Diversity, Aging, and Intersectionality in Ontario Home Care

Why we need an intersectional approach to respond to home care needs

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Introduction

Ontario's changing demographics bring challenges to the home care sector. Three issues are at the intersection of these challenges: the rapid growth of our aging population, the expanding ethnocultural diversity of our seniors, and the pressure felt by the home care sector. We usually think of them separately, but when they intersect there's a multitude of new factors we need to consider. There's an equity gap relating to ethnocultural and linguistic diversity in much of our aging-related programs and policies and as a result people are falling through the cracks. How can we adapt to meet the changing needs and contexts and what can we do moving forward to build equity and diversity into home care? This paper explores the intersection of ethnocultural and linguistic diversity within our aging population and the implications for home care in Ontario. If we acknowledge the heterogeneity in our seniors' population and use an intersectional approach to respond to the diverse needs of seniors, we can begin to address the equity gap. With growing ethnocultural diversity in our aging population, we need to change the way we think about and deliver home care.

Home Care Supports Our Health-Care System

Home care is an important part of the continuum of care for seniors. It allows people the opportunity to receive care while remaining in the comfort of their own homes for as long as possible[1,2] A coordinated and equitably distributed home care system allows for more complex care supports in the home and puts all Ontarians at the centre of care by providing "the right care, at the right time, in the right place."[3] Seniors (65 years and older) stress the importance of aging at home and maintaining independence. Effective and accessible home care is an important component of seniors' care and vital to the independence and well-being of seniors. Equitable access to quality care helps mitigate health disparities faced by socially and economically marginalized seniors in our society.

Home care supports our health care system by managing seniors' health needs while maximizing cost-efficiency.[4] Home care can help avoid or delay moving into a long-term care facility and can prevent hospitalizations and readmissions.[5,6] In Ontario, home care costs approximately $45 per day, which is a stark contrast to the cost of a hospital stay ($450 per day) or long-term care ($135 per day).[7] Home care not only reduces costs to the health care system, it can delay institutionalizations and significantly improve people's quality of life.[8]

In response to the rapidly aging population and the growing demand for aging in place, we are seeing a shift from institutionalized care to home care. The Ontario government is committed to strengthening home care over the next few years. As part of *Patients First*[9] the province has committed to increasing access to home care for those who need it most as a hallmark of the province's efforts to transform health care. Recent policy development, however, has not had an in-depth analysis of access to care from an equity perspective. The

current equity framework for home care focuses on equitable access to care in terms of three issues: poverty, homelessness, and geographical access (for rural/northern communities).[10] There is a major gap in equity as it relates to ethnocultural and linguistic diversity. Much of our current aging-related programs and policies treat our seniors' population as a homogeneous group, ignoring the diversity of needs, concerns, and experiences of seniors.[11]

Changing Demographics, Changing Clientele

Canada's senior population has reached nearly six million as of the 2016 Census,[12] and so too the demographic landscape of this population is changing. For the first time, Canadians 65 years and older outnumber children 0 to 14 years of age and the population growth rate of seniors is four times the growth rate of the overall population.[13, 14] This places increased pressure on home care to meet the needs of seniors. The Canadian population is growing older due to increased longevity and aging baby boomers.[15,16] By 2024 the percentage of seniors in the population is expected to increase to 20 percent.[17] In Ontario, the senior population is projected to double from 2.2 million (16 percent) in 2015, to over 4.5 million (25.3 percent), by 2041.[18]

At the same time our population is growing it is also becoming more diverse. In Canada, immigration drives population growth. As a result, the Canadian population is not only growing older, but the ethnocultural diversity of Canada is increasing. According to the 2011 census, there are 264 ethnic groups in Canada[19, 20] and we see growing linguistic diversity with over 200 languages spoken.[21] Canada has the highest proportion of foreign-born persons compared to other G8 nations and until 2031, the proportion of foreign-born Canadians is expected to increase at a rate four times faster than the rest of the population.[22, 23]

Over 50 percent of immigrants to Canada settle in Ontario. Visible minority seniors are becoming the fastest growing segment of the aging population[24, 25 26] (Figure 1). This is particularly evident in Ontario's largest city, Toronto, which experienced a 131 percent increase in the number of visible minority seniors between 2006 and 2011. Between 1980 and 2006, Toronto seniors of Chinese origin multiplied tenfold, and Toronto seniors of South Asian origin grew by 20 times.[27] Between 2006 and 2011 alone, these two groups grew by 77 percent and 224 percent respectively (Figure 2).

Figure 1: Percent increase in population 65 years and older between 2006 and 2011, Non-Visible Minorities to Visible Minorities [28, 29]

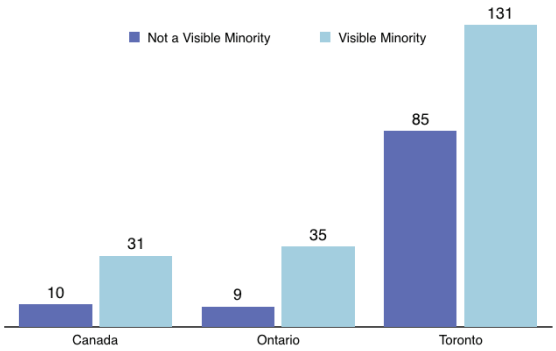
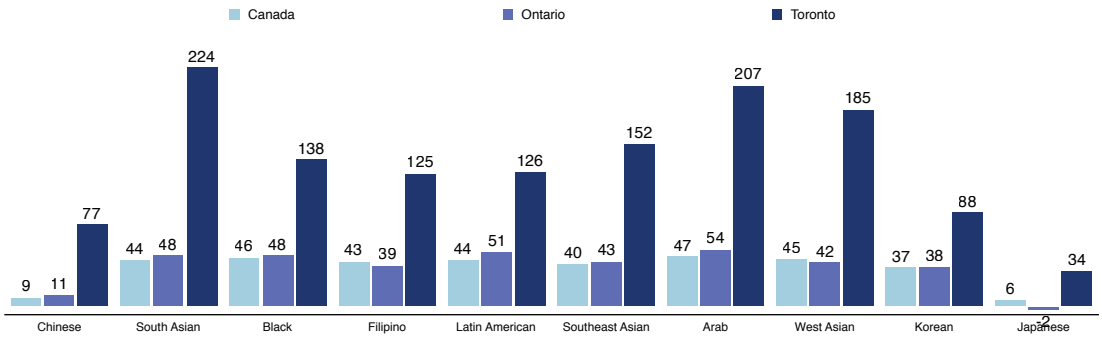


Figure 2: Percent Increase in the Population that is 65 years and older between 2006 and 2011 for Different Visible Minority Groups [30], [31]



Building Equity into Home Care

Changing Needs

The growing diversity makes it imperative that we acknowledge the changing needs for home care amongst our diverse population. When we view seniors as a homogenous group, we white wash the ethnocultural and linguistic experiences that intersect with the age-related health needs of seniors. These needs are experienced along multiple axes of inequities pertaining to age, race, ethnicity, national origin, and religion. These barriers often result from the lack of culturally and linguistically congruent services, which can lead to isolation, depression, and poor health outcomes.[32,33,34] The Toronto Central LHIN has identified cultural and linguistic barriers as some of the most significant barriers immigrant seniors face when

trying to access and utilize health and social services.[35] This causes many seniors to become entirely dependent on family members and volunteers to assist with health system navigation in order to meet basic health needs. Consequently, ethnoculturally diverse seniors and seniors from immigrant and racialized groups are at a greater risk of experiencing health disadvantages and access barriers to health care.[36, 37]

The linguistic capabilities of our aging population are diverging from the linguistic capabilities provided by mainstream services. With growing diversity, the number of languages spoken also continues to increase. Almost 1 in 5 Ontarians and over a third of Torontonians speak an unofficial language at home.[38] We also see a much larger proportion of seniors who have no knowledge of English or French concentrated in Ontario – 3.3 percent in Ontario as a whole, and 7 percent in Toronto, compared to Canada's 2.5 percent.[39] Those who do not speak English fluently have difficulty getting the right care without continuous support of their family members or proper translation and interpretation services. Language barriers have an adverse effect on access to health services, patient confidentiality, the ability to obtain informed consent, and compliance with treatment.[40] Linguistic diversity can also affect access to health care and other social services more significantly as we age. Proficiency in multiple languages is cognitively demanding and thus non-primary languages are vulnerable to the effects of cognitive decline.[41] For instance, bilingual seniors who develop dementia, may resort back to their mother tongue and lose English proficiency later in life, making it difficult to communicate and interact with health care staff. With almost a third of Ontario seniors[42] and almost half of Toronto seniors[43] having a mother tongue in a language other than English or French, this can impact a significant portion of the population. Language barriers can also be a contributing factor toward social isolation, which increasingly impacts racialized and immigrant seniors.[44]

One example we can draw from to see the impact of increasing diversity and seniors services, is the long-term care (LTC) sector. Ethno-specific LTC facilities have far greater waiting lists compared to mainstream LTC facilities;[45] those waiting for ethno-specific LTC homes wait on average six months longer that those waiting for mainstream LTC homes, and many people wait for several years to get into their preferred ethno-specific LTC home in the Greater Toronto Area (GTA). This suggests that there is a high demand for culturally sensitive and appropriate care and that mainstream facilities are not meeting the ethno-specific and linguistic needs of seniors. In mainstream LTC homes, ethnically and linguistically diverse seniors are more likely to feel lonely, face fewer social interactions, and lack a sense of community and belongingness because of language barriers, literacy, and discrimination.[46] Culturally appropriate food and care provision in a language a person can understand can reduce the risk of malnutrition, lower rates of social isolation and depression, and reduce the risk of falls.[47]

The Ontario government has recognized the importance of these needs in the Health Care and Community Services Act (HCCSA), 1994. The HCCSA specifies a right to be cared for in

a way that respects individuality and preferences for "ethnic, spiritual, linguistic, familial, and cultural factors."[48] We also know from research that "a lack of culturally competent care directly contributes to poor patient outcomes, reduced patient compliance, and increased health disparities, regardless of the quality of services and systems available."[49] It is important that we recognize and understand the heterogeneous nature of aging.[50] Why is it then that ethnocultural and linguistic diversity is not a priority in home care planning and service delivery?

Disparities in Home Care

Little is known about what happens on the ground, but we do know there are disparities. Immigrant seniors in Ontario from Africa, Asia, South America, and Central America use home care services less frequently compared to Canadian-born seniors and immigrant seniors from the United States, Europe, and Australia.[51, 52] Recent work by Wellesley Institute,[53] based on the Canadian Community Health Survey data, explores a similar trend in the GTA; there are significant gaps in the use of and unmet needs for home care services across ethnocultural seniors. Immigrant seniors as a group are less likely than non-immigrant seniors to receive publicly funded home care services (6.8% versus 8.8%). They are significantly more likely than non-immigrants to receive home care only from "informal" caregivers like family members (5.3% versus 3.5%) and to report unmet home care needs (6.3% versus 4.1%). Within the immigrant senior group, length of stay in Canada and country of origin are associated with the prevalence of receiving publicly funded versus "informal" home care and of reporting unmet needs. For example, more recent immigrants and immigrants from non-European countries reported much lower rates of public home care use than more established immigrants and those from European countries, respectively. There were also significant disparities in the use of home care and unmet home care needs between racialized and non-racialized seniors and between seniors whose mother tongue was English and those whose mother tongue was not English.[52]

Diversity, Aging, and Intersectionality

What this tells us is that we need more research to understand intersectionality in the context of ethnocultural diversity and aging. Intersectionality is about the interaction of multiple identities that can exacerbate inequities.[54] Ethnicity, language, migration status, age, gender and race are all factors that interact and can disadvantage people further than one factor alone.[55] Few seniors fit into the narrow parameters of current home care policies that cater to a homogenous group of seniors; needs, challenges, and accessibility differ greatly in our growing senior population.

Taking an intersectional approach to aging-related research can give us a more comprehensive understanding of aging related needs and unmet needs. We need to explore

existing initiatives, strategies, and promising practices that have been implemented in Ontario and in other jurisdictions to improve access to home care for ethnocultural seniors. We also need to collect more ethno-specific and race-based data to adequately address these inequities. Using an intersectional lens when thinking about aging, diversity and home care will allow us to adopt policy frameworks and develop effective equity strategies that ensure the delivery of appropriate care that meets the ethnocultural and linguistic needs of all seniors. Failing to address the intersection of aging and ethnicity into health planning is shortsighted and creates greater health inequities.

Conclusion

All seniors deserve the opportunity to access appropriate care at home regardless of their linguistic and ethnocultural backgrounds. It is necessary that the research we pursue and the data we collect reflect the diverse voices and perspectives of our population and that we recognize and understand the heterogeneity of aging.[56] It is also imperative that we acknowledge the intersection of ethnicity, language, and aging as a critical area of research and policy.[57] Doing so will allow us to make informed policy decisions that will enable us to build equity and diversity into home care and across the health care continuum. Without the equitable distribution of care, racial and ethnic health disparities amongst our senior population will continue to persist in Ontario.[58, 59]

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