

Policy Brief: Home and Community Care for All

GOAL

The Ministry of Health and Long-Term Care improves the health of older adults from diverse ethnocultural communities by providing enhanced linguistic and cultural accommodation in home and community care through targeted funding, a coordinated interpretation system, and a mandatory cultural competency training.

What is the issue?

Ontarians see improving home care and caregiver supports as top provincial priorities.ⁱ Under the 2017 Health Accord, an additional \$2.3 billion over the next ten years provides an opportunity for the Ministry of Health and Long-Term Care to strengthen the home and community care system capacity to improve access to care for all older adults and their family caregivers. Currently, older adults from diverse ethnocultural communities face linguistic and cultural barriers to access appropriate, quality care. A lack of linguistic and cultural accommodation in home and community care may negatively impact the health and well-being of older adults and their families from diverse ethnocultural communities. It also has significant cost implications on our health care system.

Diversity in GTA's older population

Among 815,500 older adults 65+ in Toronto Census Metropolitan Area (2016 Census):

- 587,100 (72%) were born outside Canada
- Number of immigrants 65+: 287,800 in Toronto; 73,600 in Mississauga; 51,500 in Brampton; 39,800 in Markham; 37,300 in Vaughan; 22,700 in Richmond Hill
- 432,200 (53%) have a mother tongue that is neither English or French

Among 77,182 home care long-stay clients served by Toronto Central LHINⁱⁱ:

- One in three clients reported a non-English language as their preferred language
- Top 8 preferred languages: Italian, Chinese, Portuguese, Greek, Polish, Russian, Ukrainian, Spanish
- One in five clients reported needing an interpreter

Linguistic and Cultural Barriers to Care for Diverse Older Population in the GTAⁱⁱⁱ

Barriers to access home and community care:

- There is limited language support. Interpreter accessibility varies by region, language, and service agency. Information about existing programs and services are not shared in multiple languages.
- There are long waitlists for community care programs that meet diverse ethnocultural needs. For example, the current wait time is up to 2 years for Italian adult day programs.

Barriers to receive and provide quality care:

- Older adults are not able to communicate with care providers when receiving care, while family members are expected to provide interpretation support between clients and care providers.
- Care providers do not receive adequate support to provide appropriate care for their clients with diverse ethnocultural backgrounds.



Implications on Health and Health Care System

Home and community care can help relieve pressure on health care resources. A 10 per cent shift of hospital patients waiting for long-term care into home care would result in a \$35 million saving.^{iv} Evidence suggests that those who have inadequate access to the necessary home and community care supports end up using more health care resources.^v Unmet needs may result in increased emergency department visits, hospitalization, long-term care admissions, morbidity, and premature death.^{vi} For family caregivers, their caregiving responsibilities can lead to increased caregiver burden, stress, and frustration. Family caregivers of home care clients needing an interpreter in Ontario experience particularly high levels of caregiver distress.^{vii}

Recommendations for the Ministry of Health and Long-Term Care

Based on our research findings and ongoing policy analysis, we have identified three recommendations for the Ministry of Health and Long-Term Care. It is important to acknowledge that these recommendations should be nested in existing frameworks aimed at improving equity in the health care system, such as the frameworks presented in the reports by Mental Health Commission of Canada.^{viii}

- 1. Provide on-going, targeted funding for home and community care that accommodates the needs of underserved populations from diverse ethnocultural communities and inform older adults and family caregivers from these communities about available programs and services.** An effective means of addressing access barriers is to identify underserved populations and allocate resources to improve their access to services. Health Accord funding could be effectively used to expand the availability of culturally appropriate care services and programs that meet the needs of older adults from diverse ethnocultural communities. Targeted outreach efforts in multiple languages could also be made to inform underserved populations about available programs and services.
- 2. Provide a coordinated interpretation system that is accessible by all clients and service providers.** The use of trained interpreters can be an effective intervention that addresses language barriers and contributes to higher quality care.^{ix} 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. Other countries like Australia provides a government-funded, centralized interpreting service for all aged care clients.
- 3. Develop and implement a mandatory standardized cultural competency training program for home and community care workers.** Government-funded mandatory training would ensure that all new and existing home and community care workers have the tools they need to meet the changing needs of their clients from diverse linguistic and ethnocultural backgrounds. Cultural competency can improve client outcomes, increase clients' compliance, and decrease health disparities. It can also help ensure adequate communication, which is an essential component of care provision.

Conclusion

Home and community care is essential in facilitating aging in place by supporting aging Ontarians to remain active and healthy, transition from the hospital back to their homes and communities, and prevent avoidable hospitalizations. Improving access to linguistically and culturally appropriate care can ensure that all Ontarians receive appropriate home and community care at the right time, regardless of their languages and cultures, and maintain their health and well-being.

References

- i CARP. 2018. New poll reveals top priorities for older Canadians. <http://www.carp.ca/2018/05/16/new-poll-important-older-canadians-provincial-election/>
- ii Toronto Central Local Health Integration Network. 2018. Preferred Language. Report Number 1580. Data requested by Wellesley Institute.
- iii Um, S. et al. 2019. & Laher, N. et al. 2019. The Changing Face of Home and Community Care. Wellesley Institute.
- iv OACCAC, OFCMHAP, & OHA. 2010. Ideas and Opportunities for Bending the Health Care Cost Curve: Advice for the Government of Ontario.
- v Levesque, L. et al. 2004. Unmet needs for health and community-based services for the elderly aged 75 years and over. Canadian Health Services Research Foundation.
- vi Alliance for a National Seniors Strategy. 2016. An Evidence-Informed National Seniors Strategy for Canada.
- vii Chang, B.W. & Hirdes, J.P. 2015. A Cross-Sectional Study to Compare Caregiver Distress Among Korean Canadian, Chinese Canadian, and Other Canadian Home Care Clients. SAGE Open. April-June 2015:1-14.
- viii McKenzie, K. et al. 2016. The Case for Diversity: Building the Case to Improve Mental Health Services for Immigrant, Refugee, Ethno-cultural and Racialized Populations. Report to the Mental Health Commission of Canada; and MHCC & CAMH. 2009. Improving Mental Health Services for Immigrant, Refugee, Ethno-cultural and Racialized Groups: Issues and Options for Service Improvement.
- ix Anjum, A. et al. 2018. Language Interpretation Services in Health Care Settings in the GTA. Wellesley Institute.

