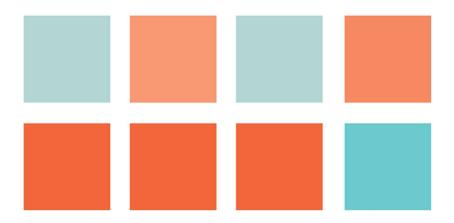# RNAO

**RNAO submission on Fixing
Long-Term Care Act Regulations
regarding: Cultural Pilot Project**

Nov. 26, 2024

The Registered Nurses' Association of Ontario (RNAO) is the professional association representing 54,400+ registered nurses (RN), nurse practitioners (NP) and nursing students in all roles and sectors across Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contributions to shaping the health system, and influenced decisions that affect nurses and the public we serve.

Introduction

RNAO welcomes the opportunity to provide feedback regarding proposed amendments to Ontario Regulation 246/22 under the Fixing Long-Term Care Act, 2021 (FLTCA) to enable a long-term care (LTC) homes cultural pilot project. Our feedback is grounded in the fundamental principle outlined in section 1 of the FLTCA:

> *"...a long-term care home is primarily the home of its residents and is to be operated so that it is a place where they may live with dignity and in security, safety and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met."*

The Ministry of Long-Term Care (Ministry) identifies [the following issues](#):

- an increasing lack of access to beds in Ontario cultural and ethno-specific LTC homes (ethnocultural homes), and
- a recent increase of admissions to ethnocultural homes of residents who are not from the specific culture.

These inappropriate admissions are impacting the ability of long-term care (LTC) homes to support the specific ethnic, religious and linguistic needs of their residents. RNAO attributes this largely to the introduction of Bill 7 in 2022. The bill gives LTC admission priority to people in hospital to free up acute care beds (National Institute on Ageing, 2023; Auditor General of Ontario, 2023). This has caused LTC applicants to be admitted to ethnocultural homes that are not aligned with their wishes and needs, resulting in social isolation and compromised care.

In response to these concerns, the proposed regulatory changes would allow placement co-ordinators to prioritize LTC applicants from the "crisis waiting list" who align with the religious, ethnic or linguistic preferences of the select ethnocultural homes in the pilot project. Specifically, if an applicant from the category 1 (crisis) list (or their partner/spouse) is of the religion, ethnic or linguistic origin primarily served by the prospective LTC home/unit, they will rank ahead of other LTC applicants with the same level of admission urgency.

RNAO supports the regulatory changes needed to implement this pilot program – a positive first step towards ensuring culturally-safe care to LTC residents in Ontario. Yet, our experience developing evidence-based guidelines on person- and family-centred care and cultural safety tells us that more can be done. RNAO offers the following recommendations to meet the objective of providing culturally-safe care in the LTC sector:

1. Collect sociodemographic data for all LTC residents.
2. Expand the number of ethnocultural LTC homes in Ontario.
3. Equip all LTC homes to provide culturally-safe care.

In our response, we outline some crucial background, provide our analysis of the regulatory proposal, and flesh out these recommendations.

Background

1. The increased diversity among Ontario's elderly population

Ontario's population is increasingly diverse (Auditor General of Ontario, 2023):

- 34 per cent of the population identifies as visible minorities
- 30 per cent of the population are immigrants
- approximately three per cent have Indigenous identity.

As diversity in the overall population increases, the older adult population is becoming more diverse (RNAO, 2021; Auditor General of Ontario, 2023). The National Institute on Aging (2023) posits that this growing diversity creates a new set of challenges in LTC provision – particularly in relation to accessing culturally-appropriate and safe care.

LTC residents reflect the diverse population of the province, and include individuals with various needs related to ethnicity, cultural heritage, linguistics, sexual and gender diversity, religion, spirituality, etc. (Marrocco et al., 2021; Auditor General of Ontario, 2023). Yet, the Ontario LTC Commission (2021) found that homes do not consistently recognize, acknowledge or value the diversity of their residents, causing feelings of isolation and alienation among residents (Marrocco et al., 2021).

Abundant evidence supports the notion that members of diverse communities are disadvantaged when seeking LTC placements.

- Ethno-cultural and racialized groups often experience challenges in accessing appropriate care (Um et al., 2021).
- The likelihood of LTC admission among minority populations is consistently lower, compared to the majority population (Scott et al., 2022).
- Individuals with financial and language barriers have been found to wait up to eight years longer for their chosen LTC homes (Um et al., 2021).
- Recent immigrants face longer median wait times for LTC placement, compared to long-standing residents (Qureshi et al., 2021).
- Being a recent immigrant and applying to a cultural home are together associated with much longer placement wait times (Qureshi et al., 2021).
- LTC residents from different ethnocultural groups and 2SLGBTQI+ populations fear discrimination (Scott et al., 2022).

For 2SLGBTQI+ seniors, the COVID-19 pandemic was a cruel reminder that the LTC system in Ontario neglects or fails to respond to their particular health issues, needs and concerns (Grinspun, 2020).

- 2SLGBTQI+ residents experience anxiety and worry about LTC staff. The staff, with few exceptions, are untrained, little-trained or ill-trained in these residents' specific care issues and needs (Grinspun, 2020).
- 2SLGBTQI+ residents also often experience, or have a fear of experiencing, discrimination, harassment and abuse (physical or verbal) in LTC homes. LTC staff may be uncomfortable with 2SLGBTQI+ people or have biases or negative attitudes resulting from homophobia, transphobia and biphobia (Grinspun, 2020).

The disparities outlined above – and others – are further perpetuated by a lack of standardized sociodemographic data for Ontario LTC residents (Grinspun, 2020; National Institute on Ageing, 2023; Auditor General of Ontario, 2023). Ontario's Auditor General (2023) found that there is limited socio-demographic data of LTC residents, and there is no way to ascertain where residents of different backgrounds are living. The National Institute on Aging (2023) has also indicated that there is a lack of standardized data collection on LTC residents' sexual orientation and gender identity, leading to knowledge gaps and lower quality of care.

2. The value of ethnocultural homes

The National Institute on Aging (2023) defines ethnocultural LTC homes as "LTC homes that typically provide culturally appropriate services such as having staff speak the same language as residents, serving ethno-specific meals and delivering cultural or religious programs." Evidence suggests that these cultural-specific LTC homes can improve access and quality of life for residents from minority populations (Scott et al., 2022; Um, 2016).

The importance of cultural accommodation cannot be understated; it influences LTC residents' health, well-being, and quality of life (Auditor General of Ontario, 2023; Um et al., 2021). Studies comparing the impacts of ethnocultural versus mainstream homes have found that ethnocultural homes better address the physical and mental needs of diverse residents. Notable impacts include less stressful transitions into LTC, increased interactions with other residents, improved morale, and lower use of antipsychotic drugs (Auditor General of Ontario, 2023).

Key characteristics of ethnocultural LTC homes often include:

- **Food:**
    - Menus are designed to reflect the traditional tastes and cultural backgrounds of LTC residents (Auditor General of Ontario, 2023; Um et al, 2021).
    - Culturally-appropriate meals can contribute to improved eating and drinking habits for residents, reducing risks of malnutrition and weight loss (Auditor General of Ontario, 2023).
- **Language:**
    - Most staff members in ethnocultural homes speak the native language of residents (Auditor General of Ontario, 2023).
    - Ethnocultural homes usually post signs and information in the residents' native language (Auditor General of Ontario, 2023).

- o Residents with dementia often revert to their mother tongue, and communication in their native language can be essential for their care (Marrocco et al., 2021; Auditor General of Ontario, 2023).
    - o Linguistic and ethnospecific care services have been associated with reduced social isolation, lower depression rates, fewer falls and decreased hospitalizations (Um et al., 2021).
- **Activities:**
    - o Ethnocultural homes often incorporate elements of residents' culture in activities, and conduct them in the residents' native language (Auditor General of Ontario, 2023).
    - o Cultural elements are often incorporated into the home's decor, television programs and music (Auditor General of Ontario, 2023).

3. The supply of and demand for cultural homes in Ontario

The Auditor General (2023) found that there are not enough culturally-specific LTC homes in Ontario to meet current demands. During the audit, which took place at the end of 2023, 57 out of 626 LTC homes in Ontario (approximately 9 per cent) were focused on serving specific ethnocultural or religious groups (Auditor General of Ontario, 2023).

These homes are extremely popular among ethnic communities and tend to have much longer wait times than mainstream homes. In 2022–23, the median wait time for an ethnocultural home was 1,843 days (approximately five years), whereas the median wait time provincially for LTC was between 50–223 days (Auditor General of Ontario, 2023). The waitlist for basic rooms in ethnocultural homes is especially long, indicating that the financial and cultural needs of many low-income immigrant and racialized populations are unmet (Um et al., 2021).

Bill 7 has further exacerbated the wait lists for ethnocultural homes by prioritizing the flow of alternate level of care (ALC patients) from hospitals to LTC homes regardless of potential cultural mismatch (National Institute on Ageing, 2023; Auditor General of Ontario, 2023). The challenges associated with securing a place in ethnocultural LTC facilities reflect a large demand for culturally-safe LTC services (Um et al., 2021). Moreover, the significantly longer wait times for ethnocultural homes suggest that mainstream homes are not sufficiently meeting the needs of our diverse resident populations (Um et al., 2021).

LTC applicants from diverse backgrounds also lack sufficient information to make choices about prospective homes (Auditor General of Ontario, 2023). There is no public list that classifies LTC homes by the particular ethnocultural group/s they serve, making it harder for residents and their families to identify and apply for appropriate placements.

1. Cultural accommodation in mainstream LTC homes

The Auditor General noted varying levels of cultural accommodation across different mainstream LTC homes in Ontario (Auditor General of Ontario, 2023). While it would be ideal to have significantly more ethnocultural homes in Ontario, it is not feasible to meet the cultural demands of all LTC residents with ethnocultural homes alone (Auditor General of Ontario, 2023). Mainstream

LTC homes must be better equipped to manage diverse resident populations serving the varied languages and cultural needs of their residents (Auditor General of Ontario, 2023).

Some low- or no-cost resources that mainstream homes have used to improve cultural accommodation include (Auditor General of Ontario, 2023): cue cards, sign boards, electronic translation tools, volunteers who can help with interpretation and translation tasks, and help from family members. It has also been suggested that the provincial government develop a separate funding mechanism for cultural/religious meals in mainstream LTC homes (Auditor General of Ontario, 2023).

Ultimately, the Ministry has not to date assessed whether the diverse needs of Ontario's population are being met by the current supply of LTC homes (Auditor General of Ontario, 2023). In 2023, the Auditor General called on the Ministry to complete an analysis of ethnocultural versus mainstream homes in Ontario, to identify differences in quality of care, approach to care and impact on residents, and to identify best practices to improve care for all culturally diverse residents in LTC.

Analysis of the regulatory proposal

2. The pilot project does not guarantee culturally-safe care for all LTC residents

The proposed cultural pilot project is -- necessary but not sufficient -- to ensure culturally-safe care for all LTC residents in Ontario. Pilots by nature are only temporary interventions. This particular pilot may improve culturally-appropriate admissions in a few selected ethnocultural homes, yet this will not be guaranteed across all ethnocultural homes. Moreover, the proposal does nothing to promote culturally-appropriate care in mainstream LTC homes, which has been a long-standing issue within the LTC sector (Marrocco et al., 2021; National Institute on Aging, 2023; Auditor General of Ontario, 2023; Um et al., 2021). More must be done to ensure that **all** LTC residents receive culturally-safe care in LTC homes.

3. Transparency is required regarding the urgency assessment

The proposed regulations do not clearly define how residents will be ranked within the crisis category. This is of concern because different standards may be applied when selecting LTC applicants for admission. As such, specific language must be included in the regulations to specify clearly how LTC applicants will be ranked within the crisis category.

RNAO recommendations

1. Collect sociodemographic data for all LTC residents

It is crucial to collect socio-demographic data to better understand the diverse needs of LTC residents. This understanding should inform targeted interventions to address health disparities (National Institute on Ageing, 2021). Suggestions for interventions include:

- Creating a comprehensive profile of LTC residents and staff.

- Identifying differences in health outcomes based on age, race, ethnicity, language, income, sexual orientation and gender identity.
- Detecting gaps in culturally-safe care quality and services.
- Addressing individual care needs related to ethnicity, cultural heritage, linguistics, sexual and gender diversity, religion and spirituality.
- Developing programs and policies to address health inequities detected between different socio-demographic groups.

Socio-demographic data will add value at both local and provincial levels. Individual LTC homes can leverage enhanced socio-demographic data to inform equitable care planning and supports for residents (National Institute on Ageing, 2021). At the provincial level, socio-demographic data can highlight care gaps among specific population groups and inform measures to improve culturally-safe care in all homes. Such measures could include cultural programs, language supports and resources, targeted hiring initiatives, and the future development of culturally-specific homes (National Institute on Ageing, 2021).

2. Expand the number of ethnocultural LTC homes in Ontario

There is a clear need to expand the number of ethnocultural LTC homes in Ontario. Most ethnocultural homes in Ontario are non-profit and often face financial challenges in developing new LTC beds and homes (RNAO, 2021).

In their 2024-2025 provincial pre-budget submission, AdvantAge Ontario recommended that the Ontario government enhance capital development support for non-profit LTC providers to enable them to develop/redevelop more LTC beds (AdvantAge Ontario, 2024). Indeed, the Ontario government must ultimately provide additional supports and incentives for LTC homes that provide culturally- and linguistically-specific care to meet the needs of ethnically-diverse residents (Marrocco et al., 2021).

3. Ensure all LTC homes are equipped to provide culturally-safe care

a. Embed cultural safety and EDI in all aspects of LTC

The current LTC system does not adequately meet residents' cultural and linguistic needs, as evidenced by the extensive wait times for ethnocultural homes. According to the National Institute on Aging (2023), cultural safety in LTC can only be achieved when empathy, respect, and collaboration are embedded in all areas of care, and when power imbalances are recognized and addressed. LTC homes must consistently be free of prejudice, discrimination, and harassment, with respect for every individual's ethnocultural and social identities (National Institute on Ageing, 2023). Furthermore, critical improvements are required urgently to ensure that LTC homes are sensitive to and inclusive of the needs, care preferences, and life experiences of 2SLGBTQI+ seniors (Grinspun, 2020).

The Ontario LTC system must be transformed to ensure culturally-safe care across all LTC homes (Marrocco et al., 2021; Um et al., 2021). All facets of LTC – including meal services, programming, nursing and personal care – must be better designed to reflect the diversity of resident populations

(Um et al., 2021). LTC licensees must consistently recognize and respect the social, cultural, religious, spiritual choices and histories of residents (Marrocco et al., 2021).

The CLRI "Embracing Diversity Toolkit" identifies the below goals for LTC homes in their equity, diversity, and inclusion (EDI) assessment and planning tool (Ontario CLRI, 2020):

1. The LTC home recognizes EDI formally as a priority, through policies and planning.
2. The LTC home takes steps to ensure the organizational culture and environment are welcoming, affirming and inclusive.
3. The LTC home recognizes the value of EDI training and education, providing employees with ongoing learning opportunities to work effectively with diverse populations.
4. The LTC home develops HR practices and policies to recruit, hire, and retain staff who are representative of the diverse population and/or are skilled in supporting EDI.
5. The LTC home enables community engagement through partnerships and networks to advance work on EDI.
6. The LTC home actively engages with residents and their chosen families in the planning, development, and evaluation of services.
7. The LTC home is committed to the delivery of inclusive and equitable care to LTC residents.

At the organizational level, there is much that can be done to promote culturally-safe care for residents. Commitments to EDI and cultural safety must be embedded within each LTC home through (Sue Cragg Consulting & the CLRI Program, 2017): leadership, getting to know residents, creating a culturally supportive environment, supporting the use of languages, promoting EDI in staffing practices, education and training, and dietary services.

RNAO offers free-of-charge supports to help LTC homes improve quality of care for residents and families. Our Long-Term Care Best Practices Program enables LTC homes – including RNAO's BPSO LTCs across Ontario – to implement and sustain evidence-based practices through systematic and consistent approaches to ensure person- and family-centred, quality care for residents and their families. Additionally, RNAO Clinical Pathways embed RNAO's evidence-based best practice guidelines in electronic medical records. These tools and the related coaching help standardize care, measure outcomes consistently, and optimize residents' care experiences and outcomes in all LTC homes.

At the provincial level, the LTC Commission (2021) and the Auditor General of Ontario (2023) identified that the Ministry must play a role in promoting EDI and culturally-safe LTC. The Ministry must, at minimum, take the following steps:

- Analyze the supply and demand of ethnocultural homes in Ontario, to inform LTC development planning.
- Work with LTC homes to identify best practices for culturally-safe care.
- Provide homes with guidance in improving staff training, communication technology, and community engagement.

b. Prepare undergraduate nursing students with education in culturally-safe care

It has been broadly recognized in the nursing community that increased efforts are required in undergraduate educational programs, to increase training and education on culturally-safe care. Existing nursing education, entry-to-practice competencies and nursing practice standards do not adequately address the needs of racial, cultural, sexual and gender minorities – whether patients, clients or care providers – as shown by RNAO's policy work and its resolutions process (RNAO, 2022b; RNAO, 2023; RNAO, 2024).

It has also been noted by the College of Nurses of Ontario (CNO) that nursing educators in Ontario are disproportionately women, domestically educated, heterosexual and white (CNO, 2024). These results reveal shocking concerns related to racism and discrimination in the nursing profession and align with many of the concerns voiced in RNAO's *Black Nurses Task Force* report (RNAO, 2022a). Targeted efforts are needed to ensure EDI in nursing schools, starting with diversity of faculty members and students.

RNAO has several existing and forthcoming best practice guidelines (BPG) focused on EDI – developed with input from people with lived experience – to support nursing curriculums, including:

- *Embracing Cultural Diversity in Health Care: Developing Cultural Competence,*
- *Promoting 2SLGBTQI+ Health Equity,*
- *Promoting Smoking Reduction and Cessation with Indigenous Peoples of Reproductive Age and Their Communities,*
- *Addressing Anti-Black Racism in Nursing* (working title – publication slated for 2025), and
- upcoming best practice guidelines related to Indigenous health

c. Train all health-care workers within their workplaces on how to provide culturally-safe care

To meaningfully achieve culturally-safe care, comprehensive training must be provided to all staff members. RNAO recommends the following training and education requirements (Sue Cragg Consulting & the CLRI Program):

- Cultural competency training programs and toolkits for staff members (see also Scott et al., 2022).
- Facility-wide sensitivity training and discussions about staff feelings in a variety of scenarios (e.g. caring for a transgender person, welcoming 2SLGBTQI+ partners of residents, etc.).
- Providing tools for staff members to recognize their own personal beliefs/cultural biases.
- Discussions regarding the history, culture, and languages of resident populations.
- Learning about the cultural traditions, spiritual beliefs and care practices, and historical context of resident populations.
- Increasing awareness of how sociocultural factors influence residents, staff and therapeutic relationships.
- Providing resources to help address bullying, harassment, and racism.

Conclusion

The proposed regulatory changes regarding the Ontario LTC homes cultural pilot project are a necessary first step in addressing inappropriate admissions to ethnocultural homes. However, much more must be done at both the organizational and provincial levels to meaningfully address culturally-safe care and EDI in all LTC homes. The Ministry must take urgent action to:

- collect sociodemographic data for all LTC residents,
- expand the number of ethnocultural LTC homes in Ontario, and
- equip all LTC homes to provide culturally-safe care.

Culturally-safe care and EDI must be embedded in all LTC homes, and increased attention must be devoted to providing comprehensive training to health professionals at the academic level and at each health-care organization.

References

AdvantAge Ontario. (2024). Time is running out: Investing now to meet the care needs of Ontario's seniors. https://www.advantageontario.ca/AAO/Content/Resources/Advantage_Ontario/2024-25-Provincial-Budget-Submission.aspx

Auditor General of Ontario. (2023). Long-term care homes: Delivery of resident-centred care. https://www.auditor.on.ca/en/content/annualreports/arreports/en23/AR_LTCresidential_en23.pdf

College of Nurses of Ontario (CNO). (2024). Demographics and nursing practice report. https://cno.org/Assets/CNO/Documents/Statistics/workforce-census-report-2024.pdf

Grinspun, D. (2020). *2S-LGBTQ+ Seniors: Our existence is our resistance!*. 2S-LGBTQ+ Seniors: Our Existence is Our Resistance! | Doris' Covid-19 Blog. https://doris-blog.rnao.ca/post/2s-lgbtq-seniors-our-existence-our-resistance

Ontario Centres for Learning, Research and Innovation in Long-Term Care (Ontario CLRI). (2020). Embracing diversity: A toolkit for supporting inclusion in long-term care homes. https://clri-ltc.ca/files/2020/06/Diversity-Toolkit-Working-File_Accessible_June11.pdf

Marrocco, F.N., Coke, A., & Kitts, J. (2021). Ontario's long-term care COVID-19 commission final report. https://files.ontario.ca/mltc-ltcc-final-report-en-2021-04-30.pdf

National Institute on Ageing. (2021). Leaving no one behind in long-term care: Enhancing socio-demographic data collection in long-term care settings. https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/62012044f0158e27b04f2880/1644240964901/LeavingNoOneBehind.pdf

National Institute on Ageing. (2023). Enabling a more promising future for long-term care in Canada.

https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/64da284a18aad449147343f0/1692018764623/Long-term%2BCare%2BPaper%2B3-.pdf

Qureshi, D., Schumacher, C., Talarico, R., Lapenskie, J., Tanuseputro, P., Scott, M., & Hsu, A. (2021). Describing differences among recent immigrants and long-standing residents waiting for long-term care: A population-based retrospective cohort study. *Journal of the American Medical Directors Association*, *22*(3), 648–655. https://doi.org/10.1016/j.jamda.2020.07.018

RNAO. (2021). Submission to the standing committee on the legislative assembly re Bill 37. https://rnao.ca/media/1824/download?inline

RNAO. (2022a). Black Nurses Task Force report: Acknowledging, addressing and tackling anti-black racism and discrimination within the nursing profession. https://rnao.ca/media/2140/download?inline

RNAO. (2022b). Nursing through crisis: RNAO'S annual report 2021-2022. https://rnao.ca/sites/rnao-ca/files/RNAO_Annual_Report_2021-2022.pdf

RNAO. (2023). Change through unity and action: RNAO's annual report 2022-2023. https://rnao.ca/media/6148/download?inline

RNAO. (2024). Nursing Celebrating successes, solving challenges: RNAO's annual report 2023-2024. https://rnao.ca/media/7486/download?inline

Scott, M. M., Mayhew, A., Jeong, A., Shaver, N., Lapenskie, J., Hsu, A. T., Tanjong-Ghogomu, E., Tanuseputro, P., Huang, E., & Welch, V. (2022). Access to long-term care for minority populations: A systematic review. *Canadian journal on aging = La revue canadienne du vieillissement*, *41*(4), 577–592. https://doi.org/10.1017/S0714980822000046

Sue Cragg Consulting and the CLRI Program. (2017). Supporting cultural diversity in long-term care. https://www.the-ria.ca/wp-content/uploads/2018/10/Supporting-Cultural-Diversity-Report-final_full_March-30-2017_update_A.pdf

Um, S. (2016). The cost of waiting for care: Delivering equitable long-term care for Toronto's diverse population. https://www.wellesleyinstitute.com/wp-content/uploads/2016/05/The-Cost-of-Waiting-For-Care.pdf

Um, S., Sathiyamoorthy, T., & Roche, B. (2021). The cost of waiting for long-term care: Findings from a qualitative study. https://www.wellesleyinstitute.com/wp-content/uploads/2021/01/The-Cost-of-Waiting-for-LTC-Findings-from-a-Qualitative-Study.pdf