

The Changing Face of Home and Community Care: Policy Background & Recommendations



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Introduction

Older adults consistently express a preference for aging in their homes, where they can maintain their independence and their ties to their neighbours and community.¹ Home and community care is essential for facilitating aging in place, as it allows aging Ontarians to remain independent, healthy, and socially connected as long as possible in their own homes or communities. In *A Plan for the People*, released in November 2018, the Ontario government recognized the importance of home care services as vital to support Ontarians, and made clear that it is committed to ensuring that the home care system works for the people who need support and their families.²

While the diversity is growing in Ontario's aging population, evidence suggests that the current home and community system does not adequately meet the care needs of older adults and their families from diverse ethnocultural and linguistic communities. A recent study by Wellesley Institute showed that older immigrants, especially more recent immigrants and those from non-English speaking countries, reported significantly lower use of publicly-funded home care and heavier reliance on family caregivers, compared to non-immigrant older adults in the Greater Toronto Area (GTA).³ Older adults from diverse ethnocultural communities experience language and cultural barriers to care,⁴ and family caregivers from these communities provide extensive support to meet the needs of their aging parents or other family members that are not adequately addressed within the current care system.⁵

To meet the needs of older adults from diverse ethnocultural backgrounds, there is a growing demand for cultural and language accommodation in the home and community care sector. The demand for such care is particularly high in the GTA which is home to immigrant populations from all over the world. Among 815,500 adults 65 years and older in Toronto Census Metropolitan Area (CMA), 72 percent were born outside Canada and came from over 180 countries, with Italy, China, India, United Kingdom, Jamaica, Philippines, Portugal, Hong Kong, Greece, and Guyana as top ten source countries.⁶ Among 77,200 home care clients served by Toronto Central Local Health Integration Network (LHIN), one in three clients reported a non-English language as their preferred language. Nearly one in five home care clients reported needing an interpreter to communicate with their care providers.⁷

This policy paper offers the contexts for policy reforms to better meet the home and community care needs of older adults from diverse ethnocultural communities. The paper provides an overview of existing legislative and policy frameworks that address ethnocultural diversity and recent policy developments. It also presents three main policy challenges identified by research: barriers to access home and community care; barriers to receive and provide quality care; and family caregivers' challenges. The paper then provides policy recommendations for the Ministry of Health and Long-Term Care to improve access to quality home and community care for older adults from diverse ethnocultural communities.

Methods

This paper is based on Wellesley Institute's multi-method research project including focus groups, an environmental scan, key informant interviews, and an Ideas Lab.

A qualitative study using focus groups was conducted to capture the breadth of participant's experiences trying to access home and community care for themselves or their family members as well as their shared views on challenges in meeting the needs for home and community care within the current care system. From March to April 2017, ten focus groups were conducted with 41 older women and 40 family caregivers of older women from the five largest older immigrant groups by country/region of origin across the GTA: China, India, Italy, the United Kingdom (UK), and Caribbean. Participants were recruited through community-based organizations that serve diverse

ethnocultural groups, home and community care service providers, newsletters, flyers, and word of mouth. To facilitate focus groups in community languages, we identified one main language for each group through community consultations (English for UK and Caribbean, Punjabi for Indian, Italian for Italian, and Cantonese for the Chinese focus group). Participants were asked about their current living and care arrangements, details of the type of support or care they needed and received/provided, their familiarity with and experience of accessing publicly-funded care services and programs, and the conditions of home and community care support they or their family member received. All focus group discussions were recorded and later transcribed and translated into English (when needed). Thematic analysis was utilized to find commonalities and differences across ethnocultural groups in their experiences of accessing the current home and community care system. A more detailed description of methods and findings of the qualitative research are presented in two companion research papers.^{3,4}

An environmental scan was also used to identify and review existing legislative and policy frameworks that address ethnocultural diversity in the home and community care sector. The scan included a search of electronic databases and government websites, and was supplemented by key informant interviews with ten experts and key stakeholders. Wellesley Institute then hosted an Ideas Lab,⁸ a collaborative process bringing together a group of 25 participants from governments, service agencies, academics, and community organizations. After the project team presented preliminary findings from focus group discussions and environmental scan, participants were asked to provide feedback and work collaboratively to explore policy priorities and identify promising policy directions to improve access to home and community care for diverse ethnocultural communities.

Current legislative and policy frameworks that address ethnocultural diversity

In Ontario, home and community care is delivered through a complex structure. Overall, the Ministry of Health and Long-Term Care provides the leadership and overall direction of the health care system.⁹ The Ministry oversees Ontario's 14 Local Health Integration Networks (LHINs), which are responsible for managing and administering funds to various avenues in the health care sector. In the spring of 2017, the LHIN took over the "accountability for integrated, accessible, and consistently high-quality home and community care."¹⁰ Previously, Community Care Access Centres (CCACs) were responsible for home and community care provision.¹¹ In each LHIN, home and community care services are contracted out to selected service provider organizations that deliver services to local communities.

The Home Care and Community Services Act (HCCSA), 1994 provides the legislative foundation of the home and community care sector. Its stated goals include ensuring that "a wide range of community services is available to people in their own homes and in other community settings so that alternatives to institutional care exist", providing support and relief to family caregivers, improving the quality of community services, and promoting the health and well-being of those who need these services. It outlines administrative responsibilities, accountability, and oversight mechanisms with respect to home and community care, sets rules and standards for service provider agencies, and creates funding structures and requirements. It also includes a Patient Bill of Rights and requirements for complaints and appeal processes for persons who receive home and community care.

The HCCSA, 1994, also clearly addresses the needs related to ethnocultural, linguistic, and other diversity factors to be recognized and accommodated in home and community care. The Act mandates that in all aspects of the service management and delivery, "the importance of a person's needs and preferences, including preferences based on ethnic, spiritual, linguistic, familial and cultural factors" is recognized. The Act also emphasizes the promotion of "equitable access to community services through the application of consistent eligibility criteria and uniform rules and procedures."

In addition to the HCCSA, 1994, there are other key legislative and policy frameworks already in place that address the importance of recognizing older adults' diverse ethnocultural needs and delivering home and community services to address such needs that are related to ethnicity, spirituality, language, and culture. Our research indicates that the existing legislative and policy frameworks provide the important foundation for concrete, actionable, and targeted strategies to improve access to home and community care for older adults from diverse ethnocultural communities.

Appendix A provides a detailed summary of key provincial legislation, and other government reports, that include discussions of equity and ethnocultural diversity in home and community care. Key commitments include:

- **Ontario Human Rights Code**¹² protects Ontarians from grounds of discrimination including race, colour, ethnic origin, place of origin and citizenship. All institutions responsible for home and community care services must comply with the Ontario Human Rights Code. This includes avoiding systemic patterns of disadvantage and denial of services related to Code grounds.
- **Local Health System Integration Act, 2006**¹³ commits to promoting health equity, including equitable health outcomes, reducing or eliminating health disparities and inequities, recognizing the impact of social determinants of health, and respecting the diversity of communities and the requirements of the French Language Services Act in the planning, design, delivery and evaluation of services.
- **Excellent Care for All Act, 2010**¹⁴ highlights the importance of equitable, patient centered care for all Ontarians. In Preamble, the Act defines a high-quality health care system as one that is accessible, appropriate, effective, efficient, equitable, integrated, patient centred, population health focused, and safe for all Ontarians (currently, a number of requirements set out by this legislation are applicable only to “health care providers” – hospitals in Ontario within the meaning of the Public Hospitals Act).
- **Ageing with Confidence: Ontario’s Action Plan for Seniors, 2017**¹⁵ outlines the provincial government’s “ongoing plan to help Ontario seniors remain independent, healthy and socially connected at all stages of their lives.” The Plan clearly states that “seniors’ needs are affected by their individual circumstances; for example, their health, language, gender, ability, Indigenous identity, ethnicity, religion, sexual orientation or geographic location.” It requires that programs and services “recognize this diversity, and be accessible, equitable and culturally appropriate.”

Current policy landscape

The current home and community care landscape is in a state of flux with new policy challenges and opportunities are emerging. In response to a rapidly aging population and the growing pressure on our health care system, there has been a significant shift in direction towards home and community care.¹⁶

Over the last few years, improving access to high-quality home and community care has been identified as one of the key target areas in numerous government reports, including the Ontario’s Action Plan for Seniors,¹⁷ Bringing Care Home Report: A Report from the Expert Group on Home and Community Care,¹⁸ and MOHLTC’s Patients First: A Roadmap to Strengthen Home and Community Care.¹⁹ Most recently, the current Ontario government made clear in the 2018 Ontario Economic Outlook and Fiscal Review, Background Papers (A Plan for the People) its commitment to improving home care by engaging with partners to ensure that the home care system works for patients, seniors, and families.¹ With advice from the Premier’s Council on Improving Health Care and End Hallway Medicine, the government is working towards improving access to safe, high-quality care and announced its plan to invest in hospital and long-term care beds. While the government recognized the importance of home care for patients and families in A Plan for the People, a detailed plan for the home and community care sector has not been announced yet.

There has been an increased investment in Ontario’s home and community care sector. Recent federal and provincial budgets have both allocated resources to improve access to home and community care. Under the new 10-year Health Accord, in March 2017, the federal and provincial governments agreed to \$2.3 billion targeted federal funding for better home care in Ontario. This investment is expected to reduce the number of hospital patients who could be supported and better cared for at home or in the community.²⁰ Funding has also been allocated to services that foster independence through additional home and community care resources, Ontario’s Dementia Strategy, and the Seniors Healthy Home Program. The need for supports in navigation have been recognized through a commitment to digital information and communication tools. There has also been an investment in caregiver supports through The Ontario Caregiver Organization, as well as the Ontario Caregiver Tax Credit, which came into effect in 2017.

While important progresses and enhanced resource allocation have been made towards the home and community

care sector in general, our environmental scan did not find concrete government strategies targeting the issues around improving access to quality home and community care for older adults from diverse ethnocultural communities.

Key policy challenges

Through focus groups with older women and family caregivers and key informant interviews with stakeholders, we identified three areas of policy challenges in Ontario's home and community care sector: barriers to access home and community care; barriers to receive and provide quality care; and family caregivers' challenges.

Barriers to access home and community care

Across all focus groups, older women and family caregivers shared their experiences of having difficulties when trying to find the right information about available care services and programs. While the navigational challenge was a shared concern, we observed that it was amplified for women and families with limited English proficiency due to insufficient information sharing in languages other than English. Many research participants reported no or very little knowledge about available home and community care services, and people with limited English proficiency reported feeling frustrated when information is available in English only. Focus group participants wanted to see more targeted outreach in multiple languages so that older adults and their family caregivers in their ethnocultural communities are better informed about available programs and services.

Our focus groups also identified structural access barriers to home and community care, such as lack of transportation and financial limitations. Research participants emphasized that access to reliable and accessible transportation allows older adults to access services, attend doctors' appointments, manage activities of daily living, and stay socially connected. Yet, lack of affordable, reliable transportation options mean that many older women rely heavily on their children and limit their daily activities based on the availability and willingness of their family members. Our research participants also shared financial concerns. Many could not supplement the shortfalls in publicly funded home and community care services with their own resources. For some, inadequate retirement resources meant that they could not pay out of pocket for services and programs to adequately meet their needs. For others, low income left them financially dependent on their families. Some of the participants in our focus groups were recent immigrants to Canada who had been sponsored by their children. Many of these women had no access to government income supports. With limited financial resources on their own, they heavily relied on their children financially, as well as for other aspects of everyday support, such as social activities and transportation.

Barriers to receive and provide quality care

Both older adults and service providers reported experiencing communication and cultural barriers to receiving and providing quality care. For home care, while some efforts are being made to match the ethnocultural background and/or language of service users and providers, there is still very limited service provision that meets clients' ethnocultural and linguistic needs. Our research found that interpreter accessibility varies by region, language, and service agency. In some regions, clients were provided phone interpretation services at the entry point, but not at the time of service delivery. For Toronto Central LHIN clients, for example, there are two contracted-out agencies that provide phone and/or in-person interpretation services for home care clients. However, these services are only for supporting clients' communication with LHIN staff, not with home care providers (e.g., personal support workers) from contracted-out service provider organizations. In most cases, without appropriate language support, older adults are not able to communicate with care providers when receiving personal care, while family members are expected to be present for interpretation support even when formal support is provided.

In discussions with key informants, service providers noted that where interpreters cannot be provided, alternative communication aids could be used to improve communication between the client and service provider. This can include translated materials, visual aids, picture boards, and other communication tools. Currently, it is not a common practice to utilize such tools.

Key informants also raised their concerns about the lack of resources and policies in place to provide adequate support, including cultural competency training, for the care workforce to deliver appropriate care for the clients with diverse ethnocultural backgrounds. Training is often provided on an ad-hoc basis and is up to the discretion of the service provider. LHINs contract out most of their home care services to service provider organizations, and therefore, without dedicated funding for a mandatory, standardized training program, it is challenging for each service provider organization to organize and deliver training programs for their care workforce.

For community care, our research found that older women from diverse ethnocultural communities often experience access barriers to quality care due to limited options for cultural programs and long waitlists for existing programs that meet their linguistic and cultural needs. For example, one service provider organization had an 18 to 24-month waitlist for its adult day programs that provide cultural food and programming in Italian.

Key informants noted that language barriers affect people's access to community services as most programs assume English proficiency. When services are only offered in English, it can create a significant barrier for those who do not speak English fluently. Key informants and focus group participants emphasized the importance of linguistic accommodation in community programs especially for older adults who may lose their English proficiency as they develop cognitive impairment. Beside language, our research participants highlighted other important aspects of culturally appropriate care that are often overlooked in community care programming, such as providing culturally appropriate food and language accommodation in transportation support (i.e., language concordance between drivers and clients).

Family Caregivers' Challenges

When older adults' needs are not adequately met by the publicly-funded care system, family caregivers fill in the gaps through performing multiple roles in order to help loved ones age in place and maintain their health and independence. Consistent with the literature, our focus groups suggest that families from some ethnocultural groups and those with language barriers may experience higher rates of caregiver burden due to their extensive caregiving responsibilities to meet various aspects of care needs including physical, psychological, social, linguistic and cultural needs. Language barriers, for example, not only limited what older women in our focus groups could access, but also made them completely dependent of family caregivers who often had to serve not only as care providers but also as interpreters and knowledge brokers. Caregivers felt that even when formal home care services were provided by nurses or personal support workers it did not provide relief as they had to remain present in the home as interpreters. Caregivers caring for a loved one with dementia or Alzheimer's shared that as a result of the disease their family member lost their ability to speak English. Now they are also fulfilling the role of an interpreter, adding another layer to their caregiving responsibilities.²¹

Our research demonstrates that family caregivers are an important part of the care unit in home and community care. Yet, family caregivers felt that there was no adequate support for themselves and they were not equipped with the resources and supports to care for their loved ones. Inadequate support creates significant challenges for family caregivers who are struggling to fulfill family and work responsibilities and are increasingly experiencing financial hardship, stress, and emotional challenges because of their caregiving responsibilities.^{22,23} Many family caregivers in our focus groups shared that they had to switch to part time employment or quit their job all together in order to provide care to their loved one. They often neglect their own health care needs in order to provide adequate care for their aging parents or other family members. Focus group discussions also highlighted the need for targeted outreach programs not only for older adults but also for family caregivers from diverse ethnocultural communities about available supports and services.

Recommendations for the Ministry of Health and Long-Term Care

From research and consultations, we have found significant linguistic and cultural barriers to access quality home and community care for older adults from diverse ethnocultural communities. The home and community care system that delivers linguistically and culturally appropriate care would enhance access to care and improve the health and well-being of older adults and their family caregivers from these communities. To deliver equitable access and quality

care for all people, we need a competent home and community care system at all levels. This requires culturally competent direct service providers who are equipped with the skills and knowledge which have been shown to work effectively for different population groups. The home and community care system should recognize and minimize access barriers to improve equitable access to care for all Ontarians.

Based on our research, ongoing policy analysis, focus groups, and key informant interviews, we have identified three specific recommendations for the Ministry of Health and Long-Term Care to reduce linguistic and cultural barriers to care. Our recommendations are all in accordance with the Home Care and Community Services Act, 1994, mandating the management and delivery of home and community care services to recognize a client's ethnic, spiritual, linguistic and cultural needs. They are also carefully developed to reflect evolving policy contexts and opportunities. However, it is important to acknowledge that these recommendations should be nested in existing frameworks aimed at improving equity in the health care system. For example, the frameworks presented in the reports by Mental Health Commission of Canada, including the Case for Diversity: Building the Case to Improve Mental Health Services for Immigrant, Refugee, Ethno-cultural and Racialized Populations and Issues and Options for Service Improvement, offer comprehensive recommendations for the health system to improve equitable access to quality care for diverse ethnocultural population groups in the Canadian context.

Recommendation 1: Provide on-going, targeted funding for home and community care that accommodates the needs of underserved older populations from diverse ethnocultural communities and inform older adults and family caregivers from these communities about available programs and services.

1.1. The Ministry could identify underserved populations from diverse ethnocultural communities, and allocate resources, through targeted funding, to improve their access to home and community care services. Many culturally and linguistically appropriate programs across the GTA have long waitlists. The Health Accord funds could be effectively used for expanding the availability of community-based services and programs that meet the cultural and linguistic needs of older adults from diverse ethnocultural communities.

1.2. An effective means of addressing access barriers is to facilitate targeted outreach efforts to inform underserved populations from diverse ethnocultural communities about available programs and services. In-depth population-based planning could be used to develop a proactive targeted outreach strategy to provide older adults and their family caregivers from diverse ethnocultural communities with information about existing home and community services and programs and how to access them. This information should be:

- a) developed in consultations with members and organizations of the ethnocultural communities in different geographic regions;
- b) offered in multiple languages, in accessible formats, and with culturally appropriate content; and
- c) available in places commonly accessed by members of targeted ethnocultural communities, such as family doctors' offices, faith-based organizations, and ethnocultural community hubs.

Recommendation 2: Provide a coordinated interpretation system that is accessible by all clients and service providers in the home and community care sector.

In a multicultural and multilingual province like Ontario, language barriers and the inability to communicate is problematic for both the service provider and the person receiving care. The use of trained interpreters can be an effective intervention that addresses language barriers and contributes to higher quality care.⁶ The most promising option for reform is to scale up local innovative face-to-face and telephone service models with trained interpreters, such as the services offered by the Centre for Addictions and Mental Health and the William Osler Health Care System. Other countries like Australia provides a government-funded, centralized interpreting service for all aged care clients.

Recommendation 3: Develop and implement a mandatory standardized cultural competency training program for home and community care workers.

Mandatory training, fully funded by the government, would ensure that all new and existing home and community care workers have the tools they need to meet the changing needs of home and community care clients from diverse linguistic and ethnocultural backgrounds. Cultural competency is at the core of quality, patient-centred care and allows health care professionals to “engage in assistive, supportive, facilitative, or enabling acts that are tailor-made to fit with individual, group, or institutional cultural values, beliefs, and lifeways in order to provide quality health care.”²⁴ Cultural competency can improve patient outcomes, increase patient compliance, and decrease health disparities. It can also help ensure adequate communication, which is an essential component of care provision.

Conclusion

As Ontario’s population ages and grows increasingly diverse, it is important for the home and community care system to ensure that its services and programs are accessible for all and serve the heterogeneous needs of our aging population. While the Ontario health care system is undergoing transformation to improve people’s access to safe, high-quality care, it is important for the government to recognize older adults from diverse ethnocultural communities as one of underserved population groups, and to improve their experience in accessing and receiving quality home and community care.

During the course of this research, it became clear that this work comes at an opportune time. With the government’s commitment to ensuring that the home and community care system works for all Ontarians, there is an opportunity to remove identified barriers to access available home and community care services for older adults from diverse ethnocultural communities. Our recommendations have all been guided and informed by those directly affected by home and community care policy decisions, including older adults, family members, and those involved in service delivery. They also build on current legislative and policy frameworks that acknowledge the importance of older adults’ ethnocultural identities in all aspects of home and community care planning and delivery.

With appropriate and accessible home and community care supports in place, older adults can maintain their health, independence and dignity by staying in their homes for as long as possible. Providing the right care, in the right place, at the right time means strengthening our investment in the home and community care sector through enhancing its capacity to provide linguistically and culturally appropriate care so that everyone has access to high-quality care that recognizes individuals’ linguistic and ethnocultural needs.

Appendix A: Summary of Legislation and Government Reports that Address Ethnocultural Diversity and Equitable Access to Care

Title	Year	Information
Ontario Human Rights Code	1990	<p>Services: 1. Every person has a right to equal treatment with respect to services, goods and facilities, without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability. R.S.O. 1990, c. H.19, s. 1; 1999, c. 6, s. 28 (1); 2001, c. 32, s. 27 (1); 2005, c. 5, s. 32 (1); 2012, c. 7, s. 1.</p> <p>Accommodation: 2. (1) Every person has a right to equal treatment with respect to the occupancy of accommodation, without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status, disability or the receipt of public assistance. R.S.O. 1990, c. H.19, s. 2 (1); 1999, c. 6, s. 28 (2); 2001, c. 32, s. 27 (1); 2005, c. 5, s. 32 (2); 2012, c. 7, s. 2 (1).</p>
Home Care and Community Services Act, 1994	1994	<p>Amended by Patients First Act, 2016 – to permit the Minister to approve and fund LHINs and provide the services currently provided by CCACs under the Act</p> <p>The stated purposes of the Home Care and Community Services Act are to ensure that “a wide range of community services is available to people in their own homes and in other community settings so that alternatives to institutional care exist”, to provide “support and relief to relatives, friends, neighbours and others who provide care for a person at home”, to recognize, “in all aspects of the management and delivery of community services, the importance of a person’s needs and preferences, including preferences based on ethnic, spiritual, linguistic, familial and cultural factors”, to promote “equitable access to community services through the application of consistent eligibility criteria and uniform rules and procedures”, and to integrate community services with other types of services, including those provided by hospitals and long-term care homes.</p>
Local Health System Integration Act, 2006	2006	<p>Amended by Patients First Act, 2016 – LHINs will be responsible for home and community care</p> <p>The objects of a local health integration network are to plan, fund and integrate the local health system to achieve the purpose of this Act, including, (e.1) to promote health equity, including equitable health outcomes, to reduce or eliminate health disparities and inequities, to recognize the impact of social determinants of health, and to respect the diversity of communities and the requirements of the French Language Services Act in the planning, design, delivery and evaluation of services;</p>
Excellent Care for All Act, 2010	2010	<p>In Preamble, the Act defines a high quality health care system as one that is accessible, appropriate, effective, efficient, equitable, integrated, patient centred, population health focussed, and safe for all Ontarians. Currently, a number of requirements set out by this legislation are applicable only to “health care providers” – hospitals in Ontario within the meaning of the Public Hospitals Act, but not to “health sector organizations” including a hospital, a licensee within the meaning of the LTCHA 2007 and a LHIN with respect to professional services, personal support services and homemaking services as defined in the Home Care and Community Services Act 1994, the placement of a person into a LTC home, a supportive housing program and an adult day program under the Home Care and Community Services Act.</p>

Appendix A: Summary of Legislation and Government Reports that Address Ethnocultural Diversity and Equitable Access to Care

Title	Year	Information
Bill 41, Patients First Act, 2016	2016	<p>The new legislation has amended various acts including the Local Health System Integration Act, Home Care and Community Services Act, among others.</p> <p>The Patient’s First Act attempts to improve both patient access and experience, by allowing for patients to be at the centre of care. The new legislation has amended various acts including the Local Health System Integration Act, Home Care and Community Services Act, among others (see Appendix B for relevant amendments to the home and community care sector)</p> <p>This Act builds on the 2015 Action Plan for Health Care, which asserts that "Ontarians will have better and faster access to quality health services". It outlines the increasing dependency of the elderly population on the healthcare system. It asserts that support is needed within patient’s communities and long-term care facilities to alleviate some of the pressure off of hospitals. The report emphasizes allowing seniors to age at home where they feel more comfortable and confident. To uphold high standards of resident homes, the bill makes mention of unannounced resident inspections to "ensure that residents are getting the proper privacy, security, safety and comfort." In addition to this, the bill is proposing an increased "construction funding subsidy, to help reach the goal of redeveloping 30,000 older beds as a part of the Long-Term Care Home Renewal Strategy"</p>
Ontario Action Plan for Seniors	2013	<p>Ontario’s Action Plan for Seniors committed to “more access to home care through an additional three million hours of Personal Support Worker hours for seniors in need.”</p> <p>Ontario’s Action Plan for Seniors will provide communities with a guide that contains step-by-step processes and tools to develop age-friendly communities. These will, by their very nature and purpose, take into account the diversity of needs of all the seniors in their individual communities.</p>
Aging With Confidence: Ontario’s Action Plan for Seniors	2017	<p>This report “outlines our government’s ongoing plan to help Ontario seniors remain independent, healthy and socially connected at all stages of their lives”</p> <p>This report also focuses on diversity and clearly states that “seniors’ needs are affected by their individual circumstances; for example, their health, language, gender, ability, Indigenous identity, ethnicity, religion, sexual orientation or geographic location. Programs and services should recognize this diversity, and be accessible, equitable and culturally appropriate.”</p>

Appendix B: Summary of Focus Groups, Key Informant Interviews, and WI Lab

Focus Groups (March – April 2017)

- Ten focus groups in total
 - o Five focus groups with women 65 years and older
 - o Five focus groups with family caregivers of women 65 years and older
 - o 41 older women in total participated in focus groups
 - o 40 family caregivers in total participated in focus groups
 - o Participants selected from five ethnic groups: Caribbean origin, Chinese origin, Indian origin, Italian origin, and UK origin
 - o Facilitated in four languages: Cantonese, English, Italian, and Punjabi
 - o Conducted in five regions across the GTA: Brampton, East York, North York, Scarborough, Toronto Central

Key Informant Interviews (March – May 2017)

- Ten key informant interviews
- Included stakeholders from:
 - o Community Care Access Centres (CCACs)
 - o Local Health Integration Networks (LHINs)
 - o Service Provider Organizations
 - o Personal Support Workers
 - o Community Organizations
 - o Policy Makers

Wellesley Lab - WI LAB (May 2017)

- 25 participants from
 - o Research institutions
 - o Community Care Access Centres (CCACs)
 - o Local Health Integration Networks (LHINs)
 - o Service Provider Organizations
 - o People with lived experience of home and community care services
 - o Ethnocultural community organizations
 - o The City of Toronto
 - o Indigenous Health Centre

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