Long-Term Care Community of Practice Series

Diversity and Inclusion in the Long-Term Care Setting

Project ECHO
Palliative Care - Canada
BY
Pallium Canada

Date: September 8th, 2022
Host & Moderator: Jeffrey Moat, CM
Guest Speakers: Dr. Naheed Dosani, MSC, MD, CCFP(PC), BSc
Dr. Amit Arya, MD, CCFP(PC), FCFP

Territorial Honouring

The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

Stay connected: www.echopalliative.com

The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

Health Canada Santé Canada

Project ECHO Palliative Care - Canada BY Pallium Canada

LEAP Long-Term Care

- Interprofessional course that focuses on the essential competencies to provide a palliative care approach.
- Case studies contextualized to the long-term care setting.
- Delivered online or in-person.
- Ideal for any health care professional (e.g., physician, nurse, pharmacist, social worker, etc.) working in long-term care and nursing homes.
- Accredited by CFPC for **27.5 Mainpro+ credits** (online) and **26.5 Mainpro+ credits** (in-person).

Pallium Canada

LEAP
LONG-TERM CARE

Learn more about the course and topics covered by visiting

www.pallium.ca/course/leap-long-term-care

Overview of Sessions

Session #	Session Title	Date/ Time
Session 1	Introductory Session	Dec. 9, 2021 from 12-1pm ET
Session 2	The Palliative Approach as Part of the Continuum of Care	Jan. 13, 2022 from 12-1pm ET
Session 3	The Palliative Approach as an Inter-Professional, Team-Based Approach	Feb. 10, 2022 from 12-1pm ET
Session 4	Individuals and their Families as Members of the Team	Mar. 10, 2022 from 12-1pm ET
Session 5	Advance Care Planning	Apr. 14, 2022 from 12:30-1:30pm ET
Session 6	Resources for Long-Term Care	May 12, 2022 from 12:30-1:30pm ET
Session 7	Spiritual and Religious Care as Part of the Holistic Approach	Jun. 9, 2022 from 12-1pm ET
Session 8	Supporting New Team Members	Jul. 14, 2022 from 12-1pm ET
Session 9	Honouring Personhood in Dementia Care	Aug. 11, 2022 from 12-1pm ET
Session 10	Diversity and Inclusion in the Long-Term Care Setting	Sep. 8, 2022 from 12-1pm ET
Session 11	Meaningful Measurement to Support Health System Improvements in LTC	Oct. 13, 2022 from 12-1pm ET
Session 12	Mental Health and Resilience During the COVID Pandemic: Part 1	Nov 10, 2022 from 12-1pm ET
Session 13	Mental Health and Resilience During the COVID Pandemic: Part 2	Dec 8, 2022 from 12-1pm ET

Welcome and Reminders

- Please introduce yourself in the chat!
- Your microphones are muted. There will be time during this session when you can unmute yourself for questions and discussion.
- You are welcome to use the chat function at any time to ask questions and add comments
- Remember not to disclose any Personal Health Information (PHI) during the session
- This session is being recorded and will be emailed to registrants within the next week
- This 1-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada for up to **12 Mainpro+** credits.

Introductions

Host & Moderator

Jeffrey Moat, CM
CEO, Pallium Canada

Guest Speakers

Dr. Amit Arya, MD, CCFP (PC), FCFP
Palliative Care Physician, Freeman Centre for the Advancement of Palliative Care, North York General Hospital
Palliative Care Lead, Kensington Health, Toronto
Director-at-large, Canadian Society of Palliative Care Physicians
Lecturer, Department of Family and Community Medicine, University of Toronto
Assistant Clinical Professor, Faculty of Health Sciences, McMaster University
Twitter: @amitaryamd

Dr. Naheed Dosani, MSC, MD, CCFP(PC), BSc
Palliative Care Physician, Department of Medicine, St Michael's Hospital at Unity Health Toronto
Lead Palliative Care Physician, Palliative Education And Care for the Homeless (PEACH), Inner City Health Associates
Health Equity Lead, Kensington Health
Assistant Professor, Division of Palliative Care, Department of Family & Community Medicine, University of Toronto
Assistant Clinical Professor, Division of Palliative Care, Department of Family Medicine, McMaster University
Twitter: @naheedd

Disclosure

Relationship with Financial Sponsors:

Pallium Canada

- Not-for-profit
- Funded by Health Canada

Disclosure

This program has received financial support from:

- Health Canada in the form of a contribution program
- Generates funds to support operations and R&D from Pallium Pocketbook sales and course registration Fees

Host/ Presenter:

- Jeffrey Moat: CEO, Pallium Canada
- Dr. Amit Arya: No conflicts to report
- Dr. Naheed Dosani: No conflicts to report

Disclosure

Mitigating Potential Biases:

- The scientific planning committee had complete independent control over the development of course content

Objectives of this Session

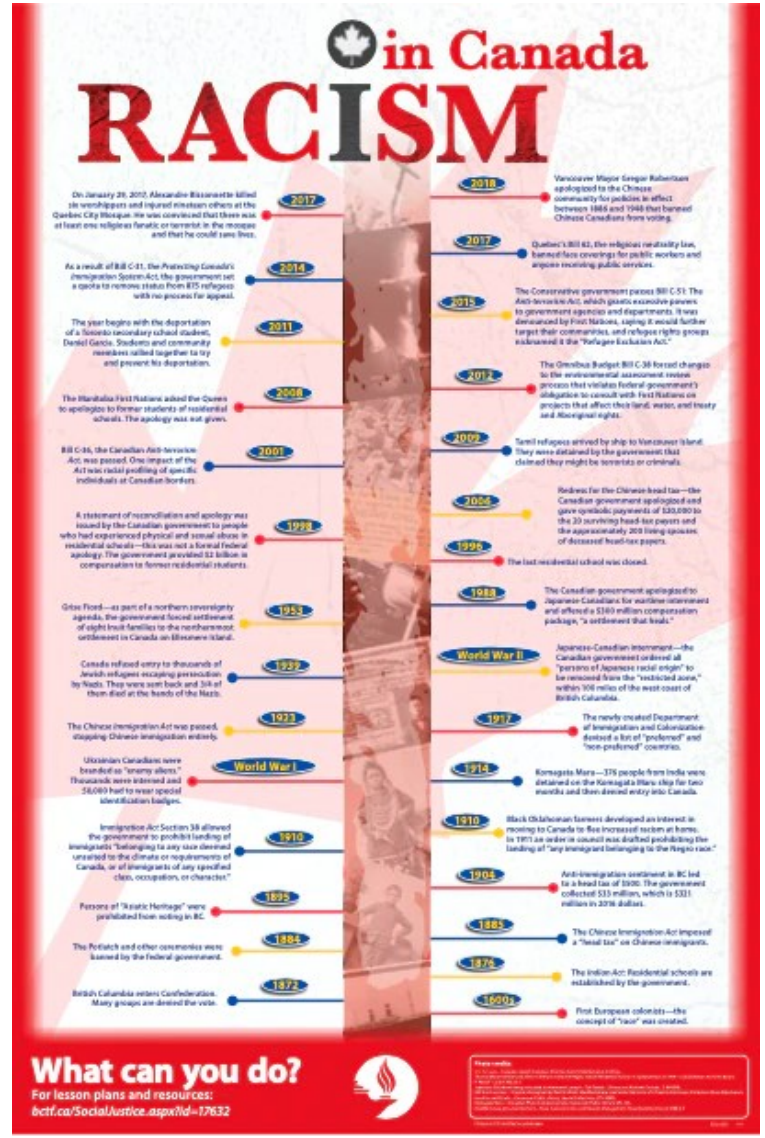
Upon completing the session, participants will be able to:

- Respect the cultural backgrounds of residents
- Describe how people with different cultures and perspectives may perceive the Long-Term Care setting and the palliative approach
- Engage residents and families in ways that are culturally appropriate, respectful and safe

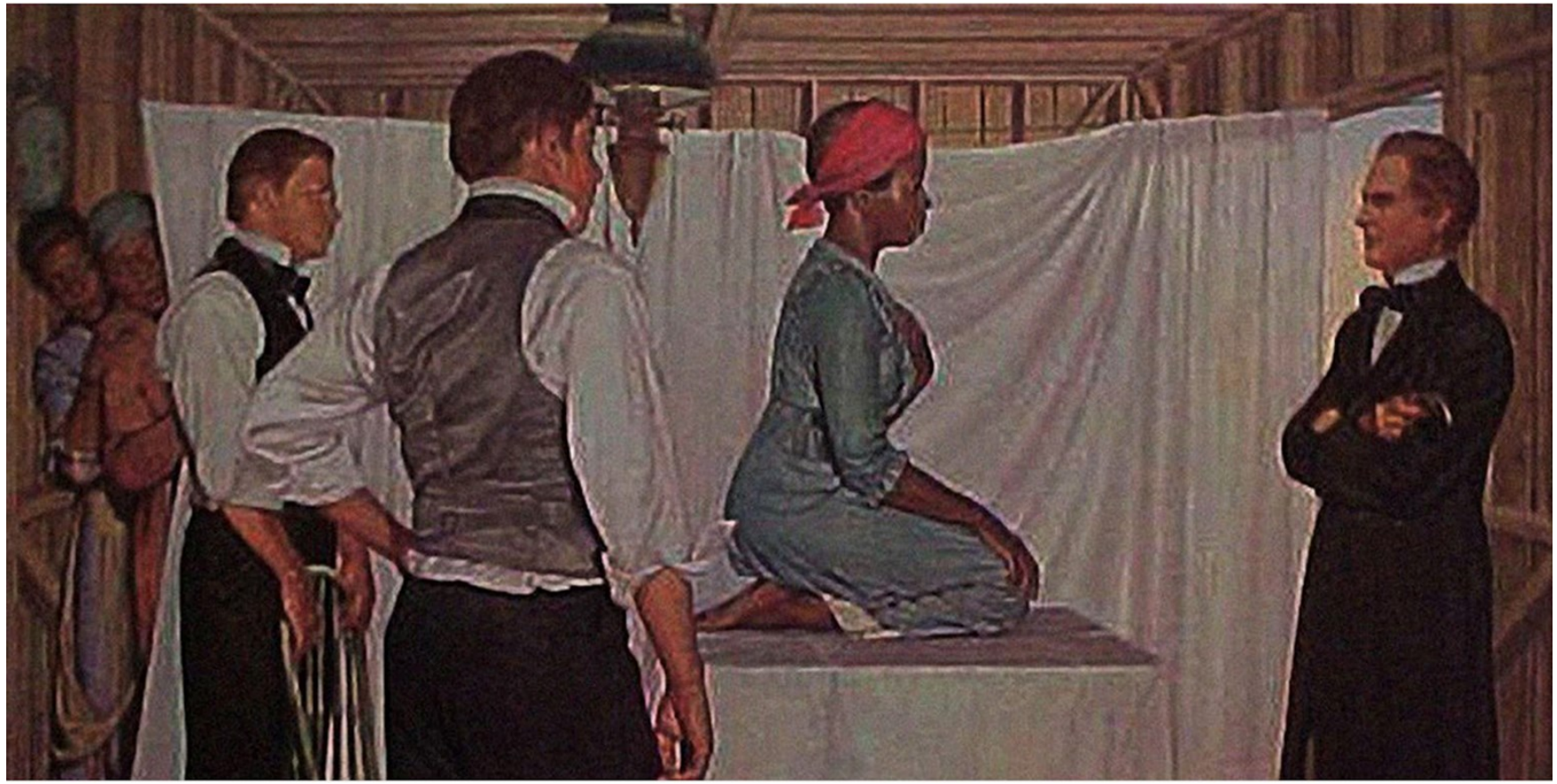
Trigger Warning

Yes, racism exists in Canada

- A long history
- Why is there denial?
- "Canadian identity"
- Systemic vs other forms
- Discourse has changed due to recent world events



A history of racism in healthcare



cmaj
CANADIAN MEDICAL ASSOCIATION JOURNAL

Home Content Authors CMA Members Subscribers Alerts

Humanities

William Osler: saint in a “White man’s dominion”

Nav Persaud, Heather Butts and Philip Berger

CMAJ November 09, 2020 192 (45) E1414-E1416; DOI: https://doi.org/10.1503/cmaj.201567

Article Figures & Tables Responses Metrics PDF

Although William Osler (1849–1919) continues to be held up as an example physicians should follow, medical students at his alma mater of McGill University have passed a motion in favour of dropping Osler eponyms.[1,2] We examine Osler’s treatment of racialized people, and we contrast his lionization with the meagre recognition of his contemporaries who fought racism inside and outside the medical profession.

Osler held authoritative positions in medicine around the turn of the twentieth century.[3] He was the first physician-in-chief of Johns Hopkins Hospital, where he helped to expand the role of bedside teaching, and he was Regius Professor of Medicine at the University of Oxford. Osler wrote a widely read textbook, *The Principles and Practice of Medicine* (1892). Many of his contemporaries have attested to his warmth and dedication; some even “worshipped” him.[3] The centenary of his death was marked by multiple publications celebrating his life and contributions.[1] A common theme was how much we can still learn from Osler today. Several medical institutions in Canada, the United States and the United Kingdom are named after Osler. There is an Osler Club of London in the United Kingdom and an American Osler Society.

Racism in Healthcare in Canada

- A history that has led to & perpetuated disparities coast-to-coast:
  - Anti-Indigenous racism (e.g., Joyce Echaquan)
  - Anti-Black racism & health outcomes (e.g., Sickle Cell Disease)
- COVID-19 examples:
  - Collection of race-based data
  - Inequitable vaccine rollout

Where do we centre the conversation?

Race vs Racism

Differentiating Overt vs Covert Racism

Racism in Pain Medicine and Palliative Care

- A study looking at twenty years of data showed that Black people were 22% less likely than White patients to receive any pain medication. (Meghani et. al, 2012)
- Black patients with painful injuries such as fractures, burns or penetrating injuries are less likely to receive pre-hospital pain management. (Hewes et. al, 2018)
- Ethnic minorities with widespread (metastatic) cancer are three times less likely to receive adequate pain management. (Cleeland et al, 1994)

Racism in Pain Medicine and Palliative Care

- ~50% of White medical students & residents endorsed incorrect racist beliefs about Black people (e.g., that Black people have skin that is thicker than White people). This led to under treatment of the pain of Black people receiving care. (Hoffman et al, 2016)

Racism in Palliative Care in Canada

Patient–physician language concordance and quality and safety outcomes among frail home care recipients admitted to hospital in Ontario, Canada

Emily Seale, Michael Reaume, Ricardo Batista, Anan Bader Eddeen, Rhiannon Roberts, Emily Rhodes, Daniel I. McIsaac, Claire E. Kendall, Manish M. Sood, Denis Prud'homme and Peter Tanuseputro

JAMA | Original Investigation | CARING FOR THE CRITICALLY ILL PATIENT

Association Between Immigrant Status and End-of-Life Care in Ontario, Canada

Christopher J. Yarnell, MD; Longdi Fu, MSc; Doug Manuel, MD, MSc; Peter Tanuseputro, MD, MHSc; Therese Stukel, PhD; Ruxandra Pinto, PhD; Damon C. Scales, MD, PhD; Andreas Laupacis, MD, MSc; Robert A. Fowler, MDCM, MS(Epi)

Association between end-of-life cancer care and immigrant status: a retrospective cohort study in Ontario, Canada

Anna Chu [1, 2], Lisa Barbera [1, 3, 4], Rinku Sutradhar [1, 5], Urun Erbas Oz [1], Erin O'Leary [1], Hsien Seow [1, 6]

Perceptions of palliative care in a South Asian community: findings from an observational study

Naheed Dosani, Ravi Bhargava, Amit Arya, Celeste Pang, Pavinder Tut, Achal Sharma & Martin Chasen

Association between Chinese or South Asian ethnicity and end-of-life care in Ontario, Canada

Christopher J. Yarnell, MD, Longdi Fu, MSc, Michael J. Bonares, MD, Ayah Nayfeh, MSc, and Robert A. Fowler, MDCM MS

Recent immigrants in Ontario wait longer for admission to long-term care facilities

Wait times ranged from 39 to 137 days more than for longstanding residents.

Researchers tracked Ontario residents aged 65 or older who were placed on the long-term care waitlist between 2007 and 2010. Recent immigrants (those granted permanent residency or citizenship after 1985) were compared with long-standing residents by demographic, functional health and caregiver characteristics.

Compared to long-standing residents, recent immigrants waiting for long-term care were more likely to:

- Be slightly younger
- Live in lower-income neighbourhoods
- Have fewer comorbidities but poorer functional status

Caregivers of recent immigrants were more likely to:

- Report burnout (**26.9%** vs. **20.7%**)
- Report inability to continue providing care (**21.6%** vs. **16.7%**)
- Live with a recent immigrant (**60.6%** vs. **39.7%**)
- Be the children of recent immigrants (**68.0%** vs. **55.2%**)

Qureshi et al., *JAMDA*, 2020.

ICES *Data. Discovery. Better Health.*
ices.on.ca

INSTITUT DE RECHERCHE Bruyère RESEARCH INSTITUTE

QUILT

Dr. Amit Arya
@AmitAryaMD

Just 8% of Ontario's LTC homes are centred on providing culturally specific care.

Imagine an elder with dementia living in a place where no one cooks their food, celebrates their religious holidays, or can speak their language?

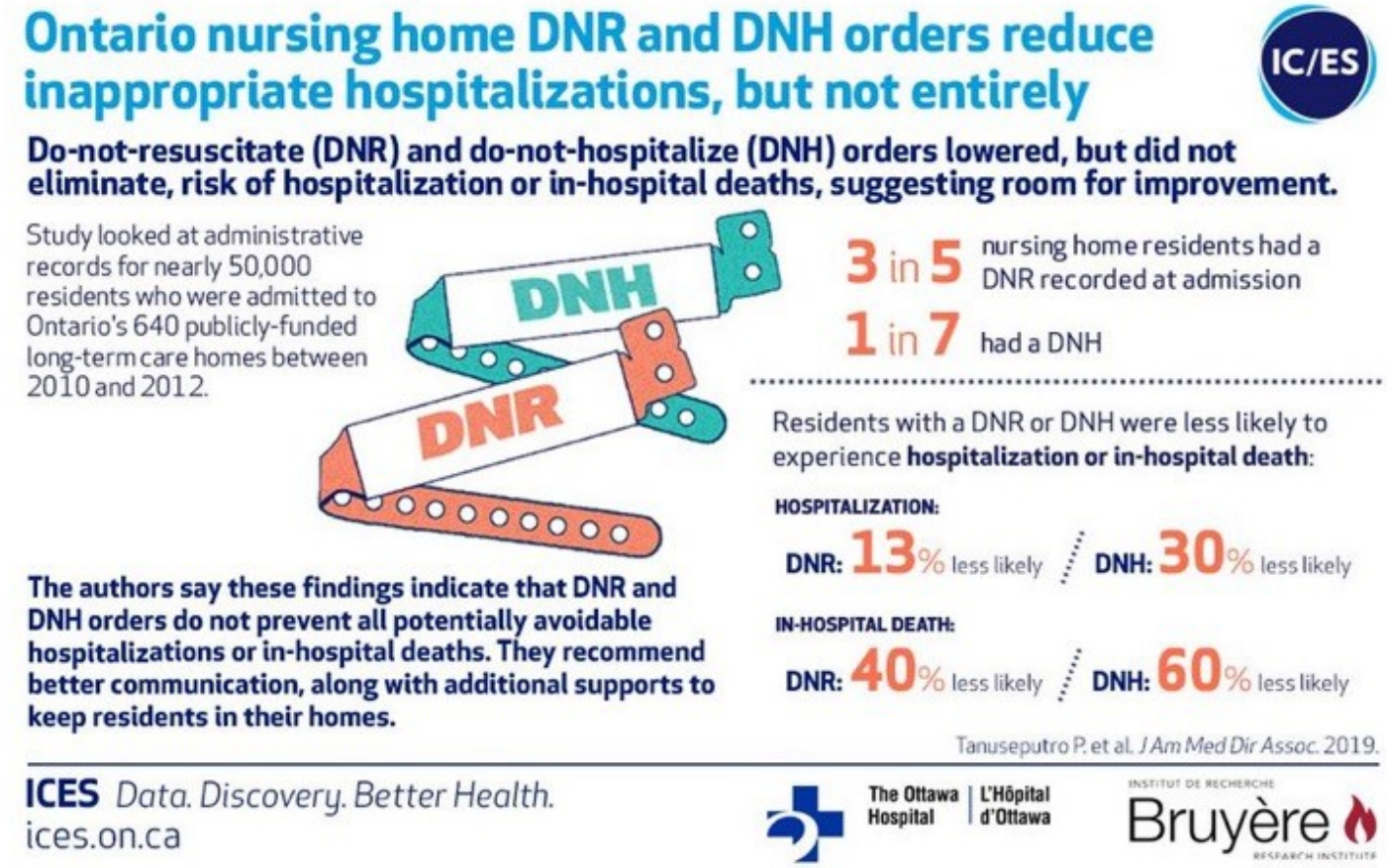
Systemic discrimination in motion.

Cultural Safety

"An 87 year old Chinese woman, who was dying of lung cancer, was served a pureed nacho casserole 4 days before she died"

Cultural Safety

- Cannot speak language
- Cannot communicate about health concerns
- Cannot engage in religious practices
- Do not want to eat unfamiliar food
- Cannot practice traditions/celebrations



- DNR/DNH much more likely if LTC resident spoke English/ French
- Culture, race & ethnicity are important factors in resident & family decisions

Palliative care measure	Whites ($n = 862$)	Minorities ($n = 262$)	p value
Advance care planning, % of residents with			
Do-not-resuscitate orders	69.5	37.3	<.001
Living wills	39.0	5.0	<.001
Health care proxies	36.2	11.8	<.001
Documentation of in-depth discussion	7.3	6.5	.738

Are the underlying health outcomes of your residents and their loved ones affected by systemic forms of racism and oppression?

How do we define anti-racism?

An active process of identifying, challenging and eliminating racist policies, structures, practices and attitudes

How do we define cultural safety?

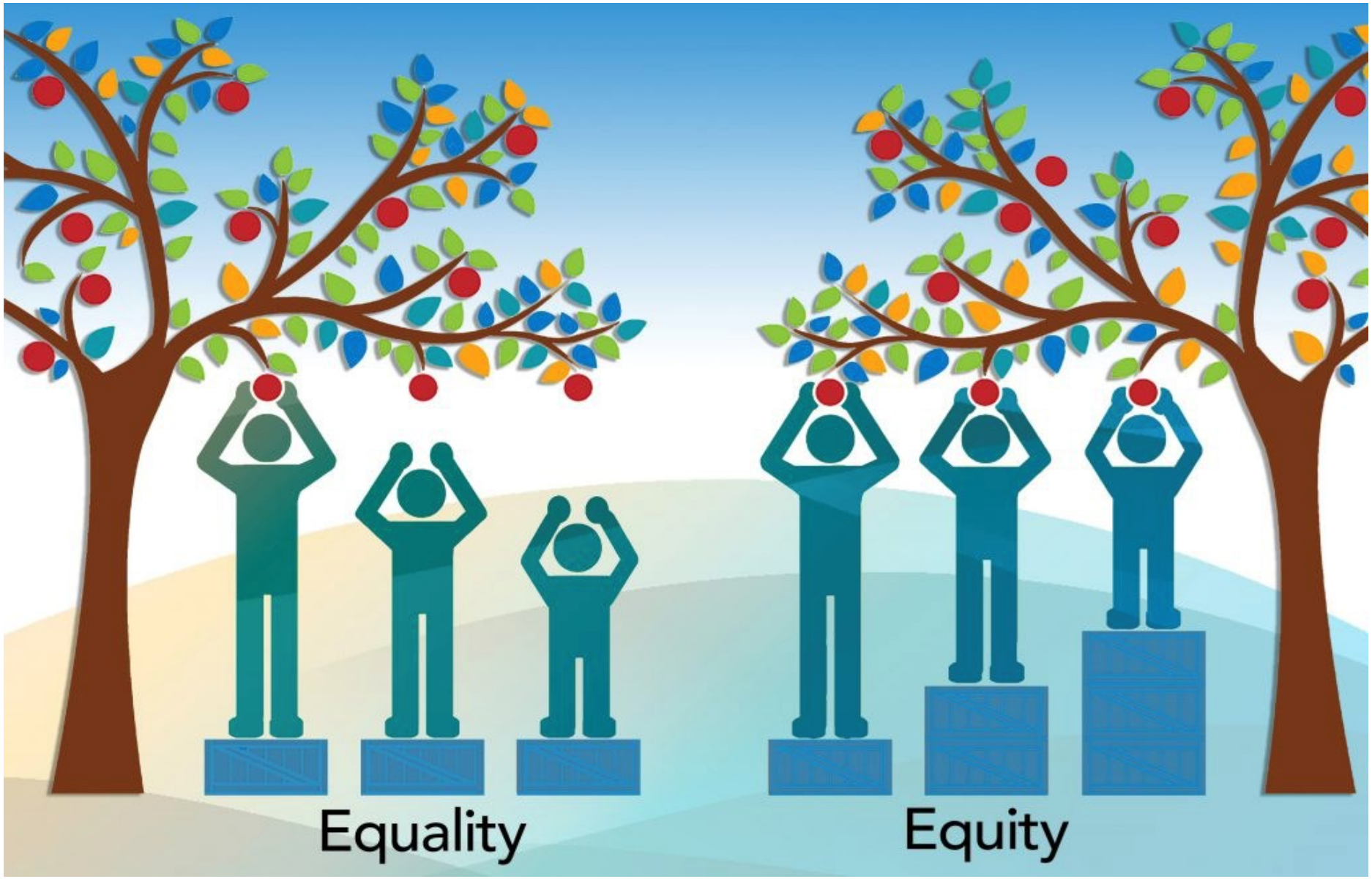
An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care. (FHNA)

“ABCDE tool”

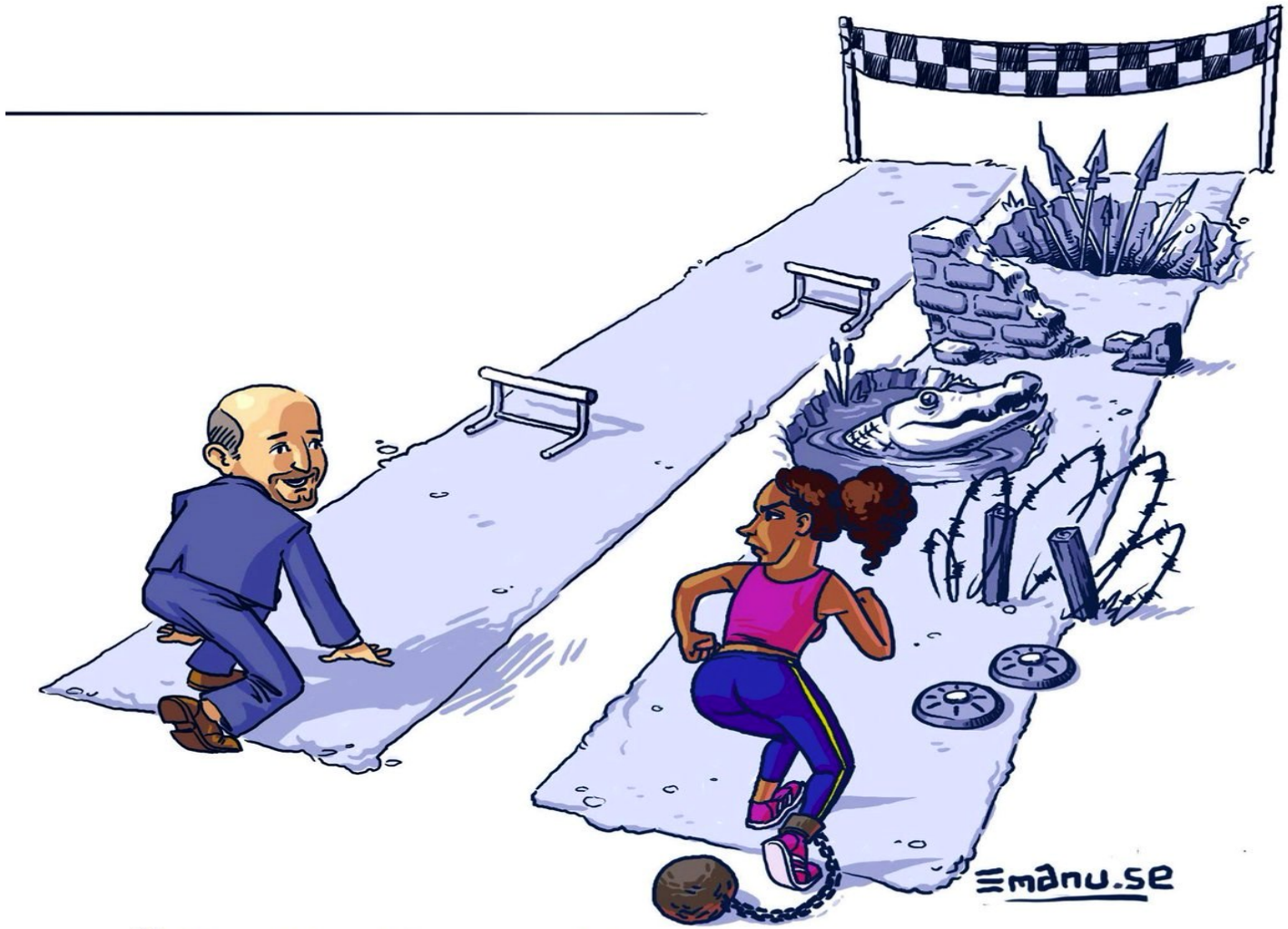
Attitudes	Disclosing prognosis, discussion of death/dying
Beliefs	Spiritual beliefs, meaning of death, miracles
Context	Historical & political context of their lives
Decision-making	Patient centred or family/ community centred
Environment	Available resources- family, neighbourhood

How does White Supremacy affect clinical care?

- Language barriers
- Request for non-disclosure
- Collective decision making
- Religious and cultural beliefs
- Mistrust of Western medicine
- Less access to health care



One size doesn't fit all!



Treat people differently depending on their needs!

What can I do to be an anti-racist health worker?

- Start learning and unlearning
- Stop tolerating injustice
- Speak out against all forms of discrimination and oppression
- Use your privilege to voice support

What can I do to be an anti-racist health worker?

- Ensure use of professional interpretation services
- Review hiring and training processes, support staff
- How does your specific healthcare setting accommodate the specific needs of racialized communities?
- Examine all systemic & institutional policies
- This is a life-long process which requires daily commitment, funding, and prioritization from leadership

Conclusion

- Identify it!
- Challenge it!
- Dismantle it!
- An ongoing journey…

Questions & Discussion

Wrap Up

- Please fill out our feedback survey- a link has been added into the chat
- A recording of this session and a copy of these slides will be emailed to registrants within the next week
- Please join us for the next Long- Term Care Community of Practice Session:
  - Meaningful Measurement to Support Health System Improvements in LTC
  - October 13th, 2022 from 12-1pm ET

Thank You

Project ECHO
Palliative Care - Canada
BY Pallium Canada

Stay Connected
www.echopalliative.com