Supporting Indigenous Culture in Ontario’s Long-Term Care Homes

Needs Assessment and Ideas for 2017-18

Sue Cragg Consulting and the CLRI* Program
March 27, 2017

*funded by the Government of Ontario through the Ontario Centres for Learning, Research and Innovation in Long-Term Care. Opinions expressed in this report are those of the authors and do not necessarily reflect those of the Government of Ontario.
Acknowledgements

It is with sincere gratitude that the Project team acknowledges the contribution of the Project Advisory Group, the Talking Circle and Interview participants and reviewers of the draft documents. Their time and thoughtful input to the project are truly appreciated. Particularly, we wish to acknowledge:

The staff (administration, recreation, volunteer coordination, spiritual care, resident services, activation staff, clerical, nutrition coordination, nursing, PSWs and others), residents and family members of:
• Sioux Lookout Meno Ya Win Health Centre;
• Kensington Gardens Long-Term Care Home, Toronto;
• Birchwood Long-Term Care Home, Kenora; and

And key informants who represent:
• The Toronto Indigenous Health Advisory Circle;
• The Native Canadian Centre of Toronto;
• Anishinawbe Health, Toronto;
• The Thunder Bay Regional Health Sciences Centre;
• The LHINs in Thunder Bay, Toronto and Ottawa; and
• The Wabano Center for Aboriginal Health, Ottawa.

Advisory Group

Special thanks are also due to the hard working members of the project advisory group:

• Janet Gordon, Director of Health Services, Sioux Lookout First Nations Health Authority;
• Gerri Yerxa, Psychogeriatric Resource Lead, Canadian Mental Health Association, Fort Frances;
• Lorraine Purdon, Executive Director, Family Councils of Ontario;
• Keli Cristofaro, Stroke Community Engagement Specialist, NWO Regional Stroke Network;
• Kevin Chony, Community Care Manager, North West Community Care Access Centre;
• Anita Cole, Regional Manager of Patient Care, South West Community Care Access Centre;
• Barry Lazore, Administrator, Mohawk Council of Akwesasne & Ontario Association of Non-profit Homes and Services for Seniors;
• Vinita Haroun, Ontario Long Term Care Association;
• Josie-Lee Gibson, Ontario Association for Resident's Councils;
• Lisa Petagumskum, Consultant and Facilitator;
• Isis Cowley, Ministry of Health and Long-term Care; and
• Marney Vermette, Wabauskang First Nation, Ontario Engagement Liaison, First Nations, Inuit & Métis Program, Saint Elizabeth Health Care
Executive Summary

Ontario’s Indigenous people have unique cultural requirements that must be supported by health care, including long-term care. A legacy of colonization, historical trauma, racism, distrust of western medicine and ways, and sometimes geographic isolation impact this population like no other. Respect for treaty rights and jurisdictional issues also need to be considered in planning for care and supporting the culture of this population.

The need for long-term care is increasing and long-term care homes are challenged to recognize and support the culture of their residents at a time when their health needs are increasing. A growing body of evidence suggests that when people are given the freedom to return to their cultural ways, health will improve.

The three Centres for Learning, Research and Innovation in Long-Term Care (CLRIs) have identified the support of Indigenous culture in long-term care as an area in which innovation and capacity-building are needed. This project was undertaken towards the end of the first 5.5-year mandate of the Ontario CLRI Program (2011-2016) to inform work planning in this important area for the next mandate of the Program. It assumes program renewal for a second, multi-year mandate.

This project set out to:

• Explore the unique needs of Indigenous people in Ontario’s long-term care homes;

• Identify opportunities for the Centres for Learning, Research and Innovation in Long-term Care Program to contribute to supporting the culture of Indigenous people in long-term care for the CLRI 2.0 work plan; and

• Identify opportunities to partner for innovation that benefit Ontario’s long-term care sector.

It achieved this through a literature review, discussions with a wide range of stakeholders and guidance by an expert Advisory Group.

This report is intended to inform future work around developing tools and resources to support Indigenous culture in long-term care and to scale-up existing successful practices. All future work will be undertaken in collaboration with Indigenous organizations and sector Associations.

There is a need to share evidence-based information, successful practice, resources, tips and tools. The following types of support opportunities have been identified:

• Cultural safety training for all staff. This work should not be the work of the CLRI Program, rather Indigenous organizations should be the primary creators. The Program could lend some dissemination or knowledge broker support.

• Ways to connect to community care providers to ease the transition from community services to those provided within the long-term care home.

• Tips and ideas for helping residents stay in touch with their families and community more generally.

• Information about ways for homes to work with Indigenous community organizations, Friendship Centres, Healing Lodges etc. to connect residents to their services.

• Information about traditional medicines.

• Information about navigating jurisdictional issues and different payment sources.
• Information about cultural values, traditions and beliefs in a general way.
• Information about ways other organizations support smudging, fires and tobacco burning.
• Promotion of culture specific information about dementia care, palliative care and end-of-life practices.
• Recipes for traditional foods, and menu ideas for incorporating them along with ideas for sourcing traditional foods.
• Tips for engaging and working with interpreters.
• The creation and sharing of printable cards with pictures and words in the language of the resident for activities of daily living and other important words.
• Tips for training and engaging Indigenous care staff, supervisors, board of directors members and volunteers, including visiting Elders.

Identified opportunities for incorporation into a CLRI 2.0 workplan include:
• Continued advisory committee guidance and further stakeholder outreach;
• Support for an independent Resource Council that would provide long-term care homes with cultural information;
• Ongoing information gathering;
• Ensuring a cultural lens in all CLRI activities;
• Ideas for resources to fill identified gaps;
• Ideas for education and training;
• Ideas for research projects.

The activities are described in detail, along with principles of a dissemination plan and evaluation. All work must be done in close collaboration with Indigenous organizations, long-term care Associations and other stakeholders to ensure relevance, uptake and implementation.
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Introduction

Ontario’s Indigenous people have unique cultural requirements that must be supported by health care, including long-term care. A history of colonization, cultural and social assimilation through the residential schools program and other policies,\(^1,2\) and conflict between Indigenous and non-Indigenous knowledge systems have led to historical trauma, mental and emotional health concerns, and the loss of cultural cohesion. These experiences created distrust of ‘western’ medicine, mainstream institutions, research and programs.\(^1,2,3,4,5\) Respect for treaty rights and jurisdictional issues also need to be considered in planning for care and supporting culture. Among Indigenous people, there can be a reluctance to engage with non-Indigenous organizations, due to inappropriateness of the programming, fear of racism, and discomfort with the pace of western medicine and its failure to understand cultural values.\(^3\)

Project purpose and goals

The Centres for Learning, Research and Innovation in Long-Term Care (CLRIs) are funded by the Ontario Ministry of Health and Long-Term Care. The Program’s mandate is included in Appendix A. Among the projects jointly undertaken by Program partners in 2016-17 were those that explored issues around supporting cultural diversity in long-term care and around supporting Indigenous culture in long-term care. The activities and results of the Supporting Cultural Diversity in Long-term Care project are provided in a separate report. Many of the concepts and issues raised in that report are applicable to supporting the culture of Indigenous people. This project, which is a joint initiative of the Schlegel, Baycrest and Bruyere, CLRIs was intended to:

- Explore Indigenous cultural issues in Ontario’s long-term care homes;
- Outline possible areas of CLRI contribution to supporting Indigenous culture for the CLRI 2.0 Workplan; and
- Identify opportunities to partner for innovation opportunities that benefit Ontario’s long-term care sector.

The project undertook an initial exploration of Indigenous cultural issues and specific long-term care home needs and identified ways that CLRIs can contribute to sector care and services improvements in these areas. This was accomplished through a literature review and engagement with multiple stakeholders. This report is intended to inform future work of the CLRIs to support Indigenous culture in long-term care and to scale-up existing successful practices.

Background

The Indigenous population of Ontario makes up 2.4% of the province’s population (301,425 people).\(^6\) On average they are younger than the Canadian population as a whole (6% of the Canadian Indigenous population is aged 65 or older compared with 14% of the non-Indigenous Identity population) but report poorer health overall (41% of Indigenous people aged 45 or older report very good or excellent health compared with 53% of non-Indigenous Canadians).\(^7\)

Ontario’s Indigenous population is not a homogenous group. Differences can be greater within groups than between them and may be
based on age, geographic origins, class and other factors.\(^8\) There are 13 distinct groups of First Nation peoples in Ontario, each with their own languages, customs, and territories. These Nations are the Algonquin, Mississauga, Ojibway, Cree, Odawa, Pottowatomi, Delaware, and the Haudenosaunee (Mohawk, Onondaga, Onoyota’a:ka, Cayuga, Tuscarora, and Seneca).\(^9\) The predominant Indigenous languages are Ojibway, Oji-Cree, and Cree, with many different dialects, each associated with a particular First Nation and location.\(^10\)

Ontario today has two different types of settings to serve the long-term care needs of Indigenous people:

- Indigenous culture homes that provide care primarily to Indigenous residents and where the Indigenous culture permeates the organization; and
- Homes that provide care to residents from many cultures, who have one or a few residents that identify as Indigenous.

A growing body of evidence suggests that when people are given the freedom to return to their cultural ways, health will improve.\(^11\) When culture is restored, embraced and utilized, it appears to contribute to healing or may act as a protective factor against poor health.\(^11\) Culture is learned, dynamic and evolving. Areas in which an individual’s culture may affect their life and care include:\(^12,13,14\)

- sense of self and self in relation to group, community and social environment;
- expectations from self, life and others;
- perception of and ways of approaching health, illness and death;
- decisions regarding end-of-life issues and spiritual beliefs, rituals and customs including last rites, burial options, disposal of the body, and organ donations;
- decisions regarding control of pain;
- meaning and role of suffering;
- views of hospitals, nurses, doctors and other healers;
- day-to-day rituals and customs (religious and other);
- concept of “home” and what it means to feel at home;
- food choices, dietary practices and traditional foods;
- boundaries related to privacy, physical contact, personal space, age, gender and relationships;
- effectiveness and value of different types of therapies;
- approaches to wholistic care;
- culturally matched staff assignments;
- concept of time and time-keeping beliefs and practices that may direct activities (e.g., medical testing appointment before sunset, or instructing residents to take medication before or after an event, such as breakfast, instead of at a specific time, such as 08:00 hrs);
- family and social relationships (e.g., roles of family members in decision-making and caregiving, perception of what is best for the individual versus the family as a whole);
- decision-making on consent to treatment (e.g., sharing information versus residents being shielded by family and having decisions made for them);
- independence/self-care versus interdependence/being cared for by others;
- relationship with nature;
- ways of dealing with conflict; and
- style of communication and communication norms (e.g., eye contact versus avoiding direct eye contact, asking
questions versus avoiding direct questioning).

Culture is a big part of how an individual defines who they are and this varies by all the facets of culture defined above. If a resident entering long-term care finds that their culture is not supported or respected, or if they find themselves in an environment where the culture is radically different than their own, they may experience:

- social isolation and loneliness because they cannot speak the language of those around them or cannot relate to them;
- health consequences due to an inability to communicate needs and health information;
- spiritual isolation when religious practices differ from their own; distress and even hunger or malnourishment when served unfamiliar foods, as familiar meals can promote residents’ food and liquid intake, which in turn can reduce the risk of malnutrition and unintended weight loss; and
- alienation when they are not provided with the opportunity to practice familiar traditions or celebrations.

In addition, among Indigenous residents in Ontario’s long-term care sector, there have been reports of racism and degrading treatment which violates the right to respect and adequate care, removes feelings of safety and affects quality of care, personal dignity, and resident health and well being.

When a resident’s culture is not supported, it can impact their resiliency, ability to thrive, enjoyment and quality of life, mental health, susceptibility to depression, and their eating habits and nutrition. It may increase their risk of falls or hospitalizations or may lead to a greater need for pain management and medication. When care providers lack awareness about cultural differences there could be: treatment in the absence of informed consent; failure to understand health beliefs, practices and behaviour that breaches professional standards of care; or failure of care recipients to follow instructions because they conflict with values and beliefs.

Relocation to an institutional long-term care setting is a stressful time that can be exacerbated by unfamiliar cultural practices. For seniors living in the community, the primary caregiver often provided not only nursing and personal care, but also served as translator and facilitator of care when language barriers and cognitive functioning may have impeded access to care. This situation changes with a move to long-term care.

When residents are uncomfortable with their surroundings because of language barriers or differences in social norms, they can feel threatened by different and strange-seeming mannerisms. This can cause extreme anxiety, frustration and depression and there is a higher risk of negative health consequences, poor quality care, or dissatisfaction with care. Indeed, the homes consulted in this project all discussed the barriers and challenges that come with language, especially when, in the later stages of dementia, a resident uses only their first learned language.

Differing opinions about culture and care can often pose challenges to the delivery of care. Differences and potential conflicts can arise from varying patterns of communication, work habits, and expectations about how care is to be provided and received. Staff can become frustrated if individuals appear unwilling to cooperate with care as a result of the anxiety...
that comes from being in an unfamiliar environment or if treatment is not consistent with their cultural beliefs and customs. For example, individual decision-making, prided by Western cultures, can run contrary to traditional Indigenous belief systems which involve consulting the whole family. In addition, traditional identity and roles may be lost in the transition to long-term care. For example, the role of Elder as tribal culture keeper can be defeated by long-term care in two ways: 1) the lack of sufficient, quality long-term care, and 2) the use of typical, institutional models of long-term care that isolate the elderly from family and community. In contrast, when culture is supported, residents are provided with an opportunity to communicate, to better participate in social opportunities, to participate in their own care, to live according to their own values and beliefs and to practice their own traditions. In short, they are better able to thrive and live in an environment where their way of being is acknowledged and accommodated. As one focus group participant noted, respect and support of culture when the resident is deteriorating can be the one comfort for that resident. To sum up, as individuals age, and particularly for those who develop dementia, providing good quality service means providing familiarity through delivering services in their own language, food that they recognize, and programs that are appropriate for them. Furthermore, while there are still cultural and individual ways of interpreting these commonalities, all people have psychosocial needs that include social connectedness, feelings of belonging, friendship, safety, dignity, well-being and health. In making people feel welcome and included by saying hello and making eye contact, expressing interest in getting to know a person and finding out what is important to them, and valuing their individuality, care providers acknowledge those basic common needs. For example, it is important to ask, “what do you need to make this your home, to celebrate your traditions, or to feel your culture?”

Individual and Family Considerations
In Indigenous communities, care by the family, close friends and community at home is preferred over placing someone in long-term care. Among many there is a deep aversion to the use of residential care facilities. Caring for a family member at home honours traditional values concerning family, reciprocity and respect for the older adults. There are communities where residents are moving away from traditional ways of living and this often leaves seniors feeling lonely and isolated in their homes. Families may struggle to provide care for seniors due to their own challenges. Pressures such as changing family structures, urban migration, and the ongoing effects of colonialism are impacting Indigenous families’ ability to provide care. Language barriers may further isolate Indigenous older adults due to an inability to communicate with those around them in a long-term care home. In addition Indigenous seniors may be vulnerable to inappropriate care because of language barriers. These factors can lead to depression and decreased quality of life. Communicating needs in one’s own language can minimize misdiagnosis and assist with accessing appropriate support. Communication in the resident’s own language and ethno-specific care provides physical and mental health benefits such as reduced social
isolation, lower rates of depression, fewer falls and hospitalizations,\textsuperscript{16} and improves the likelihood of following medication guideline\textsuperscript{18,27} and understanding medical decision making. Communicating needs in one’s own language can minimize misdiagnosis and assist with accessing appropriate support.\textsuperscript{19} In addition, low education and literacy levels among some Indigenous people may further hamper communication and may lead to limited ability to understand medicine prescriptions and other health-related instructions.\textsuperscript{28} There is an onus on care providers to assess the English literacy level of the recipient of care when providing instructions in a second language (i.e., English).

While Indigenous people come from all socio-economic backgrounds, there may be challenges for those with lower incomes in paying long-term care co-payments for accommodation at the current monthly rates for basic $1,794.28, semi-private $2,163.24 or private $2,563.22.\textsuperscript{29} In addition, lack of personal documents, language and literacy may present barriers to applying.\textsuperscript{2}

**Spiritual Considerations**

Indigenous people’s beliefs around aging, dementia and dying differ from the European settler perspective. Success in aging is characterized more by a positive attitude, ability to manage declining health, community engagement and spirituality than by good physical health.\textsuperscript{30} Aging is expected to be a time of teaching and respect, when family and community assist seniors when they need help with day to day tasks and activities. For traditionally-oriented individuals, the process of growing older is shaped by beliefs related to the medicine wheel and the seven Grandfather teachings, which emphasize balance, respect, teaching, acceptance and maintaining a purpose in life by staying engaged in social, physical, spiritual, intellectual and emotional realms. Aboriginal seniors have expressed that these teachings help them to accept the changes that occur as they grow older.\textsuperscript{30}

Memory loss and confusion associated with age are not considered pathological and are generally felt to be normal, natural, accepted, and located within particular cultural frameworks.\textsuperscript{3} The behaviours associated with late stage dementia (what we call hallucinations) set people apart as “special,” as they are closer to the creator. Labeling visions as hallucinations can be outright offensive to some.\textsuperscript{4}

Death is a part of life and is as necessary as birth. Gathering at the time of death is more important in Indigenous cultures than in the Western perspective (where visitors to the dying are sometimes limited so that the dying person can conserve energy). Care and comfort of the heart and spirit take precedence at the end of life over medical procedures and protocols. The moments after an Indigenous person passes from his or her corporeal state are very sacred. There are traditional protocols (specific practices) within each First Nation to assist the person to take the next step of their journey in peace.\textsuperscript{31}

**Physical Considerations**

Indigenous elderly are significantly more likely than non-Indigenous seniors to be in poor health\textsuperscript{28} and life expectancy is shorter than for non-Indigenous Canadians.\textsuperscript{2} Chronic conditions such as obesity, diabetes and heart disease are more prevalent and develop at an earlier age.
among Aboriginal* Canadians compared with the general population. However older Indigenous Canadians don’t receive the same level of health-care services as other Canadian seniors. A lack of access to primary physicians and specialists can lead to worsening health problems.

The health of Indigenous seniors can be compromised by poverty, inadequate housing and poor diet, especially for those living in remote areas where nutritious foods may be prohibitively expensive. Remote northern First Nations communities suffer disproportionate rates of food insecurity and confront many social problems that stem from colonization.

Diagnosed dementia is increasing at a faster rate among this population than among non-Indigenous Canadians and is probably under-counted due to cultural factors and other social determinants of health. Although acceptance of dementia as part of aging can be beneficial, attempts to normalize the symptoms may cause people to put off seeking help until the person with dementia’s condition has deteriorated beyond the point where the family is able to cope and provide adequate care. Knowledge about how to support a person with dementia, and available medical interventions is low.

Community Considerations
Indigenous people live in remote areas of northern Ontario, but also in their communities in southern Ontario and in urban centres. For some, there is a lot of movement back and forth between their home communities and urban centres. A lack of local health care services and supports in rural and northern communities can force Indigenous Elders and other older adults from their local community to move to cities and away from their families and communities.

Remaining in the home community but travelling to access medical care is disruptive, stressful, physically draining and expensive for both care users and their care partners. For residents of remote communities, there are a great many steps involved in getting a referral, applying for travel funding, booking travel and accommodations and the like that are taken for granted in the south.

Not all rural or remote communities have Continuing Care or homecare services and congregate housing for seniors wanting to remain in their home communities or close to family. To access publicly funded eldercare services requires many Indigenous seniors to leave their homes and communities and be placed in institutions where they may have their medical needs cared for but at the expense of their mental and cultural well being, which in itself is a stressor that places them in at-risk health situations.

Provincial and Federal Considerations
Unlike other Ontario residents, funding for health care for Indigenous people comes from a different set of sources and can be difficult to navigate. The Federal Government pays for status Indian and Inuit health care. However, this does not include long-term care services for Aboriginal seniors and there is currently federal restriction on funding any additional long-term care facilities on reserves. Federal policymakers argue that senior care services are a provincial responsibility, but provincial authorities maintain there is no additional

* While the currently accepted most appropriate word to refer to the population is ‘Indigenous,’ in recent times, the word ‘Aboriginal’ was considered most appropriate. As such, when works are cited or quotes are used with this term, it has not been replaced.
funding or special care bed designation policies for Aboriginal peoples to provide those beds.\textsuperscript{28} In addition, there are conflicts between provincial and federal long-term care home standards.\textsuperscript{36,31} Some First Nations personal care homes must now meet provincial regulations in order to be licensed, but they were not built to those standards originally and the literature reports that there are no funds to bring them up to code.\textsuperscript{36} While the Ministry of Health and Long-term Care provides funds under the Long-term Care Home Renewal Strategy, it’s application process or applicability has not yet been examined as part of this project.

The federal government administers the First Nations and Inuit Home and Community Care program (FNHCC) which works with communities to develop home and community care programs.\textsuperscript{2} Current gaps in this program include the lack of palliative care, rehabilitative services, respite and mental health services along with the services being limited to office hours.\textsuperscript{28} The Non-Insured Health Benefits program (NIHB) provides coverage for some drugs, dental care, vision, medical supplies, mental health counselling and medical transportation.\textsuperscript{2} This program has been criticized as being underfunded and fraught with excessive rules and restrictions that are hard to understand. Furthermore, First Nations and Inuit people are eligible for this program but not Métis.\textsuperscript{2} Provinces and territories provide health care services such as home care, nursing home care and pharmaceutical services, off-reserve care,\textsuperscript{28} and provides for Métis and non-status peoples who are not recognized as a federal responsibility.\textsuperscript{28}

In this context, navigating healthcare can be challenging. Multijurisdictional care model results in service gaps and inequities.\textsuperscript{3} Service is fragmented and access or knowing where to go is confusing and bureaucratic.\textsuperscript{2} The system is difficult to navigate and an inability to do so can result in unnecessary trauma, including homelessness.\textsuperscript{28}

The issue of who has jurisdiction is muddled and often centres around on- and off-reserve designations but varies by province and territory.\textsuperscript{2} Hospitals have reportedly sent frail patients home to their communities without checking if there are appropriate support services, since historically Aboriginal peoples are viewed as ‘federal territory.’\textsuperscript{12} These jurisdictional issues can also limit or negate services from other providers and organizations, such as the Alzheimer’s Society of Canada.\textsuperscript{3}

### Cultural Competence, Cultural Responsiveness and Cultural Safety

Three concepts underlie all conversations about supporting culture in long-term care: those of cultural competence, cultural responsiveness and cultural safety. *Cultural competence* is defined as the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, race, ethnic backgrounds, religions, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and preserves the dignity of each.\textsuperscript{8} This involves knowing one’s own biases, understanding the sociocultural aspects of health, and effective communication skills.\textsuperscript{37} Awareness of one’s individual role in maintaining systems of oppression is imperative, but perhaps even more critical is to acknowledge the systemic nature of oppression.\textsuperscript{8} The underlying values for cultural competence are inclusivity, respect, valuing differences, equity and commitment.\textsuperscript{38}

Culturally appropriate and supportive care recognizes the roles and importance of family
and kinship ties in care practice;\textsuperscript{54} the role that religious and spiritual beliefs play in care and perceptions of health;\textsuperscript{18,54} the impact of language barriers on the quality of care received; and the importance of maintaining traditional health practices and treatments.\textsuperscript{54} It supports and celebrates residents’ heritage and associated traditional activities, holidays, worship practices and traditional foods; provides the ability residents to converse in their preferred language;\textsuperscript{12,18,19,3,4,54} builds a sense of community both with residents of the same and with residents of other heritage.\textsuperscript{54,39}

A culturally competent organization accepts and respects differences among and within different groups.\textsuperscript{40,38,41} It continually assesses its policies and practices regarding culture, expands cultural knowledge and resources and adapts service models to better meet the needs of the communities it serves, and seeks advice and counsel from clients.\textsuperscript{38,41,12,42} A culturally competent organization is committed to policies that enhance services to a diverse clientele.\textsuperscript{38}

Integrating skills in culturally competent care meets six aims of quality of health care: safe, effective, patient-centred, timely, efficient, and equitable.\textsuperscript{44} Using culturally competent techniques can:\textsuperscript{18,54}

- improve communication;
- increase trust;
- improve racially or ethnically specific knowledge of epidemiology and treatment efficacy;
- reduce the rate of diagnostic tests;
- expand understanding of patients’ cultural behaviour and environment;
- improve cost efficiency;
- diminish the environmental stress of institutional living;
- facilitate clinical encounters with more favourable outcomes;
- enhance the potential for a more rewarding interpersonal experience and increase resident satisfaction;
- improve health outcomes and quality of care; and
- contribute to the elimination of racial and ethnic health disparities.

Although it is important to be aware of various cultures and customs, cultural competence does not require organizations to be familiar with every culturally specific belief and behaviour. Rather, it requires that clinicians respect the diversity of cultural perspectives that influence the health of individuals and communities.\textsuperscript{18} Planning must be done in consultation with community members about their needs and identifying community-specific requirements.\textsuperscript{18,36} Services must take a wholistic approach to health care, have community acceptance and instill a sense of belonging, security and safety.\textsuperscript{31,44}

Cultural responsiveness moves beyond fundamental cultural competence to reflect a dynamic interplay between two or more people, each of whom brings his or her own ethnocultural reality to the interaction.\textsuperscript{43} Cultural responsiveness is about relationships—relationships with the resident, their values, their support networks, and the community they come from. It includes but is not simply the acquisition of knowledge, skill development, and self-awareness. Rather it requires that staff pay attention and connect to multiple aspects of an individual’s cultural makeup.\textsuperscript{43} Non-community health care members sometimes lack understanding of the mistrust, of the history of the people and where they are coming from.
Cultural safety incorporates the idea of a changed power structure that carries with it potentially difficult social and political ramifications. It questions and challenges the concept of cultural competence and, by bringing in the notion of safety, it extends the debate by focusing less on the benefits of cross-cultural awareness and sensitivity, and more on the risks associated with their absence.

Culturally unsafe practices have been defined as “any actions that diminish, demean or disempower the cultural identity and well-being of an individual.” Power imbalances need to be addressed so that Indigenous and non-Indigenous ways of knowing can come together and be equally valued. The current power structure undermines the role of Indigenous people as partners with healthcare workers in their own care and treatment.

A culturally safe approach to care would involve support for traditional practices, such as smudging along with:

- respect for Indigenous views of dementia and of the appropriateness of residential care;
- knowledge of the complexity of the Indigenous determinants of health;
- understanding the role of the family in care;
- relationship development with primary care professionals to help minimize distrust in the health care system;
- culturally specific coping strategies;
- knowledge of historical policies that may affect care giving today and of contemporary policies that result in differential access to care;
- training on appropriate advocacy for Indigenous caregivers and persons with dementia; and
- the development of health promotion and prevention tools that are sensitive to diverse Indigenous peoples’ understandings of dementia.
Methodology

The project involved a literature review, the formation and ongoing involvement of an advisory group, data collection via interviews and talking circles and the creation of ideas from which to develop a workplan for 2017-18. Each of these steps are described in the remainder of this section. A visual framework of the project methodology, which was shared with Advisory Group members and all those consulted during data collection, is provided in Appendix B.

Literature Scan

The literature scan was undertaken in September to inform the project and provide a base of knowledge upon which to build through the data gathering process. The search was generally limited to literature published within the last seven years, although some earlier seminal articles were also included. The process looked for academic and gray literature (reports, conference proceedings, dissertations and theses and white papers) on Canadian and international considerations related to Indigenous peoples and cultural diversity in long-term care. The search terms (see side bar) were developed jointly with the CLRI Management team. Source credibility was verified and articles were included in the review if they were deemed relevant, if the full-text was available and if the language of publication was English or French. The time frame for undertaking this project and its potential scope excluded an exhaustive examination of all possible sources. This search, therefore, took a rapid review approach.

The identified articles were initially screened based first on their title, then on the abstract or executive summary. The search resulted in the location and review of 16 academic articles and 10 gray literature documents. An annotated list of references with the bibliographic information, country of origin, abstract and key findings of each article was created for internal use. A summary document was created to inform the Advisory Group and project team. This document was validated with the Advisory Group and findings have been vetted by multiple stakeholders who reviewed a draft of this report. Literature review findings informed the background section above and were used to further support practices and potential work plan ideas below.

Supporting Indigenous Culture in Long-Term Care Search Terms

- **Long-Term Care** OR Retirement Homes or Retirement Living
- **Indigenous Peoples** OR Aboriginal OR Native OR First Nations OR Métis OR Maori OR Aborigines OR Inuit OR Native American OR Indigenous
- **Discrimination** OR Racism OR Ageism OR Cultural Relevance OR Integration OR Inclusion OR Marginalization OR Vulnerable Groups OR Equitable OR Inclusive OR Underrepresented Groups OR Minority
- **Older Adults** OR Senior Citizens OR Retirees OR Seniors OR Elders
- **Programming** OR Resources OR Tools OR Research OR Policy OR Guides OR Handbooks
Advisory Group Formation and Activities

A project Advisory Group was formed via invitation of individuals who were recommended by key stakeholders and initial group members. The list of members is included in the Acknowledgement section above. Members were invited by way of an e-mail that introduced the CLRI Program and the project and included a Terms of Reference (included in Appendix C).

Members brought the following knowledge to the group:

- Management of a Health Authority that has many Indigenous residents
- Management of an Indigenous long-term care home
- Experience working with residents of fly-in reserves
- Personal residency on- and off- reserve
- Experience working with Indigenous people with dementia and who have suffered a stroke
- CCAC experience in supporting Indigenous communities and homes
- Experience in producing learning materials and resources for Indigenous people
- Experience in training and supervising community-based workers and other health care workers on line, in person
- Experience in community engagement with Indigenous communities and community outreach more generally
- Experience in placement and with LTCH that have Indigenous people among a broader population and with culturally specific Indigenous LTCH
- Representation from the OLTCA and OARC
- Clinical research experience
- Provincial policy experience
- Tribal council community representation experience
- A broad knowledge of Indigenous community needs
- Community facilitation experience.

From October 2016, the group met monthly and discussed the following themes:

- What are the key issues?
- Does the Literature Review ring true?
- Who should we talk to in our data gathering efforts?
- What should we be asking and are we doing so in a culturally appropriate way?
- Do the initial findings make sense?
- Do the proposed products, resources, tools, other activities, dissemination channels and audiences make sense?
- What else could/should the CLRI Program consider doing to support Ontario’s long-term care homes support Indigenous culture among their residents?

In addition to monthly meetings, ideas were gathered from members of the Advisory Group via an on-line document. This document was shared with all group members and provided an asynchronous place to jot down thoughts to build upon with the group or to share ideas for tools and resources. It was promoted as a ‘safe’ space in which to brainstorm.

The group was responsible for review and approval of the initial literature review findings, interview guides, case study template and a draft of this report.

Data Gathering

Data were gathered via consultation with key informants from the long-term care sector. One-on-one in person and telephone interviews and talking circles gathered information from:

- Directors of Care,
• Long-term care home social workers, chaplains and spiritual care coordinators, resident coordinators, dietary and nutrition staff, recreation and life enhancement staff, nursing directors, nurses, personal support workers, maintenance staff and administrative staff;
• Staff responsible for research, ethics quality control and risk;
• Residents and family members;
• Representatives of Indigenous Health Care Organizations and Friendship Centres,
• Representatives of Community Care Access Centres and Local Health Integration Networks; and
• Representatives of sector Associations.

Interview and talking circle guides were developed to provide structure and an idea of topics to cover. Whenever possible, participants were supplied the guide ahead of time and were informed that these guides were to inspire ideas and that conversations would follow the lines of thought that were important to the respondents. For all encounters, the conversations were facilitated to follow a natural flow. However, guide topics were generally covered by the end of each encounter. Copies of the semi-structured interview and focus group guides are included in Appendices D and E.

Case study templates were developed but actual case studies were not undertaken. The depth and format of data gathering was felt to be too much of a burden on respondents and the quality of data gathered via sharing these guides ahead of time was sufficient to inform the project.

One group discussion and 10 one-on-one interviews were held with a total of 21 individuals. In addition, this topic was included in discussions facilitated for the CLRI’s companion project on supporting culture in long-term care. Project findings are provided in the section below as well as recommendations and considerations for a workplan that would advance this important area of work.

**Vetting Findings**

A final activity involved sharing a summary of the information gathered and ideas generated via the consultations and brainstorming space with the Advisory Group for initial comment and validation. The draft report was created based on these discussions and it was shared with the Advisory Group members, the CLRI Management Team and several other key informants for comment and validation of findings. The report was finalized based on the comments received.
Findings

In the discussions with key informants, several key issues and themes related to supporting Indigenous culture in long-term care emerged. They are discussed below, along with supporting documentation identified from the literature. A list of ideas and practices, gathered from the literature and key informants, for long-term care homes to consider in supporting Indigenous culture is included in Appendix H.

The main themes are presented from a wholistic health perspective; in terms of their support for emotional, physical, mental and spiritual well-being (see Figure 1). Well-being in each of these areas is co-dependant with support for well-being achieved in the other three. For example, mental well-being is dependent of adequate and appropriate support of the spiritual, emotional and physical aspects of an individual.

Before exploring findings by each of these components, some overreaching concepts should be discussed. Firstly, it is highly recommended that CLRI work that supports Indigenous culture in long-term care, while supported by a knowledge broker, should be led by someone from the Indigenous community. This would reflect a commitment to designing long-term care models to respect and preserve Elders’ roles as treasured holders of tribal culture, and to ensure cultural respect and safety in the most appropriate way. Secondly, there is a need to work with Indigenous advisors and their organizations to co-create the work plan and all materials. This would help to ensure that materials are designed with, rather than for the community, would ensure relevance and would empower community members to deliver care and resources in their own communities.

Key Players in Providing or Ensuring Cultural Support

- Indigenous health organizations, Elders, friendship centres and other advisors.
- Organizational and operational support for policy, training and quality (i.e., head office of chains and municipal leads)
- Ministry Policy makers and Inspection Staff
- Administrators and Boards of Directors
- Executive Directors
- Nurses, PSWs, Doctors
- Directors of Care
- Life Enhancement, Recreation and Programming Service Providers
- Dietary and Nutrition Services
- Social Workers
- Chaplains
- Ethicists
- Researchers
- Family and Residents’ Councils
- Associations (OLTCA, OAHNSS, OARC, FCO, Ontario Association of LTC Clinicians)
- Ontario’s Centres for Learning, Research and Innovation in Long-term Care
- Health Quality Ontario
- McMaster Healthy Aging Portal
- Seniors Health Knowledge Network

A third guiding principle of this work must be flexibility. Effective coordination between Aboriginal communities, non-Aboriginal communities and government must be flexible, evolving and ongoing. Flexibility is required regarding policies, programs and services in order to recognize the geographic, spiritual and cultural, and linguistic diversity of Aboriginal
Services must be flexible enough to respect the needs of all individuals regardless of lifestyle, gender, sexual orientation or disability. 

Activities suggested for overcoming barriers to culturally appropriate health care services include: changing the structure of the medical system by integrating cross-cultural policies, staff training to reduce conflict arising from cultural and communication differences, enhancing culturally appropriate resources, and increasing knowledge among ethnic minorities about available services.

Supporting Emotional Well-being

Supporting emotional well-being includes providing a welcoming environment that starts at the moving in process. Interviews and paperwork completion may involve community members that support the older adult, such as counsellors, medical personnel, social workers and band/council members or friendship centers as well as the CCAC and family members. Long-term care staff have expressed concern that they would like to have more information to supplement what they currently receive from CCAC, as supports from the community of origin transition to solely the responsibility of the long-term care home when a person moves in. Connecting with community care providers would help to better know the resident and provide continuity to ease the transition from community services to those provided within the home.

Emotional well-being also needs to be supported through the absence of racism and
an understanding of the individual and cultural background of the resident. All decision making must be taken from a position of cultural safety where Indigenous self determination is recognized as the key principle\textsuperscript{44,45} and promotion of racial equity of Aboriginal culture and traditions must be implemented in a manner that is consistent with anti-racism strategies.\textsuperscript{44} An understanding of an individual’s background must also include recognition that many seniors were in Residential Schools and the impact of that experience on moving to another residential setting or institution.\textsuperscript{31}

Some LHINs are making cultural competency or cultural safety training mandatory. However, the extent may be limited by the number of training hours available to long-term care staff. Saint-Elizabeth provides a blended educational approach for PSWs that includes in-person and virtual modules. Its education has been reviewed by community members during its development, is culturally appropriate and meets the needs of the communities.\textsuperscript{46}

Long-term care programs and services must recognize and make provision for the inclusion and involvement of Aboriginal families and communities.\textsuperscript{44} Support for emotional well-being can be promoted through outreach to local Friendship centres to request friendly visiting. For example, representatives of a Friendship Centre in Toronto provide weekly friendly visiting to Indigenous residents and attend family conferences to discuss overall client care in the absence of family. The centre also arranges with the federal non-insured health benefits program for payment of services.

Connection to distant family members can be facilitated through video-conferencing. For example, at least one long-term care home uses a telemedicine connection (such as the Ontario telemedicine network) to provide video conferencing for residents to meet with Elders or family members. While the service has some limitations, for example, dependence on staff availability to take residents to the teleconference location, it has improved social connectivity.

**Supporting Spiritual Well-being**

Support for spiritual well-being includes providing for participation in ceremonies, connection with Elders and appropriate end-of-life care. All homes need to provide access to ceremonies, honour and encourage a diversity of beliefs, and recognize traditional lifestyles, and relationships to the land and community.\textsuperscript{31}

There are varying degrees of support for practices such as smudging. Some homes claim they cannot allow it without compromising the safety (e.g., fire safety or necessitating turning off smoke detectors), comfort (e.g., scent issues), or equality (e.g., providing for smudge rooms at the expense of providing for the practices of other cultures) of other residents. Others find ways to “bend the rules” or compromise (e.g., allowing smudging outside

\textit{“People miss their families and they are isolated emotionally and spiritually, and what people feel is very important.”}

- Advisory Group Member
the resident’s window) and still others provide positive support for spiritual practices (e.g., supporting smudging on-site in a smudging or inter-faith room or via arranging transportation to another health care facility or cultural centre that provides access to a space to smudging). At least one literature source notes that systemic barriers related to the use of traditional medicine and healing practices must be removed and these practices be protected from government regulation. Currently St Michaels Hospital in Toronto and Health Sciences North in Sudbury have spaces where an Indigenous person can smudge. Toronto’s University Health Network is currently drafting a policy to allow smudging. Across Ontario, there are likely many other homes and hospitals that have policies and spaces.

Connection with Elders is important for spiritual support of Indigenous people. Some homes engage Elders to visit residents. These visits support the residents and provide comfort to their family members. It is important to ensure that family members and community Elders feel welcome and are encouraged to visit.

Care providers should recognize that many Indigenous people have conversations about end-of-life with their loved ones their whole life and don’t make specific plans around it in the same way other cultures might. Even if a care provider does not feel sufficiently informed about a resident’s plans or wishes, they need to know how support families when the need arises. For example, some homes support end-of-life practices by allowing for an open window or door to the outside, or welcoming multiple community members in a resident’s room.

Recommendations for the provision of culturally relevant end-of-life care in the literature include:

- Providing family rooms where large groups of extended family and community members can gather to cook, pray, support each other;
- Offering cross-cultural education for health care professionals that facilitates dialogue and a deepened understanding between groups; and,
- Making health care providers aware of culturally appropriate resources and have them inform Aboriginal families and communities about these resources.

A resource and toolkit, created by Cancer Care Ontario provides guidance on supporting palliative care for this community.†

Supporting Physical Well-being

Physical well-being is supported by not only the medical treatment of the body but also a healthy living environment and appropriate food. This section also includes staffing practices as part of the physical environment, although, like most of the issues described in this section, there is overlap with the other aspects of well-being.

Medical Treatment

All homes need to provide access to traditional as well as modern health and healing practices including ceremonies,31 and provide wholistic care.32 Medical treatment should be culturally safe and involve asking questions to get to know the resident and their family and to acquire knowledge and understanding of their values and beliefs about health, medical conditions and treatment options. Discussions

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†https://www.cancercare.on.ca/toolbox/pctoolkit_aboriginal/
should withhold any judgement of these values and beliefs, support choice and have an understanding of traditional medicines and their complementarity with other medicines.

**Traditional foods**

Food is an important part of daily routine and a way to provide familiar aromas and tastes to residents. Residents may be uncomfortable with and perhaps even refuse to eat food that they are not familiar with. Without proper nutrition, residents will not thrive. Homes need to provide traditional foods\(^2,6,31,26\) and design meal plans that are appropriate to the clientele of each home.\(^54\) This can include providing bannock or wild rice on a regular basis and incorporating traditional foods into dining options.

One urban home noted difficulty in obtaining traditional meats, such as caribou. All are aware of the strict regulations that control food preparation conditions. While it is not legal in Ontario to buy or sell wild game, some homes in the north have found ways to obtain traditional meats for their residents. Respondents at one long-term care home noted that it would take eight animals to provide enough meat for one traditional meal a week. They have a separate kitchen for preparing non-inspected meats. Homes can engage hunters or rely on donations of meat. It reportedly easier to obtain geese and fish than moose, caribou or deer.

**Cultural Communities**

For many of the key informants interviewed, a healthy living environment can only be achieved through the provision of culture specific units, floors or entire homes. They noted that placing individuals in homes where there are many cultures and care providers who are not from the community has subjected these residents to culturally unsafe and inappropriate care and, in some cases, overt racism. The literature supports the provision of dedicated units, sections or entire homes for Indigenous residents with culturally appropriate care\(^31\) in Indigenous languages.\(^3\) A need has also been identified for Convalescent Care for Indigenous seniors, where a senior could go for a three month stay in a long-term care home to regain strength after an acute episode and then return home.

There are only a few Indigenous long-term care homes in the province. While discussion of the details of the admissions processes of the Long-term Care Homes Act and CCAC, the creation of additional spaces and creation of units is beyond the mandate of this report, it is worth including the recommendations from the literature about this subject as context.

The literature notes that, ideally, homes should be located in, or as close as possible to Indigenous home communities and provide multiple levels of care.\(^31\) Furthermore, it notes that long term care services and programs must be directed, designed, implemented and controlled by the Indigenous community.\(^44\) If a home is to be built in a community, community training during the development phase would ensure that when the home opens local staff already have the proper training and credentials.\(^31\)
Facilities should be located on-Reserve in a central location, preferably near the health centre or band office; be designed to look and feel like a home and not an institution; provide private rooms, especially if there are both Indigenous and non-Indigenous residents; be designed to support traditional ceremonies such as smudging and offer a large common room to allow for families and guests to visit comfortably; and meet all provincial standards and codes. The community, Chief and Council need to support the long term care home especially during the project proposal and development phase. It is important to educate the community so they understand what the home is about and do not feel threatened.

**Staffing**

Regardless of the location or structure, ensuring appropriate care for Indigenous residents means that long-term care homes should engage as many Indigenous community members as possible, including care staff, supervisors, nurses and support workers, board of directors and volunteers. Lack of staff in the long-term care system is a primary concern, specifically a lack of access to primary physicians and specialists. A high turnover rate for nurses and low staff levels contributes to higher rates of burnout which then in turn adds to the nursing shortage problem and a need for retraining.

Staff cultural competency is imperative. Several consulted homes include cultural sensitivity training and background to their residents’ cultures during orientation, noting that it is important for staff to know something about residents’ historical background and potential triggers. At Meno Ya Win, staff attend a three-day orientation session that includes cultural safety before they have any contact with residents. Others are developing similar in-house training capacity.

The literature supports allocating resources for cultural competence development, but challenges remain. Union rules, the amount of time required to complete mandatory training, and other regulations can limit the number of hours that can be allotted to staff training. Budget constraints around backfill, registration fees, travel, purchasing modules or bringing in trainers, further limits access to training.

The Akwesasne Reserve straddles three jurisdictions (U.S., Ontario, Québec) and their long-term care home employs staff with different customs and training. For example, on-Reserve schools provide the cultural context and ways of being, which can be helpful for future healthcare staff, but not all Indigenous children attend these schools. The home hires many Québec-trained nurses, but as it is located in Ontario, nurses have to pass an extra exam for registration. This additional step may be a deterrent to some trained nurses.

**Environment within a home**

All homes need to provide cultural activities, recognize traditional lifestyles, and relationships to the land and community, and recognize specific needs related to the Indigenous culture. Long-term care homes can support culture by reaching out to Indigenous agencies and friendship centers to involve them in their cultural days, to visit as speakers or presenters, to engage with Elders, or to support activities such as Indigenous crafting into recreational programming. Inviting children from a local Indigenous school to provide entertainment or to visit and practice their language skills supports the need for intergenerational contact, which is highly important to the Indigenous culture. Posting Indigenous art in common
Supporting Indigenous Culture in LTC

Supporting Indigenous Culture

areas, inviting grass-dancers, throat singers or drumming circles to perform in the home or taking residents to powwows are also ways to support culture. Providing newspapers from communities or in the language of the resident also supports culture and connection to home.

Supporting Mental Well-being

Along with the co-supporting nature of each of the components of well-being noted above, ensuring mental well-being in long-term care should also consider dementia care. Appropriate dementia care involves placing value and emphasis on traditional values, cultural attributes and traditional methods of prevention and healing in the care of individuals with memory loss and confusion. Important caring practices include speaking the language, listening to traditional music or language tapes, storytelling, taking Indigenous medicine for ailments, and participating in ceremonies.

The literature suggests that cultural perceptions of aging and what it means to age successfully can be used to positively impact the lives of people experiencing dementia. The value of maintaining a purpose in life and an active engagement with the intellectual, spiritual, emotional and physical realms is particularly relevant in the context of promoting personhood and the continued integration of persons with dementia in community activities.

It is important to note that cultural views of dementia, the lack of access or contact with medical practitioners, and the lack of culturally appropriate screening tools can lead to a delayed or missed diagnosis of dementia. Failure to diagnose means that community dwelling older adults and their families are unable to fully benefit from the local care and support services that may be available, which might provide some support, although they are rarely tailored to the culture of Indigenous people. Researchers at the Canadian Consortium on Neurodegeneration and Aging are about to release culturally appropriate dementia tools and resources that can provide help to those who are caring for Indigenous people with dementia.

Provision of culturally safe supports may include the following:

- Any culturally relevant supports available locally or otherwise,
- Access to traditional knowledge holders,
- Access to Indigenous language interpreter,
- Access to ceremonies,
- Access to space for traditional practices,
- Access to traditional medicines,
- Information and referrals to culturally safe services.

Ways to provide these supports are discussed throughout this report.

Supporting Language Use

All homes that strive to offer a culturally safe environment need to provide access to care in the resident’s preferred language. Language is closely tied to culture and is an important part of who a resident is. The ability to communicate is important for both social connectedness and discussion of health status, symptoms, and medical concerns. While some residents of long-term care may only speak a language other than English, others may lose their ability to access English and revert to the first language they knew with progression of dementia. Most of the homes consulted identified language capacity and communication with residents, especially in advanced dementia, as one of their key challenges in supporting a culturally diverse population. There have also been concerns reported where Indigenous residents, not unlike
residents from other non-English backgrounds, have difficulty understanding the accented English of some care providers.

When a resident becomes frustrated or agitated, it is essential to speak with them in a language in which they can communicate their needs and concerns and also to be calmed by being spoken to in their own language. Furthermore, it is important for staff to be able to tell a resident where they are taking them or what routine it is time for, so the resident does not feel threatened or confused.

It is important to consider literacy levels and the variety of dialects within a language group. Individuals may have different levels of literacy in different languages. While homes often note language preference in their care planning process, this information generally does not include information about language literacy level.

Interpreters address language barriers and engage in the cultural activities of the home. Indigenous homes have cultural staff or interpreters on staff to support residents and their families. They provide interpretation for Elders and other Indigenous older adults who don’t speak English or when there is a need to discuss delicate subjects. One home provides optional language training for staff, which is very popular.

Family members, or others acting on the resident’s behalf have a role to play in interpretation for a resident. This can include expressing the resident’s needs and concerns to staff as communicated to them by the resident. Family members can also assist in the creation of a list of key phrases or terms that are important to the resident, that could be posted in the common area, in the care plan or posted in the resident’s room. Laminated phrase cards created with the family and where words are spelled phonetically in English would assist all staff, regardless of language ability, to communicate in very basic ways with the resident. Use of communication boards, with pictures and symbols, can also facilitate communication with residents.  

Professional interpretation services are used by homes in the absence of staff or family assistance and particularly when privacy or liability might be an issue (e.g., when communicating health information). However, homes find the cost associated with these services can be a barrier. Homes in urban centres may have better access to interpretation services than those in smaller towns or rural areas. Toronto homes have access to the University Health Network interpretation hotline and Ottawa homes have access to interpretation through the 311 service, which may cover Indigenous languages.

The literature supports the use of adequate and appropriate interpreter services, and ensuring that they are readily available. It also emphasises provision of health information for patients at the appropriate literacy level and targeted to the language and cultural norms of specific populations and translation of any formal documents that need to be completed and signed. There is an attempt in some homes to translate key documents, signage, menus, activity calendars and brochures.
Key Support Needs

The discussions in the previous section have identified some key supports for ensuring support of Indigenous Culture in Ontario’s Long-term Care sector. Any intervention or project needs to be built around the different needs of the two types of LTC homes caring for Indigenous older adults.

While “general” LTC homes can learn from or use practices from the dedicated Indigenous culture homes, some of these practices may need to be modified to fit the environment of a many-cultured home.

The following types of supports have been identified:

- Cultural safety training for all staff. While some LHINs have mandated this, the way in which it is implemented is potentially unique to each home and certainly uneven across the province. Although most praised it, key informants’ opinions varied about the Sanyas training (http://www.sanyas.ca/) and it is, unfortunately too long to be practical for the limited training time available to some staff.
- There are 13 distinct groups across the province and migration from others (for example, the Northwest Territories and Nunavut) that will impact the cultural composition of the various LHINs regions. Homes in each are likely to reach out to local groups in the creation of their education modules. Still, there are common principles of cultural safety and a lot of original work being done that is using substantial resources. Indigenous organizations should be the primary creators, with perhaps dissemination or knowledge broker support from the CLRI Program. Awareness campaigns on what comprises quality of life for an Indigenous older adult and ways to respect and honour those concepts could provide ongoing reminders of the training.
- Ways to connect to community care providers to ease the transition and ensure care continuity from community services to a long-term care home. Residents are easily cut off from their community service providers when they move to a long-term care home. Furthermore, while a home is expected to provide all services to its residents, it is not provided with enough background for care decision making.
- Tips and ideas for helping residents stay in touch with their families and community more generally.
- Information about ways for homes to work with Indigenous community organizations, Friendship Centres and Healing Lodges to connect residents to their services both in the long-term care home and the community and to include cultural activities in programming.
- Information about traditional medicines.
- Information about navigating jurisdictions, different payment sources, NHIB, coordination with OHIP, working with the public trustee, etc.
- Information about cultural values, traditions and beliefs in a very general way. Care providers will still need to ask each resident about what is important for them personally and what their individual traditions and practices are.
• Information about ways other facilities support smudging, fires and tobacco burning and adhere to regulations.
• Palliative care and end-of-life practice resources of Cancer Care Ontario could be investigated and promoted as appropriate.
• Information about dementia care soon to be published by the CCNA research team.
• Recipes for traditional foods (bannock, wild rice), and menu ideas for incorporating them. Ideas for sourcing traditional foods.
• Tips for engaging and working with interpreters.
• The creation and sharing of printable cards with pictures and words in the language of the resident for activities of daily living and other important words.
• Tips for training and engaging Indigenous care staff, supervisors, board of directors’ members and volunteers, including visiting Elders.
Opportunities for CLRI 2.0

At the time of this report, funding for the CLRI Program for 2017-18 and beyond is still pending. The amount of any such funding is also unknown. This report set out to identify key issues and potential ways that a future program might address them. This section provides some ideas for inclusion in a future workplan once funding parameters are set.

The main desired long-term care sector impact of these activities is increased support for traditions, values and practices in care and services for Indigenous residents and families. The project will work with the stakeholders identified and contacted during 2016-17 and continue outreach to identify existing and to co-create new tools and resources that will help long-term care homes to support Indigenous culture, values and practices among residents. It will achieve this through:

- Expanding the initial research and consultation to include new partners, reach out to a broader base of stakeholders and investigate issues in more depth, including how this is achieved in other jurisdictions in Canada and in other countries.
- Working closely with stakeholders to identify the best ways to disseminate and scale up practices, tools and resources.
- Collaborating with other CLRI projects to integrate recognition of cultural needs, traditions, practices and values in their work.
- Working with educational institutions to integrate cultural diversity into pre-service and in-service curricula.
- Partnering for innovation opportunities that benefit long-term care.
- Continuing to focus on made-in-Ontario solutions developed specifically for Ontario’s long-term care sector.

Scope

A future CLRI 2.0 project will build upon this needs assessment. It will be a joint initiative across all CLRIs. The CLRIs will collaborate with Indigenous long-term care homes, Indigenous Cultural and Health Organizations and homes with Indigenous residents to prioritize from among the suggested resources, tools and supports to co-create missing ones to contribute to care and services improvements.

This project will impact the work of and work closely with many other CLRI projects as they integrate support for Indigenous culture into their work.

The CLRI Program will continue the relationships established during the needs assessment phase and reach out further to new partners to assist with the co-creation and delivery. Such partners include Indigenous organizations and long-term care providers, CCACs, home care service providers, MOHLTC, university/college Indigenous studies, and identified experts on Indigenous populations care and services.

Education and Knowledge Transfer

The purpose of this project will be to identify, co-create and disseminate tools and resources through on-line materials and web links, webinars, newsletters, preservice presentations, in-person presentations at conferences, and a Community of Practice. This project will reach out to and work closely with other CLRI projects to ensure that awareness of Indigenous needs, cultural values, practices and
traditions are recognized by and woven into these projects.

This is a project with broad reach. The CLRI will support education/resource development targeting all levels of staff and administration along with Association membership, LHINs, Policy makers, researchers and other key sector players. Specific tools will be developed for different target audiences.

Research
This deliverable involves collaborative sector engagement work to identify key partners to support the development of one or more research projects from among several ideas put forward. Potential researchers and collaborative partners will be contacted to gauge interest and will be supported in their project planning and research development.

Specific Activity Opportunities Identified During Consultations and the Literature Search

Continued Advisory Committee Guidance and Further Stakeholder Outreach
The project will continue to build upon the relationships established during the 2016-17 needs assessment and planning phase and continue to roll out the relationship building and consultation with more key informants. This activity will expand upon the knowledge gathered regarding promising practices in homes and requirements for resources and tools that would support Indigenous culture in homes.

Members of the Advisory Committee will be asked if they would continue to be engaged and some additional stakeholders will be invited. They will provide a knowledge exchange function, through both bringing knowledge of the subject matter and the characteristics of various audiences and their needs to the program and by providing a link back to target audiences. By advising on the tools and resources, they will serve as the voice of their communities and advise on appropriate content and delivery methods.

This committee will:
- Be the first point of contact for project activities and the co-creation and review of products;
- Inform the CLRI program in terms of approaches to support this community with respect to practices, education and research needs in Indigenous long-term care homes and homes that have a diversity of residents;
- Advise on optimal ways to share products and resources with members of Ontario’s long-term care sector;
- Be champions for supporting Indigenous culture in their respective communities and advise on appropriate content and delivery methods.

Support the Creation of a Resource Council
In addition, the program could support the creation of a province wide, long-term care Indigenous Resource Council to support organizations and long-term care homes that wish to undertake research, design services or develop programs for Indigenous older adults in long-term care. Planning for support of Indigenous culture in long-term care requires input from Community, Elders, and Agencies who support Indigenous people. This council should inform all activities of this CLRI project and support any other efforts by the Associations or long-term care homes. Such a Council should be created by the Indigenous community and be independent of the CLRIs.
and Associations but work in close collaboration with them and the Advisory Committee on all activities related to developing ways to support Indigenous culture to ensure cross pollination and sharing of ideas, needs and activities. Ideally, the project lead should have a seat on the Council.

Ensuring Inclusion of a Cultural Lens
The Advisory Committee and other advisors should work with all other CLRI initiatives to ensure awareness and applicable inclusion and support of Indigenous culture and of cultural safety. The literature notes that culturally-appropriate educational materials and increased health promotion would be of value to seniors and families. To ensure cultural safety, planning must be done in consultation with community members and particularly Elders about their needs and identifying community-specific requirements. These services must take a wholistic approach to health care, have community acceptance and instill a sense of belonging, security and safety for First Nation residents.

Ongoing Information Gathering
The project should continue to collect ideas and practices from homes to add to those presented in the Ideas section in Appendix H. These ideas and practices are a start to what is hoped to be an ongoing gathering and sharing of practices, big and small, that homes can use to support the cultural diversity of their residents. Its further development and expansion, and work with partners to find an appropriate home and delivery mechanism, could form the basis of an early deliverable of CLRI 2.0. This may include support to homes in the creation of documentation of practices for submission. The list should be organized into a useable format, include sources and links for more information (e.g., to a contact in the home where the practice originated, once permission is obtained) and disseminated widely. Project work should look to identify existing resources and then work with stakeholders to see what can be shared and promoted as is, what can be adapted and what needs to be created from scratch. These could be housed in a central online repository. The following types of resources would help to meet identified needs:

- Explore the members centre at OANHSS for relevant literature and resources.
- Investigate existing cultural safety policies in Ontario’s long-term care homes.
- Investigate the role of patient coordinators (positions in some long-term care homes) in cultural support for Indigenous residents.
- Explore the designation process and ways to support applications for Indigenous units or homes.
- Explore funding opportunities and the application process for bringing federally built homes up to provincial standards.
- Visit long term care homes in Southwold (TSI’Nu:Yoyantle’Na’Tuhuwatisni), Akwasasene, Aamjiwnaang First Nation and Six Nations to explore their practices and learn what might be shared with other homes.
- Continue the relationship started with Meno Ya Win in Sioux Lookout and other Indigenous homes as relationships are established, to continue to learn from them.
- Reach out to a project in Sioux Lookout that is exploring ways to train community workers about diabetes and care of diabetic patients. The project is examining what a worker needs to be able to provide diabetes support and is a great example of
using a community resource to support patients. The report is anticipated in the summer of 2017.

- Reach out to educational institutions to determine the extent of cultural safety education in pre-service training and connect with appropriate groups to begin discussions on its inclusion in the curriculum. The project should examine ways to support long-term care homes that provide cultural safety training and link them to educational institutions as they develop and deliver cultural safety education.

- Reach out to the CCAC-TC LHIN and support their work regarding Palliative Care for Indigenous Seniors including exploring ways to link to similar projects, ways to scale up and introduce concepts to long-term care across the province.

- Reach out to representatives of unions with members working in long-term care homes, health human resources experts, home care agencies and universities and colleges to gather their input on issues around supporting Indigenous culture in long-term care.

- Examine how other provinces deal with jurisdictional issues and what they are doing to support Indigenous culture in long-term care.

- Connect with Ian Anderson at the University of Toronto to discuss the Indigenous components of his end-of-life research.

- Inventory Ted Talks and other videos that describe issues of cultural safety for Indigenous people and the experiences of Indigenous people in residential schools, their views on death and dying etc.

- Explore CAMHs policy documents on Sweat Lodges and open fires for healing.

Promote Existing Cultural Resources and Tools

The project identified a number of existing tools and resources and will likely come across many more. There needs to be a central web space for the project where long-term care homes can peruse and access these tools and resources. These resources should be actively promoted and include:

- the medical dictionaries in Ojibwe, Oji-Cree and Cree, that have been created by the Meno Ya Win Medical Center and available at http://www.slmhc.on.ca/related-documents

- The work of the Indigenous culture research group (Dr Kristen Jacklin) at the Canadian Consortium on Neurodegeneration and Aging, who are about to publish a suite of materials related to dementia diagnosis.

- The palliative care resources produced by Cancer Care Ontario available at https://www.cancercare.on.ca/toolbox/pctoolkit_aboriginal/

- Saint Elizabeth First Nations, Inuit and Metis Program online Elder Care Course. This course was developed with and for First Nations and is offered at no cost. For more info see: https://www.saintelizabeth.com/FNIM/Ed ucation-Opportunities/@YourSide-Colleague-reg;/@YourSide-Colleague-reg;-Courses/First-Nations-Elder-Care-Course.aspx

- The Walk a Mile film project from Thunder Bay. While this resource is specific to Thunder Bay, its work may provide an example for similar work in other cities. More information can be found at
Community Connections
Many Indigenous older adults have been separated from their communities through moving to an urban centre earlier in their life or through moving to long-term care. As they move to long-term care, the connections may be lost as the current system expects that the home will take care of all their medical and psychosocial needs.

There is a need to maintain or re-establish Indigenous residents’ connections with their communities, not only with family and friends but also with Elders and the services that they had been in contact with in their community (for example, counselors and social workers). This activity would explore ways for long-term care residents to maintain linkages with home communities for a continuum of culturally appropriate care. This would include discussions with CCAC to explore current and desired practices, including cultural information in assessments and welcome/moving in documentation, and ways to continue links with communities where relevant.

Working with Community Agencies
This project would explore ways to help long-term care homes reach out to and work with local community agencies, such as Friendship Centers, Health Authorities, Healing Lodges and

Possible Fact/Tip Sheet or Webinar Topics

- Cultural safety
- Traditional medicines and coordinating with traditional healers
- Accommodative practices including smudging
- Meaningful conversations
- Dealing with intercultural conflict
- Engaging friendship centers Indigenous Health Centre and other Indigenous organizations
- Cultural differences in the valuing and perception of memory
- Working with interpreters
- End-of-life and post life rituals
- How to get diversity in management and on boards
- Supporting respect and dealing with intercultural conflict (esp. with the effects of dementia and with family members)
- Key phases to translate for staff
- Ethics
- Chaplaincy
- The role of families and family councils/ the role of residents’ councils
- Equity
- Engaging with the community/ cultural clubs/ resources/ schools
- Sourcing, storage and preparation of traditional foods
- Navigating NHIB
- Working with bands and councils
similar organizations to support the culture and health of residents. This could involve the creation of a fact sheet and a webinar that would be archived for further viewing. These tips would help homes learn how to establish and maintain relationships with community supports.

Resource Identification or Development
Project work should coordinate with similar activities being undertaken by the Supporting Cultural Diversity in Long-term Care project and continue to identify existing resources. It should work with the Advisory Group and key stakeholders to see what can be shared and promoted as is, what can be adapted and what needs to be created from scratch around the following topics:

- **A poster** for sector partners that is based on the Supporting Indigenous Culture in Long-term Care graphic on page 14, above. Such a poster should include a greater level of detail and include Indigenous cultural design elements. Its intended purpose would be to promote the issues, suggest some categories of action and refer interested parties to a more detailed information source (website, pamphlet, or other resource).
- **Picture boards** to include other languages, such as Cree, and examine if there might be any additional words required on the current boards.
- **A checklist for social workers** to help ascertain the extent to which cultural practice needs are being met.
- **An inventory of moving in and welcome/orientation questions** from welcoming staff, social workers, and spiritual care, recreation and life enhancement coordinators for homes to access and use as fitting. The database of questions would provide culturally safe ways to ascertain cultural identity, needs, values, traditions and practices, ways to further get to know a resident and to engage families in sharing information, including asking if there is an Elder that they wish to be connected with.
- Successful practices to integrate cultural information into the care plan and share cultural information in person centered ways with other staff.
- A cultural diversity and safety section for homes to add to existing Friendly Visitor Manuals.
- A whistle blowing policy template for homes and perhaps forms for safely reporting racism and similar concerns. Develop a zero-tolerance policy statement for racism that homes can include in various policy and public documents (e.g., resident welcome package).
- A community liaison guide that provides tips for reaching out and working with Indigenous Friendship Centres, Health Centers, and other Indigenous organizations.
- A navigation map/infographic of community and provincial services (who to call, where to go for help) including navigating jurisdictional and Non-Insured Health Benefits (NIHB) pathways. This could be created in collaboration with the Seniors Health Knowledge Network’s Age Friendly Community project.
- Ideas for ways for dealing with intercultural conflict and encouraging respect (between residents or family members and staff, among residents, among staff). A tool for finding common ground to reduce cultural conflict and to
negotiate consensus (e.g., in care planning).

- Innovative ways to **attract and retain Indigenous staff, supervisors, board members etc.**
- Ways to **match staff and volunteers with residents** who speak the same language.
- A **recipe and traditional foods sourcing database** and share information on cultural cooking practices.
- A template for **documenting life stories**, and working with the OARC’s *Through Their Eyes* project.
- Ways to **coordinate and implement Indigenous services** within a long-term care home, such as foot care, diabetic care, spiritual care, friendly visiting, traditional medicines, healers, traditional teachers, and Indigenous palliative care.
- **Protocol templates** (what should be done by whom under what circumstances) for coordination between a long-term care home and communities for palliative care.

### Education Opportunities

The development of educational initiatives will examine where a cultural safety lens or information about Indigenous culture can be integrated into current CLRI educational initiatives or provide an Indigenous subject matter component to new activities, including:

- Develop and implement **role playing scenarios** for getting to know residents.
- Incorporate cultural sensitivity training in *living-classrooms activities*.
- Explore ways for students to **spend a day with an Elder or in an Indigenous community**.
- Explore cross pollination with Baycrest’s *executive coaching for transferring learning* program.
- Support the work of Indigenous organizations around the development of **cultural literacy/cultural competence curriculum**, and begin to make the case and advocate for cultural competence to be included in education/training for health care professionals.

### Research Opportunities

Any and all research undertaken must be done with the full collaboration of the Indigenous community. The literature outlines numerous frameworks and guidelines for conducting research with members of this community including OCAP, critical medical anthropology framework, and praxis.\(^{45}\) These frameworks recognize the importance of community and participant centeredness, acknowledge the roles systems have played in legitimizing social inequalities, and promote empowerment and self-determination as means for change.\(^{45}\)

Participatory action research (PAR) involves the community in the conception of the project as stakeholders who define the research question, participate in planning and designing the project, and are involved in the implementation and evaluation.\(^{45}\) Researchers must be willing to give up, or share power in order to improve the well-being of others.\(^{45}\) Researchers have adopted PAR protocols to make research more democratic; however, Indigenous people have argued that PAR still does not prevent outsiders from adopting colonial attitudes towards research, and that although many researchers working with Aboriginal people use the term *participatory*, there are few instances where a truly participatory approach has been used in research in Aboriginal communities.\(^{45}\) Eight principles (Inputs and Outcomes) that the level of participation (if any) that a community wants or needs are outlined in detail by Jacklin.\(^{45}\) These are: Partnership, Empowerment. Community,
Control, Mutual Benefit, Wholism, Action, Communication and Respect.

Research must also respect the First Nations principles of OCAP®, a set of standards that establish how First Nations data should be collected, protected, used, or shared (http://fnigc.ca/ocap.html). They are the de facto standard for how to conduct research with First Nations. Standing for ownership, control, access and possession, OCAP® asserts that First Nations have control over data collection processes in their communities, and that they own and control how this information can be used.

Research will involve many additional partners, including long-term care homes, researchers, students and funding bodies such as the Canadian Institutes for Health Research (who, for example, are currently placing post-doctoral fellows in Health Care and have also recently established an Institute on Aboriginal Peoples Health, Chaired by Dr. Carrie Bourassa.). Ideas for new research into how long-term-care homes can support Indigenous culture include:

- Defining and testing optimal delivery vehicles and channels for any tools, resources and educational opportunities that are identified or created.
- Defining and testing the best ways for homes to integrate findings and new resources and make them part of the culture of a home.
- Investigation of the benefits of culturally appropriate services to the well-being of residents.
- Examining the applicability and, cultural and linguistic adaptations of the mini-mental or REMUS screening tool. These adaptations would need to be identified or created and tested with Ontario long-term care populations.
- Exploring the impact of cultural support on palliative and end of life care.

Dissemination

The key to ensuring any of the abovementioned resources, tools, education practices have impact is dissemination in ways that reach and resonate with the right people in long-term care. To do this effectively, audiences have to be defined, along with the best ways to reach them. In addition, the messages, tools and resources have to be delivered in a way that makes them easy to follow through on and integrate into practice and care plans. This will be a particular challenge in light of the time, budgetary and other constraints mentioned above.

As with the co-creation of supports, resources and tools Indigenous organizations will need to participate in dissemination planning and activities. In addition, the Associations (OLTCA, OANHSS, RNAO, PSWO and others), who have the pulse of long-term care homes and care providers in Ontario, need to be included as key partners in developing and disseminating practices, tools and resources. Their advice on what will facilitate and hinder implementation and ways to get buy-in from target audiences, will be essential to the success of rolling out any products.

Homes have mentioned that newsletters and webinars are two of the most effective ways to reach them. In addition, integrating a cultural lens into other effective CLRI outreach efforts and programs will further enhance the spread of these messages. The Program has also been told by the sector not to invent new delivery channels but to keep with those that the sector already uses. The obvious channels for dissemination include: 
- Association newsletters (perhaps a regular column with links to tools and resources);
- LTChomes.net;
- OTN;
- The Bruyere webinar series;
- Opportunities through the chains such as the webinars, online courses and in-person training offered through Saint Elizabeth’s First Nation, Inuit and Métis Program;
- Existing Communities of Practice, such as Nutrition; and
- SurgeLearning, which delivers electronic self-directed learning to many homes in the province, may also be appropriate and this channel needs exploration.

_Captivating imagination and spreading the message_

To inspire change, information needs to capture imagination and appeal to readers at an emotional level. Information that demonstrates change and even document success often only appeal to the rational side of an audience but can fail to motivate. Messaging that successfully appeals to audiences, is more likely to be understood, retained and recalled and be more broadly shared needs to do embrace the following features:

- Show what works
- Be perceived as useful
- Describe goals and spell out behaviours for reaching those goals in manageable steps that are memorable and actionable
- be simple, easy to visualize, specify when to act, embed triggers that naturally cue the desired action, and impact subjective norms.
- Appeal to emotions
- Help people feel part of something bigger than just themselves and address ways to spread the excitement
- Be positive
- Use a voice that the audience identifies with
- present content that the audience can identify with, within concepts that are already understood, and present a balanced, referenced discussion of the information.
- have short reading times.

These factors should guide efforts in the development of messages, tools and resources. Where appropriate, communications will use narrative and case study formats, profiling lived experiences, LTCH success stories, positive steps to address challenges, and innovative approaches to that demonstrate paths to success within contexts with which audience members can identify. Guidelines and templates should be simple and easy to adapt to individual situations. Active media consumption (interactive content) allows audiences to get the most personally relevant information for a particular subject without burdening them with having to negotiate information that is not personally relevant to their situation. This means that web-based resources are developed using non-linear storylines to address different orders of information consumption.

Video has been found to be particularly powerful for delivering interactive content as it can increase identification with characters, enhance the degree of narrative engagement, and promote acceptance of the information being presented and create episodic memories that are easier to recall in similar situations. For example, there are several moving accounts by Elders about some of their experiences in Residential schools, and still more about the Indigenous approach to end-of-life.
In addition to influencing change among practitioners at the community level, the project will aim to share relevant information with policy makers at the local and provincial levels. The most important factors in influencing the use of evidence among policy makers are timely access to good quality and relevant research evidence, collaborations with policymakers and relationship- and skills-building with policymakers.54

**Supporting Indigenous Culture in LTCH Community of Practice**

While it is important to avoid Community of Practice (CoP) burn out, where long-term care staff are overwhelmed with the number of meetings and topics that might be addressed, some will be interested in a specific CoP around supporting Indigenous culture in long-term care. The CoP would have a core group of highly engaged members and other members could attend events or access resources as they are interested in a particular topic. The CoP would provide a forum for all professions (from administrators to care staff, to recreation to maintenance), family members, residents and other interested parties to connect and discuss ways to support personal culture in LTC. CoP members would be consulted about hot topics and about development and pilot testing of resources and their promotion.

**Evaluation and Monitoring**

Evaluation and monitoring processes are needed to measure the success of specific strategies, organizational policies and practices that have been implemented to support Indigenous culture. These can include culturally and linguistically appropriate patient and staff satisfaction surveys to address the role culture has in positive outcomes.18 Quality improvement efforts should also involve the development of process and outcome measures that reflect the needs Indigenous residents.

In developing any evaluation activities, it is important to ask residents and their families what they believe are critical to successfully to support and nurture cultural diversity. Tools to support evaluation could include:

- Identification of key indicators to include in a larger evaluation and resident satisfaction survey;
- Gathering of currently used resident satisfaction survey questions;
- Development of questions specific to evaluating cultural support; and
- Creation of a database of standard resident satisfaction survey questions in Indigenous languages.

Indicators for evaluation and monitoring of this project will be included in the CLRI Program’s overall strategic plan but should include measurement of:

- Reach (number of homes using materials and the extent of their use);
- Satisfaction with the tools and resources accessed;
- Satisfaction with the delivery mechanisms;
- Evaluation of the impact on practice and on resident satisfaction;
- Indication of additional needs and opportunities for further activity; and
- Any unintended impacts.
Conclusion

This project set out to:

• Explore the unique needs of Indigenous people in Ontario’s long-term care homes;
• Identify opportunities for CLRI contribution to supporting Indigenous people in long-term care for the CLRI 2.0 Workplan; and
• Identify opportunities to partner for innovation opportunities that benefit Ontario’s long-term care sector.

It achieved this through a literature review, discussions with a wide range of stakeholders and guidance by an Advisory Group comprised of experts in relevant areas.

This report is intended to inform the CLRIs about future work around developing tools and resources to support Indigenous culture in long-term care and to scale-up existing successful practices. All future work will be undertaken in collaboration with Indigenous organizations and sector Associations.

There is a need to share evidence-based information, successful practice, resources, tips and tools. Findings stemming from the exploration of cultural issues and specific long-term care needs that could be supported by the CLRI program have been shared along with ideas for activities, education and research that can begin to support meeting these needs.

Opportunities for incorporation into a CLRI 2.0 workplan include:

• Continued advisory committee guidance and further stakeholder outreach;
• Support for an independent Resource Council that would provide long-term care homes with cultural information;
• Ongoing information gathering;
• Ensuring a cultural lens in all CLRI activities;
• Ideas for resources to fill identified gaps;
• Ideas for education and training; and
• Ideas for research projects.

Principles of a dissemination plan and evaluation ideas are outlined. All work must be done in close collaboration with Indigenous organizations, long-term care Associations and other stakeholders to ensure relevance, uptake and implementation.
Endnotes


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Appendix A: Program Mandate

About The CLRI Program.

In September 2011, the Ontario Ministry of Health and Long-term Care established three Centres for Learning, Research and Innovation. The inaugural host organizations are Schlegel, Bruyère, and Baycrest.

The centres enhance the quality of care in the long-term care sector through:

- Education, research, innovation, evidence-based delivery and knowledge transfer; and
- Facilitating collaborations between researchers, educators, long-term care home personnel and other practitioners in the development, adoption and continuous improvement of evidence-based best practices that increase the efficiency, effectiveness, sustainability and quality of care.

The work supports long-term care homes to:

- Deliver the right level of care, in the right place, and at the right time across the continuum of care;
- Contribute to enhanced quality of life and the provision of quality of care for residents of long-term care homes;
- Promote a dynamic culture within the long-term care sector, which is responsive to client needs;
- Develop and enhance the expertise of long-term care home staff, and promote the long-term care sector as an employer of choice; and
- Provide efficient and effective care.

Goals of the CLRI Program:

- Provide educational opportunities and promote career opportunities within long-term care settings to develop a workforce with the knowledge and skills to deliver quality care to long-term care home residents;
- Foster interdisciplinary/inter-professional learning and development of all health care providers and disciplines;
- Contribute to the development of learning curricula, which prepares health care workers for the provision of quality care based on evolving best practices;
- Create opportunities for evidence-based research to be conducted and validated within operating long-term care homes and enable providers to influence the research agenda. This includes finding new ways to deliver care and services, and the development of new products;
- Create opportunities to design, test and disseminate innovative approaches to providing high quality care within long-term care settings;
- Facilitate knowledge transfer from applied and clinical research to practice and promote healthcare integration and innovation across the continuum;
- Enhance the profile of the long-term care sector within the broader healthcare system; and
- Foster collaboration and partnerships within the long-term care community and between the long-term care sector, colleges and universities, research institutions, government, the broader healthcare sector and subject matter expert organizations.
Supporting Indigenous Culture in Long-Term Care

The proportion of Ontario’s senior Indigenous population is increasing. Within the population, the proportion of those aged 65 is increasing.
There is a higher proportion of Indigenous older adults with chronic diseases than among the non-Indigenous population.
Historical trauma, changing social structures, fragmented services due to jurisdictional issues, and distance from care all place particular strains on supporting the health of Indigenous peoples.
Supporting residents and their families in culturally appropriate ways supports person centered care and improves care accessibility.

**Purpose:** Ontario’s Centres for Learning, Research and Innovation in Long-Term Care (CLRI) (clri-ltc.ca) enhance the quality of care in the long-term care sector through education, research, innovation, evidence-based supports for service delivery, and knowledge transfer.

In planning for new programming in 2017-18, the CLRI Program is undertaking an initial exploration of Indigenous issues specific to LTCH needs, to identify mandate appropriate areas that CLRIs can contribute. This will lead to the development of a joint plan describing CLRIs’ commitment to Indigenous LTCHs that addresses the key issues Indigenous LTCHs that CLRIs can support.

**Activities**

**Literature Review**
Scoping of current academic and gray literature regarding the context of supporting and caring for residents of LTCH from various cultural backgrounds in:
- Cultural specific LTCH
- Multicultural LTCH

**Consultations**
Discussions with Advisory Group Members
Telephone Interviews with stakeholders
Visits to homes and communities

**Talking Circles**
Group discussions with a sample of previously consulted stakeholders to gain further context on findings in draft report.

**Creation of a Summary Report**
A project report will summarize the findings from all information gathered and describe the key considerations for the CLRI Program to keep in mind as works with community members in exploring the co-creation of supports for supporting culturally appropriate care in the 2017-18 fiscal year.
Appendix C – Supporting Indigenous Culture in LTC Homes Advisory

Committee Members: 3 CLRIs, Indigenous LTCH representatives, MOHLTC, CCACs, Home Care Agencies, university/college indigenous studies, Sectoral support (OARC, FCPO, OLTCA, OANHSS, etc.)

Reports to: Kim Fitzpatrick, Manager, Schlegel CLRI

Meeting Frequency: Monthly Teleconferences

Chair: Sue Cragg

Co Chair: Kim Fitzpatrick

Context:
Ontario’s Centres for Learning, Research and Innovation in Long-Term Care (CLRI) (clri-ltc.ca) enhance the quality of care in the long-term care sector through education, research, innovation, evidence-based service delivery and knowledge transfer. In planning for new programming in 2017-18, the CLRI Program is developing a plan for the development of sector care and services improvements to support the long-term care needs of Ontario’s Indigenous Peoples.

Purpose:
The committee will guide the project until its completion on March 31, 2017 in its efforts to:

- Complete an initial exploration of Indigenous issues specific to long-term care home needs with the aim to identify areas that CLRIs can contribute to service improvements in the sector.
- Inform the CLRI program in terms of needs, approaches to support this community with respect to practices, education and research needs in Indigenous Long-term Care Homes and Homes that have Indigenous residents.
- Advise on optimal ways to share future products and resources with appropriate members of Ontario’s LTC sector.
- Co-create a plan for the development and delivery of service improvement tools and resources relevant to supporting this resident population.
- Provide advice, commentary and guidance in the creation of a summative report that will summarize the findings of a rapid literature review and stakeholder consultation process and the recommended plan for the next phase of the CLRI Program, beyond March 31, 2017.

Role and responsibilities of members

- Bring a broad understanding of the cultural context and the issues affecting First Nations Peoples and Long-term care.
- Attend at least 50% of Core Working Group meetings
- To provide advice and direction to the project team in the gathering of background information and the creation of the plan.
- To assist in reaching out to community members and advisors who will provide their voice to identifying issues and to the Plan development.

Decision Making
Decision will be made by consensus of those attending with the opportunity for e-mail input to the minutes
Appendix D – Supporting Indigenous Culture in Long Term Care

Thank you for agreeing to speak with me. As we discussed, I’ve been engaged to assist the Ontario Centres for Learning, Research and Innovation in Long-Term Care (CLRI) in identifying pressing issues and information needs to support long-term care homes in providing culturally appropriate services and experiences.

By culturally appropriate we mean Indigenous culture, but also the other potentially overlapping and possible subcultures of other ethnic, religious, linguistic, LGBTQ2S, and other identities, backgrounds, belief systems or cultures.

The CLRI Program enhances the quality of care in the long-term care sector through
- education,
- research,
- innovation,
- evidence-based service delivery and knowledge transfer.

We are reaching out to stakeholders in the development of a joint plan for 2017-18 to address the key considerations with respect to practices, education and research needs to support Indigenous culture in Ontario Long-term Care Homes. Our discussion today will help with identifying issues, existing supports, current practices and needs that might be addressed within the plan.

You have been identified as someone who can contribute to this discussion. We likely won’t cover all the questions below. It is simply a guide and we can talk about the ones that are most important to you.

I will be taking notes as we speak, so please bear with me. Shall we begin?

1) Perhaps we can start with a discussion of your experience and stories about long-term care for Indigenous people.
2) Can you tell me about any success stories of what long-term care has done well in supporting Indigenous residents and their culture?
   a. Are there rituals and practices that some long-term care homes are successfully supporting?
   b. How can we best share these good practices with other long-term care homes in Ontario?
3) What can they to better support the culture, beliefs and values of Indigenous residents?
4) What do you think the sector or individual homes could do to prepare staff to support these cultural practices, beliefs and values?
5) How can the CLRI program work with your organization and others that represent Indigenous people to co-create resources, tools or guides to meet the needs we have spoken about?
6) How will we know the work has been successful?
7) Do you have any other comments at this time that we haven’t covered and that you think would support the CLRI program’s work in this area?

Thank you so much for your time. Your thoughtful answers and insights will help the CLRI Program identify issues and resources needs to start the conversation about ways we can work together to support long-term care homes. If you think of anything else you’d like to add later, please do not hesitate to e-mail me or ask me to call you back. I’ll be writing a summary report and the plan over the next month and I’d be happy to include any additional comments.
Moderator Introduction and Purpose of Group

Hello. My name is Sue/Lisa. I’d like to start off by thanking each of you for taking time to participate today. We’ll be here for about an hour. I’ve been engaged to assist the Ontario Centres for Learning, Research and Innovation in Long-Term Care (CLRI) in identifying pressing issues and information needs to support long-term care homes in providing culturally appropriate services and experiences.

The reason we’re here today is to learn about your experiences with supporting Indigenous culture in Long-Term Care. We also want to acknowledge that Indigenous culture is not homogeneous and that Indigenous peoples may have other cultures that also should be recognized and supported such as Religious, Linguistic, LGBTQ2S, and other identities, backgrounds, belief systems or cultures.)

So our definition is very broad and we know that each of you brings a broad range of experience to this group. We look forward to hearing what you have to share.

The CLRI Program enhances the quality of care in the long-term care sector through

- education,
- research,
- innovation,
- evidence-based service delivery and knowledge transfer.

The results of this discussion will be used to help the Centres for Learning, Research and Innovation in Long-Term Care plan their work to provide supports, resources and services to those who work in Long-Term Care. We are looking to find out what is working well that can be shared with other homes, where the challenges are, how those challenges are being met or what is hampering their resolution and what you might need to do your work better. This also means informing research of things the sector might like to know. Our discussion today will help with identifying issues, existing supports, current practices and needs that might be addressed within the plan. So it sounds like a tall order but all the information you share will help move the planning for supports forward.

I’m going to lead our discussion today. I will be asking you questions and then encouraging and moderating our discussion.

I also would like you to know this focus group will be tape recorded. The identities of all participants will remain confidential. The recording allows us to revisit our discussion for the purposes of ensuring we are able to capture your input accurately. We will not report who said what to your colleagues or supervisors. It also means, except for the report that will be written, what is said in this room stays in this room. The reporting will reflect general themes but will not attribute what is shared to any individual. We also ask that, since you are colleagues, that we respect each other’s confidentiality and that comments stay in this room.
Ground rules
To allow our conversation to flow more freely, I’d like to go over some ground rules.

- Only one person speaks at a time. It is difficult to capture everyone’s experience and perspective if there are multiple voices at once. Please avoid side conversations.
- Everyone doesn’t have to answer every single question, but I’d like to hear from each of you today as the discussion progresses.
- We stress confidentiality because we want an open discussion. We want all of you to feel free to comment on each other’s remarks without fear your comments will be repeated later and possibly taken out of context.
- There are no “wrong answers,” just different opinions. Say what is true for you, even if you’re the only one who feels that way. Keep in mind that we’re just as interested in negative comments as positive comments, and at times the negative comments are the most helpful.
- You don’t need to agree with others, but you must listen respectfully as others share their views
- Let me know if you need a break. The bathrooms are [location].
- We are here to have fun!
- Are there any questions?

Introduction of participants
Before we start, I’d like to know a little about each of you. Please tell me:

1. Your first name
2. A little bit about your background and role in supporting residents with an indigenous or other cultural background.

Focus Group Questions (50 minutes)
Questions for Moderator to guide group discussion:

1. What does Diversity mean to you personally? What does it mean to your organization?
2. Can you tell me about the ways in which your long-term care home goes about identifying and supporting, celebrating and accommodating the cultural beliefs, values, practices and traditions of your residents?
   - Prompts if needed: For example, culturally based rituals or practices marking significant life events such as death and mourning, inclusion of cultural focus in organizational values or mission statements and strategic planning, acknowledgement in care practices and plans, any staff training, recognition during the admission process, celebrations, environmental supports or other ways.
3. Think back over the past year and how individual culture was supported in your Long-Term Care Home. What went particularly well? What successes or practices are you most proud of?
4. How are family members, or resident and family councils, involved?
5. In what ways are staff involved in, and prepared for, supporting culture?
6. Think about the challenges have you faced. What were they and, if you were able to address them, how did you do this? If not, what hindered their resolution?
7. Are there resources you think of as your go-to supports in supporting resident cultures? What are they?

8. What would help you to better support your residents’ cultures.
   - To probe deeper if appropriate: What information do you need?
   - What are the best ways to deliver and share any new supports and resources, in terms of methods, format and the like?

9. Suppose that you were in charge and could make one change that would make practices more supportive, what would you do? What do you need to make that happen?

10. In thinking about what we have discussed and the four pillars of the CLRI Program, where do you think the greatest needs are and how can the Program fill them? Specifically, how would you recommend that the program proceed in supporting each of the following:
   - a. Research (i.e., Where are the gaps in knowledge?)
   - b. Innovation (i.e., What new processes or tools might be useful?)
   - c. Education (i.e., What would you wish to see available for your staff, leaders, volunteers, families or others?)
   - d. Knowledge Dissemination (i.e., How would you like to see the above, including evidence based service delivery information, delivered, in terms of formats, methods and the like?)

11. As the products of the plan are implemented, what would success look like and how should we measure and celebrate that?

12. Can you think of any other issues, unique barriers, supports and considerations that we should be aware of in identifying issues and developing supports and resources in this subject matter for long term care homes?

13. Of all the things we discussed, what to you is the most important?

14. What I’ve learned here today is..........."Is this an adequate summary?"

15. Given our purpose today was to help the Centres for Learning, Research and Innovation in Long-Term Care plan their work in providing supports, resources and services to those who work in Long-Term Care and identify what is working well that can be shared with other homes, where the challenges are, how those challenges are being met or what is hampering their resolution and what you might need to do your work better, have we missed anything?

Closing
Thanks for coming today and talking about these issues. Your comments have given us lots of different ways to see this issue. I thank you for your time. If you do have any thoughts that come to you later, say, on your drive home tonight, that you would like to share, please do feel free to pass them on to me via e-mail or ask me to give you a call and we can chat by phone.
### Appendix F – Supporting Personal Culture* in Long-Term Care Case Study Template

<table>
<thead>
<tr>
<th>Factor</th>
<th>Types of information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Person and Family Engagement</strong>&lt;br&gt;Resident, families and friends are involved, supported and engaged in the life of the resident.</td>
<td>Demographic information about the home.&lt;br&gt;Ways in which residents, families and friends are consulted and engaged in planning for cultural support, recognition, celebration, respect (among and between staff and residents) and integration cultural traditions and practices related to health, palliative and end-of-life care.&lt;br&gt;Roles of resident and family councils.</td>
</tr>
<tr>
<td><strong>Care</strong>&lt;br&gt;Effective care planning focuses on each resident’s cultural background, values, traditions and beliefs to help the person enjoy an improved quality of life.</td>
<td>Ways in which care planning and all aspects of care through the life course (daily care, palliative and end-of-life care, mourning) support and accommodate cultural practices, beliefs, values, traditions, etc.&lt;br&gt;Ways in which information about resident culture is put into the care plan to inform the care team.&lt;br&gt;Roles and responsibilities of staff and volunteers (including admission, nursing, social workers, chaplaincy, recreation staff, dietary staff, Elders, as available) in accommodating and celebrating cultural heritage and traditions.</td>
</tr>
<tr>
<td><strong>Processes</strong>&lt;br&gt;Person-centred care philosophy is embedded into the strategic plan and operational processes to begin and sustain culture change.</td>
<td>Examples of Corporate Vision, Mission and Values statements that support and embrace cultural diversity.&lt;br&gt;Discussion of organizational and corporate level planning, process and culture that reflect diversity, respect for cultural values and traditions, and cultural support and celebration.&lt;br&gt;Discussion of how rules have been adjusted to accommodate cultural needs (e.g., around privacy, allowing a greater number of visitors, smoke detector free spaces, etc.)&lt;br&gt;Ways in which conflict between cultures (e.g., between families or residents and providers, among residents and among staff) are addressed at all levels of management and staff. How does the organizational culture deal with the “isms” and “phobias”.&lt;br&gt;Processes and skill development for staff to share information with other staff about a resident.</td>
</tr>
<tr>
<td><strong>Environment</strong>&lt;br&gt;Working within current regulations and legislation, a physical and social environment is promoted to support the</td>
<td>Discussion of any regulatory constraints and supports that affect support of cultural practices. Identification of the constraints and supports and ways they are addressed.</td>
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</table>

* This is a broad term that embraces all forms of personal culture including those related to Ethnic, Religious, Indigenous, Linguistic, LGBTQ2S, and other identities, backgrounds, belief systems or cultures.
<table>
<thead>
<tr>
<th><strong>Activity/Recreation</strong></th>
<th>Discussion of on or off site environmental supports such as places of worship, adaptations for worship centres and cultural practice areas (e.g., garden areas, smudging areas)</th>
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<tr>
<td><strong>Leadership</strong></td>
<td>Discussion of cultural activities, promotion and celebration that the home undertakes to support, celebrate and share the culture of residents.</td>
</tr>
<tr>
<td>Person-centred care can only happen with strong leaders who are champions of person-centred care, ingrain it in their organizational philosophy and values, and model the actions expected of staff in their own interactions with residents, families and staff.</td>
<td></td>
</tr>
<tr>
<td><strong>Staffing</strong></td>
<td>Description of ways support of cultural diversity is integrated into the daily activities of leadership and communicated with staff. Ways in which leadership set the tone for support of personal culture.</td>
</tr>
<tr>
<td>Staff training and support, continuity of care, and the fostering of intimate and trusting relationships between families, residents and staff are key factors in optimizing person-centred care and the well-being of residents</td>
<td></td>
</tr>
<tr>
<td><strong>Dietary</strong></td>
<td>Ways in which cultural foods are developed, sourced, provided, shared, promoted and presented to residents of specific cultures and to other residents. Responses of residents and staff to changes.</td>
</tr>
<tr>
<td>Ensuring that food quality, safety, nutrition and preparation needs are balanced with ensuring that residents are presented with food they like to eat and recognize.</td>
<td></td>
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<tr>
<td><strong>Spiritual</strong></td>
<td>Description of the home’s spiritual care program. Strategies in support of person centred care include ways in which residents’ practices are supported, and integrated into daily life, and end of life, palliative care and mourning practices.</td>
</tr>
<tr>
<td><strong>Language and Communication</strong></td>
<td>Ways in which communication is optimized for those whose mother tongue is not the dominant language of the home (including sign language) or who have communication difficulties (including aphasia, developmental disabilities, etc.). This may include, but is not limited to:</td>
</tr>
</tbody>
</table>
| A lack of communication with staff, volunteers and other residents can lead to isolation, miscommunication of important medical and other information and impact quality of life and of care. | • Staff-resident communication  
• Staff-family communication  
• Medical information to the resident |
<p>| | |</p>
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<tr>
<td><strong>Staff</strong></td>
<td>Staff understanding of key health status words (e.g., something that may flag an emergency situation)</td>
</tr>
<tr>
<td><strong>Written</strong></td>
<td>Written information in the language of preference (which may differ from preferred spoken language)</td>
</tr>
<tr>
<td><strong>Dementia Care</strong></td>
<td>Ways in which different cultural views of dementia and dementia specific care are integrated and respected. Discussion of the culture of “dementia” and practices within the home.</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>Other practices, challenges, resource needs or information that relates to how the LTCH supports diversity and resident centered care based on their culture, ethnicity, beliefs, identity, etc.</td>
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Appendix G – Identified Resources

During the course of the needs assessment, a list of resources was accumulated. This list is not yet comprehensive but those identified are included here.

- "Walk a Mile" training sessions by Thunder Bay Regional Health Services, available at: walkamilefilmproject.ca

- San’yas Indigenous Cultural Safety Training by the Provincial Health Services Authority in BC can be found at http://www.sanyas.ca/home and the tool itself at http://www.southwestlhin.on.ca/goalsandachievements/Programs/Aboriginal/ICCTraining-FAQ.aspx


## Ideas for Supporting Indigenous Culture in Long-term Care Homes

The following list of ideas from the literature and interview participants will be organized and referenced for sharing with the long-term care sector as an early activity under CLRI 2.0.

### Ideas for Supporting Spirituality

- Post the times of in-home and local community services along with indicating the faith and denomination.
- Encourage family or volunteers to transport residents to services in the community.
- Identify daily and end-of-life practices with the resident and their family as appropriate. Understanding that this is may not be a topic to discuss and staff will need to follow the lead of the family and accommodate at the time of death.
- Provide a room with a window or door that opens, preferably facing the east for palliative care
- Provide a sacred space for residents and staff that supports daily smudging, tobacco burning and fires.
- Provide a separate space for ceremonies such as drum nights or mini powwows.
- Establish a palliative care committee and include recognition of Indigenous practices in its mandate.
- Work with families in partnership for all care including meeting spiritual needs.
- Ensure policies do not restrict visits by multiple family and community members at the same time.

### Ideas for Supporting Emotional Well-being

- **Ask the resident**: First and foremost, talk to residents and their families about their traditions, values and practices and how they want their culture acknowledged.
- Include gathering this information in the admissions and greeting processes (e.g., by recreation staff, by spiritual care staff) and indicate in the care plan
- Bring in speakers to talk about acceptance and safety (e.g., Indigenous Friendship Centers to talk about cultural safety and traditional practices and traditions)
- Provide skype or OTN for residents to connect with families and other members of their community (e.g., Elders) and to interpreters
- Include acceptance of all cultures, cultural background information and information on cultural safety in Friendly Visitor Guide
- Offer Land based activities such as blueberry picking, walks in the bush.

### Ideas for Supporting Physical Well-being

- Understand the complementarity (and any interactions) between traditional and mainstream medicines, supplements and practices
- Celebrate important days and indigenous culture month with appropriate music, decor and food
- Include Indigenous culture in celebrations of resident culture
- Show movies and TV shows that depict Indigenous people in a positive and respectful way. Ensure access to APTN.
• Include supporting the traditions, values and practices of residents in the organizational Mission, Vision and Values Statements
• Reach out and work closely with Friendship Centres, Indigenous Health organizations, community members who can offer support, cultural programming, friendly visiting, special events and staff education about Indigenous culture.
• Display Indigenous artwork
• Invite high school art students to come and do traditional crafts with residents or to create culturally relevant paintings to decorate the walls of the home.
• Invite residents to teach a traditional craft to other residents and to community members.
• Play Indigenous music in the common areas
• Stock your library or reading room with books that are relevant to Indigenous culture
• Conduct resident satisfaction surveys in the language of choice of each resident.
• Create a database of resident and volunteer languages, cultures and interests (playing games, running the tuck shop, particular crafts) to make great matches.
• Create a directory of local cultural community services and groups and local restaurants that serve traditional foods
• Invite school or community choirs, throat singers, drumming circles and other musicians to perform for residents
• Provide Star blankets for Indigenous residents who would like one
• Create an Indigenous healing garden among resident gardening projects.
• Personal identity and culture can be displayed in memory boxes and personal displays outside of individual rooms or in common areas.
• Work with the tuck-shop to stock cultural snacks.
• Work with the Home Auxiliary to raise funds for special events.
• Encourage families and community supporters, such as Friendship Centres, to take a resident to outside cultural events
• Plan outings to cultural events such as powwows, dancers and drumming.
• Bring in Ministry of Natural Resources speakers to talk about wildlife and bring stuffed real animals to bring nature to residents
• Be careful to balance celebrations and ensure that one month does not overshadow another (e.g., Indigenous culture months is also Pride month)
• Solicit ideas from residents and encourage them to teach others how to participate in an activity, hobby or create a craft.
• Include nicknames on nametags: Acknowledging the name by spelling it in Roman or symbolic letters is an acknowledgement of the culture of the people you work with
• Include languages spoken on nametags
• Create an inventory of languages spoken by various staff members, including, if possible, their shift assignment, that other staff can refer to when they need a brief interpretation. Remember that these staff have their own duties to attend to and be careful not to overload them with requests.
• Include Indigenous members on your board of directors
• Take down the staff desks and promote sitting in the resident’s lounge when doing charting.
• Recruit staff from the cultural communities that your home serves.
• Establishing recruitment methods and interviews to address cultural knowledge and training.
• Valuing the ability to use additional languages.
• Work with vendors to traditional cultural meals and country food (and especially the texture modified foods that have cultural flavours)
• Hire a hunter to hunt caribou or moose or pay them an honorarium. Keep wild game in a separate fridge or freezer and adhere to approved preparation guidelines.
• Allow families to bring in traditional foods or provide a particular space for food preparation by families or for events put on by families (e.g., pierogi making bees)
• Involve residents in food and menu planning and testing.
• Provide an annual Shore lunch with fresh pickerel (e.g., for Father’s Day)
• Include cultural items (e.g., bannock) as part of a baking program for residents.
• Work with suppliers and dietary staff to include cultural foods (e.g., wild rice) in the menu rotation of choices for all residents.
• Connect with food services college students for placements or volunteer activities to create cultural foods in the resident/ family kitchen.

### Ideas for Supporting Mental Well-being

• Include cultural references in a resident’s story board and provide space in memory boxes and around the home for cultural displays
• Acknowledge cultural differences in communication and invite all styles of feedback and communication
• Bring in Elders and other cultural advisors to answer staff questions and share Indigenous cultural information
• Families can apply for iPods from the Alzheimer’s xxxx program and select the music to upload.
• Access interpreters through community, municipal and provincial services. Consider hiring full time interpreters. Access interpretation and translation services offered by the province, city services, and community groups
• Invite language students (school age or other community members) to come and spend time with residents in their language – students will get practice, residents will have the opportunity to teach and pass on their knowledge and language.
• Have residents or volunteers share their language with other residents and staff. Choose key words to learn and practice for each session. Where there are interpreters in the home, invite their participation as well
• Work with families to create a list of most common words (e.g., activities of daily living) in the language of the resident and spelled phonetically for staff. Post these words on a laminated card in the resident’s room or on a pocket card for staff. Create language binders to keep on the unit or on point-of-care devices.
• Consider using pictograms of common wants, needs and information
• Have staff who speak the resident’s language greet them in that language during their arrival to the home
• Use iPads or Google translate to help with translation
• Set up bulletin boards and post activities and programs in resident languages.
• Post menus and activity calendars in resident languages
• Advertise the languages spoken at the long-term care facility on the home’s website and brochures.
- Create a multi-lingual welcome sign for the front lobby that showcases the languages spoken.
- Hire language ability across staff disciplines. Along with ensuring language skills among care providers, hire cleaning, maintenance, security, dietary, counselling, management, programming and other staff that can speak the languages of your residents.
- Include a brief word or two in residents’ languages in official speeches.
- Invite placements of Indigenous medical, nursing, psw and other students.
- Use the mobile phone app (such as Canopy Speak) for health translation and common phrases.
- Promote activities that don’t require much language (e.g., baking, exercise classes).
- Have staff greet the resident in their own language as they move in.
- Create a directory of language training opportunities and consider subsidizing staff who want to attend.
- Bring in language teachers to help staff learn key words and phrases in the language of residents.
- Provide multi-lingual announcements at activities (e.g., bingo calling or........)
- Don’t allow staff to speak with each other in their own language in front of a resident who does not understand their language.