kindness* that underlies all relationships and interactions and that they use when opening conversations about conflict. Another noted that they remind staff that in long-term care, “we are not always encountering residents at their best” and some allowances have to be made for the behaviour of these residents.

Placement Challenges

Disruption in cultural support is posed with the lack of opportunity for residents living elsewhere on a campus to transfer from senior living to long-term care on cultural campuses. A resident’s life is disrupted when they are unable to move seamlessly between buildings in the same cultural environment.

Some homes have noticed that there appears, in some cases, to be a difference in the information about the extent or nature of the resident culture of a home that is communicated to families and incoming residents from placement representatives, and what they actually experience upon admittance. There have been reported cases where families are told that a home ‘has some residents of a

particular culture’ but that it won’t impact their own culture, when, indeed, the pervasiveness of that culture is higher, which results in a mismatch of culture in the unit.

Regulation

Supporting cultural diversity is also affected by regulatory and procedural requirements. From a regulation standpoint, there is a potential incongruity of values between the regulatory requirement to standardize everything and the need to provide resident-centered, individualized, personalized and culturally relevant care. Activities that support individual cultural preferences or practices may differ from the regulation requirements. For example, dietary traditions or preferences may differ from the regulated meal standards.

Ministry requirements also come into play around the requirements of designating a cultural floor or secure unit. For example, while there are advantages to gaining a cultural unit designation, there are also some challenges. For example, homes may not have sufficient number of bilingual staff to achieve a designation, although they offer services to a language group to the extent they have staff.

In addition, achieving a Ministry designation as a secure floor may necessitate accepting a crises placement of a person who is not of the unit’s culture. Such placements may result in social isolation of the placed individual due to language or other cultural barriers and even paranoia when they can’t decipher whether a conversation may be about them. Such placements also have the potential to reduce the cultural cohesiveness of the unit. Placement of such individuals may cause stress and impact their ability to thrive as well as impacting existing residents. While there are data indicating that this is a rare occurrence,

ensuring cultural matching is something to keep in mind during the placement process.

Some homes have not let regulation and legislation stop them. For some, culture is who they are and how they do things. Others celebrate diversity and take accommodation of cultural practices in stride as part of their corporate culture.

The literature supports the accommodation of cultural preferences in whatever way possible that does not compromise resident

safety.⁵ In all homes, there was a staff acknowledgement that the facility was the *residents' home* and their wishes came first as long as it was safe to accommodate them. However, there are sometimes conflicts between culturally based needs of and individual and legislation intended to apply to all residents uniformly. For example, a traditional meal, preferred by a resident, may not conform with legislated meal requirements.

Accreditation

Accreditation processes also play a role in the cultural support provided by homes. Planning for supporting cultural diversity is part of the accreditation processes under at least one system (of which there are two in Ontario). Under CARF,[‡] the Cultural Diversity Standard requires a written cultural diversity plan in the accreditation process. This is certainly on the radar of Accreditation Canada, as we heard that

[‡] The requirements of Accreditation Canada have not yet been examined due to time constraints.

it is currently pilot testing linguistic standards in one of the bilingual homes consulted.

Creating a Culturally Supporting Long-Term Care Home

Organizational Practices and Attitudes

At the organizational level, culturally appropriate care involves flexibility and creativity in providing for resident's cultural values and practices^{10,35} and an ongoing process for identifying and implementing innovative strategies. This includes incorporating culturally appropriate practices in all aspects of policy making, administration, strategic planning (mission, vision and value statements as well as annual goals and objectives)^{4,8} outreach, programming, practice and service delivery.^{8,20}

The literature notes the importance of the promotion of facility-wide responsibility to combat racism, classism, ageism, sexism, homophobia, and other kinds of biases and discrimination.¹⁹ For example, organizations can hold sensitivity training or discussions about how staff may feel in certain situations such as caring for a trans-gendered person, or welcoming partners of LGBTQ residents (including according equal privacy) or LGBTQ sons or daughters who may visit a resident. Posters that promote respect for diversity and inclusion contribute to creating this organizational culture.¹²

Practices that demonstrate and encourage valuing diversity^{31,12,8,30} include consulting residents, families, key stakeholders and community agencies to seek input regarding their needs, concerns, practices and desires when designing ethnically appropriate

programs and activities. It also includes listening staff to identify ideas, concerns, areas of potential friction and what they are hearing from residents. Establishing cultural councils also contribute to encouraging input and feedback.³⁴ Some homes have cultural advisory committees which provide a forum to discuss and learn about cultural practices and resident culture and can also explain why some things can or cannot be done and thus get support from the community.

Leadership

There needs to be a commitment to cultural competency and leadership by senior management with respect to its implementation to create a consistent facility-wide, person-centred atmosphere and practice.¹⁴ Among the homes visited it appeared to be the commitment from leadership that made the difference in the level of cultural support. Among the homes that supported it well, the leadership appeared to focus on “what can we do and how,” rather than “we can’t do that because...” This is not to say that the challenges are not real. Budgetary constraints mean that providing for one group, may mean, to some homes, not providing for another, creating another type or unfair delivery of care. However, some homes have found a way to be fair and supportive to all. Senior management must demonstrate valuing diversity and the acquisition and institutionalization of cultural knowledge for this commitment to trickle down to all levels of staff.²⁰

Getting to Know Residents

With all the potential and overlapping cultures that a resident might identify with, and the varying importance of any particular part of their identity on a given day, supporting culture,

in many ways, boils down to knowing a resident well. This comes through obtaining basic information on admission, consistent staff assignments, taking the time to build a relationship, and sharing that information with other staff and volunteers through documentation and discussion. It also involves asking the resident about what practices are important to them, what they like to be called and about their preferences in general.

There are ethical challenges in developing cultural competence, in terms of creating a balance between understanding overriding themes of a culture (and potentially generalizing), and in focusing on the unique needs of a person. It is important to recognize that within all cultures, there is diversity. For example, the US Hispanic culture includes people from Mexico, Spain, South America, and US born citizens, and they each have unique needs and values within their identity of being Hispanic.

Admission procedures and assessments should include Identification of the cultural background and explore the language preferences and abilities, and the resident’s social and cultural needs.^{31,12,18} This is also a time to establish a rapport with the resident’s family; arrange a family tour of facility, explore family expectations, explain service limitations, etc.¹⁸ Other admission practices could include arranging to have the resident greeted in their own language upon arrival,¹⁸ and informing residents and family members about staff respect policies, acknowledging that the resident’s health condition may dictate their ability to adhere to them.¹² Some homes consulted noted that they meet with the family a week prior to admission, where they hold these types of discussions and ask about

cultural and spiritual practices, and dietary habits.

It was noted that standard prompting questions about culture, traditions and food preferences would be great to have for inclusion in admissions and electronic documentation. Some homes use a sheet called “Getting to Know Me” that gathers information about the resident from families and capable residents. This will be a good start to creating an inventory of such questions.

A focus group participant felt that the question around religious practices can be asked too many times (at admission, by recreational staff, by the spiritual care staff, etc.) and if the resident does not practice a particular faith, they can start to feel guilty or expected to have one. She suggested identifying the best time and staff person to ask this and only ask it once.

Families also have a role to play in introducing the resident to staff and sharing information about who they are and what cultural values and practices are important to them. Along with the resident, they can communicate important values and practices along with who the resident is and their life history. A process for working with families and residents is depicted in the Infogram³² of Principles of Family Centred Care, presented in the side bar.

When accommodating cultural considerations within the delivery of health care, treatment teams should work to include information in assessments, conferences and progress notes about the resident’s ethnicity and cultural beliefs and the role they play in positive treatment outcomes⁸ and patients and family members should be included in in treatment decision making.⁸ Healthcare providers should coordinate with traditional healers,^{5,19} when

Developing Ongoing Relationships



The circle depicts actions to take in developing ongoing relationships with residents and their families. The principles of how to go about each of these actions are as follows:

1. People are treated with dignity and respect. The expertise, preferences, and culture of each individual and family are valued. These features form the basis for communication and relationships.
2. Health care providers communicate and share complete and unbiased information with patients and families in ways that are useful and affirming.
3. Individuals and families build on their strengths by participating in experiences that enhance control and independence.
4. Collaboration among older people, their families, other community caregivers, and health care providers occurs in policy and program development and professional education, as well as in the delivery of care

Guiding principles include:

- Base communication on respect for family expertise, preferences & culture
- Share complete & unbiased information in a useful and affirming way
- Create shared experiences that build on strengths to enhance control and independence
- Collaborate to develop policy, programs, education & care together

they are included by the resident and treatment modalities include alternative culturally specific interventions.⁸

Creating a Culture-Supportive Space

A long-term care facility needs to feel like home to a resident, according to that individual's definition of home. It is important to create a 'home like' design and atmosphere that includes elements from the home's cultures.¹⁸ Homes have identified their cultural units (e.g., French units, Chinese units, Deaf units, Portuguese units, etc.) within Ministry protocols and some homes have been built or evolved to focus their services on a single cultural community (e.g., Italian, Ukrainian homes). Regardless of their level of cultural homogeneity or diversity, homes work to provide a cultural environment for their residents that include music, artwork and even television programs that are cultural or linguistic matches to their residents.

Providing culturally sensitive decorations, art work, reading material and directories,^{8,34} and playing music from different cultures.^{12,30,33} to create a culturally familiar environment is consistent with recommendations in the literature. Homes also have the opportunity to showcase various cultures in the lobby and common areas.¹² This practice was evident in some of the homes visited.

Recreation and life enhancement staff also note practices consistent with the literature through the incorporation of cultural themes, traditions and customs into daily programming. This exposes residents and staff to elements of both their own and other cultures, contributing to a sense of community in the facility.³⁴ Recreation and life enhancement staff also ensure the provision of culturally based activities, outings,

special events, celebrations, recreational programming, and hobbies and crafts.^{12,8,18}

Many of the homes visited during this project have clusters of residents from a particular culture. While there are Francophone and Deaf Culture designated floors among those consulted, there are also non-designated cultural units and homes with a high-proportion of residents from a culture (e.g., Chinese, Portuguese, LGBTQ and others). These clusters develop due to factors such as:

- the cultural make up of the surrounding neighbourhood;
- spreading of the word within a cultural community that community members are living in this home and receive care in their language and support for their culture;
- making contacts through working with community cultural centres or faith communities to plan celebrations and support culture within the home,
- inviting politicians and other public figures to events such as: flag raising during Pride week; Lunar New Year; Shrove Tuesday pancake making; or Remembrance Day celebrations; and benefiting from free media coverage, and
- family members and community members who follow each other.

Some homes have worked to reach out to the community themselves through bringing in cultural groups support residents of the same culture. For example, bringing in ethnic community groups to participate in the celebration of cultural holidays (e.g., Shabbat, Chinese New Year or Cinco de Mayo); providing musical or choral entertainment or cultural performers (e.g., Ukrainian dancers, Indigenous drummers, or a Drag Queen performer), bringing in students of language classes,

bringing in high school volunteers, or inviting volunteers from various ethnic organizations to serve as guest lecturers.³⁴ Some report participating in community events (e.g., a float or bus in the Pride or St Patrick's Day Parade or attendance at a celebration held at a cultural centre). Furthermore, in some homes, a cultural community group has volunteered to come into the home and organize events for its seniors and even fundraise for cultural amenities in the home. Finally, in the case of LGBTQ friendly homes, it may be important for residents to be in a home where their gay family members are welcomed and accepted so that they are comfortable visiting a resident. Families also ensure connection to cultural roots by transporting residents to cultural events held outside the home and linking residents with community agencies.

Finally, resident spirituality is a big part of their identity. There is a need to provide a place of worship that is respectful of resident needs, including language.³⁵ For many homes, this means providing a multi-faith space that offers a place for quiet reflection, religious services and spiritual support. Homes generally have chaplains who can lead services and who will arrange for leaders of other faiths to visit residents or lead services.

Supporting Language Use

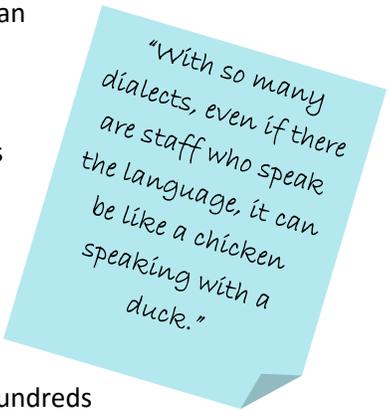
Language is closely tied to culture. The ability to communicate is important for both social connectedness and discussion of health status, symptoms, and medical concerns with medical personnel. While some residents of long-term care may only speak a language other than English, others may lose their ability to access English and revert to the first language they knew with progression of dementia. Most of the homes consulted identified language capacity

and communication with resident especially in advanced dementia as one of their key challenges in supporting a culturally diverse population.

When a resident becomes frustrated or agitated, it is essential to speak with them in a language in which they can communicate their needs and concerns and also to receive the calming approach of being spoken to in their own language. Furthermore, it is important for staff to be able to tell a resident where they are taking them or what routine it is time for, so the resident does not feel threatened or confused by being moved without explanation. Many homes consulted noted that they include language preference in their care planning process, however this information may not include an assessment of language literacy level.

It is important to consider literacy levels and the variety of dialects within a language group. Individuals may have different levels of literacy in different languages. For example, some Francophones, who grow up in Ontario, may speak French but have higher reading literacy in English, due to the nature of the environment in which they grew up and worked in. In such cases, it may be more useful to have a conversation rather than provide written information.

A different challenge is presented by the existence of numerous dialects. For example, within the two main Chinese languages, there are hundreds of dialects, making it impossible for a staff member who speaks even both main languages,



"With so many dialects, even if there are staff who speak the language, it can be like a chicken speaking with a duck."

to be able to converse with residents who speak different dialects.

Staff who speak the language of the resident are often called upon to interpret and to communicate with that resident. In addition, homes try to arrange to have bilingual staff work with and interact with residents who speak the same language. This practice is encouraged by the literature.^{18,35} However, caution was noted by an interview participant who raised the point that staff with a particular language skill can burn out if a lot of interpretation requests are placed on top of their regular duties.

Some homes attempt to include languages spoken on an employee's file and to list designated bilingual positions and bilingual staff, to ensure that at least one bilingual speaker is assigned per shift. They have expressed a desire to explore ways to better identify the languages spoken by staff on a shift, for example, by posting language abilities on the shift responsibility board. The literature also notes that the list of bilingual staff and positions should be regularly updated and languages spoken should be indicated on name badges.¹⁸ At least one home noted that they indicate language abilities on both name badges of direct care staff and on staff business cards. Interviewees noted, however, a difficulty in assessing the language ability of staff and that some staff, who might have some capacity, might be reluctant to volunteer that they speak a language if they lack confidence or are unsure it would meet a specified standard. Some homes assist staff with language training, a practice recommended by the literature.¹⁸

While prospective staff have an advantage in the hiring procedures if they speak the language of a cultural group in the home, retention is

sometimes an issue. They cannot be forced to stay with a unit and have the right to apply to other positions in the home if they want to perhaps change to a different shift or move to a different floor. This can mean that the resident(s) who speak that language will lose their connection with that staff member. One home has seen this as a way to seed the language abilities and culture more widely throughout the home, while others, where members of a particular language group are scarce, have struggled with retaining staff to interact with residents that speak the same language. Furthermore, the ability to schedule a language speaker to each shift can be affected by such things as union rules around scheduling.

When staff speak a language that is different from that of the residents, it is important to limit or forbid their speaking to each other in their own language in front of a resident who does not understand it. Such a practice can lead to isolation, suspicion and reduce feelings of connectedness and even safety. For example, when two staff are bathing a resident and are speaking their own language and laughing, it can create an uncomfortable and threatening situation for an exposed vulnerable resident.

Family members have a role to play in interpretation for their loved one. This can include expressing the resident's needs and concerns as communicated to them in the resident's language, to staff. Family members can also assist in the creation of a list of key phrases or terms that are important to the resident, that could be posted on the unit, in the care plan or posted in the resident's room. Laminated phrase cards created with the family and where words are spelled phonetically in English would assist staff to communicate in very basic ways with the resident. Use of

communication boards, with pictures and symbols, can also facilitate communication with residents.¹⁸

Others involved in informal interpretation include family employed companions, who also hold conversations with residents in their preferred language, and other residents' family members. Family members of other residents may sometimes be uncomfortable interpreting due to privacy and liability issues or differences in dialect.

Professional interpretation services are used by homes in the absence of staff or family assistance and particularly when privacy or liability might be an issue (e.g., when communicating health information). However, homes find the cost associated with these services can create a barrier. Homes in urban centres may have better access to interpretation services than those in smaller towns or rural areas. Toronto homes have access to the University Health Network interpretation hotline and Ottawa homes have access to interpretation through the 311 service. The extent to which these services provide interpretation in Indigenous languages has not yet been investigated.

The literature supports the use of adequate and appropriate interpreter services,^{3,19,9} and ensuring that they are readily available.⁸ It also suggests the provision of health information for patients at the appropriate literacy level and targeted to the language and cultural norms of specific populations,⁸ and translation of any formal documents that need to be completed and signed.¹⁸ Some homes translate key documents, signage, menus, activity calendars and brochures.

Language based activities, recreational programming and life enhancement practices in homes consulted (particularly in single culture/single second language) homes include incorporating languages into programming, social activities in the language (for example, sing alongs), providing newspapers in the residents' language(s), providing access to a TV channel from the country of the language. Speeches and introductions at events that include phrases from the home's additional languages is another way to include resident languages.

Along with the practice of providing language based or culturally based units, some homes will introduce members of similar cultures to each other. The literature suggests grouping people with common language together to improve social interaction.¹⁸ However, one focus group participant noted that programmers must be careful not to make assumptions, stating that "Not all Italian men will have the same things in common."

Staffing Practices

Staff play an important role in supporting the culture of residents. Consulted homes noted that they try to hire staff from the culture of their residents. The literature notes that homes should attempt to ensure diversity among staff,^{3,19} administrators, boards of directors,³ and volunteers through hiring and promotion practices.^{15,36,35,4} However, the cultural mix of the staff may not be the same as the cultural mix of residents. Interview respondents noted that the culture of neighbourhoods changes over time. Often, the people who used to live in the neighbourhood, who have moved into a local long-term care home, sold their homes to the people who are now caring for them and that this next generation is sometimes from

another culture. This creates a cultural mismatch of residents to available staff.

Another issue, for many homes is recruitment and retention of staff in general, and staff with various cultural backgrounds in particular. While in downtown Toronto, a highly culturally diverse home is fortunate to have hiring access to culturally diverse students from nearby colleges, most homes are less fortunate.

It is important to also recognize that some cultural communities are very tightly knit and staff may not want to work with residents from their own community. In some communities “everyone knows everyone else’s business” and staff may not want to run into members of their cultural community at work or into resident family members in their personal time.

Ensuring consistent staff assignments³⁴ supports culture through relationship building and better knowledge of the values, traditions and beliefs of a resident. In some homes, high staff turnover, the use of casual staff who are not available full-time, shift assignments directed by collective agreements and the rotation of staff across floors or among homes, can lead to a lack of this consistency. However, even when there is consistency of assignments, some care providers feel that taking the time to have respectful conversations to get to know the resident conflicts with the pressure to be seen to be “on task.”

The literature also notes that staff who embody the following skills and attitudes are likely the best suited to the support the cultural needs of residents:

- Curiosity, empathy, respect, and humility.¹⁹
- The ability to develop a trusting relationship with residents and to show empathic understanding.⁴

- The ability to develop an understanding of the resident’s culture, customs, traditions (especially those around healing and wellness), social structure, food, celebrations, spiritual beliefs and the roles of family and community.^{28,4}
- Assessment and consideration of how cultural factors may influence behaviors, including evaluating residents’ world views and levels of acculturation,⁴ and responses to illness and care needs.⁵
- Understanding resident health literacy levels.^{28,19}
- The ability to utilize culturally appropriate interviewing techniques, taking into consideration the level of intrusiveness and directness, social distance, formality, and ways of addressing residents.⁴
- Awareness of and sensitivity to the verbal and nonverbal communication imparted by residents.^{20,4}
- The ability to use approaches that focus on inquiry, reflection, and analysis in acknowledging that culture is just one of many factors that influence an individual's health beliefs and practice.¹⁹
- Engagement in ongoing reflection regarding cultural sensitivity.⁵
- Confirmation of understanding to ensure communication is accurately interpreted.⁵
- Sensitivity to issues of power, trust, respect and intimacy in the care provider-resident relationship.⁵

Training

While the literature supports allocating resources for cultural competence development,^{4,9} union rules, the amount of time required to complete mandatory training, and other regulations can limit the number of hours that can be required for staff training. Budget

constraints around backfill, registration fees, travel, purchasing modules or bringing in trainers, further limit access to training.

Some homes noted that they include some cultural sensitivity training and background to their residents' cultures during orientation, noting that it is important for staff to know something about the history of their residents' country and also their historical triggers. For example, if, when they were growing up, hearing a particular language spoken might have indicated danger, then hearing this language in the home might be stressful for the resident. Similarly, residents from cultures who may have been at war during their lifetime may carry particular thoughts or feelings about another resident from the 'enemy' culture, based on that experience.

Along with a requirement for cultural competency training,⁴ the literature notes that components of care provider training programs should include:

- Discussion of the history, culture and language of resident populations to provide an understanding of cultural traditions,^{3,19} the intersection of spiritual beliefs with care practices,³⁵ and the historical context of ethno-specific immigration experiences.³⁵
- Providing skills that are universal to culturally competent care, as it is almost impossible to know everything about every culture.¹⁹
- Increasing awareness of the influences that sociocultural factors have on patients, clinicians, and the care relationship.¹⁹
- Discussion of how to recognize and acknowledge personal beliefs and cultural biases¹⁹ and how to keep them from influencing resident care.³¹

- Information about the supports that are available to address any bullying, harassment and racism.¹²
- Health care leadership development for staff of all cultures⁸ to ensure equal opportunity for leadership and promotion.

One home highlighted the importance of selecting people with the right background when sending them to a train-the-trainer session. While homes sometimes have difficulty identifying and releasing two people who can attend, this sometimes means they are not sending the ideal person to go. For example, if one of the people they can free up to send is someone who is uncomfortable discussing the subject matter or who would not be in a position to apply the learned skills, perhaps they are not the best person to send to on a course. For all training opportunities, there needs to be promotion of who training is directed to and some way to support the right people attending.

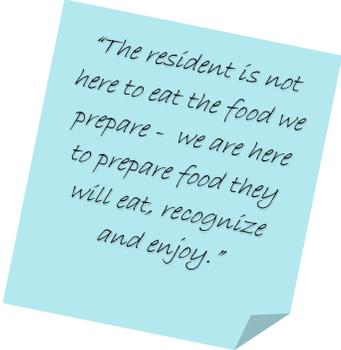
Dietary Services

Food is an important part of daily routine and a way to provide familiar aromas and tastes to residents. Resident's may be uncomfortable or dissatisfied with, and perhaps even refuse to eat, food they are not familiar with. Without proper nutrition, residents will not thrive. Consulted homes are finding ways to offer a greater variety of traditional foods and working with vendors to identify safe and approved sources for the necessary traditional ingredients and to prepare them within the constraints of standardization, quality and quantity preparation. They look for ways to prepare recipes brought in from families, whether they are traditional to a culture specific or just perhaps a resident favourite. Modified texture foods offer their own unique challenges,

especially when incorporating cultural flavours, but interviewees at one home stated that the vendors are doing a good job.

On specific cultural holidays or celebration days and during cultural weeks (where the home celebrates all its cultures with the residents), homes might prepare traditional meals for all residents to try. Bringing in chefs to share traditional preparation techniques or religious leaders to discuss the importance of preparation practices (such as those associated with Halal or Kosher) have provided kitchen staff with new knowledge and tools for creating resident meals. The literature supports designing meal plans that are appropriate to the clientele of each facility³⁵ and introducing traditional foods³⁴ from diverse cultures to all interested residents and staff.

Homes sometimes order in takeout from local (public health inspected and approved) restaurants and families are encouraged to take their loved one to restaurants and cultural events that include food. There are some responsibility issues around pot-lucks in the home where the responsibility of the food quality and offering it to the resident has to be assumed by the family. Similarly, homes will not transport a resident to an outside pot-luck but a family member can, to ensure that it is the family member who is taking the responsibility for the resident's safety.



"The resident is not here to eat the food we prepare - we are here to prepare food they will eat, recognize and enjoy."

Key Support Needs

The discussions in the previous section have identified some key opportunities for ensuring support of cultural diversity in Ontario's Long-term Care sector. There are homes in the province that are doing some of these things well and others who are looking for ideas and support.

Not all of these opportunities are necessarily ones that could or should be filled by CLRI initiatives. However, the following types of opportunities to create tools and resources or scale up existing successful practices have been identified:

- Addressing and resolving inter-cultural conflicts among and between, residents, families and staff and to address racism.
 - Training for all staff around cultural competence and cultural safety training for all staff. While some LHINs have mandated this, the way in which it is implemented is potentially unique to each home and certainly uneven across the province. This work should not be the work of the CLRI Program. Indigenous organizations should be the primary creators, but perhaps the Program could lend some dissemination or knowledge broker support. Awareness campaigns that provide information about what comprises quality of life for an Indigenous senior and ways to respect and honour those concepts could provide ongoing reminders of the training content.
 - Connecting with community care providers to ease the transition from community services to those provided within the long-term care facility. As residents move into a home and transition from their community service providers to in-home care services, there is little background material to support the transition.
- Supporting individuality and culture within the standardized environment of regulation and compliance.
 - Meeting Accreditation standards for cultural diversity.
 - Leadership training that includes cultural diversity, both in academic and in-service milieus.
 - Supporting staff in getting to know residents better.
 - Using admission questions that ask about cultural needs and preferences and integrating that information into care planning.
 - Working with cultural and faith-based community organizations, to connect residents to their services and including cultural activities into programming.
 - Knowing about cultural values, traditions and beliefs in a very general way.
 - Providing traditional foods, and sourcing ingredients.
 - Engaging and working with interpreters.
 - Communicating with residents in their language and supporting language use.
 - Engaging and retaining care staff, supervisors, board of directors' members and volunteers from many cultures.
 - Identifying languages spoken by staff and assigning shifts to ensure language support.

Opportunities for CLRI 2.0

At the time of this report, funding for the CLRI Program for 2017-18 and beyond is still pending. The amount of any such funding is also unknown. This report set out to identify key issues and potential ways that a future program might address them. This section provides some ideas for activities to include in the creation of a future workplan, once funding parameters are known.

The main long-term care sector impact of this project is increased support for cultural traditions, values and practices in care and services for residents and families. Given that this project will receive funding, the project would work with the stakeholders identified and contacted during 2016-17 and continue outreach to identify existing and to co-create new tools, resources that will help long-term care homes to support Indigenous culture, values practices among residents. It will achieve this through:

- Expanding the research and consultation work done in the 2016-17 planning year to include new partners, reach out to a broader base of stakeholders and investigate issues in more depth, including how this is achieved in other jurisdictions in Canada and in similar countries.
- Work with the stakeholders identified and contacted during the 2016-17 planning process, and with an expanding group of new stakeholders, to further identify existing and to co-create new practices, tools and resources that will help long-term care homes to support resident culture, values, traditions and practices among residents.

- Work closely with stakeholders to identify the best ways to disseminate and scale up practices, tools and resources.
- Work closely with other CLRI projects to integrate recognition of cultural needs, traditions, practices and values in their work.
- Work with education to integrate cultural diversity into pre-service and in-service curricula.
- Partner for innovation opportunities that benefit LTC.
- Continue to focus on made in Ontario solutions developed specifically for Ontario's LTC sector.

Scope

The CLRIs will continue the relationships established during the needs assessment phase and reach out further to new partners to assist with the co-creation and delivery. Such partners include cultural health alliances and organizations and long-term care providers, LHINs, home care service providers, Ontario Ministries, human resources experts, universities/colleges, and other identified experts. Sectoral support will continue through the ongoing engagement of OARC, FCPO, OLTCA, OANHSS, etc. The project will continue to identify existing tools, resources and successful practices to share them as is or adapt as needed, and to co-create tools and resources where there are none. It will work to share these tools, resources and successful practices to homes across the province to strengthen the sector as a whole.

Education and Knowledge Transfer

The purpose of this deliverable is to identify, co-create and disseminate tools and resources

through on-line materials and web links, webinars, newsletters, preservice presentations, in person presentations at conferences, and a Community of Practice. This project will reach out to and work closely with other CLRI projects to ensure that awareness of the language needs, cultural values, practices and traditions are recognized by and woven into these projects.

This is a project with broad reach. The CLRI will support practice dissemination and education/resource development targeting all levels of staff and administration along with associations membership, policy makers and researchers. Specific tools will be developed for different target audiences (for example, information about cultural foods will be directed at food service leaders).

Research

This deliverable involves collaborative sector engagement work to identify key partners to support the development one or more research projects from among several idea suggestions. Potential researchers and collaborative partners will be contacted to gauge interest and supported in their project planning and research submission for funding.

The CLRI Program strategic plan will prioritize ways to build capacity for research overall. Research capacity-building components of this project should look for ways to build upon and support identified directions.

Activities and Milestones

Continued Advisory Committee Guidance and Further Stakeholder Outreach

The project will continue to build upon the relationships established during the 2016-17 needs assessment and planning phase and

continue to roll out the relationship building and consultation with more key informants. This activity will expand upon the knowledge gathered regarding promising practices in homes and requirements for resources and tools that would support cultural diversity in homes.

Members of the Advisory Committee will be asked if they would continue to be engaged and some additional stakeholders may be asked to join. They will provide a knowledge *exchange* function, through both bringing knowledge of the subject matter and the characteristics of various audiences and their needs to the program but also serve as a link back to the target audiences. In advising on the tools and resources they will serve as the voice of their communities and ensure that the tools and resources reflect the informational and delivery method and channel needs of their respective communities.

This committee will:

- Provide guidance to the activities of the project and review products and resources;
- Inform the CLRI program in terms of approaches to support this community with respect to practices, education and research needs in Culturally Specific Long-term care homes and Homes that have a diversity of residents;
- Advise on optimal ways to share products and resources with appropriate members of Ontario's LTC sector; and
- Continue to be champions for supporting cultural diversity in their respective communities and serve as a conduit for the project's information to reach their own stakeholders.

Ongoing Information Gathering

The project continued to identify avenues to explore, resources to examine and stakeholders to consult up to the time of report writing.

There will constantly be more as the project rolls out and this will need to be an ongoing activity to keep the project evidenced-based, current and fresh. The following resources and activities are outstanding at the time of writing:

- Explore the members centre at OANHSS for relevant literature and resources;
- Investigate existing diversity policies in Ontario's long-term care homes;
- Reach out to CCAC to discuss current and desired practices around including cultural information in assessment and admissions documentation;
- Investigate the role of patient coordinators in resident cultural support;
- Explore concepts from Butterfly Care Homes for relevance to supporting cultural diversity;
- Hold discussions with Sunnybrook and other long-term care homes that support veterans to explore how they support veteran culture;
- Examine the model of service provision at Toronto's Access Alliance Multicultural Health and Community Services (<http://accessalliance.ca>) for relevance to supporting cultural diversity in long-term care;
- Examine resources from the California based Institute for Patient and Family-centered Care relevant to getting to know residents;
- Investigate the cultural diversity support tools used at SickKids;
- Investigate the role of accreditation in supporting cultural diversity;

- Reach out and explore issues with stakeholders that were not consulted during the course of this work to date, including long-term care unions, human resource experts, home care agencies and universities and colleges.

Resource Identification or Development

The project should continue to collect ideas and practices from homes to add to those presented in the Ideas section in Appendix H. These ideas need to be organized into a useable format, include sources and links for more information (e.g., to a contact in the home where the practice originated, once permission is obtained) and disseminated widely. In addition, the following types of resources would help to meet identified needs. These could be housed in a central on-line repository. Project work should look to identify existing resources and then work with stakeholders to see what can be shared and promoted as is, what can be adapted and what needs to be created from scratch around the following topics:

- Work closely with OANHSS to **update** the 2004 document ***Diversity in Action: A Toolkit for Residential Settings for Seniors***. This resource is valued by those who are aware of it. However, users and OANHSS itself have noted the need for an update.
- Increase dissemination of the RIA created ***Multi-faith practices: Guidelines for Caregivers*** booklet and weblinks.
- A **communication template** that contains the 25 or so most common words for communicating resident needs, activities of daily living and home activities in the resident's language. This template would be based on those currently in use in homes. A blank template that includes pictograms for the identified list of words

could be developed for care staff to complete with family members. A web page would share existing translations, gathered from homes, and expand as more become available.

- A ***cultural diversity planning template*** for homes to use when working on this topic as part of their accreditation work and a supporting CLRI branded ***PowerPoint presentation*** for homes to download and use to introduce diversity concepts to their staff and other stakeholders.
- A ***Cultural Diversity Assessment Tool*** for homes to inventory existing practices and identify gaps. Some examples were shared with the project during this needs assessment phase.
- An ***inventory of admitting and welcome/orientation questions*** from admissions staff, social workers, and spiritual care, recreation and life enhancement coordinators for homes to access and use as fits their needs. The questions would provide ways to investigate cultural identity, needs, values, traditions and practices, ways to further get to know a resident and to engage families in sharing information.
- A ***guide to meaningful conversations*** to help all staff get to know residents better on a daily basis.
- Sharing successful practices of ways to ***integrate cultural information into the care plan*** and share cultural information in person centered ways with other staff.
- A cultural diversity and understanding section that homes could add to existing ***Friendly Visitor Manuals***.
- ***Whistle blowing policy wording*** for homes to use in their policy documents and a

Possible Fact/Tip Sheet or Webinar Topics for Supporting Cultural Diversity

- Traditional medicines and coordinating with traditional healers
- Accommodative practices
- Meaningful conversations
- Things to be aware of when communication is hard
- Dealing with intercultural conflict
- Engaging cultural communities
- Cultural differences in the valuing and perception of memory
- Working with interpreters
- End-of-life and post life rituals
- How to get diversity in management and on boards
- Staffing
- Accessing and promoting language training
- Supporting respect and dealing with intercultural conflict (esp. with the effects of dementia and with family members)
- Key phrases to translate for staff
- Ethics
- Chaplaincy
- The role of families and family councils/ the role of residents' councils
- Equity
- Engaging with the community/ cultural clubs/ resources/ schools (e.g., Saturday language schools, volunteer hours for high school students. Intergenerational connections within a culture or language)

procedural guide for homes to share for safely reporting racism and other concerns.

- An on-line **inventory of translated permission and consent forms**, gathered from homes and jurisdictions that have translated their standard forms.
- A **community liaison guide** that provides tips for reaching out and working with spiritual or cultural community groups and schools, and a template for forming a local **directory of community and spiritual organizations**.
- A **navigation map/infographic of community and provincial services** (who to call, where to go for help). This could be created in collaboration with the Seniors Health Knowledge Network's Age Friendly Community project as they are looking to create such a guide for community dwelling older adults.
- Creation of **posters** that could be downloaded and printed (or perhaps that could be printed in large quantities and mailed out on request or as a promotional tool for the CLRIs) that homes could use to promote cultural diversity, such as a poster that shows the word for hello or welcome in many languages, a poster that promotes cultural acceptance and diversity among staff, visitors and residents.
- Ideas for ways for **dealing with intercultural conflict and encouraging respect** (between or among residents or family members and staff). A tool for finding common ground to reduce cultural conflict and negotiating consensus (e.g., in care planning).
- Ways to identify **languages spoken by staff on shift** so they can be called upon as needed.

- Innovative ways to **attract staff with specific cultural backgrounds**.
- Ways to **match staff and volunteers with residents** with the same language.
- Create a **recipe and traditional foods sourcing database** and share information on cultural cooking practices.
- Creation of a template for **documenting life stories**.
- A collection of **Mission, Vision and Values statement examples** that support cultural diversity in long-term care.

Supporting Education

At the CLRI Program level and at the level of the individual long-term care home, cultural safety and respect and support for diverse values, traditions and beliefs need to be integrated, into every other program and activity.

Education to improve support for cultural diversity is needed across disciplines and professions, and to some extent for residents and families. As noted above, leadership plays a pivotal role in ensuring initiatives and practices that support cultural diversity are embraced. Without strong leadership, there is no support or incentive for training or adoption new approaches among staff. Education, therefore needs to begin with leadership and ensuring support at the highest level.

Providing a menu of education options and concrete behaviours from which leaders can choose to implement will assist them in rolling out initiatives that fit the unique culture and needs of their home. Choice of options would be made in consultation with key advisors (e.g., staff, resident and family councils) in the home. These options should be supported by ideas for monitoring and reinforcing the desired behaviours that result from the education. The availability of the option to tailor approaches

and reinforce and monitor outcomes will lead to a higher level of engagement and spread.

The options should be developed in consultation with the Associations and other key stakeholders. Some of the possible educational initiatives could include:

- Development and implementation of **role playing scenarios** for getting to know resident.
- Incorporating cultural sensitivity training in **living-classrooms activities**.
- Explore cross pollination with Baycrest's **executive coaching for transferring learning** program.

Research Ideas

Research activity and capacity building for research will involve many partners, including long-term care homes, researchers, students and funding bodies such as the Canadian Institutes for Health Research (who, for example, are currently placing post-doctoral fellows in Health Care). Opportunities for new research into how long-term-care homes can support the culture of each of their resident include:

- Qualitative research to better understand the **meanings of quality of life and the values and overall needs** of ethnic older adults to develop and implement ethnically appropriate services and determine socio-cultural criteria to provide quality care.³⁶ This would include, for example, generating an understanding about what “home” feels like, where long-term care is not meeting that definition and ways to fill the gaps.
- Information and knowledge transfer about the **importance and impact of ethno-cultural factors** (e.g., values and behaviours) in the provision and utilization

of LTC services to increase cultural sensitivity.³⁶

- Quantitative and qualitative research to look at various levels of **interactions between health care providers** (nurses, doctors, volunteers, staff and administration) and **recipients of care**⁴ and interprofessional interactions, cross-pollination and sharing.
- Defining and testing **optimal delivery vehicles and channels** for any tools, resources and educational opportunities that are identified or created.
- Defining and testing the **best ways for homes to integrate findings and new resources** and make them part of the culture of a home.
- Examination into the applicability and, cultural and linguistic adaptations of the mini-mental or REMUS screening tool. These adaptations would need to be identified or created and tested with Ontario long-term care populations.
- Exploration of the impact of **cultural support on palliative and end of life care**.
- Exploration of ways to **integrate cultural care into the PATH (Palliative and Therapeutic Harmonization) model** of care (there is interest at the Perley-Rideau long-term care home in Ottawa, who are using this model with enthusiastic resident and family support).

Menu Sharing

One of the most detailed ideas that grew from the discussions is research and development of a database/portal where homes can share recipes that:

- Are feasible in and for their kitchens;
- Are “resident approved”;

- Can be “cultural” or more mainstream but innovative and interesting, and meet different dietary needs (e.g., gluten free/ceeliac, diabetic, low sodium, pureed, etc.);
- Includes information for sourcing quality ingredients;
- Includes standard cooking procedures;
- Fit within cost guidelines; and
- Provide nutritional analyses.

The research would need to include an investigation of what is currently being done in this area by catering companies and suppliers. The information in this database might also work for supporting community living seniors who cook for themselves or for Meals on Wheels services.

The project has generated interest from nutrition researcher Dr. Heather Keller, Nutrition Resource Center staff Karen Gough and Candace Aquí (who also manage the Nutrition Community of Practice) but conversations have not yet been held beyond initial interest expressions. The project could consider reaching out to leaders at George Brown College’s Top Chef Program who have been involved in research at Baycrest.

Dissemination

The key to ensuring any of the abovementioned resources, tools, education practices have impact is dissemination in ways that reach and resonate with the right people in long-term care. Dissemination is also key to scaling up education and the spread of successful practices.

To do this effectively, audiences have to be defined, along with the best ways to reach them. In addition, the messages, tools and resources have to be delivered in a way that

makes them easy to follow though on and integrate into practice and care plans. This will be a particular challenge in light of the time, budgetary and other constraints mentioned above.

The Associations (OLTCA, OANHSS, RNAO, PSWO and others), who have the pulse of long-term care homes in Ontario, need to be included as key partners in developing and disseminating practices, tools and resources. Their advice on what will facilitate and hinder implementation and ways to get buy-in from target audiences, will be essential to the success of rolling out any products.

Homes have mentioned that newsletters and webinars are two of the effective ways to reach them. In addition, integrating a cultural lens into other effective CLRI outreach efforts and programs will further enhance the spread of these messages. The Program has also been told by the sector not to invent new delivery channels but to keep with those that the sector already uses. The obvious channels for dissemination include:

- Association newsletters (perhaps a regular column with links to tools and resources);
- LTC.net;
- OTN;
- The Bruyere webinar series;
- Existing Communities of Practice, such as Nutrition.

SurgeLearning, which delivers electronic self-directed learning to many homes in the province, may also be appropriate and this channel needs exploration.

Captivating imagination and spreading the message

To inspire change, information needs to capture imagination and appeal to readers at an

emotional level. Information that demonstrates change and even document success often only appeal to the rational side of an audience but can fail to motivate. Messaging that successfully appeals to audiences, is more likely to be understood, retained and recalled and be more broadly shared needs to do embrace the following features:

- Show what works³⁷
- Be perceived as useful³⁹
- Describe goals³⁷ and spell out behaviours for reaching those goals in manageable steps³⁷ that are memorable and actionable³⁸
- be simple, easy to visualize, specify when to act, embed triggers that naturally cue the desired action, and impact subjective norms³⁸
- Appeal to emotions^{37,39}
- Help people feel part of something bigger than just themselves³⁷ and address ways to spread the excitement³⁷
- Be positive³⁹
- Use a voice that the audience identifies with⁴⁰
- present content that the audience can identify with, within concepts that are already understood, and present a balanced, referenced discussion of the information.⁴⁰
- have short reading times⁴¹.

These factors should guide efforts in the development of messages, tools and resources. Where appropriate, communications will use narrative and case study formats, profiling lived experiences, long-term care success stories, positive steps to address challenges, and innovative approaches to that demonstrate paths to success within contexts with which audience members can identify. Guidelines and

templates should be simple and easy to adapt to individual situations. Active media consumption (interactive content) allows audiences to get the most personally relevant information for a particular subject without burdening them with having to negotiate information that is not personally relevant to their situation.⁴⁰ This means that web-based resources are developed using non-linear storylines to address different orders of information consumption.

Video has been found to be particularly powerful for delivering interactive content (Downs) as it can increase identification with characters, enhance the degree of narrative engagement, and promote acceptance of the information being presented and create episodic memories that are easier to recall in similar situations. (A particularly good example of using appropriate voice and addressing these other benefits of video is the Johnes disease whiteboard video for cattle farmers. <https://www.youtube.com/watch?v=u0Y0ew5yMo8>)

In addition to influencing change among practitioners at the community level, the project will aim to share relevant information with policy makers at the local and provincial levels. The most important factors in influencing the use of evidence among policy makers are timely access to good quality and relevant research evidence, collaborations with policymakers and relationship- and skills-building with policymakers.⁴²

Supporting Cultural Diversity in Long-term Care Community of Practice

While it is important to avoid Community of Practice (CoP) burn out, where long-term care staff are overwhelmed with the number of meetings and topics that might be addressed,

some will be interested in a specific CoP around supporting cultural diversity in long-term care. The CoP would have a core group of highly engaged members and other members could attend events or access resources as they are interested in a particular topic. The CoP would provide a forum for all professions (from administrators to care staff, to recreation to maintenance), family members, residents and other interested parties to connect and discuss ways to support personal culture in LTC. CoP members would be consulted about hot topics and about development and pilot testing of resources and their promotion.

Evaluation and Monitoring

Evaluation and monitoring processes are needed to measure the success of specific strategies, organizational policies and practices that have been implemented to support cultural diversity. Impact metrics should be co-created with stakeholders to ensure that spread, engagement and impact are measured in inclusive ways.

These can include culturally and linguistically appropriate patient and staff satisfaction surveys to address the role culture has in positive outcomes.⁶ Quality improvement efforts should also involve the development of process and outcome measures that reflect the

needs of multicultural and minority populations.⁶

In developing any evaluation activities, it is important to ask residents and their families what they believe are critical to success of efforts to support and nurture cultural diversity.

Tools to support evaluation could include:

- Identification of key indicators to include in a larger evaluation and resident satisfaction survey;
- Gathering of currently used resident satisfaction survey questions;
- Development of questions specific to evaluating cultural support; and
- Creation of a database of standard resident satisfaction survey questions in many languages.

Indicators for evaluation and monitoring of this project will be included in the CLRI Program's overall strategic plan but should include measurement of:

- Reach (number of homes using materials and the extent of their use);
- Satisfaction with the tools and resources accessed;
- Satisfaction with the delivery mechanisms;
- Evaluation of the impact on practice and on resident satisfaction;
- Indication of additional needs and opportunities for further activity; and
- Any unintended impacts.

Conclusion

This project set out to:

- Explore cultural diversity issues in Ontario's Long-term care homes;
- Determine CLRI contribution to cultural diversity issues for CLRI 2.0 Workplan; and
- Partner for innovation opportunities that benefit Ontario's LTC sector.

It achieved this through a literature review, discussions with a wide range of stakeholders and guidance by an Advisory Group comprised of experts in a number of relevant areas.

Findings stemming from its exploration of cultural issues and specific long-term care home needs that can be supported by the CLRI

Program to contribute to sector care and services improvements have been presented in detail.

While there are a number of constraints that impact the delivery of culturally supportive care, there are many opportunities for sharing of evidence-based information, successful practice, resources, tips and tools. The report has shared some of the practices gathered from key informants and has identified opportunities for next steps in continuing to work with stakeholders, information gathering, research ideas, education and dissemination.

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Appendix A: Program Mandate

About The CLRI Program.

In September 2011, the Ontario Ministry of Health and Long-term Care established three Centres for Learning, Research and Innovation. Funded for 4.5 years, the inaugural host organizations are Schlegel, Bruyère, and Baycrest.

Our centres enhance the quality of care in the long-term care sector through:

- Education, research, innovation, evidence-based delivery and knowledge transfer; and
- Facilitating collaborations between researchers, educators, long-term care home personnel and other practitioners in the development, adoption and continuous improvement of evidence-based best practices that increase the efficiency, effectiveness, sustainability and quality of care.

Our work supports long-term care homes to:

- Deliver the right level of care, in the right place, and at the right time across the continuum of care;
- Contribute to enhanced quality of life and the provision of quality of care for residents of long-term care homes;
- Promote a dynamic culture within the long-term care sector, which is responsive to client needs;
- Develop and enhance the expertise of long-term care home staff, and promote the long-term care sector as an employer of choice; and
- Provide efficient and effective care.

Goals of the CLRI Program:

- Provide educational opportunities and promote career opportunities within long-term care settings to develop a workforce with the knowledge and skills to deliver quality care to long-term care home residents;
- Foster interdisciplinary/inter-professional learning and development of all health care providers and disciplines;
- Contribute to the development of learning curricula, which prepares health care workers for the provision of quality care based on evolving best practices;
- Create opportunities for evidence-based research to be conducted and validated within operating long-term care homes and enable providers to influence the research agenda. This includes finding new ways to deliver care and services, and the development of new products;
- Create opportunities to design, test and disseminate innovative approaches to providing high quality care within long-term care settings;
- Facilitate knowledge transfer from applied and clinical research to practice and promote healthcare integration and innovation across the continuum;
- Enhance the profile of the long-term care sector within the broader healthcare system; and
- Foster collaboration and partnerships within the long-term care community and between the long-term care sector, colleges and universities, research institutions, government, the broader healthcare sector and subject matter expert organizations.

Appendix B: Visual Framework of Project

Supporting Cultural Diversity in Long-Term Care

Issue:

14% of Canada's population is aged 65 or older and is expected to reach 23% by 2036. Close to 20% of Canada's population was foreign-born and this proportion is expected to grow to as much as 28% by 2031.

In addition to new Canadians, Canada's population includes culturally diverse Canadians, an increasing proportion of Indigenous Elders, members of the LGBTQ community and other diverse population members.

An aging population and increasing diversity will require long-term care homes to look for ways to support a greater diversity of residents.

Supporting residents and their families in culturally appropriate ways supports person centered care and improves care accessibility.

Purpose: Ontario's Centres for Learning, Research and Innovation in Long-Term Care (CLRI) (clri-ltc.ca) enhance the quality of care in the long-term care sector through **education, research, innovation, evidence-based service delivery and knowledge transfer**. The CLRI Program is reaching out to stakeholders in the development of a joint plan for 2017-18 to address the key considerations with respect to practices, education and research needs to support cultural diversity in Ontario Long-term Care Homes.

Activities:

Literature Review

Scoping of current academic and gray literature regarding the context of supporting and caring for residents of LTCH from various cultural backgrounds in:

- Cultural specific LTCH
- Multicultural LTCH

Consultations

Discussions with Advisory Group Members
Telephone and face-to-face, in person and group Interviews with key informants to investigate their challenges, solutions and successful practices.
Visits to homes

Focus Groups

Group discussion with a sample of previously consulted stakeholders to gain further context on findings in draft report.

End Result: Creation of a Work Plan for 2017-2018

A project report summarizes the key findings from all information gathered and a work plan for 2017-18 which includes identification of (existing and needed) supports to create and promote, details regarding types of content, channels for promotion, target audiences, an implementation strategy, measures of success and estimates of resources required.

Appendix C: Advisory Group Terms of Reference

Committee Members: 3 CLRIs, Culturally based LTCH representatives, MOHLTC, CCACs, Home Care Agencies, university/college indigenous studies, Sectoral support (OARC, FCPO, OLTC, OANHSS, etc.)

Reports to: Kim Fitzpatrick, Manager, Schlegel CLRI

Meeting Frequency: Monthly Teleconferences

Chair: Sue Cragg

Co Chair: Kim Fitzpatrick

Context: Ontario's Centres for Learning, Research and Innovation in Long-Term Care (CLRI) (cli-ltc.ca) enhance the quality of care in the long-term care sector through education, research, innovation, evidence-based service delivery and knowledge transfer. In planning for new programming in 2017-18, the CLRI Program is developing a plan for the development of sector care and services improvements to support culturally appropriate long-term care needs in Ontario.

Purpose: The committee will guide the project until its completion on March 31, 2017 in its efforts to:

- Complete an initial exploration of Cultural Diversity issues specific to long-term care home needs with the aim to identify areas that CLRIs can contribute to service improvements in the sector.
- Inform the CLRI program in terms of needs, approaches to support this community with respect to practices, education and research needs in Culturally Specific Long-term Care Homes and Homes that have a diversity of residents.
- Advise on optimal ways to share future products and resources with appropriate members of Ontario's LTC sector.
- Co-create a plan for the development and delivery of service improvement tools and resources relevant to supporting this resident population.
- Provide advice, commentary and guidance in the creation of a summative report that will summarize the findings of a rapid literature review and stakeholder consultation process and the recommended plan for the next phase of the CLRI Program, beyond March 31, 2017.

Role and responsibilities of members

- Bring a broad understanding of the cultural context and the issues affecting residents of different cultural groups and Long-term care
- Attend at least 50% of Advisory Group meetings
- To provide advice and direction to the project team in the gathering of background information and the creation of the plan
- To assist in reaching out to community members and advisors who will provide their voice to identifying issues and to the Plan development

Decision Making

Decision will be made by consensus of those attending with the opportunity for e-mail input to the minutes

Appendix E: Focus Group Schedule and Script

Notes:

- Provide participants with background and confidentiality information prior to group meeting.
- Open Indigenous meetings in a culturally appropriate manner.

Moderator Introduction and Purpose of Group

Hello. My name is **Sue/Lisa**. I'd like to start off by thanking each of you for taking time to participate today. We'll be here for about an hour. I've been engaged to assist the Ontario Centres for Learning, Research and Innovation in Long-Term Care (CLRI) in identifying pressing issues and information needs to support long-term care homes in providing culturally appropriate services and experiences.

Cultural Diversity Focus Groups: The reason we're here today is to learn about your experiences with supporting personal culture in Long-Term Care. By personal culture we mean something quite broad including Ethnic, Religious, Indigenous, Linguistic, LGBTQ2S, and other identities, backgrounds, belief systems or cultures.

So our definition is very broad and we know that each of you brings a broad range of experience to this group. We look forward to hearing what you have to share.

The CLRI Program enhances the quality of care in the long-term care sector through

- education,
- research,
- innovation,
- evidence-based service delivery and knowledge transfer.

The results of this discussion will be used to help the Centres for Learning, Research and Innovation in Long-Term Care plan their work to provide supports, resources and services to those who work in Long-Term Care. We are looking to find out what is working well that can be shared with other homes, where the challenges are, how those challenges are being met or what is hampering their resolution and what you might need to do your work better. This also means informing research of things the sector might like to know. Our discussion today will help with identifying issues, existing supports, current practices and needs that might be addressed within the plan. So it sounds like a tall order but all the information you share will help move the planning for supports forward.

I'm going to lead our discussion today. I will be asking you questions and then encouraging and moderating our discussion.

I also would like you to know this focus group will be tape recorded. The identities of all participants will remain confidential. The recording allows us to revisit our discussion for the purposes of ensuring we are able to capture your input accurately. We will not report who said what to your colleagues or supervisors. It also means, except for the report that will be written, what is said in this room stays in this room. The reporting will reflect general themes but will not attribute what is shared to any individual. We also ask that, since you are colleagues, that we respect each other's confidentiality and that comments stay in this room.

Ground rules

To allow our conversation to flow more freely, I'd like to go over some ground rules.

- Only one person speaks at a time. It is difficult to capture everyone's experience and perspective if there are multiple voices at once. Please avoid side conversations.
- Everyone doesn't have to answer every single question, but I'd like to hear from each of you today as the discussion progresses.
- We stress confidentiality because we want an open discussion. We want all of you to feel free to comment on each other's remarks without fear your comments will be repeated later and possibly taken out of context.
- There are no "wrong answers," just different opinions. Say what is true for you, even if you're the only one who feels that way. Keep in mind that we're just as interested in negative comments as positive comments, and at times the negative comments are the most helpful.
- You don't need to agree with others, but you must listen respectfully as others share their views
- Let me know if you need a break. The bathrooms are **[location]**.
- We are here to have fun!
- Are there any questions?

Introduction of participants

Before we start, I'd like to know a little about each of you. Please tell me:

1. Your first name
2. A little bit about your background and role in supporting residents with an indigenous or other cultural background.

Focus Group Questions (50 minutes)

Questions for Moderator to guide group discussion:

1. What does Diversity mean to you personally? What does it mean to your organization?
2. Can you tell me about the ways in which your long-term care home goes about identifying and supporting, celebrating and accommodating the cultural beliefs, values, practices and traditions of your residents?
 - Prompts if needed: For example, culturally based rituals or practices marking significant life events such as death and mourning, inclusion of cultural focus in organizational values or mission statements and strategic planning, acknowledgement in care practices and plans, any staff training, recognition during the admission process, celebrations, environmental supports or other ways.)
3. Think back over the past year and how individual culture was supported in your Long-Term Care Home. What went particularly well? What successes or practices are you most proud of?
4. How are family members, or resident and family councils, involved?
5. In what ways are staff involved in, and prepared for, supporting culture?
6. Think about the challenges have you faced. What were they and, if you were able to address them, how did you do this? If not, what hindered their resolution?

7. Are there resources you think of as your go-to supports in supporting resident cultures? What are they?
8. What would help you to better support your residents' cultures.
 - o To probe deeper if appropriate: What information do you need?
 - o What are the best ways to deliver and share any new supports and resources, in terms of methods, format and the like?
9. Suppose that you were in charge and could make one change that would make practices more supportive, what would you do? What do you need to make that happen?
10. In thinking about what we have discussed and the four pillars of the CLRI Program, where do you think the greatest needs are and how can the Program fill them? Specifically, how would you recommend that the program proceed in supporting each of the following:
 - a. Research (i.e., Where are the gaps in knowledge?)
 - b. Innovation (i.e., What new processes or tools might be useful?)
 - c. Education (i.e., What would you wish to see available for your staff, leaders, volunteers, families or others?)
 - d. Knowledge Dissemination (i.e., How would you like to see the above, including evidence based service delivery information, delivered, in terms of formats, methods and the like?)
11. As the products of the plan are implemented, what would success look like and how should we measure and celebrate that?
12. Can you think of any other issues, unique barriers, supports and considerations that we should be aware of in identifying issues and developing supports and resources in this subject matter for long term care homes?
13. Of all the things we discussed, what to you is the most important?
14. What I've learned here today is....."Is this an adequate summary?"
15. Given our purpose today was to help the Centres for Learning, Research and Innovation in Long-Term Care plan their work in providing supports, resources and services to those who work in Long-Term Care and identify what is working well that can be shared with other homes, where the challenges are, how those challenges are being met or what is hampering their resolution and what you might need to do your work better, have we missed anything?

Closing

Thanks for coming today and talking about these issues. Your comments have given us lots of different ways to see this issue. I thank you for your time. If you do have any thoughts that come to you later, say, on your drive home tonight, that you would like to share, please do feel free to pass them on to me via e-mail or ask me to give you a call and we can chat by phone.

Appendix D: Semi-structured Interview Guide

Issues in Culturally Appropriate and Supportive Long Term Care Interview Guide

Thank you for agreeing to speak with me. As we discussed, I've been engaged to assist the Ontario Centres for Learning, Research and Innovation in Long-Term Care (CLRI) in identifying pressing issues and information needs to support long-term care homes in providing culturally appropriate services and experiences.

By culturally appropriate we mean support for all forms of personal culture including those related to ethnic, religious, Indigenous, linguistic, LGBTQ2S, and other identities, backgrounds, belief systems or cultures.

The CLRI Program enhances the quality of care in the long-term care sector through

- education,
- research,
- innovation,
- evidence-based service delivery and knowledge transfer.

We are reaching out to stakeholders in the development of a joint plan for 2017-18 to address the key considerations with respect to practices, education and research needs to support cultural diversity and Indigenous culture in Ontario Long-term Care Homes. Our discussion today will help with identifying issues, existing supports, current practices and needs that might be addressed within the plan.

You have been identified as someone who can contribute to this discussion.

I will be taking notes as we speak, so please bear with me. Shall we begin?

- 1) Perhaps we can start with a discussion of your experience in this area of and the level of engagement and roles you play in supporting culture, (and, if applicable, the demographic composition of your long-term care home) just for a bit of context for our discussions.
- 2) What does Diversity mean to you personally? What does it mean to your organization?
- 3) Can you tell me about the ways in which your long-term care home (or those homes you work with) goes about identifying and supporting the cultural beliefs, values, practices and traditions of residents and staff?
 - For example, culturally based rituals or practices marking significant life events such as death and mourning, inclusion of cultural focus in organizational values or mission statements and strategic planning, acknowledgement in care practices and plans, any staff training, recognition during the admission process, celebrations, environmental supports or other ways.
 - a) How do you go about identifying culture and associated values, practices and beliefs?
 - b) In what ways do you support them?
- 4) In what ways do you involve family members or resident and family councils in planning these supports?
- 5) In what ways do you involve and prepare staff to support these needs?
- 6) What values would we need to hold to demonstrate that we authentically celebrate and honour diversity?
- 7) What challenges have you faced and, if you were able to address them, how did you do this? If not, what hinders their resolution?
- 8) What successes or practices are you most proud of?

- a) What were the factors that enabled that success?
 - b) How do we share that learning with others?
- 9) In your goal of providing resident centered care that is culturally appropriate:
- a) What resources (if any) are you currently using and how well do they meet your needs?
 - b) What resources, supports or information would you also find useful?
- 10) In thinking about what we have discussed and the four pillars of the CLRI Program, where do you think the greatest needs are and how can the Program fill them? Specifically, how would you recommend that the program proceed in supporting each of the following:
- a) Research (i.e., Where are the gaps in knowledge?)
 - b) Innovation (i.e., What new processes or tools might be useful?)
 - c) Education (i.e., What would you wish to see available for your staff, leaders, volunteers, families or others?)
 - d) Knowledge Dissemination (i.e., How would you like to see the above, including evidence based service delivery information, delivered, in terms of formats, methods and the like?)
- 11) As the products of the plan are implemented, what would success look like and how should we measure and celebrate that?
- 12) Do you have any other comments at this time that we haven't covered and that you think would support the CLRI program's work in this area?

Thank you so much for your time. Your thoughtful answers and insights will help the CLRI Program identify issues and resources needs to support long-term care homes. If you think of anything else you'd like to add later, please do not hesitate to e-mail me or ask me to call you back. I'll be writing a summary report and the plan over the next month and I'd be happy to include any additional comments.

Appendix F: Case Study Template

Supporting Personal Culture* in Long-Term Care

Factor	Types of information
<p>Person and Family Engagement</p> <p>Resident, families and friends are involved, supported and engaged in the life of the resident.</p>	<p>Demographic information about the home.</p> <p>Ways in which residents, families and friends are consulted and engaged in planning for cultural support, recognition, celebration, respect (among and between staff and residents) and integration cultural traditions and practices related to health, palliative and end-of-life care.</p> <p>Roles of resident and family councils.</p>
<p>Care</p> <p>Effective care planning focuses on each resident’s cultural background, values, traditions and beliefs to help the person enjoy an improved quality of life.</p>	<p>Ways in which care planning and all aspects of care through the life course (daily care, palliative and end-of-life care, mourning) support and accommodate cultural practices, beliefs, values, traditions, etc.</p> <p>Ways in which information about resident culture is put into the care plan to inform the care team.</p> <p>Roles and responsibilities of staff and volunteers (including admission, nursing, social workers, chaplaincy, recreation staff, dietary staff, Elders, as available) in accommodating and celebrating cultural heritage and traditions.</p>
<p>Processes</p> <p>Person-centred care philosophy is embedded into the strategic plan and operational processes to begin and sustain culture change.</p>	<p>Examples of Corporate Vision, Mission and Values statements that support and embrace cultural diversity.</p> <p>Discussion of organizational and corporate level planning, process and culture that reflect diversity, respect for cultural values and traditions, and cultural support and celebration.</p> <p>Discussion of how rules have been adjusted to accommodate cultural needs (e.g., around privacy, allowing a greater number of visitors, smoke detector free spaces, etc.)</p> <p>Ways in which conflict between cultures (e.g., between families or residents and providers, among residents and among staff) are addressed at all levels of management and staff. How does the organizational culture deal with the “isms” and “phobias”.</p> <p>Processes and skill development for staff to share information with other staff about a resident.</p>

* This is a broad term that embraces all forms of personal culture including those related to Ethnic, Religious, Indigenous, Linguistic, LGBTQ2S, and other identities, backgrounds, belief systems or cultures.

<p>Environment</p> <p>Working within current regulations and legislation, a physical and social environment is promoted to support the resident’s abilities, strengths and personal interests and enhance the daily life of residents.</p>	<p>Discussion of any regulatory constraints and supports that affect support of cultural practices. Identification of the constraints and supports and ways they are addressed.</p> <p>Discussion of on or off site environmental supports such as places of worship, adaptations for worship centres and cultural practice areas (e.g., garden areas, smudging areas)</p>
<p>Activity/Recreation</p> <p>Each resident is engaged in stimulating and meaningful activities, with recreational plans tailored to the person’s interests, preferences and abilities.</p>	<p>Discussion of cultural activities, promotion and celebration that the home undertakes to support, celebrate and share the culture of residents.</p>
<p>Leadership</p> <p>Person-centred care can only happen with strong leaders who are champions of person-centred care, ingrain it in their organizational philosophy and values, and model the actions expected of staff in their own interactions with residents, families and staff.</p>	<p>Description of ways support of cultural diversity is integrated into the daily activities of leadership and communicated with staff.</p> <p>Ways in which leadership set the tone for support of personal culture.</p>
<p>Staffing</p> <p>Staff training and support, continuity of care, and the fostering of intimate and trusting relationships between families, residents and staff are key factors in optimizing person-centred care and the well-being of residents</p>	<p>Hiring, staffing, volunteer recruitment and training practices and opportunities are in place to support cultural diversity.</p>
<p>Dietary</p> <p>Ensuring that food quality, safety, nutrition and preparation needs are balanced with ensuring that residents are presented with food they like to eat and recognize.</p>	<p>Ways in which cultural foods are developed, sourced, provided, shared, promoted and presented to residents of specific cultures and to other residents. Responses of residents and staff to changes.</p>
<p>Spiritual</p>	<p>Description of the home’s spiritual care program. Strategies in support of person centred care include ways in which residents’ practices are supported, and integrated into daily life, and end of life, palliative care and mourning practices.</p>

<p>Language and Communication</p> <p>A lack of communication with staff, volunteers and other residents can lead to isolation, miscommunication of important medical and other information and impact quality of life and of care.</p>	<p>Ways in which communication is optimized for those whose mother tongue is not the dominant language of the home (including sign language) or who have communication difficulties (including aphasia, developmental disabilities, etc.). This may include, but is not limited to:</p> <ul style="list-style-type: none"> • Staff-resident communication • Staff-family communication • Medical information to the resident • Staff understanding of key health status words (e.g., something that may flag an emergency situation) • Written information in the language of preference (which may differ from preferred spoken language)
<p>Dementia Care</p>	<p>Ways in which different cultural views of dementia and dementia specific care are integrated and respected.</p> <p>Discussion of the culture of “dementia” and practices within the home.</p>
<p>Other</p>	<p>Other practices, challenges, resource needs or information that relates to how the LTCH supports diversity and resident centered care based on their culture, ethnicity, beliefs, identity, etc.</p>

Appendix G: Resources Identified

During the course of the needs assessment, a list of resources was accumulated. This list is not yet comprehensive but those identified are included here.

- Advancing Equity and Inclusion: A guide for municipalities, available at http://www.cawivtf.org/sites/default/files/publications/advancing-equity-inclusion-web_0.pdf
- “How to be a perfect stranger”: This is a faith based book that discusses how to be appropriate at various observances.
- Harvey Chochinov YouTube videos and other resources. This professional presents information on dignity therapy in palliative care.
- Diversity in Action, A Toolkit for Residential Settings for Seniors, available at <http://www.abcca.ca/uploads/files/PDF/Diversity%20in%20Action%20Toolkit%20for%20Residential%20Settings%20for%20Seniors.pdf>
- Imagining and Creating Ideal Relational Caring Experiences for All, available at <https://uwaterloo.ca/partnerships-in-dementia-care/news-and-events/newsletters/spring-2017/imagining-and-creating-ideal-relational-caring-experiences>
- CARF’s 2016 Aging Services Standards Manual available in hard copy.
- Baycrest Cultural Needs Assessment available in hard copy.
- Friendly Visitor Handbook from a long-term care home, available in hard copy.
- LGBTQ Tool Kit for Toronto LTC Homes and Services (version 2 will be published soon) <http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=cced3293dc3ef310VgnVCM10000071d60f8>
- 9RCRD&vgnnextchannel=df8b3293dc3ef310VgnVCM10000071d60f89RCRD
- Indigenous Cultural Sensitivity Training, available at <http://www.sanyas.ca/>
- Registered Nursing Association of Ontario. Embracing Cultural Diversity in Health Care: Developing Cultural Competence, available at http://rnao.ca/sites/rnao-ca/files/Embracing_Cultural_Diversity_in_Health_Care_-_Developing_Cultural_Competence.pdf
- Multifaith Information Manual 6th ed. (English), available at <http://omc.ca/product/hello-world/>
- Multi-faith practices: Guidelines for Caregivers, available at http://www.the-ria.ca/wp/wp-content/uploads/2014/06/RIA-468-Multi-Faith-Resource-GuideFINAL_V7.pdf
- Alzheimer’s Society of Ontario’s Finding Your Way (<http://findingyourwayontario.ca/>)
- Alzheimer’s Society of Ontario volunteer program where people of different cultural backgrounds can use a prepared presentation module to connect with others in their communities

Appendix H - Ideas for Supporting Cultural Diversity in Long-term care Homes

This list is intended to be organized and added to for sharing with long-term care homes.

Ideas for Organization-level Activities for Supporting Culture

- Ask the resident: First and foremost, talk to residents and their families about their traditions, values and practices and how they want their culture acknowledged.
- Include supporting the traditions, values and practices of residents in the organizational Mission, Vision and Values Statements
- Include gathering this information in the admissions and greeting processes (e.g., by recreation staff, by spiritual care staff) and indicate in the care plan
- Understand the complementarity (and any interactions) between traditional and mainstream medicines, supplements and practices
- Reach out and work closely with community groups, Friendship Centres and faith organizations who can offer cultural programming, friendly visiting, special events and staff education about their community culture.
- Include cultural references in a resident's story board and provide space in memory boxes and around the home for cultural displays
- Acknowledge cultural differences in communication and invite all styles of feedback and communication
- Bring in cultural advisors to answer staff questions and share cultural information
- Stock your library or reading room with books (including faith-based books such as Bibles, Torah and Koran) in other languages and books about other countries and cultures
- Conduct resident satisfaction surveys in the language of choice of each resident.
- Create a database of resident and volunteer languages, cultures and interests (playing games, running the tuck shop, particular crafts) to make great matches.
- Bring in speakers to talk about acceptance and safety (e.g., Indigenous Friendship Centers to talk about cultural safety and traditional practices and traditions, Aging with Pride or the Gender Sexuality Alliance to talk about LGBTQ2S issues)
- Create a directory of local cultural community services and groups and restaurants.

Ideas for Creating Culturally Supportive Space

- Display artwork from residents' cultures.
- Invite high school art students to come and do traditional crafts with residents or to create culturally relevant paintings to decorate the walls of the home.
- Invite residents to teach a traditional craft to other residents and to community members.

- Play traditional music in the common areas
- Families can apply for iPods from the Alzheimer's xxxx program and select the music to upload.
- Invite school or community choirs, throat singers, drumming circles, carolers, bagpipe players, old time bands and other musicians to perform for residents
- Provide Star blankets for Indigenous residents who would like one
- Create an Indigenous healing garden among resident gardening projects.
- Provide skype or OTN for residents to connect with families and other members of their community (e.g., elders) and to interpreters
- Include acceptance of all cultures and cultural background information in Friendly Visitor Guide
- Educate vendors about the diversity of residents and, where indicated, suggest they bring clothing and jewelry in all sizes (e.g., to fit trans women, or to fit men who like rings)
- Have volunteers play traditional games with residents (e.g., Mah-jong)
- Personal identity and culture can be displayed in memory boxes and personal displays outside of individual rooms or in common areas.

Activities and Special Events

- Celebrate Valentine's day with personal photos of couples from residents and staff that show diversity in celebrating weddings, family, friendship and love in all its forms and cultural celebrations
- Celebrate the feast days, holy days and holidays of various cultures with the dress, music, decor and food appropriate to the day
- Hold a multi-cultural day or week where residents and staff wear the dress of their cultural heritage, décor reflects different countries, and foods from around the world are served. Distribute 'passports' to residents where they can collect stamps for every country they visit. Involve groups or residents to organize the display of a particular culture.
- Show movies and stream satellite TV in the language and culture of your residents (e.g., Bollywood, Ukrainian satellite, APTN, Chinese cable, LGBTQ movies)
- Work with the tuck-shop to stock cultural snacks.
- Work with the Home Auxiliary to raise funds for special events.
- Encourage families to take a resident to outside cultural events
- Plan outings to cultural events
- Bring in Ministry of Natural Resources speakers to talk about wildlife and bring stuffed real animals to bring nature to residents
- Fund activities through the Home Auxiliary volunteers who could run the tuck/gift shop, hold a bridge tournament, run a bake sale, sell break open tickets, etc.

- Hold ‘Prom’ in the home – this is particularly poignant for veterans who may have missed their own prom – invite high school students to have their prom photos taken with residents and dress up residents for their own dance for the evening.
- Celebrate Black History Month, Pride month, Indigenous culture month by.....
- Be careful to balance celebrations and ensure that one month does not overshadow another (e.g., Pride months is also Indigenous culture month)
- Solicit ideas from residents and encourage them to teach others how to participate in an activity, hobby or create a craft.

Ideas for supporting resident spirituality

- Post the times of in-home and local community services along with indicating the faith and denomination.
- Encourage family or congregation members to transport residents to services in the community
- Identify daily and end-of-life practices with the resident and their family as appropriate.
- Provide a room with a window or door that opens, preferably facing the east for palliative care of an Indigenous resident
- Provide a sacred space for residents and staff that supports the practices of all faiths
- Get to know the end-of-life practices of various cultures, understanding that, for some cultures, this is not discussed and staff will need to follow the lead of the family and accommodate at the time of death.
- Establish a palliative care committee and include recognition of cultural practices in its mandate. Provide a sacred space – quiet place of reflection for residents and staff – ideally allow for smudging, incense burning etc. – space should be sacred for what ever that person defines it as.
- Work with families in partnership for all care including meeting spiritual needs.
- Create a palliative care box that includes items that are used by various cultures at end of life (e.g., Buddhist chanting bowls)

Ideas for Supporting Resident Language

- Access interpreters through community, municipal and provincial services. Consider hiring full time interpreters for the dominant language of the residents.
- Invite language students (school age or other community members) to come and spend time with residents in their language – students will get practice, residents will have the opportunity to teach and pass on their language.
- Encourage high-school students who speak the language of your resident(s) to become friendly visitors or volunteer in the gift-shop

- Have residents or volunteers share their language with other residents and staff. Choose key words to learn and practice for each session. Where there are interpreters in the home, invite their participation as well
- Access interpretation and translation services offered by the province, city services, and community groups
- Work with families to create a list of most common words (e.g., activities of daily living) in the language of the resident and spelled phonetically for staff. Post these words on a laminated card in the resident's room or on a pocket card for staff. Create language binders to keep on the unit or on point-of-care devices.
- Investigate whether pre-made cue cards (such as the ones available at <http://www.easternhealth.org.au/services/language-services/cue-cards>) would meet your needs.
- Consider using pictograms of common wants, needs and information
- Have staff who speak the resident's language greet them in that language during their arrival to the home
- Use iPads or Google translate to help with translation
- Set up bulletin boards and post activities and programs in resident languages.. Post menus and activity calendars in other languages
- Advertise the languages spoken at the long-term care facility on the home's website and brochures..
- Create a multi-lingual welcome sign for the front lobby that showcases the languages spoken..
- Hire language ability across staff disciplines. Along with ensuring language skills among care providers, hire cleaning, maintenance, security, dietary, counselling, management, programming and other staff that can speak the languages of your residents.
- Include a brief word or two in residents' languages in official speeches.
- Invite student placements of medical, nursing, PSW and other students with language skills
- Use the mobile phone app (such as Canopy Speak) for health translation and common phrases
- Promote activities that don't require much language (e.g., baking, exercise classes)
- Have staff greet the resident in their own language as they move in.
- Create a directory of language training opportunities and consider subsidizing staff who want to attend.
- Bring in language teachers to help staff learn key words and phrases in the language of residents.
- Provide multi-lingual announcements at activities (e.g., bingo calling or.....)
- Don't allow staff to speak with each other in their own language in front of a resident who does not understand their language.

Staff practices that support Resident Culture

- Include nicknames on nametags: Indigenous people in particular may give a staff member a nickname. Acknowledging the name by spelling it in Roman or symbolic letters is an acknowledgement of the culture of the people you work with
- Include languages spoken on nametags – country flags are a quick short hand for languages spoken
- Create an inventory of languages spoken by various staff members, including, if possible, their shift assignment, that other staff can refer to when they need a brief interpretation. Remember that these staff have their own duties to attend to and be careful not to overload them with requests.
- Include diversity on your board.
- Take down the staff desks and promote sitting in the resident's lounge when doing charting.
- Recruit staff from the cultural communities that your home serves.
- Establishing recruitment methods and interviews to address cultural knowledge and training.
- Valuing the ability to use additional languages.

Ideas for Supporting Cultural Food Preferences

- Work with vendors to identify cultural meals (and especially the texture modified foods that have cultural flavours)
- Hire a hunter to hunt caribou or moose or pay them an honorarium. Keep wild game in a separate fridge or freezer and adhere to approved preparation guidelines.
- Provide rice and warm water at every meal for residents where this is their tradition. Provide rice cookers in the unit serving areas.
- Allow families to bring in cultural foods or provide a particular space for food preparation by families or for events put on by families (e.g., pierogi making bees)
- Involve residents in food and menu planning and testing.
- Encourage families to take a resident to a favorite restaurant
- Order in cultural food take-out from approved restaurants
- Provide an annual Shore lunch with fresh pickerel (e.g., for father's day)
- Include cultural items (e.g., bannock, rugelach, babka) as part of a baking program for residents.
- Work with suppliers and dietary staff to include cultural foods (e.g., stir fry, cabbage rolls, perogies, wild rice, pasta, soups) in the menu rotation of choices for all residents.
- Connect with food services college students for placements or volunteer activities to create cultural foods in the resident/ family kitchen.