

Final Report

French Language Services in Long Term Care

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The French Language Health Services Network

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Executive Summary

Background

The French Language Services in Long Term Care Research Project was initiated by the PEI French Language Health Services Network (PEIFLHSN), and is part of the Network's ongoing obligations with respect to strengthening the delivery of French language services under the French Language Services Act. The Project was designed to conduct background research into the nature and scope of needs of an aging Francophone population, with a particular focus on residents who require nursing care in a long-term care facility. The overall objective is to identify service delivery methods and approaches that will strengthen the delivery of French language services within provincial Long-Term Care (LTC) facilities on PEI.

Research Methodology

The primary research methods included: three community consultation sessions with leaders and residents from the West Prince, Evangeline/Wellington, and Charlottetown areas; three consultations sessions with relevant health service providers (provincial LTC facilities and Home Care Services) in West Prince, East Prince, and Charlottetown; and a review of relevant documents and reports, and a brief best practice literature review. The research activity did not include the private sector nursing homes; however, it was acknowledged that this sector would need to be included in this discussion at some future time. In addition, throughout the research process the Consultant worked with/through the Manager of the PEI FLHSN and the Project Steering Committee.

Current Situation

The 2006 Census data indicates that 1080 of the Island's francophone population are aged 65 or more; this represents about one-fifth of the entire francophone population. This number is expected to increase as the population ages over the next 10-15 years. However, at the moment, it is difficult to know just how many francophone residents are being cared for in existing long term care facilities; this information is not identified in a systematic way upon admission to facilities. With respect to the health system's French language capacity, there are only a limited number of designated bilingual positions identified and staffed across the health care system generally, including nursing homes. In addition, there are a number of other staff who are identified as being bilingual, but these staff may not be assigned to a specific role or position in terms of the delivery of French language services to Francophone residents or patients.

Summary of Research Findings and Results

Community Consultations

A total of ten community leaders/residents participated in the three sessions; two (2) in DeBlois; six (6) in Wellington; and two (2) in Charlottetown. Consultation session participants noted a range of practical needs and issues faced by aging seniors; these include:

- **access to a regular, predictable transportation service;** on an ongoing basis many seniors require transportation to medical appointments, church services and activities, grocery shopping, attending social events, etc.

- **access to a 'meals on wheels' program;** having proper nourishment on a regular basis is critical in helping seniors live in their own homes and remain as healthy as possible.
- **remaining socially active and engaged in their community and culture;** there should be more efforts to offer social and cultural activities and events to Francophone seniors in community care facilities and nursing homes in the region.
- **access to services and supports regarding housekeeping tasks;** many seniors find it difficult to complete daily/weekly housekeeping tasks (vacuuming, laundry, general cleaning tasks, etc), and most could not afford to hire someone for this. This is a growing need, and must somehow be addressed if seniors are to live in their own homes and communities for as long as possible.
- **access to funding programs for home repair and maintenance needs;** there are some programs to assist with these types of needs; however, many seniors may not be aware of them, and in some cases the funding covers only part of the overall costs of repairs. Most seniors live on a very limited budget and do not have the financial resources to cover additional costs.
- **access to safe, secure and supported social housing options;** living alone can be worrisome for many seniors and many feel uneasy about this situation; in addition, many elderly people end up moving out of their home communities because there are no available and affordable housing options that have such day-to-day necessities like a washer and dryer.

Seniors Requiring Long Term Care

The challenge for many francophone seniors is when, because of failing health and increased need for a higher level of nursing care, a resident must be admitted to a nursing home/manor; for most this means moving out of their home community (to Alberton, O'Leary, Summerside, or beyond). Once they are removed from this 'home environment' they encounter a variety of changes; two of the biggest changes are (1) they are in a situation where they are dependent on new people to care for them, and (2) there may be no one who can communicate with them in their own language.

Participants in all sessions indicated that this was an unacceptable situation for Francophone residents. Participants at the Evangeline session recommended that the ideal solution for their region is **to provide for community care and long-term care services 'under the same roof'**. Their vision is to have a number of nursing/LTC beds identified for the Evangeline area; these beds would complement the existing Community Care Facility beds at Le Chez Nous. This design would allow for many benefits for both types of residents; i.e. community care residents could socialize with, and support, long term care patients, and there could be opportunities for joint programming that could involve residents from both levels of care where appropriate (cultural activities, spiritual celebrations, social events, etc).

Participants at this session further felt that **the existing formula that is used to calculate the need for community care facility and long-term care beds does not adequately reflect the future requirements in the different parts of the province, and it does not take into account the need for services in Francophone communities**. The group indicated that, as the population ages, more nursing/LTC beds will be required; they believe that when new nursing care beds are being allocated in the future, the needs of the Evangeline community must be considered.

Other Important Issues Noted:

- **a proactive approach to identifying the francophone resident;** LTC facilities must become more proactive in identifying French speaking residents upon admission. While it may not be possible to provide every aspect of service 'in French' , acknowledging their francophone background

and heritage, and making an effort to accommodate in their own language will ease the concerns and anxieties of new residents.

- **self-expression and advocacy;** seniors need to be encouraged and supported to make their needs and expectations known to care providers; they have the right to speak their own language, and have the right to ask for, and receive, services in their own language.
- **needs for more bilingual health care providers;** there is a perception that more bilingual nurses and other health care staff are needed, and that the existing bilingual staff could be used more effectively within the system.
- **a focus on the 'whole person';** currently, the focus is mostly on medical care and meeting medical/health needs (which is of course important). However, there is a quality of life component (family/community contact, social and cultural activities) that is crucial to helping seniors remain healthy and active. This is an important 'missing piece'.
- **a 'home like' design and atmosphere is important;** the facility design should have more of a home/community atmosphere; a bright, warm, safe environment that provides residents with a sense that this is their 'home'.
- **provide more 'in-house' services;** the ideal facility would have other 'in-house' services such as medical, dental services, pharmacy, mental health, addictions, spiritual services, etc. In addition, it would have space and programming designed to allow residents to continue with some of their interests and hobbies, or get involved in new ones.
- **the 'baby boom' generation will have higher expectation and will be more demanding;** in the very near future, expectations of residents in LTC will increase in a whole variety of ways (i.e. when the 'baby boomers' begin to require nursing care in larger numbers).

Service Provider Consultations

There were three consultation sessions with service providers; the consultant worked through members of the Steering Committee in West and East Prince to arrange the service provider sessions in these two areas; and with Senior LTC and Home Care staff in the Queens and Kings county areas. Staff who were represented at the sessions included LTC managers, Nurse Managers, Home Care Supervisors, LTC Activities Directors, LTC Nutritionists/Dieticians, and Financial Assessment Officers. A total of sixteen (16) staff participated; four (4) in West Prince, six (6) in East Prince, and six (6) in Queens/Kings county.

With the exception of Summerset Manor in Summerside, service provider staff indicated that there is not a deliberate policy or practice upon admission of residents to LTC facilities to identify and/or focus on the language/culture origins of the resident. Through a special project initiative, funded through the Canada/PEI French Language Services Agreement, Summerset Manor now has two designated bilingual nursing positions. These two positions are assigned to work directly with Francophone residents admitted to the facility; they also have introduced Acadian social and cultural activities within the facility.

In most other long-term care facilities across the province, it is assumed that everyone can function in English, and unless it is quite obvious that the new admission cannot, the person is related to, and interacted with, in English. However, service providers indicated that they were open to working with the Francophone community to change this. With Health PEI's current focus on healthy aging initiatives, enhancing home care services, and the manor replacement program, service providers indicated that now is a very opportune time to explore ways to better address the needs of Francophone residents and Francophone communities. LTC facilities have adopted a 'person-centred care' approach to both the

design of new facilities, and the development and delivery of programs and services for residents within these facilities. This philosophy will be reflected in all service components; from the 'moving-in process', to addressing day-to-day needs, and to supporting the residents' social, cultural and spiritual needs.

Service Providers noted a range of potential steps that could be taken to strengthen services to Francophone residents; these include:

- undertake steps to increase awareness among management and staff of the language and cultural needs of Francophone residents in LTC facilities.
- develop and implement an internal facility protocol to identify francophone residents during the 'moving in' assessment process; explore the language preferences and social/cultural needs of residents during this process.
- have existing bilingual staff identified to residents by noting on the nametag that the staff person can speak French; assign these staff to roles/positions that would allow them to interact with Francophone residents.
- where numbers of francophone residents exist (i.e. facilities in Summerside area), set up a Francophone resident's council to allow/encourage the voice of the residents to come forward.
- as existing LTC facilities are replaced with new construction, use this as an opportunity to establish 'home' clusters for Francophone residents units.
- engage Francophone groups and communities; develop a vehicle to invite community input, and explore the option of establishing a Francophone volunteer program to help residents remain connected with their community and culture.
- explore the possibility of a partnership or collaboration with the Belle Alliance Centre (Ecole sur Mer) in Summerside; there may be ways in which the programs at the Centre can help enhance cultural activities for Francophone residents living in LTC facilities.

Document Review and Best Practice Literature Search

A total of ten documents, reports and studies were reviewed as part of this component of the research. The main body of the report contains a brief summary of what each report contains. A brief summary of one of the documents - *Factors That Contribute to a Welcoming Environment in Long-Term Care Facilities* - outlines a number of factors that contribute to a welcoming, home-like atmosphere; these are listed below:

- **An Inclusive and 'person centred' philosophy of care;** the facility is the resident's home and every effort is made to provide 'home like' services and supports.
- **Strong leadership;** The commitment to the philosophy, and leadership with respect to its implementation, must begin with senior management; this is critical to creating a consistent person-centred atmosphere and practice throughout the facility.
- **Cultural and linguistic awareness and sensitivity;** there needs to be a 'reaching out' to the various communities in the region served by LTC homes; there needs to be a 'bridge' developed between different Francophone communities and the management of LTC homes.
- **Respecting and honoring the language;** suggested ways to strengthen this included:

- grouping people with common language together to improve social interaction.
 - recruit staff and volunteers who speak the language.
 - use of a communication board; using pictures and symbols to facilitate communication with residents.
 - posting activities and programs in the French language.
 - make printed materials available in the French language.
 - provision for French language classes for staff.
- **Develop community partnerships;** these are essential to help bridge various gaps and limitations between the cultural group and the LTC home.
 - **Adequate staffing;** facilities need to build their staff capacity to work with and support the various social and cultural needs of its residents.
 - **Spiritual care;** the facility must provide a place of worship that is respectful of the resident's needs, including language.

Summary and Conclusions

The trends with regard to the aging population are clear; an increasing number of elderly Francophone residents will require long-term care services over the next decade. Francophone communities are aware of the challenges faced by Francophone residents admitted to existing LTC facilities, and want to see these challenges addressed in a more direct and systematic manner.

Most of the current LTC facilities have a limited capacity to offer French language services, and this is having an impact on the social and cultural experience of the Francophone resident. The exception to this is Summerset Manor; this facility has more Francophone residents than the other facilities, and staff have acknowledged the linguistic and cultural needs of its Francophone, and have begun to more effectively respond to these needs. In addition, while acknowledging their facilities current limitations, service providers expressed an openness to work more closely with Francophone communities to better respond to linguistic and cultural needs.

In addition, with the government's recent health policy efforts and investments (Healthy Aging Strategy and the replacement of LTC facilities), it is an opportune time for the Francophone community to engage government policy and funding decision makers to address service gaps and barriers to the delivery of French language health services to Francophone Islanders. Best practice approaches suggest that achieving success will require a favorable policy approach, committed leadership from health managers and service providers, and a mobilized Francophone community.

A number of participants at the community consultations, including those who were also representing particular Francophone organizations and groups, indicated that it was very important that the research findings in this report be formally presented to, and discussed with, the provincial government. It was noted that to improve and strengthen French language services requires the commitment and resources of the PEI government and Health PEI. This is an important step and the PEI FLHSN must ensure that the report is circulated to, and discussed with, those Francophone organizations (i.e. Societe Saint Thomas D'Aquin) whose mandate is to educate and lobby government for improved services.

Going Forward - Proposed Directions

In terms of going forward, the following initiatives are proposed.

At the Political Level

- using this research report as a starting point, the Francophone community (Societe Saint Thomas D'Aquin) will arrange a meeting with the Minister of Health and Wellness and the Minister responsible for Acadian and Francophone Affairs to present the 'vision' regarding services for aging Francophone residents.
- the 'vision': Francophone Island residents have the right to request and receive services in their own language; Francophone communities must have the resources and services to provide for the care of their elderly residents.

At the Senior Management Level

- using this research report as a starting point, the French Language Health Services Network open up a dialogue with the CEO of Health PEI to establish a working partnership aimed at improving and strengthening services to Francophone residents living in Island LTC facilities.

At the Facility Management - Francophone Community Level

- using this research report as a starting point, the PEI French Language Health Services Network facilitate a series of meetings between local Francophone groups/advocates and local LTC facility managers. These meetings would be aimed at exploring needs and expectations of Francophone families and communities, acknowledging the limitations and challenges faced by LTC facilities regarding the delivery of French language services, and developing local solutions to addressing Francophone needs.

At the Service Delivery Level

Using this report as a starting point, service providers in various LTC facilities examine existing practices and protocols regarding the admission and care plans for Francophone residents. LTC facilities can enhance programming by:

- establishing a protocol to identify and document Francophone residents when completing the initial 'moving in' assessment process (this should be a province-wide practice).
- upon admission, arranging to have the resident greeted/welcome in their own language.
- establishing a rapport with the resident's family; arrange a family tour of facility, explore family expectations, explain service limitations, etc.
- updating the listing of designated bilingual positions and bilingual staff across the system (should be done annually).

- arranging to have bilingual staff work with/interact with Francophone residents.
- translating brochures, signage and any formal documents to be completed, signed, etc.
- setting up bulletin boards and menus in French.
- offering culturally based activities and recreational programming.
- establishing Francophone 'home' units within the new LTC facilities (Summerset Manor appears to be already moving in this direction).
- establishing a rapport with Francophone volunteer organizations.

1. Background

The PEI Long-Term Care (LTC) system includes the nursing homes or manors; these facilities provide high level, twenty-five hour, nursing care to Island residents who no longer can live on their own because of chronic physical and/or mental health conditions. Some factual information regarding PEI's LTC system include:

- There are 18 nursing homes or manors in the province; 9 of these are public (owned and operated by government), and 9 are privately owned and operated.
- These 18 facilities include a total of 1013 beds; 298 of these are in Prince County (includes Summerside); 563 are in Queens County; and 152 are in Kings County.
- More than 70% of admissions to LTC facilities are over 80 years of age; and about 80% of residents have some level of memory loss or dementia.

The population on PEI is ageing; recent projections indicate that the population of seniors over 75 will grow rapidly over the next decade. This increase will impact the francophone population as well. According to the 2006 census, there 1080 Island seniors age 65 years of age or older who are French speaking; this represents 20.2 % of the total francophone population of PEI.

Government is quite aware of this situation, and has been taking steps to better prepare PEI to address the needs of Islanders as they age. In February 2009, based on the recommendations from both the Ascent and Corpus Sanchez reports, the Department of Health and Wellness established a Healthy Aging Strategy. Health PEI is now in the process of implementing elements of this strategy; key features include: the replacement of aging manors; enhanced home care services, expanded and improved long term care services and transitional care; and the palliative home care drug pilot project.

At present the capacity within Health PEI to deliver French language services, both in Home Care and in Long-Term Care facilities, is limited given that only a small number of employees are fluent in speaking French. However, the Healthy Aging Strategy and the subsequent initiatives to place a stronger focus on the needs of aging seniors, provides a timely opportunity to identify, and address, the unique needs of the Island's Francophone community.

2. Purpose of Research

The French Language Services in Long Term Care Research Project was initiated by the PEI French Language Health Services Network (PEIFLHSN), and is part of the Network's ongoing obligations with respect to strengthening the delivery of French language services under the French Language Services Act. The Project was designed to conduct background research into the nature and scope of needs of an aging Francophone population, with a particular focus on residents who require nursing care in a long-term care facility. The overall objective is to identify possible service delivery methods and approaches that could strengthen the delivery of French language services within long-term care facilities on PEI.

Improving access to services and programs for Francophone clients/patients is one of the requirements of the French Language Services Act. Accordingly, as it moves forward with implementation, Health PEI must address the issue of access to French language services for Francophone seniors at all levels of the system, including Home Care and Long-Term Care services. The research findings and results are intended to be used to establish a systematic dialogue between government and the Francophone community to move forward.

3. Research Methodology

The primary research methods for the Project included:

- consultation sessions with leaders and residents from three Francophone communities/areas (West Prince, Evangeline/Wellington, Charlottetown);
- three consultations sessions with relevant health service providers (Long Term Care, Home Care) in West Prince, East Prince, and Charlottetown;
- a review of relevant health care documents and reports, and a brief best practice literature search;
- a presentation/discussion of the research findings and results with a group of Francophone community leaders; and
- preparation of the final project report.

Note: The research activity did not include the private sector nursing homes; however, it was acknowledged that this sector would need to be included in this discussion at some future time.

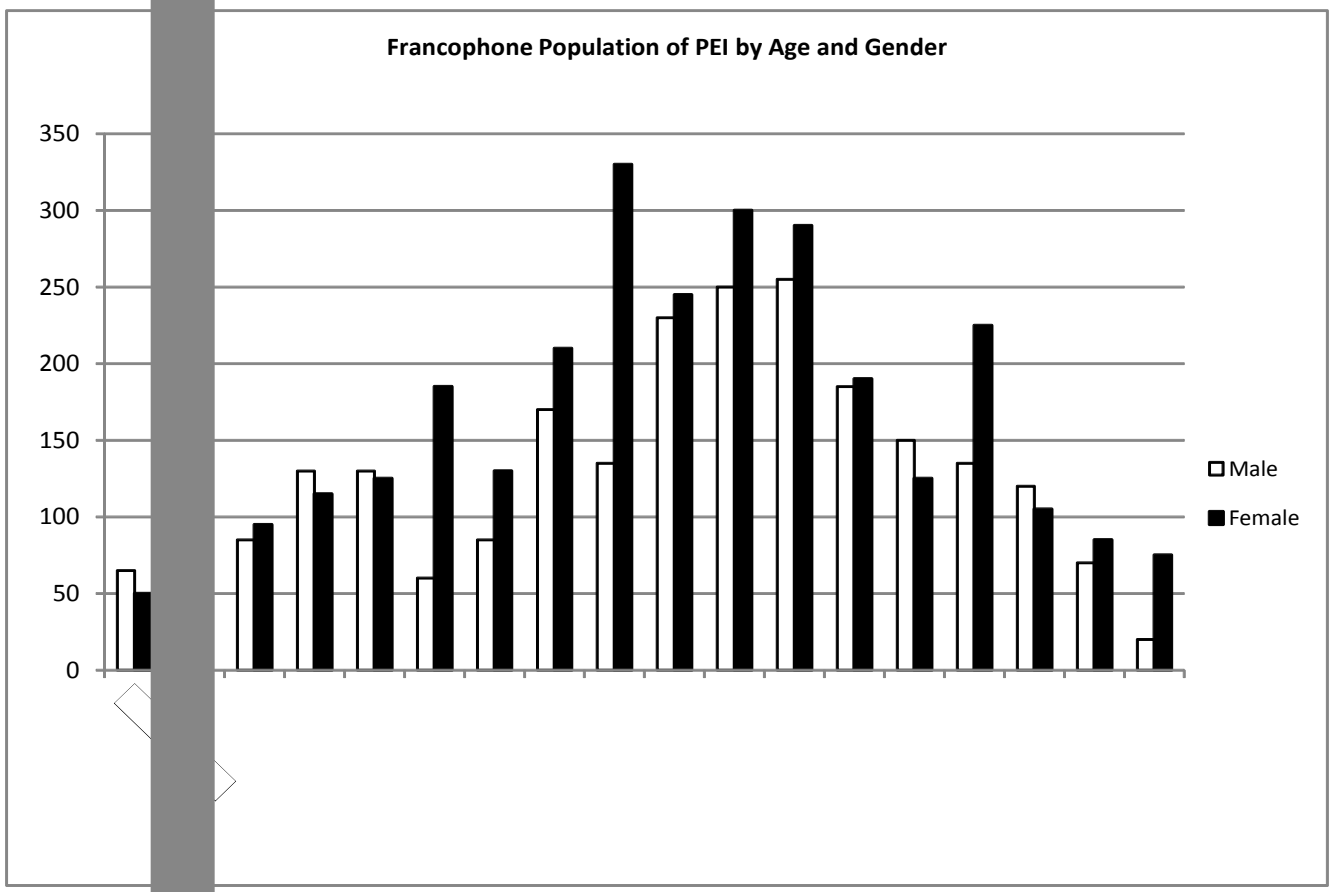
Throughout the research process the Consultant worked with/through the Manager of the PEIFLHSN and the Project Steering Committee.

4. Description of Current Reality

4.1 Profile of PEI Francophone Population

As noted earlier, the 2006 Census data indicates that 1080 of the Island's francophone population is aged 65 or more; this represents about one-fifth of the entire francophone population. This number is expected to increase as the population ages over the next 10-15 years. The following tables illustrate the age gender breakdown of the Francophone population on PEI (based on 2006 Census data), and a breakdown of how the population is distributed across the Island.

Table 1: Age and Gender Distribution of PEI Francophone Population



As the above data profile indicates, the portion of the population that will be sixty-five years of age and older will grow significantly over the next two decades. This will place a greater demand on all services required by an aging population, including Long-Term Care services. The following series of tables shows the age and gender distribution of the Francophone population in five Francophone regions across the province.

Table 2: West Prince Region

In West Prince there are at total of 690 Francophone residents; Table 2 provides the age and gender distribution of those who are over sixty-five years of age.

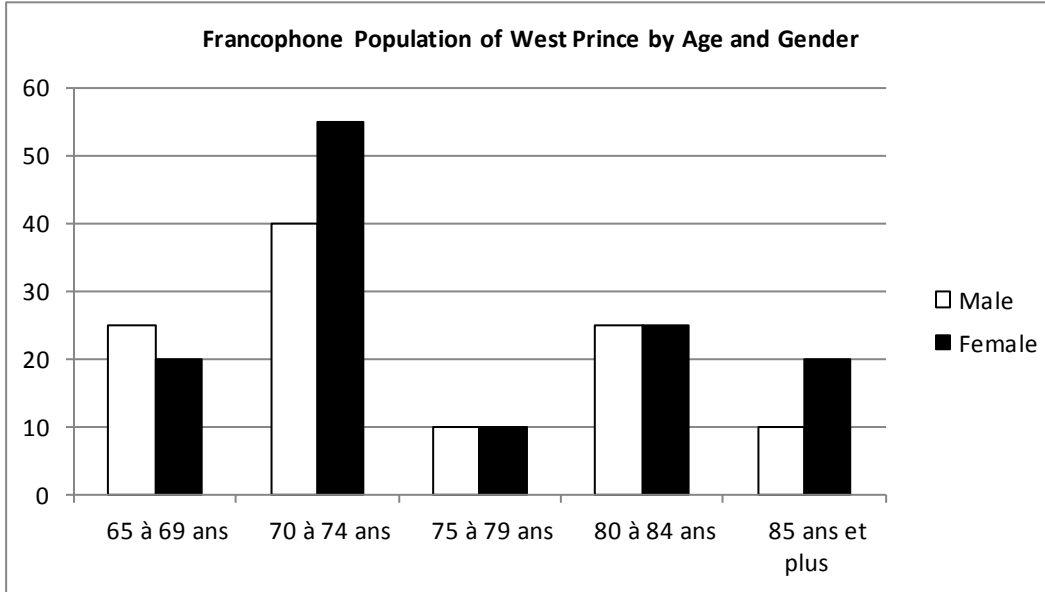


Table 3: Evangeline Region

In the Evangeline area there are at total of 1685 Francophone residents; Table 3 provides the age and gender distribution of those who are over sixty-five years of age.

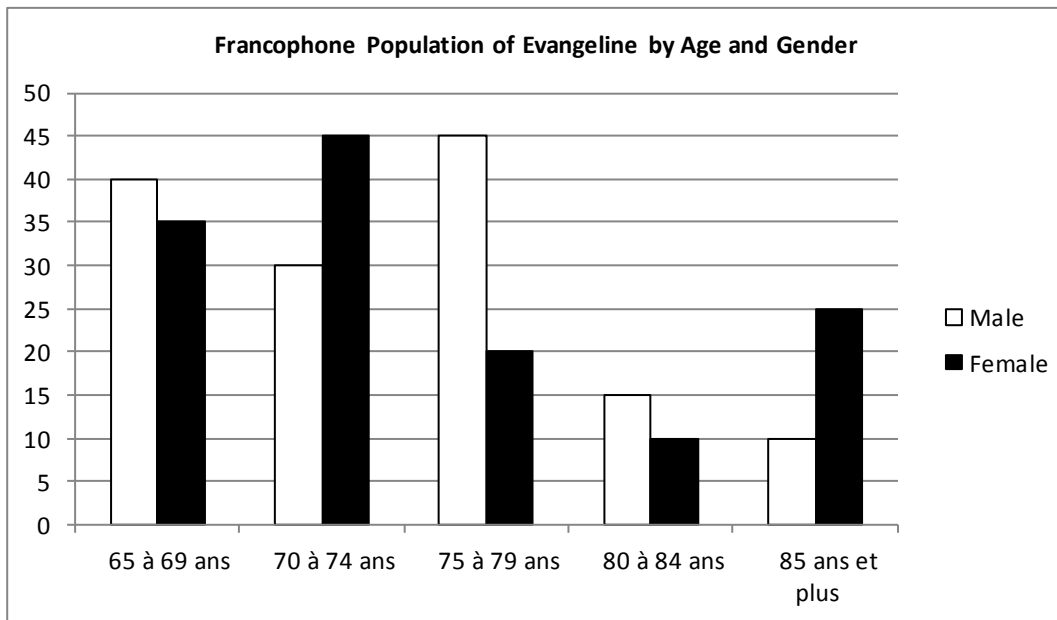


Table 4: Summerside/Miscouche Region

In the Summerside/Miscouche area, there are at total of 1070 Francophone residents; Table 4 provides the age and gender distribution of those who are over sixty-five years of age.

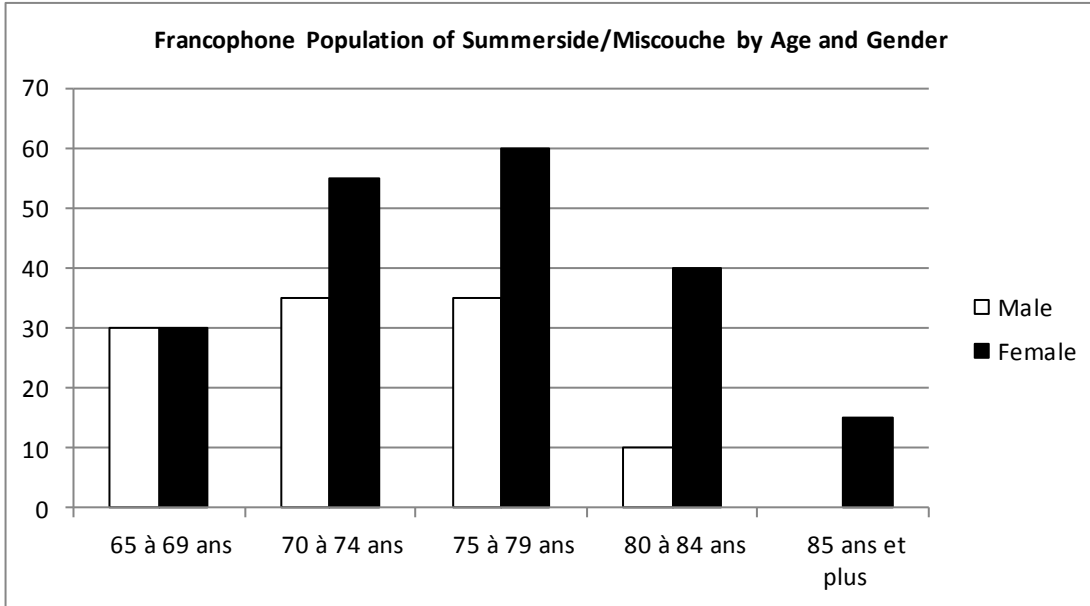
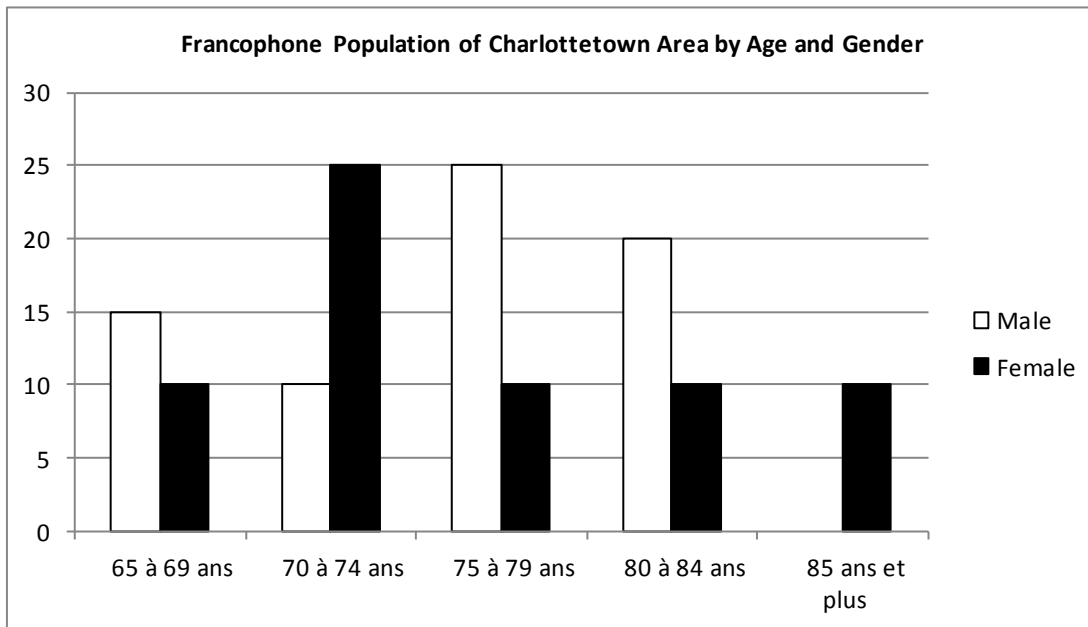


Table 5: Charlottetown Region (includes Rustico)

In Charlottetown/Queens area there are at total of 955 Francophone residents; Table 5 provides the age and gender distribution of those who are over 65.



As the above data indicates, at least two-thirds of the overall Francophone population in the province lives in Prince County (Summerside/miscouche - 1070; Evangeline - 1685; and West Prince - 690). The implication is that there will be a larger number of aging Francophones seeking and requiring Home Care and LTC services from Prince County compared to other parts of the province.

Note: The 2006 Census data indicates that there are 120 Francophone residents living in Kings County, however only a small number are over the age of sixty-five years of age.

4.2 Number of Francophone residents Currently in LTC Facilities

At the moment, it is difficult to know just how many Francophone residents are being cared for in existing long term care facilities; this information is not identified in a systematic way upon admission to facilities. A recent (spring 2010) satisfaction survey of 256 residents in long term care facilities did ask a question about language and one's preference for speaking either English or French. The results indicated that out of the 256 residents surveyed there were 28 who spoke French (approx 10% of those surveyed), and 15 of these indicated that French was their preferred language.

The March 2008 Long-Term Care facilities report completed by the Ascent Consulting Group indicated that there were 1013 LTC beds in PEI (includes both public and private facilities). Based on the above survey results, one might assume that there are approximately 75-100 Francophone residents living in LTC facilities somewhere on PEI. And given that the Francophone population will be aging over the next two decades, it can be assumed that the number of Francophone residents requiring admission to Long-Term Care facilities will continue to increase.

4.3 Number and Locations of Designated Bilingual Positions

Over the past decade or so, the health system has been making efforts to build its capacity to offer French language health care services to the Francophone population. There are a limited number of designated bilingual positions across the health system; there are also a number of other staff who are identified as being bilingual, but may not be assigned to a specific role or position in terms of the delivery of French language services to Francophone residents or patients.

In July 2009, the Department of Health and Wellness completed an environmental scan to determine its bilingual capacity. This scan revealed that there were 35 designated bilingual positions across the system, and a total of 135 other staff who were considered to be bilingual. With respect to positions and staff within Long Term Care and Home Care, this study indicated that there were 7 designated bilingual staff positions, and another 21 staff who were considered to be bilingual (see Table # 7 below). In addition, the Department has been offering French language training to any of its health care staff who are interested in developing their capacity to speak French.

Table 7: Number and distribution of designated bilingual positions and bilingual staff in LTC facilities

Facility/Program	Designated Positions	Bilingual Staff
Maplewood Manor	0	4
Community Hospital	1	4
Wedgewood Manor	2	5
Summerset Manor	4	7
Beach Grove Manor	No data	No data
Prince Edward Home	No data	No data

Riverview Manor	No data	No data
Colville Manor	0	1

Note: It is acknowledged that this data is out-of-date; given that it has been more than 18 months since the last review, the number of designated bilingual positions and bilingual staff should be reviewed once again to update the numbers, and to determine whether capacity is increasing or decreasing.

4.4 French Language - Communication Materials, Forms and Signage

With respect to Long Term Care related information, brochures, and forms, facilities in both West Prince and East Prince have made efforts to have various internal communication and admission forms translated into French. The 'admissions kit' at both Summerset and Wedgewood Manors contains a detailed information handbook which has been translated into French; this handbook is given to any Francophone resident and his/her family upon admission to the facility. In addition, some of the admission information in the Maplewood Manor in West Prince has also been translated into French. At the provincial level, the descriptive information on the Dept of Health and Wellness's website regarding services to seniors, including Long-Term Care services, is translated into French, but none of the actual provincial admission forms (primarily financial) are available in French.

5. Summary of Research Results

5.1 Community Consultations

Three community consultations sessions were conducted: one in West Prince on October 5th in Deblois; one in East Prince on October 6th in Wellington, and a final one on October 12th in Charlottetown.

The promotion and communications approach regarding the sessions included the following steps:

1. Working with the Director of PEIFLHSN, a list of francophone organizations and groups were identified. This list is attached as Appendix A.
2. Each group was contacted by e-mail with an attached 'communication flyer' (translated into French) briefly explaining the purpose and intent of the community consultation sessions, indicating the date, location and time of the meeting, and the list of questions to be explored with session participants. Follow up phone calls were made to ensure that communications were received, possible attendance etc. A copy of the communication flyer is included in Appendix B.
3. Notices of the community consultation meetings were included in two consecutive editions of the LaVoix Acadienne newspaper; and in the local francophone community bulletins in both the Tignish, and the Evangeline/Wellington areas. A copy of the newspaper notice is include in Appendix B.
4. A session handout (including the interview/discussion questions) was prepared and translated - the objective was to provide participants who attended the session with a copy as they arrived. A copy of the session handout is attached in Appendix C.

A Francophone consultant facilitated the discussions at each session, and a francophone recorder was present at each session to record the discussion.

A total of ten people participated in the three sessions; two (2) in Deblois; six (6) in Wellington; and two (2) in Charlottetown. While this turnout was lower than was initially anticipated, those who did attend were knowledgeable about the needs and issues regarding aging seniors in their area, and spoke passionately about needed improvements regarding French Language services within health generally, and to services to aging seniors in particular. Their views, observations and suggested improvements are summarized in the following section of the report.

5.1.1 The Deblois Session

The two people in attendance at this session were members of Le Club des Coeurs Joyeux, were very knowledgeable and insightful with regard to the questions and issues discussed, and offered a number of suggestions as to how to assist aging seniors in West Prince. The participants noted several practical needs that many seniors in the region face; these include:

- **the need for more transportation** for the elderly within the community and region generally; on an ongoing basis, many seniors require transportation to medical appointments, grocery shopping, social events, etc.
- **the need for a regional 'Meals on Wheels' program;** there is such a service in place in the Alberton area, but it is not available to seniors in surrounding communities; getting proper nourishment on a regular basis is critical in helping seniors to live in the own homes for as long as possible.
- **getting information to seniors;** ensuring that seniors are aware of the financial and social programs that are currently available to them, and that they know who to contact, where, etc. Government needs to make greater efforts to help seniors know what program and services are available to them. It was noted that many older seniors (current generation) have a strong sense of pride regarding their own independence, and may find it awkward or uncomfortable to express and acknowledge their needs and request or accept help. Program managers must be more proactive in helping seniors to express their needs (i.e. it is in government's interest to help seniors function in a healthy and independent manner for as long as possible).
- **keep seniors involved and active;** it was also suggested that keeping seniors socially involved with their communities is important; there should be more music and cultural activities and events offered to seniors in community care facilities and nursing homes in the region.

It was noted that members of Le Club des Coeurs Joyeux (there are 44 members in the Club) are very active, and take great pride in the work they are doing to support seniors in their region. A recent example of the type of initiatives that the Club is undertaking is the Friend Calling a Friend Program. This is an intergenerational initiative that involves having older students develop a relationship with a senior in the area; students are 'matched up' with a senior and they make contact and/or telephone this person once a week to chat. This initiative has the potential to be a very positive experience for two different generations of the community; older residents will have a sense of someone caring enough to call every week to talk and help out; and the younger person will have a greater sense of the lives and needs of seniors who are living in their communities. In addition, one of the local schools has a complementary program that provides students a credit to go out and assist seniors in the community with simple day-to-day tasks such as packing wood, mowing grass, shovelling snow, etc.

As a final comment, the participants pointed out that as Francophone seniors age there is a tendency for them to return to their French language, and hence, being able to be receive services in their own language when they are admitted to a Long-Term Care facility becomes even more critical in terms of their quality of life.

5.1.2 The Evangeline/Wellington Session

The consultation in Wellington had six participants including: the Manager of the local Community Care Facility (CCF); an employee from the facility, and a resident from the facility. Other people present had experience with providing support to their own elderly parents and relatives, and were concerned about their future well-being.

Participants in this group expressed a range of opinions and concerns; one particular concern noted involved **a possible change regarding the level of care of seniors being admitted to Community Care**

Facilities (CCFs). Essentially the change would mean that CCFs could only accept residents assessed at level II or III care (seniors who require some level of physical care or medical follow re medications, etc). Any seniors assessed at level I care would remain in their (or another) home. If this is the case, then these level I seniors will require a range of home support services including:

- **a 'meals on wheels' type of service** to ensure that seniors get proper food and nourishment to remain healthy.
- **transportation** to necessary medical appointments, church services and events, grocery shopping, pharmacy, as well as important community social events. Many Acadian women have never driven in their lives, and they tend to be reluctant to ask someone for a ride as they do not want to be a 'burden' to someone else. This limits their activity greatly and its not good for the social and emotional well-being. Often their adult children work full-time and are not always available; and while there are people who will offer to help, there is the worry of liability if one is offering a drive to someone who is frail and/or has a serious disability (who is responsible if something happens??).
- **services and supports to address a range of home care and housekeeping tasks;** while government continues to invest more funds to Home Care there are many needs that are not addressed. Currently visiting Home Care staff are only able to take care of health and medical care related need; however, many seniors find it difficult to complete daily/weekly housekeeping tasks (vacuuming, laundry, general cleaning tasks, etc), and most could not afford to hire someone for this. This is a growing need and must somehow be addressed if seniors are to live in their own homes and communities for as long as possible.
- **funding programs for home repair and maintenance needs;** there are some programs to assist with these types of need; however, many seniors may not be aware of them, and in some cases the funding covers only part of the overall costs of repairs. Most seniors live on a very limited budget and do not have the financial resources to cover additional costs.
- while there has been some progress, there is a still **a lack of trained professionals in the health care field that are bilingual.** There needs to be more work done to recruit bilingual health care staff, and that these staff should be allocated to those positions in the system so that their language abilities are used to their full advantage. Dealing with health issues and sickness can be a stressful time for anyone, and especially so for someone who is elderly. Adding the stress of communication and language barriers when a frail senior is being removed from their home and community is not acceptable.
- the Wellington/Evangeline area needs **more affordable social housing for seniors.** Participants indicated that there are more and more elderly people moving to Miscouche or Summerside because there are no housing options in their own community. More affordable social housing options in the area (assisted living options) would address this need. It was further noted many

of the existing social housing units are not fully serviced with many of the necessities such as a washer and dryer.

- there is also the **issue of security and safety** with a senior who is living alone. For many the experience of being alone all night is worrying and many feel uneasy in this situation.
- facilities caring for seniors need to have **more of a 'home-like' feel and atmosphere** in both physical design and program activities. This would help to lessen the adjustment the elderly have to make when leaving their life long homes and moving into an another living environment.

Participants at this session stressed the fact that the number of francophone residents who are aging in the region is increasing, and will continue to increase. Participants noted that, in their view, **the existing formula that is used to calculate the needs for community care facility and long-term care beds does not adequately reflect the future requirements in the different parts of the province, and it does not take into account the need for services in Francophone communities.**

It was noted that the Wellington/Evangeline community has a well established, vibrant, twenty-five bed Community Care Facility (Le Chez-Nous) which not only provides a high level of care to its residents, but is also a centre for many other elderly seniors from the community generally. They are services and activities (e.g. foot clinic) that are available to any senior living in the area. In addition to the many in-house' services, Le Chez-Nous has a very active and supportive community volunteer program. There are some 250 people on the volunteer list; this is a 'true testament' to the community's commitment and care for its elderly residents.

However, the challenge for many of the region's seniors is when, because of failing health and increased need for a higher level of nursing care, a resident must be admitted to a nursing home/manor in Summerside (or elsewhere). While living in Le Chez-Nous, residents are still closely connected with their roots, their language and culture, and their community. Once they are removed from this 'home environment' they encounter a variety of changes, and perhaps the biggest is that they may be in a situation where they are dependent on new faces and people to care for them, and there may be no one who can communicate with them in their own language. This can be both very frustrating and sometimes frightening for an elderly person. To illustrate the difficulty faced by francophone residents admitted to facilities outside their home community and culture, participants offered two recent incidents.

One situation involved an elderly women who was 'very French' and had very limited understanding of English, and the facility had no French language capacity. In this new situation she was very nervous, and on her first day she was taken to be bathed by a male staff person which was something which made her even more nervous. She was taken to a large room with many different pieces of equipment that seemed very foreign to her. The staff person did not take the time to explain anything, and when he started to pour something out of a large bucket into the tub, the resident became very upset sensing

that 'they're going to bath me in Javex!' This situation - not having someone to communicate to the resident in her own language - especially when introducing her to new surroundings and routines, was viewed as totally unacceptable.

Another situation involved two francophone residents who were being 'medically discharged' from hospital and required nursing home beds; because there were no immediate opening in the manors in Summerside, one patient was sent to the nursing home in Crapaud and the other to the facility in Clinton. Again, participants at the session viewed this as unacceptable; at a time when their health was fragile, and they were most in need of family and community support, the seniors were moved to a 'strange far-away place'. Participants strongly felt that this type of situation should not happen; it is not an acceptable situation for an elderly person to be in the final years of one's life, and be separated from one's language and culture. For some elderly residents, the entire transition is such '*a drastic change that they may lose the spirit to live*'.

- To properly address this issue, participants indicated that the ideal situation for the Evangeline area (which includes the largest population of Francophone residents) is a facility that would **include separate areas for community care and long-term care services 'under the same roof'**. This design would allow for many benefits for both types of residents; community care residents could socialize with, and support long term care patients. There could also be opportunities for joint programming that would involve all residents where appropriate (social and cultural events, spiritual celebrations, etc). '*there would no longer be that feeling of I'm at the manor, this is the end*'.
- The ideal facility would also have other 'in-house' services such as medical, dental services, mental health services, etc (removes the need for travel outside the facility for those who are frail). Also having 'in-house' spiritual services and supports is important as well (i.e. a priest available to have mass and serve communion).

With respect to how Long-Term Care facilities generally within the province can be improved, the participants offered several other suggestions:

- Facilities caring for seniors need to establish **more of a 'home-like' feel and atmosphere** in both physical design and program activities; it should be a bright, warm, safe environment that provides residents with a sense that this is their 'home'. This would help to make the adjustment easier for seniors who leaving their life long homes and moving into an another living environment.
- The design of new long term care facilities should provide **space and programming to allow older residents to continue with some of their life long hobbies and interests**. A recent survey with older residents in the Wellington/Evangeline area revealed that many people feared that they would 'lose their hobbies and have nothing to do' when faced with having to leave their home and be admitted to a facility. '*For a man who has been active in his workshop for his entire life, you cannot expect him to sit all day long reading books*'.
- There continues to be a great **need for more bilingual nurses**; there is a perception that there are a number of retired bilingual nurses who would be interested in working either in community care or long term care facilities in the area. There are francophone nurses currently travelling to Summerside to work; if these individuals could work out of facilities in the

Wellington/Evangeline area, it would allow the region to offer more services to Francophones seniors in the area.

- Participants noted that, in the very near future, **expectations of residents in LTC will increase** in a whole variety of ways (i.e. when the 'baby boomers' begin to require nursing care in larger numbers). Unlike the existing residents who came from a generation and culture where one did not express their needs and wants, the 'baby boomer' seniors will be more demanding and have more expectations that their needs will be accommodated. With the province now in the process of replacing many of its existing LTC facilities, there is a real opportunity to ensure that these new facilities are designed with these future residents in mind. New design features will need to take into account the potential of new technology as well (both in terms of the use of personal computers, and in terms of enhancing the program and activity capacity of residents).

Similar to West Prince, there are local initiatives being taken to help seniors within the Wellington/Evangeline area. Recently a group of community residents have been visiting seniors living in their own homes and 'asking what their needs are' (doing laundry, going shopping, cutting grass, going for a walk, etc). The project is designed 'to get back to the basics and discover what the real needs are' by talking directly to seniors presently living in their own homes. Once needs are identified, the next step will be to meet and discuss various ways that these needs could be addressed at the community level. The survey included anyone who is fifty-five years of age and over.

As the Wellington/Evangeline session was concluding, participants expressed interest in seeing the results and findings of this exercise before it is handed to Government. They indicated that many of them have been working for years to improve the lives of seniors in the region, and have been involved in various similar discussions, with little or no response from Government. They believe that Local leaders and community groups are well aware of what needs to be done, know what some of the solutions need to be, and want to be involved in making things happen. *'We want to do it, give us the chance and we will.'*

5.1.3 The Charlottetown Session

There were two people present at the consultation session at the Carrefour; both participants had considerable knowledge and experience with regard to seniors and their care needs (a retired Veterans Affairs employee and a health service provider). They noted a range of practical needs that seniors often encounter as they age, including:

- **access to transportation;** it could be as simple as a drive to Sunday mass. Many older seniors are reluctant to ask friends or family members to be taken somewhere (don't want to bother anyone, be a burden). In addition, when a senior has to move out of his/her home because they have been admitted to a care facility in another community, they often had no regular transportation to allow them to keep a link to their community and their culture. Having a regular transportation system in place to allow this would make the transition from home to facility much easier for seniors.
- **access to home maintenance and housekeeping help;** things such as grocery shopping, basic housekeeping, cleaning, laundry, snow clearing, grass cutting, small home maintenance repairs,

etc. If seniors had access to these types of supports, many would be able to remain in their homes much longer.

- **staying connected with cultural roots and traditions;** an example of this is having the opportunity to get to or view Sunday mass; many seniors do not have transportation to get to Sunday mass; this can be difficult adjustment . Recently, seniors have complained that there is no longer a mass shown on Cable TV. This is disappointing to many as attending mass is very dear to those who are not able to attend weekly mass. It would be a great improvement to have that offered again.

Both participants noted what in their view is an important 'missing piece' in the care of the elderly. Currently, the focus is mostly on medical care and meeting medical/health needs (which is of course important). However, there is a quality of life component that must get higher attention as well. Family, social, cultural activities and events are a must to help keep seniors healthy and active for as long as possible. If there is no form of active socialization, life can be very boring and painful for someone who is elderly.

Participants further noted that a more critical challenge exists when the senior finds themselves in an 'English speaking only' care facility; this can be a huge problem for the francophone resident with very *'dispiriting effects'*. *'If you cannot communicate you needs, thoughts and concerns, what kind of quality of life do you have'?* For participants, this is an unacceptable situation to place a frail elderly person in. One participant indicated that seniors need to be encouraged and supported to make their needs and expectations known to care providers; they have the right to speak their language and have the right to ask for services in their language. In addition, there needs to be more attention paid to identifying French speaking residents upon admission. While it may not be possible to provide every aspect of service 'in French' , acknowledging their francophone background and heritage, and making an effort to accommodate in their language where possible, will ease the concerns and anxieties of new residents.

The participants noted that there continues to be a lack of bilingual health care professionals generally within the Province. Again, this situation requires a conscious strategy by both government and private nursing home operators to address; more efforts needs to be made to recruit bilingual health care workers, and by increasing the incentives to having existing Anglophone health care workers to develop their own French language abilities.

As a final comment, the participants noted that having services available in the French language is important at any age in life, and that they currently see a lack with regard to French services to the province's Francophone residents generally. One observed that historically Francophones are more likely to settle for what they get, which is absolutely not acceptable. In life, and especially at an elderly age, one should be able to receive the services one needs in one's own language. There is a great deal of importance in keeping the culture and language alive in the final years of a senior's life. The Francophone community needs to more actively educate politicians regarding the needs of elderly Francophone residents across the province.

5.2 Service Provider Consultations

There were three consultation sessions with service providers; the consultant worked through members of the Steering Committee in West and East Prince to arrange the service provider sessions in these two areas; and with Senior LTC and Home Care staff in the Queens and Kings county areas. Staff who were represented at the sessions included LTC managers, Nurse Managers, Home Care Supervisors, LTC Activities Directors, LTC Nutritionists/Dieticians, and Financial Assessment Officers. A total of sixteen (16) staff participated; four (4) in West Prince, six (6) in East Prince, and six (6) in Queens/Kings county.

A copy of the interview/discussion questions with service providers is attached in Appendix C.

5.2.1 Description of Current Realty

Generally speaking, with the exception of the Summerset Manor in Summerside, service providers who participated in the above sessions indicated that there is not a deliberate policy or practice upon admission of residents to LTC facilities to identify and/or focus on the language/culture origins of the resident. In most cases, it is assumed that everyone can function in English, and unless it is quite obvious that the new admission cannot, the person is related to and interacted with in English. Having acknowledged this, staff in all regions indicated that they are quite open to dialogue and input from francophone residents and groups on how facilities and staff can better respond to the social and cultural needs of Francophone residents in care.

As noted above, the one exception to the above scenario is the Summerset Manor. This facility has a total of 80 permanent beds, and has tended to receive a larger number of admissions from the Francophone community over the years. On average, 21% of these beds are occupied by a resident with a French speaking background. During the 2009-10 operating year, the facility had as many as 23 Francophone residents, while the average for the past several years has been 17 residents.

Through a partnership with the Canada/PEI Agreement on French Language Services, Summerset Manor has been working to improve its capacity to provide services to its Francophone residents with services in their own language. The primary objective of this project was to create a new bilingual speaking nursing position. This bilingual position has helped the facility to provide support to French speaking residents during the transition of moving into long term care, and has helped to enhance their quality of life while living in the facility. As a result of the project, a permanent full time bilingual nursing position was created in 2009. In addition to providing dedicated support to the residents, this individual has introduced several new programming initiatives to enhance the quality of life for the facility's French speaking residents; these initiatives included:

- an Acadian menu offers Acadian meals on a daily basis; this also provides the opportunity for Francophone residents to come together to dine and socialize.

- The Acadian Culture Room: this room is decorated with memorabilia and symbols of Acadian culture as well as Acadian art work, news clippings and communications.
- There is a daily 'reading aloud' of the Acadian newspaper.
- There are daily opportunities to worship and 'say prayers' in French.

In addition, the nurse who works in this dedicated bilingual position is part of a collaborative care team that supports the francophone residents at Summerset Manor. This staff person participates in regular multidisciplinary conferences and provides input regarding the needs of the Francophone population, and acts as the primary liaison with Francophone families and volunteers. As a result of the success of the initial project, a second dedicated bilingual nursing position has been established at Summerset Manor. And with the new facility being planned for 2012, Summerset Manor is planning to expand its bilingual capacity by adding more bilingual positions.

An additional point of interest regarding this issue was noted by service providers in Queens County. Facilities in the Charlottetown are beginning to have some admissions from members of the Island's immigrant community (Asia, Eastern Europe, etc), and they have been relying on assistance from the PEI Newcomers Association around language and communication issues.

With respect to Long Term Care related information, brochures, and forms, facilities in both West Prince and East Prince have made efforts to have various internal communication and admission forms translated into French. There is a detailed information booklet in both the Summerset and Wedgewood Manors 'admissions kit', and some of the admission information in West Prince has also been translated into French. At the provincial level, the descriptive information on the Dept of Health and Wellness website regarding services to seniors, including Long-Term Care services, is translated into French, but none of the actual LTC provincial admission forms (primarily financial) are available in French.

with Health PEI's current focus on healthy aging initiatives, enhancing home care services, and the manor replacement program, service providers indicated now is a very opportune time for the long term care system to explore ways to better address the needs of Francophone residents and Francophone communities. Long term care facilities have adopted a 'person-centred care' philosophy to both the design of new facilities, and the development and delivery of programs and services for residents living in these facilities. This philosophy will be reflected in all service components; from the 'moving-in process', to addressing day-to-day needs, and to supporting the residents social, cultural and spiritual needs.

5.2.2 Suggested Improvements

Service Providers noted a range of potential steps that could be taken to strengthen services to Francophone residents; these include:

- undertake steps to increase awareness among management and staff of the language and cultural needs of Francophone residents in LTC facilities.

- develop and implement an internal facility protocol to identify francophone residents during the 'moving in' assessment process; explore the language preferences and social/cultural needs of residents during this process.
- have existing bilingual staff identified to residents by noting on the nametag that the staff person can speak French; assign these staff to roles/positions that would allow them to interact with Francophone residents.
- where numbers of francophone residents exist (i.e. facilities in Summerside area), set up a Francophone resident's council to allow/encourage the voice of the residents to come forward.
- as existing LTC facilities are replaced with new construction, use this as an opportunity to establish 'home' clusters for Francophone residents units.
- engage Francophone groups and communities; develop a vehicle to invite community input, and explore the option of establishing a Francophone volunteer program to help residents remain connected with their community and culture.
- explore the possibility of a partnership or collaboration with the Belle Alliance Centre (Ecole sur Mer) in Summerside; there may be ways in which the programs at the Centre can help enhance cultural activities for Francophone residents living in LTC facilities.

6. Best Practice Literature Search

In addition to hearing directly from Francophone community leaders and LTC service providers, a document review - best practice literature search was undertaken by the consultant. The purpose of this exercise was to:

- better understand the current context and direction with respect to Health PEI generally, and the Long-Term Care system in particular;
- better understand the health needs and expectations of the Francophone residents of PEI; and
- determine what the best practice research indicates regarding providing French Language services to Francophone (or other ethnically distinct) residents living in long term care facilities.

A total of ten documents, reports and studies were reviewed as part of this component of the research. A detailed summary of the document review-literature search is contained in Appendix D.

One document - *Factors That Contribute to a Welcoming Environment in Long-Term Care Facilities* - outlined a number of factors that contribute to a welcoming, home-like atmosphere for residents; these factors are briefly described below:

- **An Inclusive and 'person centred' philosophy of care;** the facility is the resident's home and every effort is made to provide 'home like' services and supports.
- **Strong leadership;** The commitment to the philosophy, and leadership with respect to its implementation, must begin with senior management; this is critical to creating a consistent person-centred atmosphere and practice throughout the facility.
- **Cultural and linguistic awareness and sensitivity;** there needs to be a 'reaching out' to the various communities in the region served by LTC homes; there needs to be a 'bridge' developed between different Francophone communities and the management of LTC homes.
- **Respecting and honoring the language;** suggested ways to strengthen this included:
 - grouping people with common language together to improve social interaction.
 - recruit staff and volunteers who speak the language.
 - use of a communication board; using pictures and symbols to facilitate communication with residents.
 - posting activities and programs in the French language.
 - make printed materials available in the French language.
 - provision for French language classes for staff.
- **Develop community partnerships;** these are essential to help bridge various gaps and limitations between the cultural group and the LTC home.
- **Adequate staffing;** facilities need to build their staff capacity to work with and support the various social and cultural needs of its residents.
- **Spiritual care;** the facility must provide a place of worship that is respectful of the resident's needs, including language.

7. Summary and Conclusions

The trends with regard to the aging population are clear; an increasing number of elderly Francophone residents will require long-term care services over the next decade. Francophone communities are aware of the challenges faced by Francophone residents admitted to existing LTC facilities, and want to see these challenges addressed in a more direct and systematic manner.

Most of the current LTC facilities have a limited capacity to offer French language services, and this is having an impact on the social and cultural experience of the Francophone resident. The exception to this is Summerset Manor; this facility has more Francophone residents than the other facilities, and staff have acknowledged the linguistic and cultural needs of its Francophone, and have begun to more effectively respond to these needs. In addition, while acknowledging their facilities current limitations, service providers expressed an openness to work more closely with Francophone communities to better respond to linguistic and cultural needs.

In addition, with the government's recent health policy efforts and investments (Healthy Aging Strategy and the replacement of LTC facilities), it is an opportune time for the Francophone community to engage government policy and funding decision makers to address service gaps and barriers to the delivery of French language health services to Francophone Islanders. Best practice approaches suggest that achieving success will require a favorable policy approach, committed leadership from health managers and service providers, and a mobilized Francophone community.

A number of participants at the community consultations, including those who were also representing particular Francophone organizations and groups, indicated that it was very important that the research findings in this report be formally presented to, and discussed with, the provincial government. It was noted that to improve and strengthen French language services requires the commitment and resources of the PEI government and Health PEI. This is an important step and the PEI FLHSN must ensure that the report is circulated to, and discussed with, those Francophone organizations (i.e. Societe Saint Thomas D'Aquin) whose mandate is to educate and lobby government for improved services.

8. Going Forward - Proposed Directions

In terms of going forward, the following initiatives are proposed.

At the Political Level

- using using this research report as a starting point, the Francophone community (Societe Saint Thomas D'Aquin) will arrange a meeting with the Minister of Health and Wellness and the Minister responsible for Acadian and Francophone Affairs to present the 'vision' regarding services for aging Francophone residents.
- the 'vision': Francophone Island residents have the right to request and receive services in their own language; Francophone communities must have the resources and services to provide for the care of their elderly residents.

At the Senior Management Level

- using this research report as a starting point, the French Language Health Services Network open up a dialogue with the CEO of Health PEI to establish a working partnership aimed at improving and strengthening services to Francophone residents living in Island LTC facilities.

At the Facility Management - Francophone Community Level

- using this research report as a starting point, the PEI French Language Health Services Network facilitate a series of meetings between local Francophone groups/advocates and local LTC facility managers. These meetings would be aimed at exploring needs and expectations of Francophone families and communities, acknowledging the limitations and challenges faced by LTC facilities regarding the delivery of French language services, and developing local solutions to addressing Francophone needs.

At the Service Delivery Level

Using this report as a starting point, service providers in various LTC facilities examine existing practices and protocols regarding the admission and care plans for Francophone residents. LTC facilities can enhance programming by:

- establishing a protocol to identify and document Francophone residents when completing the initial 'moving in' assessment process (this should be a province-wide practice).
- upon admission, arranging to have the resident greeted/welcome in their own language.
- establishing a rapport with the resident's family; arrange a family tour of facility, explore family expectations, explain service limitations, etc.

- updating the listing of designated bilingual positions and bilingual staff across the system (should be done annually).
- arranging to have bilingual staff work with/interact with Francophone residents.
- translating brochures, signage and any formal documents to be completed, signed, etc.
- setting up bulletin boards and menus in French.
- offering culturally based activities and recreational programming.
- establishing Francophone units within the new LTC facilities (Summerset Manor appears to be already moving in this direction).
- establishing a rapport with Francophone volunteer organizations.

Appendix A

Community Consultation Contact List

Group	Contact	Telephone	E-mail Address
<u>Le Club 50+ Francophones de Charlottetown</u> 494, ch. Lower Malpeque R.R. #10, Winsloe Charlottetown (Î.-P.-É.) C1E 1Z4	Présidente : Mme Berthe Blanchard	368-8635	
<u>Le Club des Cœurs Joyeux</u> 119, ch DeBlois, rte 157 R.R. #3 Tignish (Î.-P.-É.) COB 2B0	Président : M. Wilbert Perry	882-0475	info@seperrey.org
<u>Le Comité le Bel Âge</u> 772, ch. Saint Gilbert R.R. #1 Wellington (Î.-P.-É.) COB 2E0	Présidente : Mme Yvonne Arsenault Coordonnatrice : Mme Carmella Richard	315-2821	calus72@hotmail.com
<u>La Coopérative Le Chez-Nous Ltée</u> 64, rue Sunset, C.P. 88 Wellington (Î.-P.-É.) COB 2E0	Administrateur : M. Edgar Arsenault	854-3426	cheznous@pei.aibn.com
<u>Les Francophones de l'âge d'or de l'Île-du-Prince-Édouard</u> 157, prom. South Summerside (Î.-P.-É.) C1N 3Y8	Présidente : Mme Maria Bernard Coordonnatrice de services : Nicole Noonan	436-9592	mariarose@pei.sympatico.ca
<u>Actions Femmes Î.-P.-É.</u> 5 Ave Maris Stella Summerside (Î.-P.-É.) C1N 6M9	Présidente : Mme Debbie Gallant Coordonnatrice de services : Linda Richards	888-1685	debbiegallant1@pei.sympatico.ca
<u>Le Club Richelieu Évangéline</u> C.P. 174 Wellington (Î.-P.-É.) COB 2E0	Leonce Bernard	854-2730	jlbernard@pei.sympatico.ca
<u>Le Club Richelieu Port-LaJoye</u> C.P. 83, Hunter River, PE COA 1N0	Présidente, Mme Sue LeMaistre	368-8635	sue.lemaistre@vac-acc.gc.ca
<u>Le Comité acadien et</u>	Présidente : Mme	687-7179	tmwhite@edu.pe.ca

francophone de l'Est 41, rue Breakwater C.P. 808 Souris (Î.-P.-É.) COA 2B0	Tina White		
Le Comité régional La Belle-Alliance 5, Ave Maris Stella Summerside (Î.-P.-É.) C1N 6M9	Directrice : Mme Béatrice Caillié	888-1681	beatrice@ssta.org
Le Conseil acadien de Rustico C.P. 5617, R.R. #3 Hunter River (Î.-P.-É.) COA 1N0	Présidente : Mme Michelle Pineau	963-3252	direction@pei.aibn.com
Le Carrefour de l'Isle-Saint-Jean 5, promenade Acadienne Charlottetown (Î.-P.-É.) C1C 1M2	Directrice : Mme Rachelle Pelletier	368-1895	direction@carrefourisj.org
Le Conseil Rév. S.-E.-Perrey 119, ch. DeBlois, rte 157 R.R. #3 Tignish (Î.-P.-É.) COB 2B0	Directrice : Mme Réjeanne Doucette	882-0475	rejeanne@seperrey.org
Le Conseil scolaire- communautaire Évangéline (CSCE) 1596, rte 124 R.R. #1, Abram-Village Wellington (Î.-P.-É.) COB 2E0	Co-Présidente : Mme Pamela Arsenault et Mme Réjeanne Arsenault	854-2166	csce@teleco.org

Other Communication Contacts

La Voix Acadienne -French Weekly
Marcia Enman , Director 436-6005

L'Île Branchée Web Portal Island Francophone Community
Contact person : Mathieu Arsenault 902-370-7333

Communication Materials

We need your thoughts and Ideas!!!

The PEI French Language Health Services Network (PEIFHSN) is inviting you, or representatives from your organization, to participate in a community meeting to discuss how PEI's Long Term Care system (manors/nursing homes for seniors) can better serve the needs of francophone residents on PEI. This is an opportune time to provide your thoughts, ideas and input as Health PEI is in the process of replacing many of its older nursing home facilities, and is beginning to put in place a 'home first' approach to its Long Term Care programming.

This consultation session is one of three consultation sessions being held with Francophone citizens and community leaders, and is part of a project designed to examine possible service delivery models that could improve the ability of the existing Long Term Care system to better respond to the language and cultural needs of its francophone residents.

Your observations and input from the consultation session, together with the input from the other two consultations, will be reflected in a summary report that will be shared with the PEIFHSN and Health PEI.

Your input and observations will be confidential; you will not be identified in any way in the report.

The details of the community meeting in your area include:

Date: Tuesday October 5, 2010

Location: Centre Acadien de Prince-Ouest, Deblois

Time: 7:00-9:00 PM

Date: Wednesday October 6, 2010

Location: Vanier Centre in Wellington

Time: 7:00-9:00 PM

Date: Tuesday October 12, 2010

Location: Carrefour de l'isle-Saint-Jean

Time: 7:00-9:00 PM

Snacks and refreshments will be available.

Francophone Community Consultations Delivery of Long-Term Care Services

October 2010

You have been invited to participate in a community meeting to discuss how PEI's Long Term Care System (manors/nursing homes for seniors) can better serve the needs of francophone residents on PEI. This consultation session is one of three consultation sessions being held with Francophone residents and community leaders, and is part of a project designed to examine possible service delivery models that could improve access to French language services. In recent years, Health PEI and has taken steps to improve the delivery of health services to francophone residents in the general health system; however, more improvements are possible, especially in terms of Long Term Care Services.

Your observations and input from the consultation session, together with the input from the other two consultations, will be reflected in a summary report that will be shared with the French Language Health Services Network and Health PEI. Your input and observations will be confidential; your input will not be identified in any way in the report.

While Health PEI is taking steps to improve and strengthen services in the Long Term Care area, it is also implementing a Healthy Aging Strategy. This strategy is aimed at helping Island seniors remain in their own homes and communities. Recent research indicates that Island seniors would like to remain in their home community settings for as long as possible. Remaining in their own community allows the senior to extend their time as active neighbors, friends, parents, grandparents and mentors. They can more easily continue to play roles as members of their church, participants in Saturday night card games, and be part of ongoing family celebrations and events.

The research further suggests a range of supports and services are needed to allow them to remain in their own homes and communities. At first they may need help with things like mowing their grass, clearing snow from door steps, doing house work chores, etc. As they get older they may need regular help with other activities such as getting their groceries, getting out to medical appointments and social events, preparing meals, personal care, and reminders to take their medications. And at some further point, they may need to move into an 'assisted living' facility, or a Community Care Facility.

Given these research findings, we are going to begin our discussion with looking at how seniors in your community are helped to remain in their own homes and communities. Later on we will talk about your issues and expectations regarding the Long Term Care system in your area.

Discussion Questions:

Home and Community Support Needs

1. In your community, when you think about needs of seniors as they age, what are some of the

concerns and needs that you see?

2. Are there community supports available to assist seniors to remain in their own homes for as long as possible?
3. For seniors who are French speaking, are these services available and/or delivering to seniors in their own language?
4. Are there areas where service and supports could be improved? What could be done to better help our seniors to remain at home in their communities?

Long Term Care Needs

5. Are you aware of which Long Term Care facilities are in your area?
6. Are you aware of the nature and extent of the services and supports offered through the facility(ies)?
7. Based on your knowledge of, or experience with, these facilities, how well are they able to meet the needs of francophone residents?
8. What are some of the challenges faced by francophone residents?
9. What are some of the challenges faced by Long Term Care Facilities in providing services to francophone residents?
10. What are some of the ways in which a facility could better serve its francophone residents?
11. Do you have any other comments about how to help seniors, or the long term care needs of francophone seniors in your community?

Thank you for your participation!!

Service Provider Consultations
Delivery of Long-Term Care Services to Francophone Residents
October 2010

You have been invited to participate in a meeting to discuss how PEI's Long Term Care System can better serve the needs of francophone residents on PEI. This consultation session is one of several sessions being held with LTC Program Managers and service providers within the province. These consultations are part of a project designed to examine possible service delivery models that could improve access to French language services within the LTC system.

Your observations and input from the consultation session, together with the input from the other consultations, will be reflected in a summary report that will be shared with the Francophone Health Services Network and the Department of Health and Wellness. Your input and observations will be confidential; your input will not be identified in any way in the report.

According to the 2006 census, there are 1080 seniors living in PEI who are age 65 or more, and are French speaking. This represents 20.2 % of the total francophone population of PEI.

Discussion Questions

1. In your region, what is the nature and extent of need of francophone residents for long term care services?
2. What are the challenges faced by the LTC facility in responding to these needs?
3. What are some of the ways in which the facility has tried to address these challenges?
4. Are there initiatives or interventions that have worked well, and were positively received by the resident, family, or community?
5. Does your facility have bilingual staff? To what degree does your facility have the capacity to deliver services and supports in the French language?
6. Do you have written materials, brochures, admission forms that are translated into French?
7. Are there francophone cultural activities, events or traditions that are part of the ongoing programming within your facility?
8. Are there French speaking volunteers who are available to help support individual residents, or are part of francophone activities and events?
9. What are some of the ways in which your facility could better serve its francophone residents?
10. Do you have any other comments about the LTC needs of francophone seniors?

Thank you for your participation!!

Appendix D

Summary of Document Review - Literature Search Findings

The following section identifies each document reviewed, and provides a brief summary of the document's findings and results:

Recent reports dealing with the challenges facing Long-Term Care and the PEI Health System

1. Trends, Projections and Recommended Approaches to Delivery of Long Term Care in the Province of PEI - 2007-2017 - the Ascent Strategy Group - March 2008.

This study was undertaken to examine PEI's Long-Term Care (LTC) system in terms of its current operation and direction, and its capacity to meet the future needs and demands of an aging population. The population on PEI is ageing; recent projections indicate that the population of seniors over 75 will grow rapidly over the next decade.

The LTC system includes the nursing homes or manors; these facilities provide high level, 24 hour, nursing care to Island residents who no longer can live on their own because of chronic health conditions. Some specific data with respect to the number and location of beds include:

- There are 18 nursing homes or manors in the province; 9 of these are public (owned and operated by government), and 9 are privately owned and operated.
- These 18 facilities include a total of 1013 beds; 298 of these are in Prince County (includes Summerside); 563 are in Queens County; and 152 are in Kings County.
- More than 70% of admissions to LTC facilities are over 80 years of age.
- The complexity of care has increased significantly over the past decade; the majority of residents living in LTC have both physical and cognitive disabilities. Eighty percent (80%) have some form of dementia.

The report concluded that the Long-Term Care system is now facing several challenges: a growing aging population; the need to replace aging and outdated manors; higher levels of bed utilization; and increasing levels of specialized care needs (e.g. more patients with Alzheimer's and other dementia conditions). The report noted that, in comparison with LTC beds in other provinces, PEI had one of the highest LTC beds-to-population ratios in Canada, and that the Province needs to increase its efforts and funding programs and services to help seniors live in their own homes and communities for as long as possible .

The report makes some fourteen recommendations; among these including developing a 'aging at home strategy' designed to increase alternative housing options for seniors, assisted living options, and expanded home care services and supports. It also recommended the replacement of several of the existing manors which are old and outdated, and that existing LTC beds need to be used more efficiently

(e.g. a quicker turn-around time in filling vacant beds, addressing waiting times for residents on 'wait-lists', etc).

2. An Integrated Health System Review in PEI - A Call to Action : A Time for Change. Corpus Sanchez - October 2008

This review engaged a broad range of stakeholders from across the province to (1) gather information and data on the strengths within the system, (2) the challenges facing the system, and (3) identify a range of opportunities for improving the system. As strengths the report identified the front line staff and managers across the system who work tirelessly to deliver quality health care services at all program levels within the system. Plus it noted that the province has already begun to address some of its challenges; namely, setting a plan in process to replace older nursing home facilities; new investments in expanding Home Care services; and expansion of Palliative Care services.

The report noted that PEI (along with the rest of the Western world) is facing, and will face well into the immediate future, several large scale challenges to its health care system. (1) increasing demand for chronic care services as the population ages; (2) shortages of health care staff (physicians, nurses, other health care personnel); and (3) increasing budget costs because of relentless demand for expanded and/or new services.

One of the report's overall conclusions is that the current health care system relies too heavily on institutional-based care (hospitals and long term care facilities), and new investments are required in areas such as: primary health care (programs and services to help people be healthy and maintain healthy lifestyles); home care supports; chronic disease management (helping people who have diabetes, lung/breathing conditions, heart conditions, etc, to live with their diseases as best they can), and pharmacare (helping people deal with the increasing cost of medications for various health conditions).

Francophone - FLHSN Studies

3. Improving Access to French Language Services - Study Coordinated by the La Federation des communautés francophone et acadienne (FCFA) du Canada for the Consultative Committee for French-Speaking Minority Communities - June 2001

This study explores the state of access to health care services for residents of Francophone communities and proposes a number of ways to improve these services. The study contends that the delivery of health care services in the language of the community is closely linked to the caregivers' capacity to assess, treat, advise and educate their clients and patients. The report empathizes that quality health care services is more than a 'technical procedure; it involves the ability to understand and be understood so that an effective relationship between the health professional and the person receiving

the service is established. If there are language barriers in the service delivery process, this can impact negatively on the service outcomes; some of these impacts include:

- the probability that persons needing important preventative services will not seek them out;
- increasing the time needed to assess medical problems, and may result in errors in diagnosis and treatment;
- the quality of service where communication is essential (e.g. mental health counseling);
- reduces the probability of patients not following through on treatment plans; and
- reduces the overall level of satisfaction with the care and services received.

The report suggests that, to achieve improvements within the health care system, other important conditions need to exist, including: the need to recognize that there are cultural differences and needs; the need for joint action on both the demand side (nature, scope of needs), and the supply side (availability of needed health care professions); the need for partnerships and joint efforts between government and communities; and the importance of involvement of the minority group in planning and decision-making regarding services and delivery models. The study's concludes by stressing that success in making improvements to French language service delivery can be best achieved when government policy is favorable, health care systems are committed, and the French speaking communities are mobilized.

4. Delivery of Primary Health Care Services in French: Action Plan - PEI French Language Health Services Network - March 2006 (Setting the Stage Project)

This study was a joint initiative between the PEI FLHSN and the PEI government. The study report contains an overview of the current situation and needs of the Acadian and Francophone community of PEI, as well as a comprehensive primary health care services delivery action plan to serve the population. The report provides a series of recommendations on implementing the action plan, including:

- **governance measures;** strengthen the French Language Services Act; use Canadian Council on Health Services Accreditation Standards; strengthen the existing partnership with PEI FLHSN; create a French Language Services Coordinator Function; and making French language primary health care a priority across the health system.
- **delivery model;** the establishment of a provincial network of family health centres as a model to deliver a range of primary health care services, including public health, prevention and education services.
- **financial requirements;** be efficient as possible with existing resources within the system, and optimize other possibilities such as the Canada-PEI Agreement on French Language Services, and the Primary Health Care Transition Fund.

5. The Impact of Communication Challenges on the Delivery of Quality Health Care to Minority Language Clients and Communities

This is a position paper prepared by the PEI French Language Health Services Network in collaboration with La Societe Sante en francais. The paper presents the Canadian Council on Health Services Accreditation (CCHSA) accreditation framework as an approach or tool to use when assessing the provincial health system's capacity to provide quality health care to Islanders. The CCHSA's accreditation standards are used to assess the quality of services provided by an organization, and are constructed around the key indicators of quality such as: responsiveness; system competency; client/community focus; and work life.

The paper contends that an organization cannot address the client/community focus indicator without taking into account barriers to effective communications between the healthcare provider and consumer. There is a significant amount of research that identifies communication challenges as having significant risk/patient safety management, including:

- Limiting access to needed services;
- Inhibiting participation in preventive healthcare;
- Interfering with the ability to provide informed consent;
- Driving up hospital admissions and unnecessary diagnostic testing; and,
- Causing medical errors.

In addition, the literature further demonstrates that providing services in a client's first language can have many positive effects, including:

- Improving access to health services, particularly health promotion and disease prevention activities;
- Improving the accuracy of health assessment;
- Enabling interpersonal interaction thus enhancing the therapeutic relationship which leads to more positive clinical outcomes;
- Providing a better understanding of, and adherence to, the prescribed treatment plan;
- Improving client satisfaction;
- Improving quality of care; and
- Reducing incidence of risk management issues in service delivery.

The paper was intended to heighten the awareness of the CCHSA to the role of communication challenges for minority language communities in quality and patient safety. The key concern for the PEIFLHSN is that organizations need support and encouragement to develop strategies that enable appropriate access to services in the healthcare consumer's first language. The PEI FLHSN believes that using the accreditation model for addressing communication challenges for minority language communities will help keep the focus on the most important aspects of the service: the quality of the service/care received, and the safety and well being of the person receiving the service/care.

Best Practice Studies and Reports

6. Study on the Availability of French Language Services in Long Term Care Facilities and Private Nursing Homes - French Language Services Network of Eastern Ontario - March 2002.

This study was completed to assess the availability of services in French or Francophone seniors in the Eastern Region of the province of Ontario. The research method included a survey of some 84 long term care facilities and private retirement homes; a questionnaire examining a range of issues related the French language services and supports within these homes and facilities was developed and circulated.

Generally the study concluded that while there were French language services available, Francophone residents also experienced a considerable number of service gaps and communication barriers within many facilities. Some of the needs, gaps and barriers noted include:

Needs/Preferences

- Francophone residents need to have access to long-term care facilities that deliver services in French
- Francophone residents prefer to live in not-for-profit long-term care facilities (as apposed to private nursing homes) that offer a homogeneous Francophone cultural environment

Gaps

- there is a lack of Francophone or bilingual long-term care facilities in areas where the senior Francophone population is increasing
- there is a need for a broader range of services; e.g. more psychogeriatric services and other French language services for residents
- there is a need for Francophone physicians to specialize in the treatment of Alzheimer's and other related illnesses
- there is a lack of French or bilingual signage in many facilities
- there are few priests and other pastoral care workers in many facilities

Barriers

- an attitudinal issue; within the health care system generally there is a prevailing sense that when a Francophone resident is able to speak English, there is no need or requirement to provide services in French.
- lack of budget funding to cover the additional costs related to the delivery of French language facilities in most facilities (i.e. the facility does not receive additional funds to establish and deliver such services)
- it is also difficult for many facilities to find enough bilingual staff with the necessary professional training and expertise

The report concluded with the recommendation that the French Language Health Services Network use the findings of the study to engage the District Health Council and the Ontario Ministry of Health and Long-Term Care to develop more facilities and services for the Francophone population.

7. Seniors Bridging Cultures in Health Care - A Best Practice Story. Seniors Resource Centre of Newfoundland and Labrador - 2004

In 2001 the Seniors Bridging Cultures Group in St John's developed a program called Volunteer Link; this Program linked up volunteers from a variety of ethnic backgrounds to act as interpreters and advocates for seniors needing/seeking health services. The Program was successful in terms of its original intention, but the Group realized that more changes were required throughout the health care system to make it more accessible and responsive to seniors from other ethnic cultures. To address this concern, Seniors Bridging Cultures Group developed a project initiative designed to actively involve and educate key health leaders and managers regarding the challenges and barriers faced by seniors from ethnic minorities in accessing and receiving health services. The key activities associated with the project included:

- a extensive health care needs survey of seniors from different ethnic cultural communities, and a number of volunteer groups who provide support and advocacy to seniors from cultural minorities.
- a workshop type conference was then arranged with many of the key health system leaders and managers in the greater St John's area; the results of the health care needs survey were presented and discussed, and well as the health care gaps and barriers faced by many seniors who needs services.
- the workshop activity that had the most profound and lasting impact on health care leaders and managers was a role play experience whereby the health care leader/manager was put in a situation where they had to obtain information from, and provide health care information and instructions to, a senior from another culture (in the role play situation the senior was to speak in their native language only). Many health care managers and providers indicated that - for the

first time - the challenges for service providers, and the frustrations and worries of the senior, really 'hit home'.

- following the role play experience, the workshop facilitators then asked health care leaders and managers what they could do differently, and what they would be prepared to work to change, in terms of how services could be delivered to seniors from ethnic cultures. Things like better staff training to orientate them to other ethnic cultures, setting up an internal working group to address practical barriers such as signage, information kits, and recruiting someone from a minority ethnic group to sit on their health boards were identified.
- the project has had several important results - there has been an important two-way communication channel opened up between the health care system and seniors; seniors groups have become better informed as to who they can talk to when they have concerns; one of the larger Health Boards in St John's invited the group to 'test drive' new translation software, and also included the group in a study on cultural sensitivity issues and challenges.
- Collaboration, communication and persistence were the key components of the Group's approach - their work with this project has created a new level of awareness among health care administrators and managers, and has resulted in working relationships that has allowed change to happen.
- The Seniors Bridging Cultures Group followed up its work with health system administrators and managers with a two day work shop with seniors to help them develop the strategies and confidence to make their voices heard. The overall objectives of the initiatives was to (1) inform, educate and challenge health care administrators and managers regarding the unique cultural and linguistic needs of seniors from ethnic cultural communities' and (2) empower seniors from various ethnic groups to 'make their voices and needs heard' in a very proactive and assertive manner.

8. Health in French for Acadian and Francophone Nova Scotians - Federation acadienne de la Nouvelle-Ecosse - 2004

Nova Scotia's Acadian and Francophone community consists of some 40,000 people, and many of them rarely have access to health care services in their own language. This fact prompted the Federation to take steps to address this service gap at their annual meeting in 2001. Their work was also helped by a recent report completed by Federation of Francophone and Acadian Communities of Canada had recently examined the state of health services for minority French-Language communities, and their subsequent release of a national plan. The Federation embarked on a series of public consultations in eight Acadian communities across the province; Francophone community leaders and organizations were invited to these consultations, as well as health service providers from the local health service organizations.

The consultations were intended to (1) provide Francophone communities, groups and organizations, and individuals a chance to speak about their concerns and issues related to accessing and receiving health care services; (2) identify areas where there are effective examples of Francophone receiving

services in their own language; (3) identify specific health service needs and gaps; and (4) to identify strategies and actions to address the concerns.

Themes emerging from the consultations included: the availability of essential health services in many communities; where and how to access services, and the capacity of service providers to communicate to Francophone patients in French; specific or specialized health needs; availability of health information and prevention materials; and the lack of French speaking health care professionals across the province generally.

The consultation phase of the project was followed by a provincial forum to review consultation results and develop action steps to address issues and gaps. Each community that had participated in the consultation sessions sent a delegation to this forum; in addition, the forum included representatives of provincial and federal governments, Francophone educational institutions, and Francophone and Anglophone health professionals. Together the forum participants reviewed the results of the community consultations, and subsequently identified 10 initiatives for action.

Since the initial project work, a new health committee has emerged and this committee has created an independent provincial network of groups and organizations interested in the availability of health services in French. The purpose of the network is to coordinate activities, facilitate resource sharing, and offer leadership and support to the regional committees.

9. Creating Welcoming Communities in Long Term Care Homes: A Project of Concerned Friends of Ontario Citizens in Care Facilities - February 2007

The Concerned Friends of Ontario Citizens in Care Facilities is a volunteer consumer group. Members of this group had observed for some time that people of various ethnic, cultural and linguistic backgrounds were facing challenges in adapting to long-term care facilities because of cultural and linguistic barriers. The group received funding to conduct further research into the issue; the project was intended to identify systematic barriers, and examine best practice models or approaches that address barriers and increase the cultural and linguistic competency of a facility. The report identified a number of factors that contribute to a welcoming environment in Long-Term Care facilities; these included:

- **An Inclusive and 'person centred' philosophy of care;** the facility is the resident's home and every effort is made to provide 'home like' services and supports.
- **Strong leadership;** The commitment to the philosophy, and leadership with respect to its implementation, must begin with senior management; this is critical to creating a consistent, caring atmosphere within the facility, an atmosphere that is embraced and reinforced by facility staff at all levels.

- **Cultural and linguistic awareness and sensitivity;** there needs to be a 'reaching out' to the various communities in the region served by LTC homes; there needs to be a 'bridge' developed between different Francophone communities and the management of LTC homes.
- **Respecting and honoring the language;** suggested ways to strengthen this included:
 - grouping people with common language together to improve social interaction
 - recruit staff and volunteers who speak the language
 - provision for language classes for staff
 - use a communication board - using pictures and symbols to facilitate resident communication
 - posting activities and programs in francophone language
 - make printed materials available in French language
- **Develop community partnerships;** these are essential to help bridge various gaps and limitations between the cultural group and the LTC home.
- **Adequate staffing with appropriate linguistic abilities ;** facilities need to build their staff capacity to work with and support the various linguistic, social and cultural needs of its residents.
- **Attendance to spiritual care needs;** the facility must provide a place of worship that is respectful of the resident's needs.

10. Cultural Diversity: A Handbook for Long Term Care Staff: Bringing Staff, Residents and their Families Together as Partners in Care - Region of Peel Ontario - date???

The Peel Long-Term Care Division in the Region of Peel has developed a cultural diversity handbook for its Long-Term Care staff. The handbook acknowledges that there is an increasing emphasis on bridging the gap between culture and care in the healthcare industry. Peel's Long-Term Care facilities recognize that they must be more proactive; the Division's handbook outlines the following action areas to address cultural diversity needs and issues within facilities:

- identify, and commit to, embracing diversity as a priority area
- hiring practices and policies that support diversity
- ensuring equal access to service and programs, and accommodating unique needs
- involving all cultural perspectives in the decision-making process
- ensuring a discrimination-free workplace
- promoting a positive environment for diversity
- communicating effectively using multiple methods to respond to residents
- educating and informing staff, families, and residents on diversity

- using cultural interpretive services to enhance communication
- sharing best practices and maintaining accessible and current resources
- developing partnerships with community agencies to decrease social isolation for residents