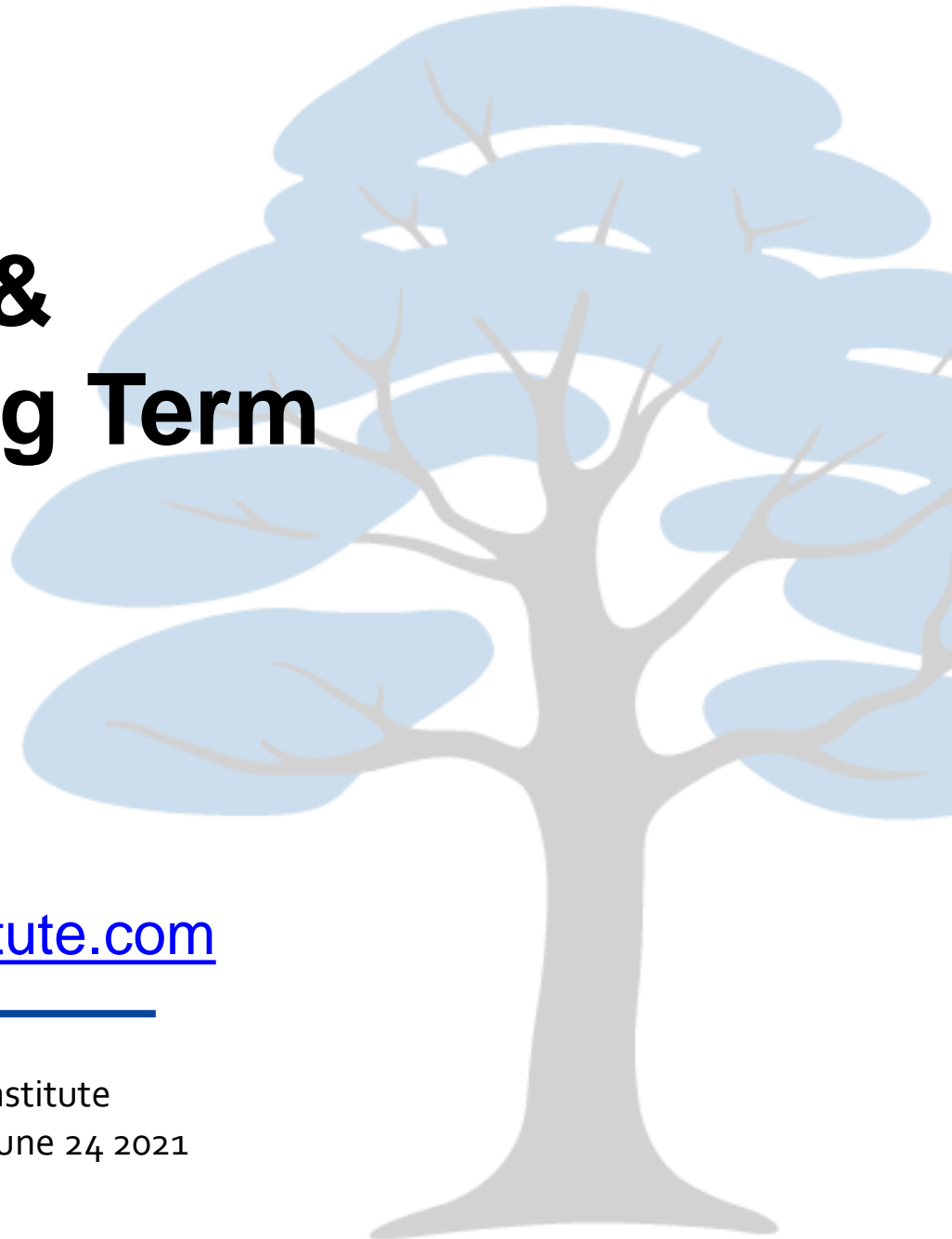


# Health Equity & Access to Long Term Care

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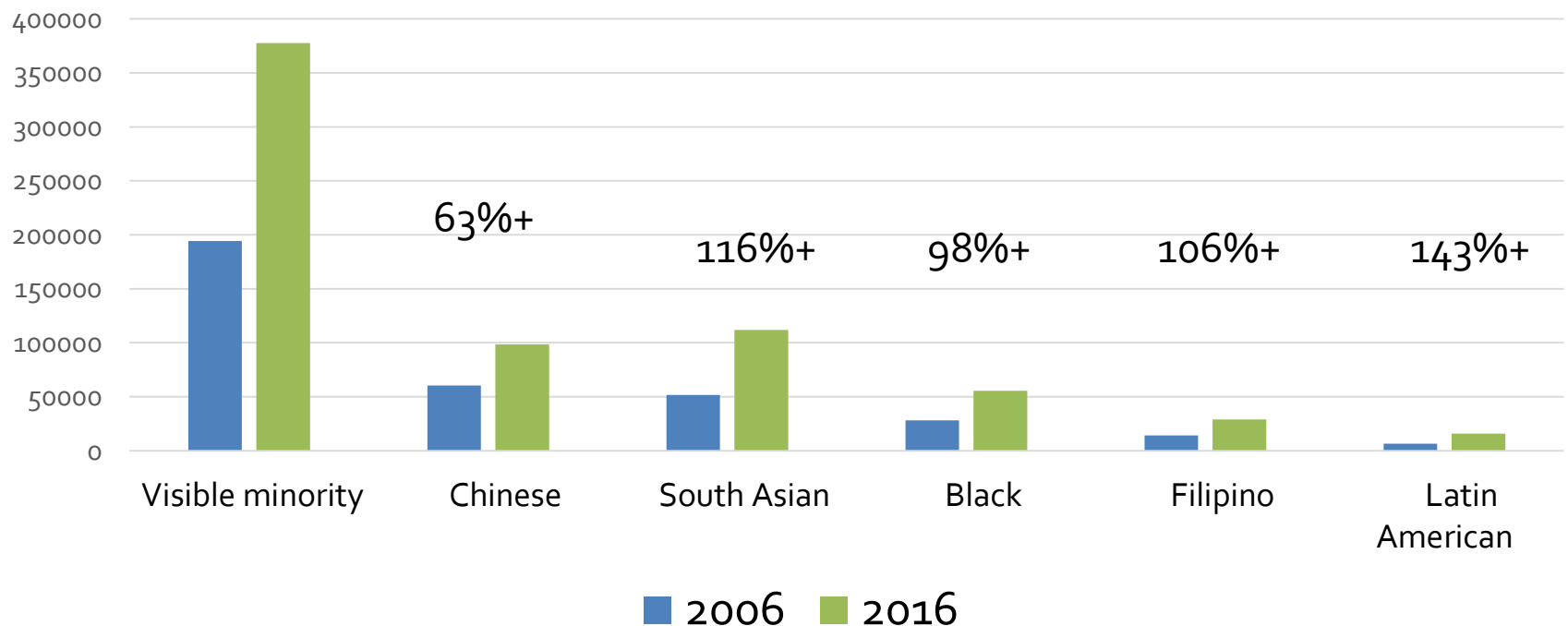
# Outline

- Changing demographics of seniors
- Cost of Waiting for Long-Term Care Project
  - Quantitative study results
  - Qualitative study results
- Implications & Opportunities

# Changing demographics of seniors

# Between 2006 and 2016 there was a 94% increase in visible minorities 65+ compared to a 27% increase in other groups

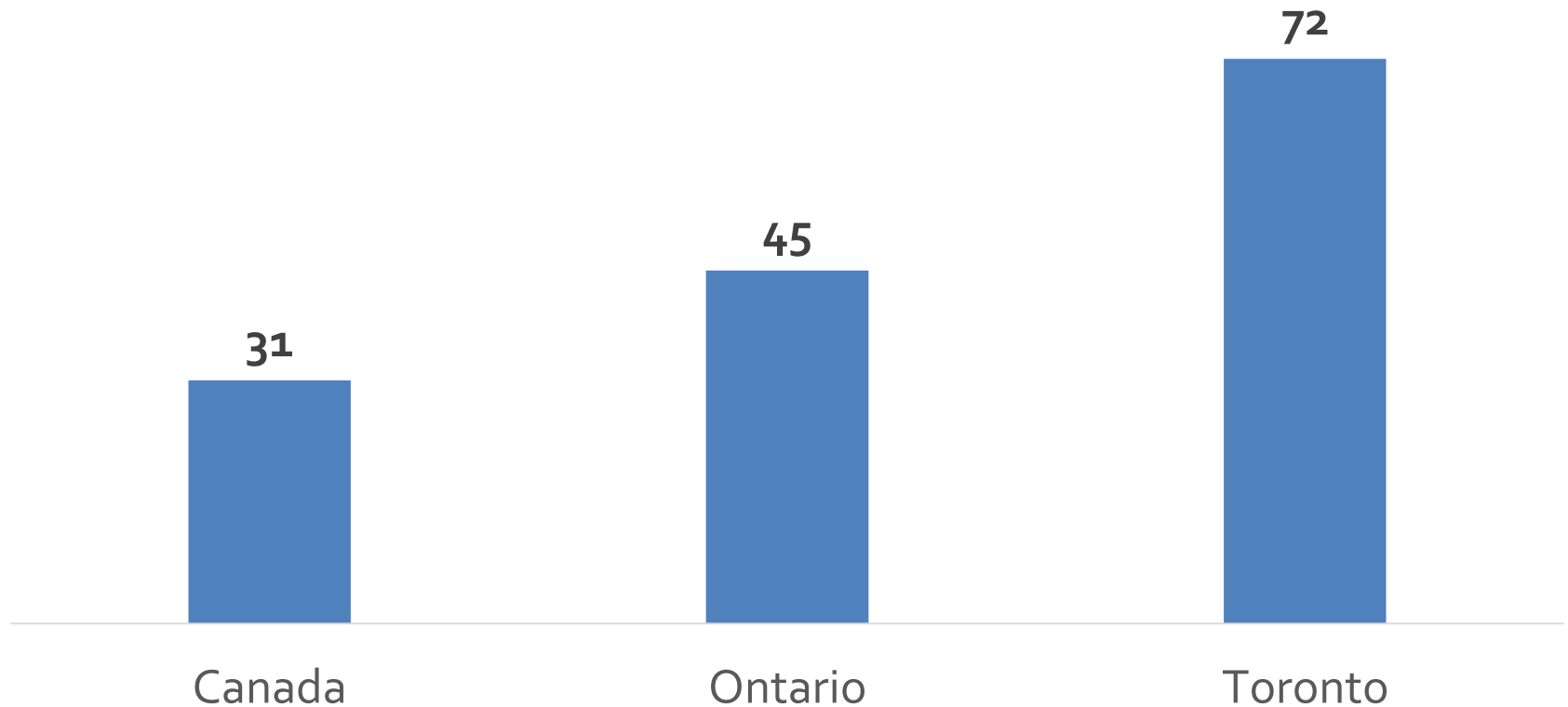
Number of Seniors 65+ by selected visible minority groups (Ontario)



Source: Census 2006, 2016

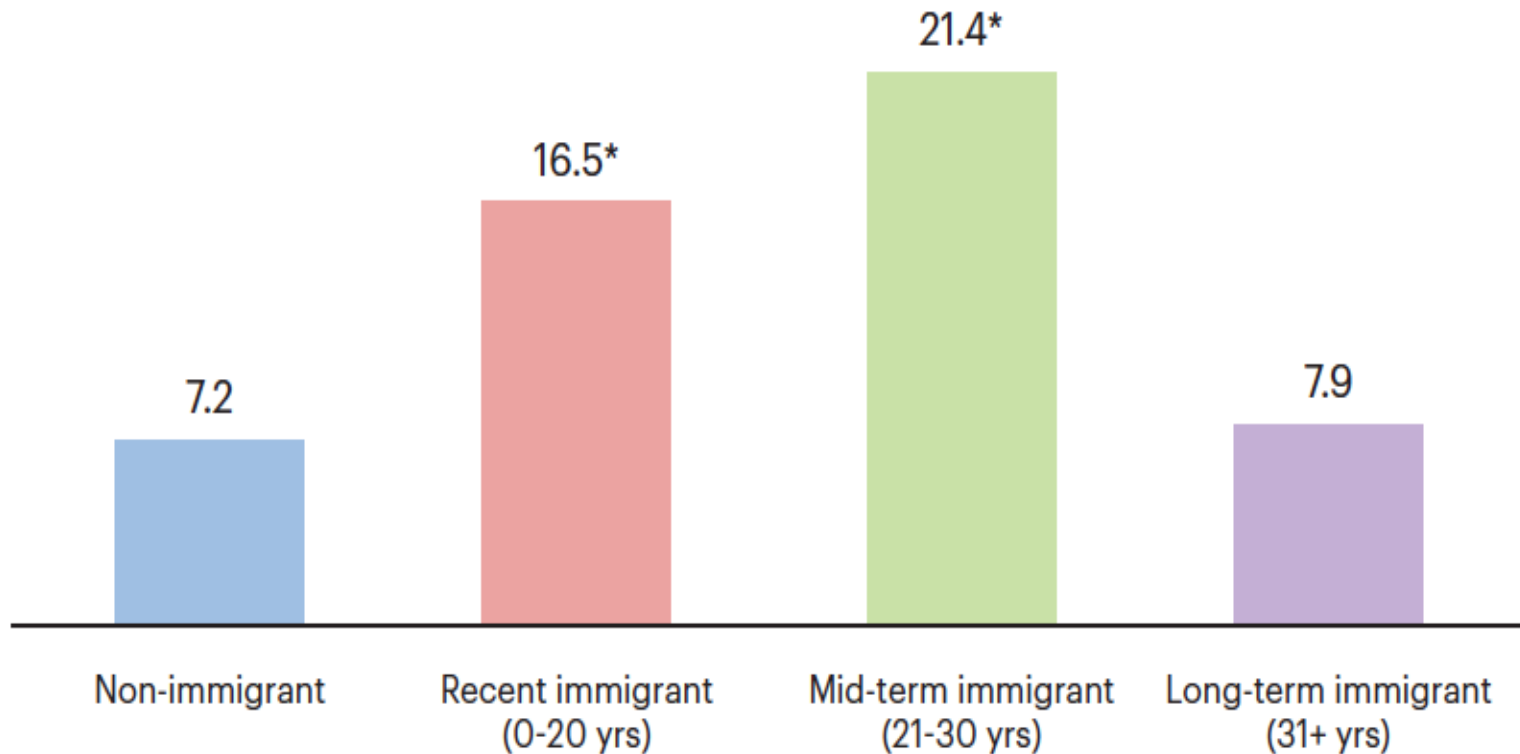
# Increasing diversity of 65+ populations

**% of seniors 65+ born outside Canada (Census 2016)**



# Low income and immigration status

**Chart 4: % reporting OAS/GIS, social assistance or no income as main household income by immigration status and length of time in Canada**

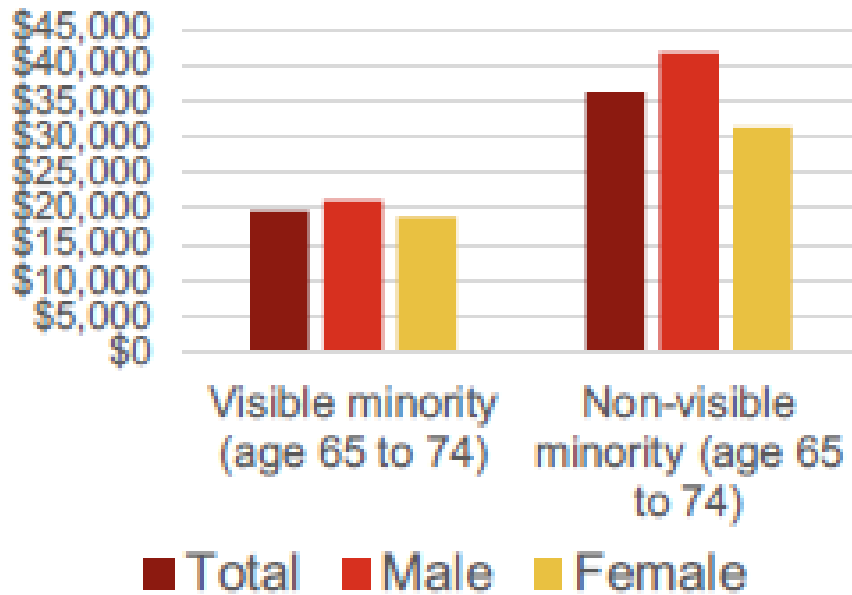


Source: CCHS 2007-2014, Seniors (65 plus), GTA

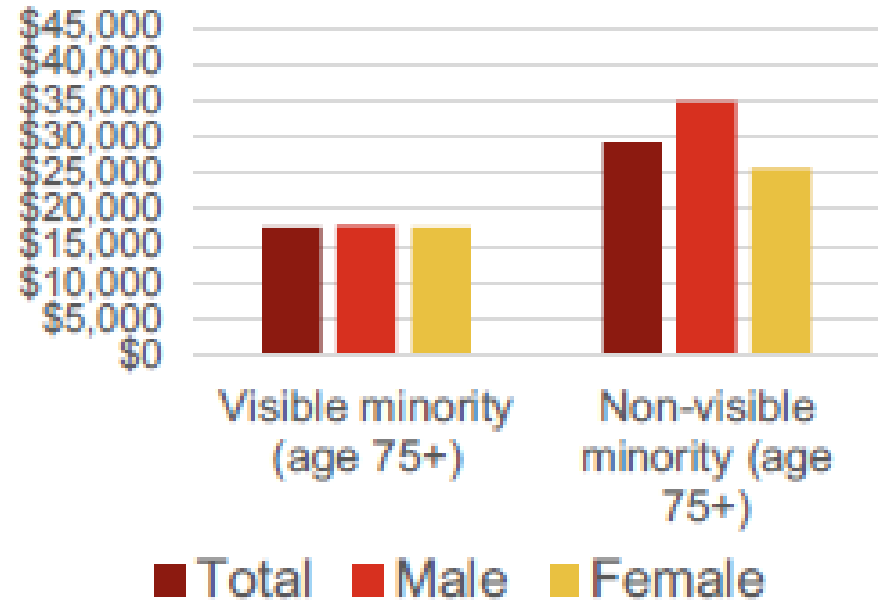
\*Note: significantly different ( $p < 0.05$ ) from estimate for non-immigrants

# Visible minorities over 65 have lower median incomes and visible minority women are the poorest

Median total individual income of Toronto seniors, age 65-74



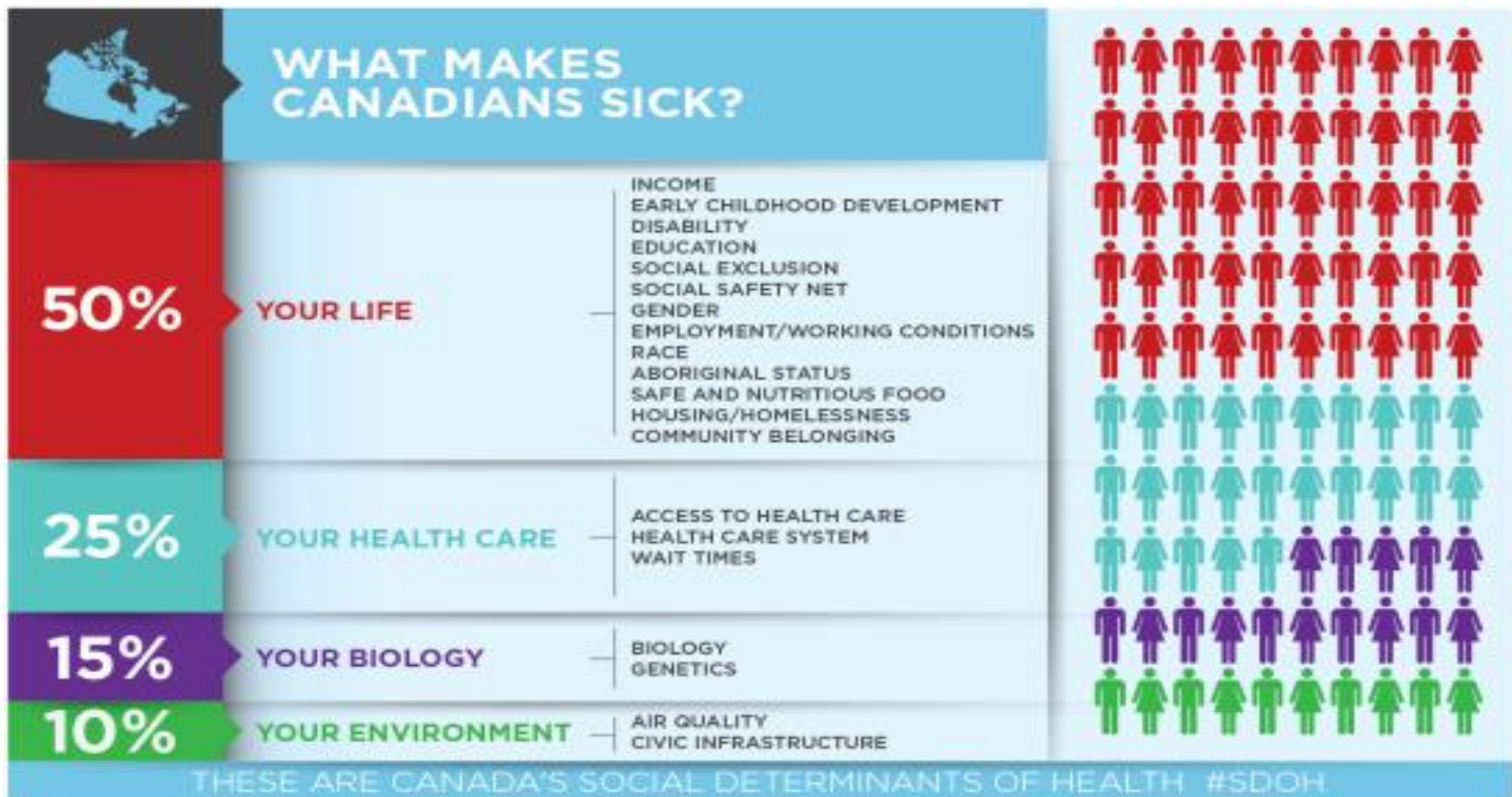
Median total individual income of Toronto seniors, age 75+



From: Toronto Seniors Strategy 2.0 (Figure 5)

# Social Determinants of Health

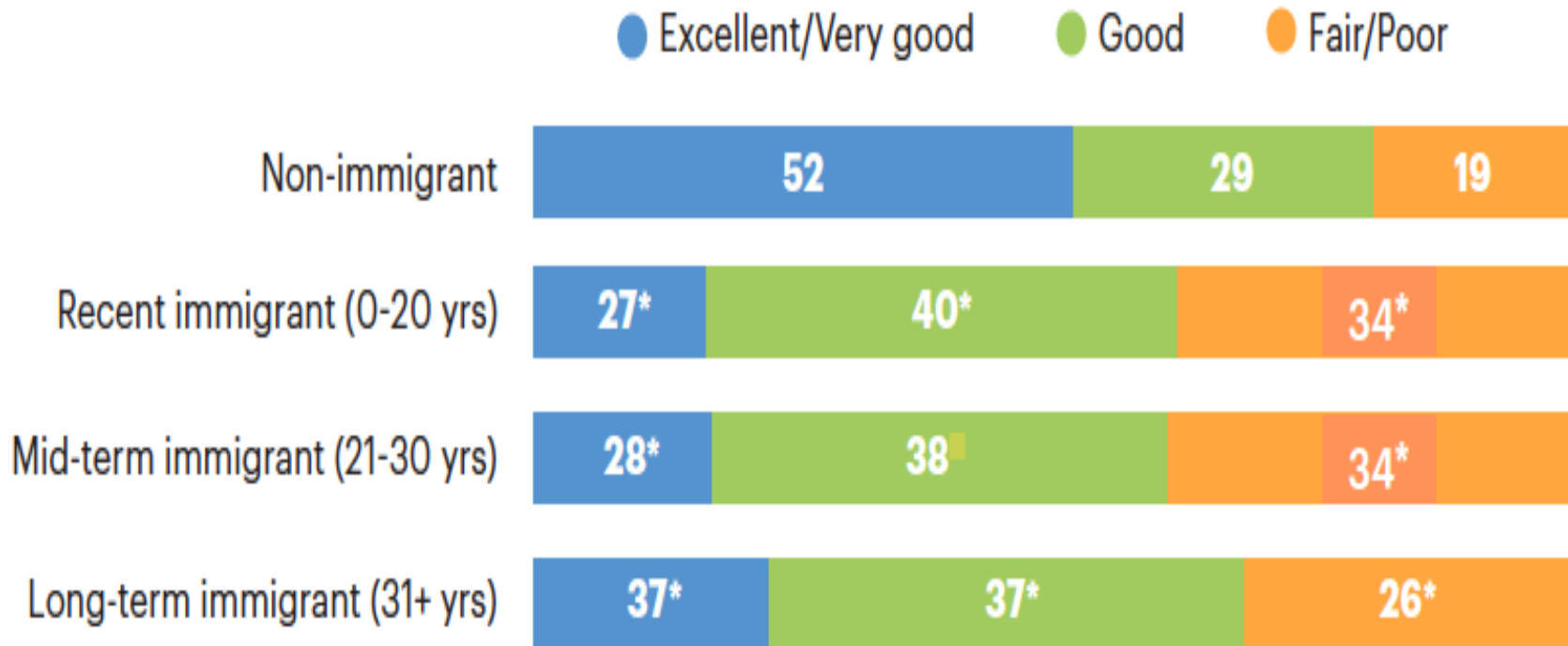
Risk of illness and chance of recovery:  
60% social factors, 25% access and quality of healthcare  
(Canadian Medical Association 2011)





# Health status by immigration status

Chart 11: Self-reported health by immigration status and time in Canada



Source: CCHS 2007-2014, Seniors (65 plus), GTA

\*Note: significantly different ( $p < 0.05$ ) from estimate for non-immigrants

# Improving health services

- A high quality and efficient health and social care system matches population need to the resourcing of effective interventions to meet those needs.
- Equity = efficiency

# The Cost of Waiting for Long-Term Care Project

# Growing needs for culturally and linguistically appropriate LTC



**At the Hellenic Home, Kalamatiano, a traditional Greek dance, is performed almost daily. Seniors, even those in wheelchairs, wave scarves around and clap to the music.**



**For Yee Hong Centre residents Bo Ngan Lee, left, and her husband, Yuk Yum Lee, mah-jong can be a reminder of youth.**

*Source: Toronto Star (2012) Helping mom feel at home; TVO (2016) Why Ontario needs more culturally sensitive long-term care homes*

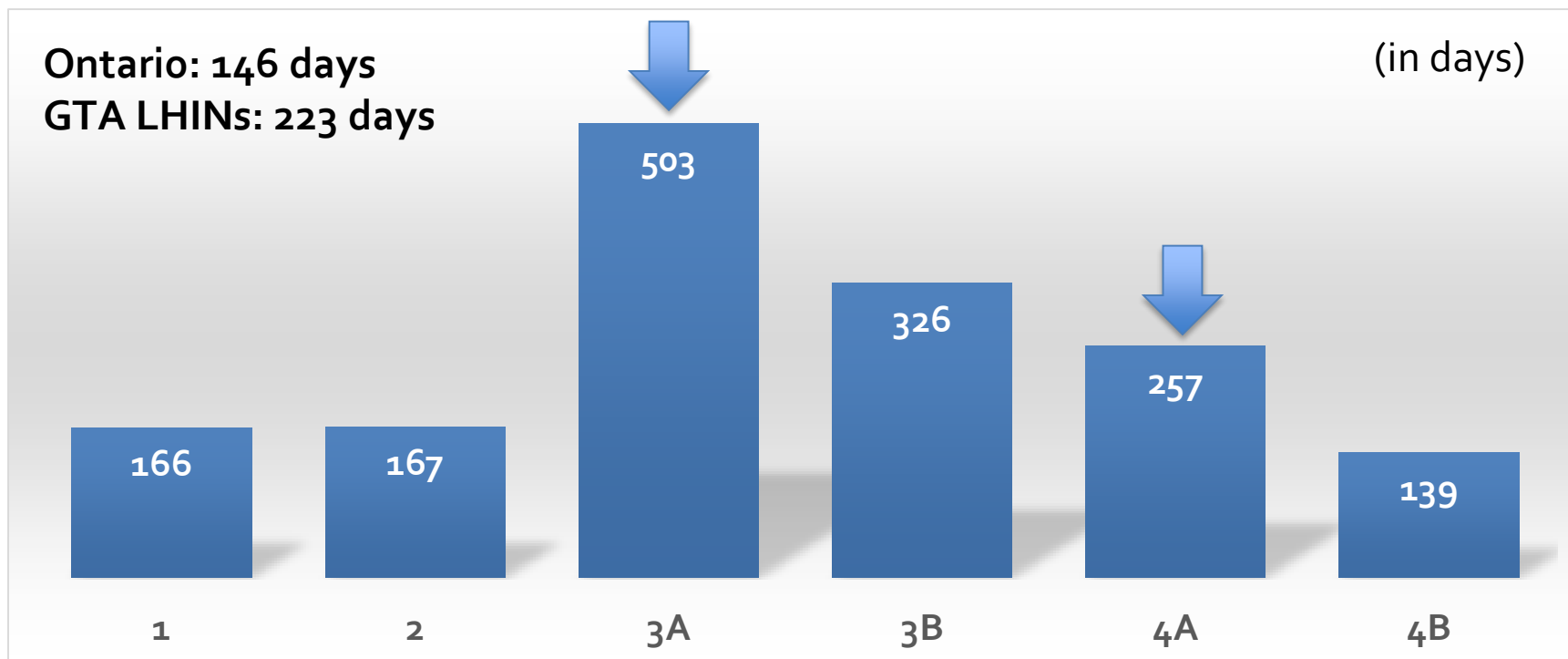
# What we found from a quantitative study

## Waiting for Long-Term Care in the GTA: Trends and Persistent Disparities

Seong-gee Um and James Iveniuk

- Methods
- Modernized Client Profile Database (2012/13 – 2017/18)
- Five LHINs in the GTA
  
- Results
- Median wait time 188 in 2012/13 and 223 days in 2017/18 =
- Median wait times varied by age, region, language, priority category

# Median wait time by priority category (GTA LHINs, 2017/18)



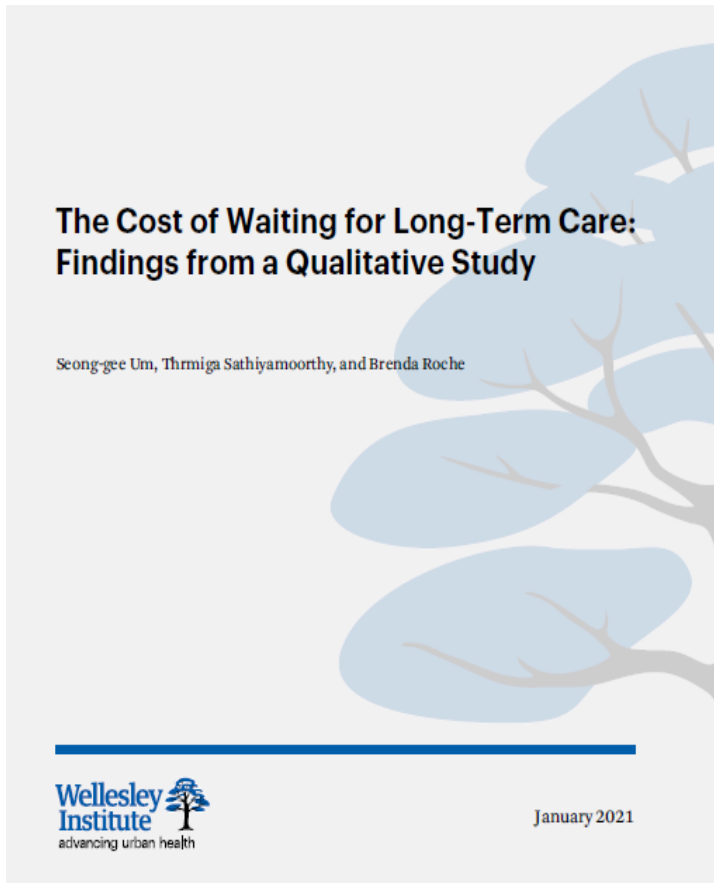
- 3A: people waiting for a home serving those of a particular religion, ethnic origin or culture, with high care needs
- 4A: people who have high care needs

# Long wait times for ethno-specific LTC

Table 2: Top 20 Long-Term Care Homes with the Longest Wait Time (2017/2018)

|    | Facility Name                                  | LHIN               | Type                            | 50% (median) | 90%  |
|----|--|--------------------|---------------------------------|--------------|------|
| 1  | Yee Hong Centre - Scarborough McNicoll         | Central East       | Ethnic: Chinese                 | 1568         | 2478 |
| 2  | Yee Hong Centre - Scarborough Finch            | Central East       | Ethnic: Chinese                 | 1329         | 3252 |
| 3  | Mon Sheong Scarborough Long Term Care Centre   | Central East       | Ethnic: Chinese                 | 1214         | 3517 |
| 4  | Mon Sheong Richmond Hill Long Term Care Centre | Central            | Ethnic: Chinese                 | 1137         | 1887 |
| 5  | Yee Hong Centre - Markham                      | Central            | Ethnic: Chinese and South Asian | 947          | 2857 |
| 6  | Chester Village                                | Toronto Central    |                                 | 714          | 1660 |
| 7  | Yee Hong Centre - Mississauga                  | Mississauga Halton | Ethnic: Chinese                 | 706          | 1735 |
| 8  | Union Villa                                    | Central            |                                 | 663          | 1368 |
| 9  | Suomi-Koti Toronto Nursing Home                | Toronto Central    | Ethnic: Finnish                 | 650          | 965  |
| 10 | Rose of Sharon Korean Long Term Care           | Toronto Central    | Ethnic: Korean                  | 619          | 1887 |

# What we found from a qualitative study



## OBJECTIVES:

- To gain a better understanding of the needs of immigrant seniors waiting for LTC and their family caregivers
- To examine how waiting for LTC impacts health and well-being

## METHODS:

- Qualitative interviews and focus groups with 29 family caregivers of older immigrants from China, South Asia, Caribbean, Italy, and U.K.



**Yee Hong Centre  
For Geriatric Care**

頤康中心





# Main findings

- LTC homes in general viewed as “*programmed to European, North American, or whatever the case is...*” (Jamaican-C)
- **Language, cultural food and programs, and a sense of belonging** important for health and well-being
- **Ethno-specific LTC** preferred as seniors would “*feel most comfortable. . .and supported in a way that they feel at home*” (Italian-C)
  - But, some spoke about **other promising care models**
- Significant impact on family caregivers’ physical and mental health, financial, social, and emotional well-being

“

And we've been on a [wait] list for six months. I'm very discouraged right now, hearing everyone's stories.

But I can't do it anymore.

Physically, I was told by the doctor I can't take care of her [my mother].

So I don't know what's gonna happen – it's either me or her goes first.

**FAMILY CAREGIVER FOR  
AN OLDER IMMIGRANT  
FROM ITALY**

”



“At least [in a Chinese-speaking home] they can tell somebody when they feel unwell. But if they move to an English environment they may not be able to communicate.

In fact both of them [my parents] are suffering from very serious dementia. . . . If the staff don't understand them, and they don't understand the staff, this is actually a big problem.”

**FAMILY CAREGIVER FOR  
OLDER IMMIGRANTS  
FROM CHINA**





So it takes a big toll on both myself and  
him, and my family suffers  
because I live an hour away.  
So I hardly could go home. . .

This is for the first time in over a year  
I'm able to go home for more than  
three days and stay.  
So it's a big, big thing.

**FAMILY CAREGIVER FOR  
AN OLDER IMMIGRANT  
FROM JAMAICA**



# Health & Health Equity Implications

- **Health Impact:**

Inadequate access to long-term care can lead to negative health impacts for seniors and their families

- **Health Equity Impact:**

Inequitable long-term care access may exacerbate existing health inequities

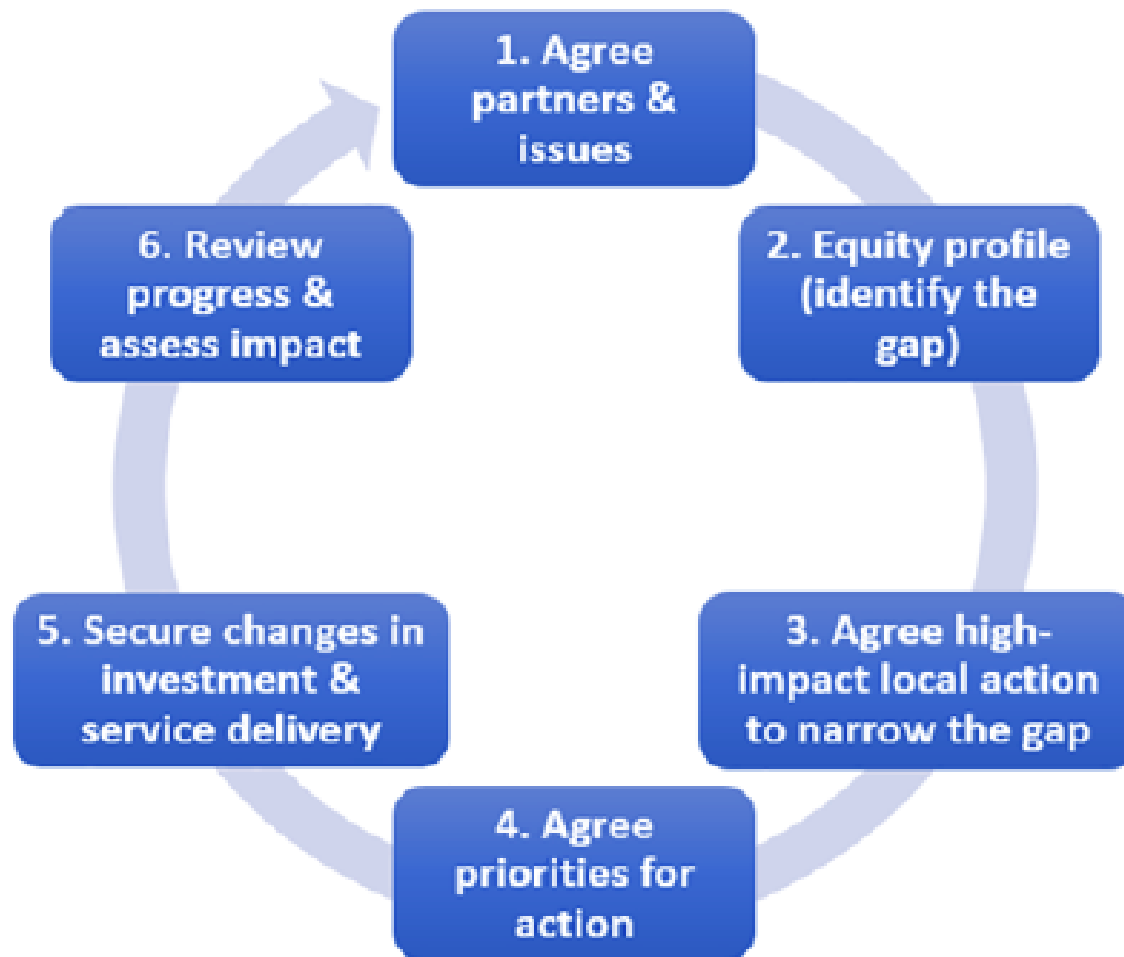
- **Health Care Cost Impact:**

More equitable access to long-term care would be a more efficient use of health care resources

# Implications and opportunities

# Three levels needed for service equity

- System equity
  - Access to care, diversity of services, access to supports equitable
- Intervention equity
  - Interventions, pathways and processes adapted to ensure equitable effectiveness
- Clinician equity
  - Clinicians and teams capable to offer equitable care to diverse populations



The Health Equity Audit cycle (Health Development Agency, 2005)



# Opportunities to move forward



*From the Changing Face of Home and Community Care project (2019)*

# Thank you

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