



Mostly White, Christian, and Straight: Informational and Institutional Erasure of LGBTQ and Ethnoculturally Diverse Older Adults on Long-Term Care Homes Websites

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Abstract

The website of a long-term care home is the face of the organization, providing not only a snapshot view of the home's programs and services but also an insight into the organization's vision, mission, policies, and culture. The website provides information—either purposefully or inadvertently—about the manner in which the organization responds to diversity among its residents. Guided by an intersectional analysis, this study uses content analysis to examine websites of long-term care homes run by companies, municipalities, and not-for-profit organizations in two provinces in Canada to understand how these websites demonstrate inclusion towards ethnoculturally diverse and LGBTQ older adults. Findings of the study indicate that these long-term care home websites showed very little inclusion of LGBTQ and ethnoculturally diverse older adults in the information provided on their website.

Keywords: Older adult, long-term care home (LTCH), website, race and racialization, LGBTQ, diversity, inclusion

Key Practitioners Message:

- *Practitioners in long-term care homes (LTCHs) need to engage in a process of reflection, organizational change, and training to improve inclusion and support of ethnoculturally diverse and LGBTQ older residents.*
- *There is a need to provide culturally and linguistically relevant services for diverse LTCH residents.*
- *Residents' councils should aim to include and represent the needs of diverse older adults.*
- *LTCHs need to evaluate the communication material on their websites to see if it adequately reflects the functioning of the home. Websites should reflect the inclusion of diverse older adult populations through attention to language, images, and messaging.*

There were almost six million older adults in Canada in 2016, and approximately 23 percent of Canadians are estimated to be over the age of 65 by 2031 (Grenier, 2017). These older adults are increasingly likely to be diverse due to their ethnicity, skin color, religion, language, or accent. This ethnocultural diversity brings a unique challenge

to long-term care homes (LTCHs) in Canada (Sue Cragg Consulting and the CLRI Program, 2017a, 2017b). Older adults are also likely to be diverse on the basis of their sexual orientation and gender identity. Canadian laws that recognize same-sex relationships and gender nonconformity may make it likely that aging adults are more open

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about their sexual orientation, gender identity, and relationship status than ever before. Yet research has shown that LGBTQ¹ older adults can fear the treatment they will receive as they age and enter long-term care; they may feel forced to go back into the closet out of concern for experiencing homo-bi-transphobia (Brotman, Ryan, Collins, et al., 2007; Wilson, Kortés-Miller, & Stinchcombe, 2018). Past research has observed the importance of seniors' services recognizing ethnocultural diversity (Koehn, Mahmood, et al., 2016; Laher, 2017; Um, 2016) and LGBTQ populations (Wilson et al., 2018; Witten, 2014). However, the means and measure by which LTCHs have been able to adapt to this demographic shift so as to be inclusive of ethnoculturally diverse and LGBTQ populations have not been well studied.

Guided by the theory of intersectionality (Crenshaw, 1991), the researchers use content analysis to explore the websites of LTCHs in two provinces in Canada in order to understand how these websites demonstrate the inclusion of ethnoculturally diverse and LGBTQ older adults. While past research points to the need for LTCHs to be more inclusive, no existing study provides empirical evidence for this need. This study fills that gap. It is important to know how responsive LTCHs are to differences in race/ethnicity, sexual orientation, and gender identity.

Ontario is one of the most diverse provinces in Canada. In Newfoundland and Labrador, a strong push exists to welcome new immigrants and refugees to help build the economic infrastructure of the province. However, this effort has been plagued by the exodus of many immigrants and refugees from Newfoundland and Labrador for other provinces (Cooke, 2017).

This study will help to provide an understanding of how institutions in Newfoundland and Labrador can appear welcoming towards the diverse

populations they are seeking to attract and retain. The website of an LTCH is an important tool by which the organization communicates with its viewers (Ingenhoff & Koelling, 2009). Such a tool offers not only a snapshot of the home's programs and services but also an insight into the organization's vision, mission, policies, and governance structure. A website also provides information—either purposefully or inadvertently—about how the organization responds to diversity among its residents.

This paper is divided into five sections. Following this introduction, the researchers review the literature to provide an overview of the LTCH system in Ontario and Newfoundland and Labrador, and of the unique needs of two diverse groups of older adults in relation to LTCHs—ethnoculturally diverse older adults and the LGBTQ older adult population. In the next section, the theoretical framework and methodology of the study are presented.

In the following two sections, the researchers delineate the findings of the study and discuss the implications of the findings for LTCH services with diverse older adults. The researchers conclude by making recommendations for LTCHs working with ethnoculturally diverse and LGBTQ older adults.

Literature Review

An overview of the LTCH system in Ontario and Newfoundland and Labrador

In Canada, LTCHs typically provide 24-hour nursing and dietary care, personal support, and social and recreational programming for high-needs older adults. In Ontario, 14 regional health care authorities, Local Health Integration Networks (LHINS), coordinate LTCHs and determine eligibility for admission to them. LTCHs in Ontario are run by companies, not-for-profit organizations, and municipalities.

The *Ontario Long-Term Care Homes Act, 2007*, guides and regulates LTCHs across Ontario. The Act is based on the principle that . . . a long-term care home is primarily the home of its residents and is to be operated so that it is a place where they may

1 The researchers use the common acronym LGBTQ to describe the lesbian, gay, bisexual, transgender, and queer populations encompassed within the term, while recognizing the heterogeneity within this population and their very diverse needs and experiences. LGB is used to refer to someone's sexual orientation, and the umbrella term transgender is used to refer to someone whose gender identity is opposite to their assigned sex at birth.

live with dignity and in security, safety and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met (*Ontario Long-Term Care Homes Act, 2007, Section 1*). The Residents' Bill of Rights within the Act protects the residents' right to pursue their distinct social, cultural, and religious interests. The Act also mandates the establishment of a residents' council to advise residents of their rights and responsibilities and to provide input into the functioning of the home. In Newfoundland and Labrador, eligibility to LTCHs is determined by one of four Regional Health Authorities (*Government of Newfoundland and Labrador, 2018*). Operational standards describe the Newfoundland and Labrador government's commitment to provide older adults with "a high quality of holistic, resident-centered care in a homelike environment .. with emphasis on providing for the spiritual, psychosocial, cultural and physical needs of residents" (*Government of Newfoundland and Labrador, 2005, p. 4*). While these operational standards guide how LTCHs are run (*Government of Newfoundland and Labrador, 2005*), no law exists to regulate the homes (*Barker, 2018*).

In Ontario, older adults are allowed to select up to five homes into which they are willing to move once they have been deemed eligible for long-term care. Newfoundland and Labrador allows older adults to indicate their choice of home (*Government of Newfoundland and Labrador, 2018*). The information contained on the websites of these homes provides an important first impression for potential residents and their families. The inclusivity towards diverse communities shown on the LTCH website will go a long way in assuring older adults that the LTCH they are considering is a good fit for them.

Ethnographically Diverse Older Adults

Canada's population is becoming increasingly diverse in terms of ethnicity, race, language, and religion, largely due to changes in immigration policy over the past few decades (*Satzewich & Li-odakis, 2007; Statistics Canada, 2016*). Linguistic diversity is also seen in the Aboriginal population; the 2016 Canadian census revealed that 228,770

Indigenous peoples spoke over 70 Aboriginal languages at home (*Statistics Canada, 2017b*).

Ethnic minority groups are likely to have faced many disadvantages over their lifetime in Canada. Research has identified the economic disadvantages experienced by ethnic minorities, including immigrants and Aboriginal persons (*George, Chaze, Fuller-Thomson, & Brennenstuhl, 2012; Human Resources and Skills Development Canada [HRSDC], 2013*). Immigrants' inability to communicate effectively in English or French has been associated with income disadvantages (*Boyd & Cao, 2009*), poorer health outcomes (*Ng, Pottie, & Spitzer, 2011*), and limited access to services (*Guruge et al., 2009*). Additionally, research with ethnic minority groups describes experiences of discrimination and racism in Canada (*Currie, Wild, Schopflocher, & Laing, 2015*). Ethnographically diverse older adults have been known to face barriers in accessing services in Western societies (*Lai & Chau, 2007; Periyakoil, 2019; Liu, Cook & Cattan, 2017; Drummond, Mizan, Brocx & Wright, 2011*).

Many factors, including systemic discrimination, contribute to immigrants underusing mental health services compared to native-born persons (*Thomson, Chaze, George, & Guruge, 2015*). Barriers to older immigrants accessing health services have been known to include cultural and language incompatibility between immigrants and health care providers; personal attitudes, such as discomfort with asking for help; and circumstantial challenges, such as not knowing about health services (*Lai & Chau, 2007; Periyakoil, 2019*). Aboriginal older adults are similarly disadvantaged in relation to health care services. A history of colonization and ongoing racism and discrimination make many Aboriginal peoples reluctant to trust Western medicine or mainstream programs (*Sue Cragg Consulting and the CLRI Program, 2017b*).

There is an urgent need to recognize the growing cultural diversity within the Canadian population and to examine its impacts on services for older adults (*Laher, 2017*). Many LTCHs continue to be "run in accordance with Anglocentric norms and values" (*Koehn, Baumbusch, et al., 2018, p.157*)

that are reflected in food choices, decor, staff, and recreational programming. These norms and values can be alienating and isolating for ethnocultural minority older adults. Koehn, Mahmood, and Stott-Eveneshen (2016) suggested that most LTCHs are not equipped to meet the needs of racialized, non-English speaking immigrants.

LGBTQ Older Adults

Although Canada has progressive legislation that protects the LGBTQ community from discrimination, that population continues to experience discrimination and health disparities due to their sexual orientation or gender identity (Sinding, Barnoff, McGillicuddy, Grassau, & Odette, 2010; Steelman, 2018). A majority of LGBTQ older adults have been victimized due to sexual orientation or gender identity at least once in their lives (CARP, 2015). This population continues to face many challenges in accessing health care at the end of life (Stinchcombe, Smallbone, Wilson & Kortess-Miller, 2017; Cartwright, Hughes, Lienert, 2012), and research has noted the lack of accessible care for LGBTQ older adults (Daley et al., 2017). Based on their past experiences in health care and social service settings, LGBTQ older adults fear discrimination (Knochel, Quam, & Croghan, 2011). They may be apprehensive about having to seek out services from homo-bi-transphobic service providers (Stinchcombe, Kortess-Miller, & Wilson, 2016).

LGBTQ older adults may withhold “coming out” and identifying as gay or trans in professional environments due to fear of discrimination and mistreatment on account of homo-bi-transphobia in the LTCH setting (Brotman, Ryan, & Cormier, 2003; Furlotte, Gladstone, Cosby, & Fitzgerald, 2016; Ottawa Senior Pride Network, 2015; Steelman, 2018; Wilson et al., 2018; Serafin, Smith, & Keltz, 2013).

LGBTQ older adults face unique challenges in relation to long-term care. Such adults are more likely to be living alone or estranged from their families prior to admission into the LTCH. This situation might make them more vulnerable to premature institutionalization (Maddux, 2010). The

sexual and intimacy needs of older LGBTQ adults may be overlooked in LTCHs because of dominant heteronormative and cisgendered assumptions and practices (Stinchcombe, Smallbone, et al., 2017).

Fearing discrimination from staff, LGBTQ older adults may choose not to disclose their sexuality or gender identity, which might be a barrier to receiving proper care. This strategy of nondisclosure, however, may not be possible to maintain as the person ages and requires increased health care. Transpersons, whose gender expression may not align with their sex, may be inadvertently outed in LTCH settings (Sussman et al., 2018); they may be victims of ridicule or hostility by staff and residents (Brotman et al., in Daley et al., 2017), which would increase the risk of alienation and discrimination. Sexual orientation and gender identity are important aspects of social identity for LGBTQ older adults (Wilson et al., 2018). Recognizing LGBTQ older adults’ sexual orientation and gender identity can help them feel validated and accepted (Stelman, 2018). Consequently, LTCHs and their websites displaying inclusiveness towards LGBTQ older adults are crucial.

This research reviewed literature focused on the unique needs and vulnerabilities of ethnoculturally diverse and LGBTQ older adults. However, very little empirical research existed on older adults for whom these identities overlap.

Theoretical Framework and Methodology

Intersectionality

This study is guided by the theory of intersectionality (Crenshaw, 1991), which recognizes the unique vulnerability of people caught at the intersection(s) of more than one identity marker such as race, class, gender, and ability. According to this theory, oppressions are overlapping, interconnected, simultaneous, and multiple. It is important for researchers to focus not only on one aspect of identity and its associated vulnerabilities but also on the points where multiple identity markers intersect, as those are spaces where the individual becomes even more vulnerable. Intersectionality

asks us to consider how different components of identity such as gender, age, class, and race intersect to create unique challenges and vulnerabilities for people.

By their very nature, LTCHs are geared towards the needs of the older population with diminished physical and mental ability, a majority of whom are women (Hudon & Milan, 2016). Women constitute up to two-thirds of the residential care population, and almost three-quarters of residents who are 85 years or older (Jansen & Murphy, 2009). Nine out of ten residents in LTCHs have a form of cognitive impairment, and residents require care and support with activities of daily living; these factors, therefore, place a higher demand for staff members and specialized care for more people with complex health needs (Ontario Long-Term Care Association, 2018).

This study focuses on intersecting diversity markers other than gender and ability, such as ethnicity and culture, and sexual orientation and gender identity, since these are underexplored yet crucial identity categories that intersect with age to create unique vulnerabilities. Focusing on these underrepresented groups could help LTCHs avoid creating experiences of “social invisibility” (Purdie-Vaughns & Eibach, 2008, p. 380) for these residents. Consequently, the current study is unique in its aim of understanding how LTCHs demonstrate on their websites diversity and inclusion of LGBTQ and ethnoculturally diverse older adults. The question that guided this exploratory study was: How inclusive of LGBTQ and ethnoculturally diverse older adults are LTCHs websites in Ontario and Newfoundland and Labrador?

The website of an organization is a window into the organization, and a content analysis of LTCH websites was considered a suitable technique for finding answers to the research question. Content analysis is a nonreactive technique that uses structured observation to gather and analyze text (words, images, symbols, or messages). Content analysis is useful “to reveal messages in a text that can be difficult to see with casual observation” (Newman & Robson, 2009, p. 208).

Method

The researchers began by creating a comprehensive list of all LTCHs in Ontario and Newfoundland and Labrador. For the province of Ontario, they identified 621 such facilities through the information provided on the LHIN subregion websites. The researchers drew their sample from three diverse pools: LTCHs run by large companies, municipalities, and other randomly selected LTCHs (which included LTCHs run by smaller companies, religious organizations, and not-for-profits). From the list of 621 homes, the researchers identified and selected large companies that ran over 10 LTCHs each in Ontario. They found eight such large companies in Ontario. Together, these companies ran between 15 to 48 LTCHs each, representing a total of 208 LTCHs in Ontario.

The researchers also identified and selected for review LTCHs run by 40 municipalities in Ontario. This selection was made by identifying LTCHs with the municipality name in its web address. One municipality LTCH website was under construction for a continued period of time, so it was removed from the sample. While websites for smaller companies and not-for-profit organizations may showcase their individuality, websites of homes run by larger companies or municipalities have messaging that is often standardized for all the homes under their jurisdiction. When a municipality had more than one home, the researchers looked for any variation between those homes in relation to the dimensions that were being explored. For the most part, almost no differences in terms of inclusion of diversity were found on the websites of the different homes run by municipalities. When differences were found, they were noted. Although the research focused on one LTCH in each municipality, this LTCH often, therefore, represented all the other homes in the same municipality. The one exception was a municipality referred to as Municipality A in this study. While this municipality had some common elements that ran through all its ten homes, there were significant differences in the way the websites of these homes demonstrated inclusion of LGBTQ and ethnoculturally diverse older adults. Municipality A stood out as an outlier in terms of its inclusion of LGBTQ and ethnocul-

turally diverse older adults. For this reason, Municipality A and its 10 LTCHs have been discussed separately from the other 38 municipality homes. The researchers also selected ten additional LTCHs in Ontario, hereafter referred to as Randomly Selected Long-Term Care Homes (RSLTCHs), which did not belong to either big companies or municipa-

was found in Ontario, all 37 LTCHs were included in the sample. The final sample for this study comprises 103 LTCH websites (66 LTCH websites in Ontario and another 37 websites in Newfoundland and Labrador).

A coding sheet was created based on one used by the first two authors in a previous content

Table 1: Individual LTCH Coding Sheet

Name of the LTCH: _____

LTCH type (Company/Municipality/Municipality A/RSLTCH/NL Home): _____	Yes/No	Elaboration/Explanations/Examples
Website content in languages other than English and French		
LGBTQ friendly symbols		
Messaging that directly address LGBTQ persons		
Services specific for LGBTQ community		
Diversity/inclusion statement that recognizes differences in religion/race/ethnicity/culture/language		
Diversity/inclusion policy/mission/vision statement that specifically mentions LGBTQ + persons		
The website has images of ethnoculturally diverse people		
The website has images of LGBTQ + people? If yes, specify if they were White or racially diverse		
Was there specific heteronormative language used on the website		
The website has messaging (including activities/services/symbols) that recognize and respect cultural differences		
The website mentions ways in which the residents can provide feedback/input into the functioning of the home		
Videos on the website represent diverse resident groups		
Other observations/comments:		

lities using a random number generator. This selection was made in order to capture the diversity of services within the LTCH, which were not run by either municipalities or large companies.

To identify homes in Newfoundland and Labrador, the researchers started from a list of LTCHs provided by the Government of Newfoundland and Labrador. According to this list, the 37 LTCHs in Newfoundland and Labrador were organized under four different regional health authorities: Eastern, Western, Central, and Labrador-Grenfell. As this pool of LTCHs was much smaller than what

analysis study (Giwa & Chaze, 2018). The coding sheet for the current study was modified and pilot tested based on a few LTCH websites. The researchers each independently coded information from three websites from the list of LTCHs to compare their coding. Coding categories were finalized based on this exercise (see Table 1 for a template of the individual coding sheet). The student researcher was provided training on coding the website data. All the LTCH websites were independently coded by at least two researchers to ensure interrater reliability.

In completing the coding sheet, the researchers reviewed the programs, services offered, food each website to look for material that might have been otherwise missed in a search of webpages.

Table 2: Overview of Findings

	Large company homes (n=8)	Municipal homes (n=38)	Municipality A homes (n=10)	RSLTCHs (n=10)	NL homes (n=37)	Total number (n=103)	Total (%)
Website provided the option for languages other than English and French	1	12	10	2	0	25	24.27%
Images of inclusion of LGBTQ populations by symbols	1	0	0	0	0	1	0.97%
Images of LGBTQ populations	0	0	0	0	0	0	0.00%
Images of ethnoculturally diverse residents	5	3	4	1	0	13	12.62%
Video of ethnoculturally diverse persons	1	2	3	1	0	7	6.79%
Messaging for LGBTQ persons	0	0	3	0	0	3	2.91%
Recognizing diversity	4	15	5	5	3	32	31.06%
Services that reflect underlying values of heteronormativity and gender binaries	1	13	0	0	0	14	13.59%
Mechanism for resident and family feedback	3	29	3	5	8	48	46.60%
Services for ethnoculturally diverse residents	1	8	5	3	2	19	18.45%
Services for LGBTQ residents	0	0	2	0	0	2	1.94%

menus, daily activities, and monthly/activity calendar available for each home. Additionally, information related to the vision and mission of the organization, its policies related to inclusion and diversity, and images and videos posted on the website were assessed. The home page “About” and “Services” sections on each website were examined thoroughly to capture words that conveyed the vision/mission of the organization. The words LGBTQ were added in the search tab of

Results

Website Languages

As can be seen in Table 2, 24.27% (n = 25) of all homes provided the option to view website content in languages other than French or English. Only one company provided the option to view the website content in a language other than English. 31.57% (n = 12) of municipal websites (n = 12), 100 percent (n = 10) of Municipality A’s LTCH

websites, and 20% ($n = 2$) of RSLTCHs provided the option of translating the website content into multiple languages. Five municipal homes provided the option to view the website information in French or English. Two RSLTCHs provided the option of viewing the content in English and one other ethnic language. All LTCHs in Newfoundland and Labrador had the option to view the website information only in English.

Images of Inclusion of LGBTQ Populations by Symbols

The researchers looked for images of symbols that represented the inclusion of the LGBTQ population, such as a pink triangle or a positive-space sign. 99.23% ($n = 102$) of the LTCHs did not display such images. The only LGBTQ positive image found was on the website of one company. Here a resident was wearing a multicolored lei in support of an LGBTQ community parade.

Images of Diverse Populations

The researchers also looked for images that represented residents of diverse backgrounds. No images that depicted LGBTQ residents (for example, two older adults of the same sex holding hands, hugging, or kissing) were found on any of the 103 websites.

Only 12.62% ($n = 13$) of all websites provided images of ethnoculturally diverse residents. The websites that provided such images included five company websites, one RSLTCH website, four LTCH websites in Municipality A, and three other municipal websites. Of the three municipal websites, one municipality had images of ethnoculturally diverse persons in three out of five of its LTCH videos. In Newfoundland and Labrador, only one image was found that represented diverse residents indirectly, in an image that showed hands of different skin colors layered together.

On some websites, ethnoculturally diverse staff were the only visible people of color. This was the case in three companies, three municipalities, and five of the RSLTCHs. No staff of color were visible on the Newfoundland and Labrador LTCH websites. When videos of the homes were available,

the researchers looked to see if they featured residents and whether those residents represented diverse groups. Only one of the eight company websites had video footage that included one or more ethnoculturally diverse residents. Another home had video images only of an ethnoculturally diverse staff. Only two municipal homes and one RSLTCH featured ethnoculturally diverse residents in their videos. One other municipal home featured only ethnoculturally diverse staff. Three LTCH websites in Municipality A featured ethnoculturally diverse residents.

Images of Inclusion of Ethnoculturally Diverse Populations by Symbols

One of the LTCH websites in Municipality A had images of Chinese wall-hangings and decorations in the lounge area. Another home in the same municipality had Chinese television programming in the background, possibly indicating the presence of Chinese-origin residents.

Messaging Addressing LGBTQ Persons

No messages that directly addressed LGBTQ persons were found on the websites of company homes, municipal homes, RSLTCHs, or homes in Newfoundland and Labrador. Three of the 10 LTCHs in Municipality A were exceptions. One home described itself as a "lesbian, gay, bi and transgender (LGBT) friendly home accepting all residents regardless of religion, language, and cultural, ethnic background." Another home described itself as a leader in the "City's creation of inclusive and affirming long-term care and services for lesbian, gay, bisexual, trans, queer and two-spirit persons." A third home mentioned supporting "a welcoming LGBT environment" in partnership with local organizations serving the LGBTQ community.

Messaging recognizing Diversity

Of the 103 LTCH websites, 31.06% ($n = 32$) recognized the diversity of residents in their homes. Fifty percent of the company websites ($n = 4$) acknowledged diversity among their residents and used words such as "honor," "recognize," "value," and

"respect" to describe the LTCH's approach towards diversity. One home mentioned that residents could "form friendships and enjoy relationships with persons of one's choosing." The same home spoke of providing care "without discrimination." Diversity and individuality were spoken about in very generic terms by these four organizations. No mention was made of the specific diversities that the LTCHs were recognizing or appreciating. Fifteen of the 38 municipal homes stated they acknowledged, recognized, or valued the diversity of their residents. Of these, seven homes specifically mentioned cultural/ethnic/language diversity in residents and staff and spoke of their LTCH meeting such needs.

One of the municipal homes mentioned encouraging residents to "maintain their unique identities and lifestyles." Three of these LTCHs used rights-based terminology in reference to diversity, such as working in an environment that was "free from discrimination" and being "committed to upholding the rights for all residents." One of these municipal homes talked about how all residents had a "right to be treated with respect and courtesy" and that they lived this value by "providing education for all, acknowledging individuals needs and embracing differences." None of the 38 municipal homes acknowledged diversity in terms of sexual orientation or gender identity.

Fifty percent of RSLTCHs ($n = 5$) acknowledged residents' cultural diversity. Two homes mentioned meeting the needs of one specific ethnic group while acknowledging the needs of other diverse ethnic groups. A third home met the needs of only one specific ethnic group. Three LTCH websites in Newfoundland and Labrador acknowledged diversity among its residents. One home mentioned "embracing diversity and multiculturalism," while two other homes talked about how service in the LTCHs "reflects the diverse physical, cultural, social, emotional, spiritual, recreational, and economic needs of the residents." Two other homes specifically discussed providing care according to Christian values, ethics, and principles.

Municipality A highlighted its commitment to diversity in numerous ways. The website mentioned

a five-year LTCH service plan that was aligned with the service principles of "equity, respect, inclusion, and quality of life" as specified in the Municipality's senior strategy. The plan promised service provision that was respectful of cultural and sexual diversity. The plan further delineated steps that LTCHs would take to provide residents with opportunities to observe their own religious and spiritual beliefs.

Three individual LTCHs on Municipality A's website displayed their own messages of inclusion. One stated that they were a "lesbian, gay, bi, and transgender (LGBT) friendly home accepting all residents regardless of religion, language, and cultural, ethnic background."

A second website mentioned that their LTCH strove to

encourage residents to be themselves, take pride in who they are, and enjoy life in an open, dignified, [and] respectful place. The home believes that everyone has the right to quality care that respects their culture, ethno-racial background, family tradition, community, language, all sexual orientations and gender identities, spiritual beliefs and traditions.

A third home stated that it worked in partnership with a prominent organization that worked for the LGBT community to "support a welcoming LGBT environment." Fifty percent of the LTCHs ($n = 5$) in Municipality A mentioned specific ethnocultural groups to which they catered either by naming the communities (French, Ismaili, Chinese, Jewish, Korean, Japanese-Canadian, Armenian, and Tamil) or by saying their LTCH had a "multicultural population with residents from 12 countries speaking 14 different languages."

Services That Reflect Underlying Values of Heteronormativity and Gender Binaries

13.59% ($n = 14$) of all websites mentioned services that reflected the underlying values of heteronormativity or gender binaries. The expectation of residents being either only male or female was most visible in the calendar of events and recreational programs offered by the LTCHs. Ten municipal homes had services such as "Men's

Club," "Women's Club," "Ladies' Auxiliary Yard & Bake Sale," "Men's Program," "Women's Devotional Hour," "Men's Recreational Group," "Men's Group," "Men's Coffee," and "It's a Guy Thing." Gender binary language was found in one RSLTCH and two municipal homes. One company website mentioned that they try to "bring people of the same gender with lots in common together, so that you and your new friend can enjoy your time here." One other municipal website had similar messaging. An assumption of asexuality or heterosexuality among older adults also seemed implied. Except for one image of a man and a woman sitting in the same private room that had two separate beds, the researchers did not find any images representing intimacy or sexuality among the older adults.

The Mechanism for Resident and Family Feedback

46.60% ($n = 48$) of all websites mentioned mechanisms by which residents could provide feedback into the running of the home. Two company websites mentioned having residents' councils and family councils. Another mentioned only residents' councils. LTCHs run by municipalities highlighted their family councils and residents' councils more prominently. Two municipal and company homes encouraged residents to talk to the staff. They also provided feedback mechanisms such as surveys for residents to provide comments to the staff. Forty percent ($n = 4$) of RSLTCHs mentioned both residents' and family councils, while one mentioned only a residents' council. 21.62% ($n = 8$) of LTCHs in Newfoundland and Labrador mentioned residents' and family councils. Two of Municipality A's LTCH websites mentioned residents' councils and family councils. One of these homes also elicited information by way of satisfaction surveys. A third home mentioned two residents' councils for two ethnic groups.

Services for Diverse Residents

18.45% of all websites ($n = 19$) reviewed mentioned services that kept in mind ethnoculturally diverse older adults. Only one of the eight company websites mentioned services that accounted for

the residents' ethnic diversity, including "community and cultural events" and "multifaith spiritual services." Eight municipal homes mentioned one or more services for diverse residents, which included celebrations of diverse cultural/religious events and multifaith spiritual services.

One municipality had two homes that offered French-language service. Another municipal home offered cultural and language-specific spiritual services. A third municipal home spoke of scheduling "menu theme days to acknowledge traditional holidays." A fourth municipal LTCH spoke of offering programs "to promote and fulfill the residents' intellectual and cultural needs."

Another LTCH mentioned that their calendar reflected "the diverse and changing interests and abilities of the residents as well as current cultural trends and community participation."

For the most part, spiritual services involved services related to the Christian faith. For example, 55.26% ($n = 21$) of municipal homes mentioned chapels, pastors, and church services on their websites. Two municipal LTCHs referred to multid denominational services, and one mentioned nondenominational services.

Thirty percent of the RSLTCHs ($n = 3$) mentioned services for multicultural populations. These included the following:

- A social worker that provided culturally sensitive support (one home)
- Multicultural events (two homes)
- Culturally and linguistically appropriate services (three homes)
- A food menu that was diverse and incorporated ethnic foods consistently (one home)
- Language-specific recreational and religious services for one ethnic community (one home)

Five percent of LTCHs in Newfoundland and Labrador ($n = 2$) mentioned services such as "multi-purpose room for multi worship," "multifaith services," and menus that "suit all preferences and cultural needs." Like Ontario, Christian prayer

services seemed to be the norm. Pastoral or chapel services were mentioned by 45.94% ($n = 17$) of homes. When videos of the LTCHs showed rooms around the home and mentioned a chapel, the accompanying image was almost always of a room with a cross prominently displayed in it, indicating that Christianity was the dominant and normalized religion in the LTCHs.

In Municipality A, five LTCH websites listed specific services their homes provided for ethnocultural residents. These included the following:

- Providing activities and events and care in the language-specific environment (three homes)
- Involving volunteers and partnerships with local ethno-specific communities so that residents could continue their connections with their cultural community (three homes)
- Providing culturally appropriate meal choices (one home)
- Providing culturally appropriate services (one home)
- Providing ethno-specific cultural activities geared towards specific ethnic communities (one home)
- Involving the resident and “their family/friends in the care to ensure it is consistent and based on resident’s values, beliefs, and wishes” (one home)

Only 1.94% ($n = 2$) of all websites mentioned services specifically for the LGBTQ community within the home. Both websites belonged to LTCHs in Municipality A. The home page of Municipality A’s LTCHs stated: “lesbian, gay, bi, and transgender (LGBT) supports, community outreach and extensive volunteer programs are available in every home.” However, this information was not available on the individual LTCH pages. One Municipality A home page mentioned “creating a welcoming community” for LGBTQ residents in partnership with two local organizations/networks. Another LTCH described how LGBTQ organizations and community members provided a “vital community link” for residents.

Discussion

Culture—including food, dress, customs, habits, and rituals—influences many aspects of people’s lives. If older adults do not feel that their culture is supported or respected in the LTCH they are entering or the culture of the LTCH is very different from their own, these older adults are likely to experience social isolation, negative health consequences, spiritual isolation, and distress (Sue Cragg Consulting and the CLRI Program, 2017a). When services account for older adults’ language and culture, positive impacts on their physical and mental health are known to occur (Um, 2016). Recognizing and supporting the cultural diversity of older adults would mean that LTCHs “seek input regarding their needs, concerns, practices and desires when designing ethnically appropriate programs and activities” (Sue Cragg Consulting and the CLRI Program, 2017a, p. 13). The researchers found in this exploratory study little recognition of support for cultural diversity on the websites of LTCHs reviewed in Ontario and Newfoundland and Labrador.

Only one-quarter of the 103 websites reviewed had options to view the website content in languages other than English or French. This situation is far from ideal given the increasing ethnic diversity of Canada, where 7.3 million people speak a mother tongue other than English or French (Statistics Canada, 2017b). Older adults entering LTCHs are at one of the most vulnerable periods in their lives. Language incompatibilities have been identified as a barrier in service utilization (Lai & Chau, 2007). Ethnoculturally diverse older adults need the information to decide on the homes where they will be spending the rest of their lives, and it is imperative that they have equal access to information in languages with which they are most familiar.

In a recent study on the perceptions of LGBTQ older adults entering long-term care (Kortes-Miller, Boule, Wilson, & Stinchcombe, 2018), participants shared their observations about heterosexist assumptions and their perception of being invisible in LTCHs. The current study found evidence of such invisibility, with no images of

older adults from the LGBTQ community on any of the websites. This lack of visibility of any physical signs of inclusion from 102 out of the 103 homes, including those in Municipality A having clearly articulated policies related to the inclusion of LGBTQ older adults, is problematic. LTCHs without appropriate staff training and organizational orientation inclusive of LGBTQ persons are not advised to display images that would suggest otherwise (Giwa & Chaze, 2018). However, organizations that do support LGBTQ older adults need to consider such imagery as they come at an almost negligible cost to the organization and communicate important indications of support for this group. The lack of inclusion and representation of older LGBTQ adults can be described as covert or elusive discrimination (Furlotte et al., 2016).

Except for one image of a man and a woman sitting in the same private room that had two separate beds, the study did not find any images that represented intimacy among the older adults. Older adults are often desexualized in general, and LTCHs have struggled with dealing with sexuality among their residents. This discomfort can become amplified when the older adults expressing their sexuality are not heterosexual. The lack of representation of such intimacy is possibly a way of adhering to the sensitivities of the residents. Yet heterosexual intimacy is often depicted in public imagery in Canada, and the absence of imagery depicting intimacy in LTCHs is more likely an outcome of the intersection of ageism and heterosexism.

Given the growing diversity of Canada, there is a need to consciously include images that visually represent the diversity of residents to create a more welcoming and inclusive environment. The images of residents shown on LTCH websites were overwhelmingly of White older adults. None of the 103 homes had any visual representation of Aboriginal people or symbols representing these cultures; this factor is problematic considering that Aboriginal people comprise 4.9% of the Canadian population (Statistics Canada, 2017a) and their history of forced assimilation in Cana-

dian culture (Sue Cragg Consulting and the CLRI Program, 2017b). Viewing websites with little or no representation of people of color is likely to be alienating for ethnoculturally diverse older adults who are increasingly expected to be the resident population of these LTCHs in the very near future.

While a fair number of LTCHs had messaging that acknowledged the diversity of their residents in some form, only 18.45% ($n = 19$) percent of the websites reviewed translated written recognition of diversity into services of some kind. When provided, services that kept in mind diverse residents mostly included celebrations of events or provisions of multifaith spiritual services. Koehn and her colleagues (2018) have discussed the alienation and isolation that ethnocultural minority groups can encounter when they live in homes that are run in accordance with dominant Anglocentric norms and values.

For the most part, information available on the websites of LTCHs reviewed in this study suggested that the homes seemed to provide primarily Christian spiritual services. Older adults of other faiths or those with negative experiences with Christianity may feel marginalized or uncomfortable by this. In a study by Kortes-Miller and her colleagues (2018), LGBTQ older participants shared how visual religious symbols like crucifixes on the walls of LTCHs made some participants feel uncomfortable and insecure. Older adults of faiths other than Christianity may experience "spiritual isolation" (Sue Cragg Consulting and the CLRI Program, 2017b, p. 3); they may feel invisible or feel the need to hide their faith in order to assimilate with other residents of exclusively Christian spiritual practices. These messages can also be re-victimizing for older adults who might have experienced faith- and race-based discrimination in their lifetime.

Providing services in their own language (Montayre, Montayre & Thaggard, 2018), familiar foods and appropriate programs are important for older adults, particularly for those with dementia (Sue Cragg Consulting and the CLRI Program, 2017a; 2017b). A minuscule number of the homes in this study provided menu choices or programming

that reflected the diversity of their residents. The menus reviewed displayed a noticeable lack of diversity in food choices.

While they often offered a choice of two meal options, very few menus offered ethnic foods or considered a vegetarian meal choice consistently for each meal. The need for linguistically accessible services for ethno-specific populations has been reiterated in the literature (Guruge et al., 2009; Koehn, Baumbusch, et al., 2018). Only nine LTCHs provided services in languages other than English. As Laher (2017) noted, linguistic barriers may make communication with LTCH staff difficult for these older adults.

Only two homes in the study sample mentioned services that catered to LGBTQ residents. In both cases, the services involved collaborating with local LGBTQ-specific organizations. No details were available about what these collaborations would provide the older adult. LTCH websites need to have more details of specific services available to support older adults from the LGBTQ community. Such details would allow older adults and their families to understand exactly how potential residents would be supported, understood, and respected. Past research indicates that LGBTQ older adults worry about discrimination and mistreatment in LTCHs (Brotman, Ryan & Cormier, 2003; Wilson et al., 2018; Ottawa Senior Pride Network, 2015). Being explicit about services that LTCHs provide for LGBTQ individuals can provide recognition of their sexual orientation and gender identity, which can make them feel validated and accepted (Steelman, 2018). 13.59% ($n = 14$) of all the homes sampled had services that reflected the underlying values of heteronormativity and gender binaries. With one exception, all these homes were in municipalities in Ontario. This was disturbing, given the values and protections promised by the Ontario Human Rights Commission on the grounds of sexual orientation and gender identity.

The *Ontario Long-Term Care Homes Act* mandates LTCHs to have residents' councils and allows for family councils. In Newfoundland and Labrador, the rights of residents to participate

in decisions affecting them are acknowledged as a standard of care for LTCHs. Not surprisingly, 60.61% ($n = 40$) of LTCHs in Ontario and 21.62% ($n = 8$) of LTCHs in Newfoundland and Labrador mentioned mechanisms for resident and family feedback. Since resident involvement can be empowering to older adults in LTCHs, this effort is promising, though not ideal (Boelsma, Baur, Woelder, & Abma, 2014). This kind of involvement makes it possible for residents to propose changes to the functioning of the home more in keeping with their individual preferences or lifestyles. However, cognitive and language limitations may limit the diversity of residents who participate in these councils (Koehn, Baumbusch, et al., 2018). Additionally, residents' councils are often chaired by a staff member or a director of care, which may increase the likelihood that residents feel a power imbalance when raising issues in these forums.

Conclusion

There are limitations to this study. The first relates to the kind of data that can be generated by content analysis. It is possible that the websites reviewed do not adequately reflect the functioning of the home in reality. Research by Sussman and her colleagues (2018) has shown that anticipated negative resident/family reactions can play a role in the visibility of an LTCH in its inclusivity practices. The content analysis does not allow for such verification of accuracy. Dominant power dynamics in society are reinforced when LTCH websites reflect mostly White, Christian, and heterosexual identities. This sends a message to minority groups (i.e., LGBTQ and ethnoculturally diverse older adults) that they would need to assimilate into the dominant values of the LTCH in order to fit in.

LTCHs need to engage in a process of organizational change to serve LGBTQ and ethnoculturally diverse communities better. As institutions crucial to the care of vulnerable older adults, LTCHs need to reflect the values of Canada as a country that prides itself on being multicultural.

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