International Review of Seniors Strategies that Support Ethno-cultural and Linguistic Diversity
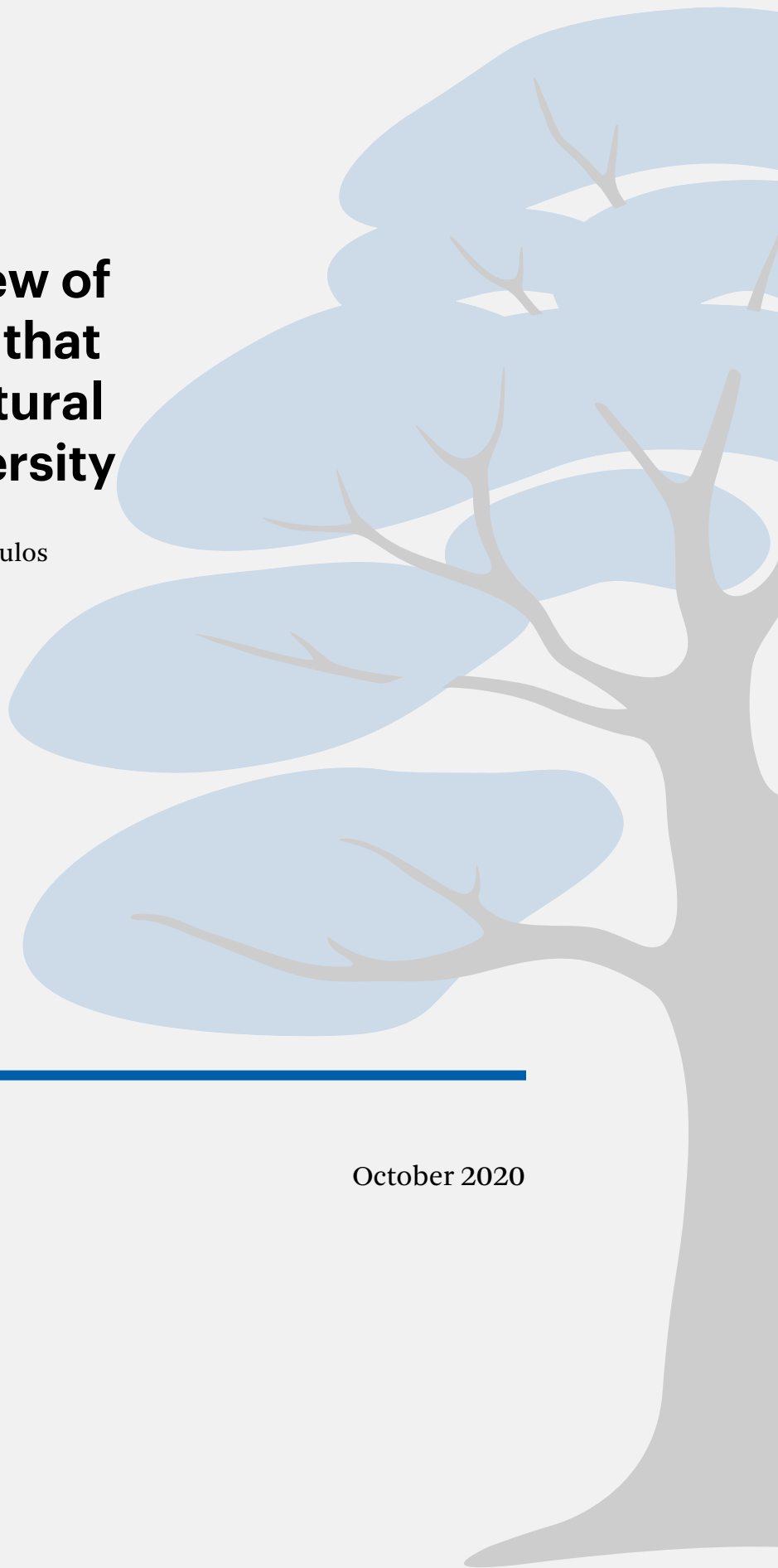
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Wellesley Institute
advancing urban health

October 2020

Introduction

Growing ethno-cultural and linguistic diversity among older population groups is an experience shared by countries of immigration like Canada, Australia, New Zealand, the United Kingdom (U.K.), and the United States (U.S.). These international jurisdictions have introduced a range of national-level or provincial/state-level strategies to address the evolving needs of diverse older populations in their health and social care systems; ranging from the provision of linguistically appropriate resources to enhancing cultural competency of the health and social care workforce.

Diversity is one of the guiding principles of Ontario's most recent seniors' strategy, Aging with Confidence: Ontario's Action Plan for Seniors.[1] Across Canada, federal and provincial initiatives have addressed the importance of improving programs and services to better reflect the diversity of the populations they are serving and to adequately support the needs of seniors with diverse ethno-cultural and linguistic backgrounds across the health and social care system.[2,3,4] In June 2019, Ontario announced plans to develop a new government-wide seniors strategy to help improve the lives of seniors. As stated in the consultative survey, the government was clear on its commitment to "recognizing the diversity of Ontario's senior population" and in seeking feedback on "how the government can ensure that its programs and services take into consideration the unique needs of seniors from different backgrounds."[5] With the delay in announcing the new strategy, initially planned for fall 2019, the government's direction on how the new strategy will support ethnocultural and linguistic diversity is not yet clear.

To inform the policy development of improving access to culturally appropriate care for all Ontarians, this international review aims to present policy options through examples from other jurisdictions. This report explores how other jurisdictions with shared challenges have adopted seniors' strategies to better address the growing diversity of needs among their older population. This review aims to identify and describe promising strategies that have been developed to improve access to programs and services for seniors from diverse communities. Ultimately, this report presents emerging strategies and themes identified in the reviewed strategies to discuss the implications for the Ontario context.

Method

A literature review was conducted to examine documents outlining strategies developed by national or provincial/ state-level governments in high-income countries, with a share of foreign-born population considered comparable to Canada's: Australia, New Zealand, the U.S., and the U.K. Strategies developed by federal or provincial governments across Canada were also included in the review. Grey literature, largely documents published by governments, was retrieved through web searches and consultations.

Search criteria included publications that:
• Present a national or provincial/state-level strategy for seniors;
• Present detailed descriptions of a strategy, including the vision, objectives, directions, and action plans that specifically focus on ethno-cultural and/or linguistic diversity;
• Were published between 2000 and 2019; and
• Were published in English.

For each jurisdiction selected for review, information was gathered through searching government websites and Google using diversity-related search terms including ethnic, ethno-cultural, cultural, linguistic, diversity, immigrant, and foreign-born, paired with a search term from one of the three following categories: i) senior-related search terms including ageing, aged, senior, and older adults; ii) strategy-related search terms including strategy, framework, action plan, and approach; and iii) respective names of country/province/state.

In addition to government website and Google search, Canadian strategies were identified from An Overview of Healthy Aging Strategies in Rural and Urban Canada published by the Saskatchewan Population Health and Evaluation Research Unit in 2018. Furthermore, online resources and staff at the Office of Minority Health's Resource Centre Library, housed in the U.S. Department of Health and Human Services, were consulted to identify federal and state-level initiatives across the U.S. For theU.K. strategies, online resource lists of the National Institute for Health and Care Excellence and the Centre for Policy on Ageing were searched.

After retrieving relevant documents that met the search criteria, a content analysis of each document was conducted. First, each strategy was examined to understand its goals, approaches, specific action plans related to diversity, and enforcement mechanisms. Then, all strategies were reviewed to identify core themes, principles, and trends. Two promising strategies were identified to be included as case studies in the report– one national strategy and one provincial/state-level strategy. For case studies, we reviewed each jurisdiction's demographic context, seniors care system, the policy context in relation to the development of the strategy, core elements of the strategy, specific examples of action plans that address ethno-cultural and/or linguistic diversity, implementation progress, and enforcement mechanisms.

After the document review, key informant interviews were conducted with experts on seniors' strategies in Ontario and from the case study jurisdictions included in this review. Selected key informants were identified through the document review and stakeholder consultations. The purpose of these interviews was to collect additional information on the reviewed policy context in these jurisdictions, and to gain more information on the development, implementation and enforcement of the reviewed strategies.

Terminology
There is variety in the terminology that jurisdictions, governments, and organizations use to discuss individuals aged 65 and older as a population group. Among these terms are: older adults, older people, and seniors. There is also variety in the terminology used to refer to the range of public and private health and social services tailored to those aged 65 years and older, including: long-term care services, aged care services, and seniors' care. This report will employ the term seniors to refer to individuals aged 65 years and older, as this is the term commonly used by the Ontario Government. Additionally, this report uses the term seniors' care to refer to the range of services and programs tailored to seniors, apart from the reference to a strategy's title or specific programs outlined within a reviewed strategy.

Also, across the reviewed strategies, various terminologies and definitions are used to describe the senior population groups that experience unique needs and access barriers to publicly-funded programs and services due to ethnicity, race, culture, and/or language. For example, the Australian government uses the term "culturally and linguistically diverse (CALD)" populations to refer to people who were born overseas, have a parent born overseas, or speak a variety of languages. The Australian Bureau of Statistics defines the CALD population mainly by county of birth, language spoken at home, English proficiency, or other characteristics such as year of arrival in Australia.[6] The strategy identified from the U.K. government uses the term "Black and minority ethnic communities" to describe the population groups characterized by their non-White origin.[7] In Ontario's most recent seniors' strategy, "diverse ethno-cultural backgrounds" and "diverse language" are used to refer to the population groups with diverse needs. The strategy report presented the change in the number of "visible minority" seniors, defined as 65+ who are non-Caucasian in race or non-white in colour, to describe the increasing diversity among Ontario's seniors population. This report will use the terms "ethno-cultural and linguistic diversity" and seniors from "diverse ethno-cultural and linguistic communities" to refer to the populations who have different needs based on their ethnic, cultural, and linguistic backgrounds, while distinguishing them from other diverse population groups such as those from the LGBTQ community and people with disabilities.

Findings

Overview of Reviewed Strategies

The review identified 15 national and provincial/state-level strategies that address the needs of seniors from diverse ethno-cultural and/or linguistic communities. There are five national-level strategies, including one from Australia, one from the U.K., and three from New Zealand, and 11 state/provincial-level strategies, including six from the U.S., and four from Canada. Table 1 presents a summary of all fifteen reviewed strategies (see Appendix 1 for more detailed summaries).

The strategies were published between 2001 and 2017, with a majority published after 2015 (nine out of fifteen). The Australian national strategy was published by the Ministry of Social Services, the U.K. strategy was published by the Department of Health, and the New Zealand national strategies were published by either the Ministry of Social Development or Ministry of Health. The state and provincial strategies were published by a wide range of departments and ministries including departments of health, and state/provincial-level offices, departments, councils and secretariats dedicated to seniors' affairs and aging.

While all strategies include actions to address diversity in seniors' care, the strategies vary widely with respect to the focus of the strategy, the degree to which strategies address ethno-cultural and linguistic diversity in its goals and action items, and its enforcement mechanisms. The Australian national strategy is the only strategy which has cultural and linguistic diversity as the main focus of the entire strategy. Its six goals and 35 action areas all aim to addressing the needs of culturally and linguistically diverse senior populations. Other strategies focus on either health and support services for seniors or healthy ageing and age-friendly society more broadly. Nine strategies outline clear enforcement mechanisms (all U.S. states, New Zealand 2001, New Zealand 2002, and Nova Scotia 2017) and two outline plans to develop enforcement mechanisms (New Brunswick 2017 and New Zealand 2016). While the Australian strategy did not contain information about enforcement mechanisms, the Australian Department of Health published an implementation report in 2017 which outlines a consultation process to monitor the progress of the strategy.

For categorization, the strategies were placed along a continuum regarding the level of focus on actions to address diversity in seniors' care. At one end of the spectrum are the strategies in which every action and objective attempts to address diversity. These strategies include explicit, actionable steps to ensuring seniors care is responsive to the culturally and linguistically diverse needs of seniors. The Australia's *National Ageing and Aged Care Strategy for People from CALD Backgrounds* is the clearest example of a strategy at this end of the spectrum, as all goals in the strategy outline practical actions all of which are targeted towards seniors with culturally and linguistically diverse needs.

At the other end of the spectrum are the strategies that do not have an explicit focus on diversity, but rather attempt to address diversity in one or more actions within the strategy's goals. The four Canadian strategies reviewed in this report belong to this end of the spectrum. The mid-point of the spectrum is characterized by hybrid strategies that are not created specifically to address diversity in seniors' care, but embed diversity considerations throughout the goals, actions and objectives. The U.S. states were predominantly characterized as hybrid strategies which may be attributed to the presence of the *National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care*, which holds healthcare professionals accountable to deliver culturally appropriate care across the country.

The Australian *National Ageing and Aged Care Strategy for People from CALD Backgrounds* (2012) and the New York State strategy (2015) are presented as case studies, as they represent varying extents to which diversity can be embedded in a seniors' strategy. Before presenting these case studies, findings from the review of Ontario's current provincial-level seniors' strategy, *Aging with Confidence: Ontario's Action Plan for Seniors* (2017), will be presented. This strategy provides context for comparison between Ontario and other jurisdictions. Key informants from Ontario, New York and Australia also provided information to better understand the context around the government's policy and strategy decisions regarding seniors' care.

Table 1: Overview of included strategies addressing ethno-cultural and linguistic diversity in seniors care

Jurisdiction	Title of Strategy	Published by (Year)	Focus	Goals and Action Items related to Ethno-cultural and Linguistic Diversity	Enforcement Mechanisms
Australia	National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse Backgrounds	Dept. of Social Services (2012)	Cultural and Linguistic Diversity in seniors' programs and services	All 6 Goals and 35 associated Action Areas of this Strategy are aimed towards ensuring government ageing and aged care services address the needs of culturally and linguistically diverse seniors.	No enforcement mechanisms outlined in the strategy, but the Department of Health used a consultation process to monitor implementation in 2017.
New Zealand	Healthy Ageing Strategy	Ministry of Health (2016)	Healthy aging and age-friendly society	Diversity is in the Strategy's Vision, but there are only 4 actions related to culturally and linguistically diverse seniors.	Strategy outlines a plan to develop an evaluation and monitoring system
New Zealand	Health of Older People Strategy	Ministry of Social Development - Office for Senior Citizens (2002)	Health and support services for seniors	Actions associated with 4 out of 8 objectives are relevant to culturally and linguistically diverse seniors.	Annual monitoring reports and three annual policy stock-take reports
New Zealand	Positive Ageing Strategy	Ministry of Social Development - Office for Senior Citizens (2001)	Healthy aging and age-friendly society	Two guiding principles and 1 of the 6 goals are related to culturally and linguistically diverse senior populations.	Assigns responsibility for each action, two-tiered monitoring and reporting process
U.K.	National Service Framework for Older People	Department of Health (2001)	Health and support services for seniors	Key intervention items included in 2 out of 8 standards are related to culturally and linguistically diverse senior populations.	Strategy outlines milestones and performance measures for each standard
California (U.S.)	California State Plan on Aging 2017-2021	State of California Dept. of Aging (2017)	Health and support services for seniors	Under Goal 2 which outlines a need for improved delivery of programming there is an objective which outlines target groups for whom access to OAA programs should improve, recent refugees are listed among these groups.	Performance measures and target dates for each objective. The OAA also mandates reporting on seniors' strategies every four years.
New York (U.S.)	New York State Plan on Aging 2015-2019	New York State Office for the Aging (2015)	Health and support services for seniors	The Plan has 6 Goals, 4 of which are specifically focused on diversity. The Plan outlines contracts between government and service providers as well as legislation that help to ensure services are linguistically diverse.	Area Agencies on Ageing Contract Requirements, Federal and state Legislative requirements.

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Jurisdiction	Title of Strategy	Published by (Year)	Focus	Goals and Action Items related to Ethno-cultural and Linguistic Diversity	Enforcement Mechanisms
New Jersey (U.S.)	New Jersey State Strategic Plan on Aging 2017-2021	New Jersey Dept. of Human Services (2017)	Health and support services for seniors	There are 6 Goals in this State Plan, one of which is relevant as it covers outreach efforts between culturally and linguistically diverse seniors and state services. Two objectives under this goal are relevant to diversity.	Performance measures for each objective, and OAA reporting requirements.
Nevada (U.S.)	Nevada State Plan for Aging services 2016-2020	Dept. of Health and Human Services - Aging and disability services division (2016)	Health and support services for seniors	There are 5 Goals, none of which directly relate to diversity. However, 2 of the 16 objectives in this State Plan are relevant to addressing linguistic diversity within senior populations.	Performance measures and target dates for each objective, and OAA reporting requirements.
Hawaii (U.S.)	Hawaii State Plan on Aging 2017-2019	Hawaii Dept. of Health, Executive Office on Aging (2017)	Health and support services for seniors	There are 5 Goals within this Plan and while none of the goals directly relate to diversity, 2 of the 17 strategies in the State Plan aim to address linguistic diversity through state-wide language access programs.	Performance measures and target dates for each objective, and OAA reporting requirements.
Florida (U.S.)	State Plan on Aging 2017-2020	Florida Dept. of Elder Affairs (2017)	Health and support services for seniors	Goal 1 (Language and Access) and Goal 2 (medical, home and community-based care) of this State Plan provided guidance for action around culturally diverse seniors.	Long-Term Care Ombudsman Program, Performance measures, and OAA reporting requirements.
Ontario (CA)	Aging with Confidence: Ontario's Action Plan for Seniors	Government of Ontario (2017)	Health and support services for seniors	Diversity is listed as one of four guiding principles in the strategy. The Plan also includes strategies to address diversity in long-term care including increasing support for linguistic diversity in long-term care, supporting culturally appropriate meal preparation in LTC homes, and supporting ethno-cultural seniors in their communities.	N/A
Nova Scotia (CA)	Shift: Nova Scotia's Action Plan for an Aging Population	Nova Scotia Dept. of Seniors (2017)	Healthy aging and age-friendly communities	The Plan's 3 Goals are not specific to diversity, however, 8 actions within these goals are related to diversity. Additionally, 5 of the 7 actions regarding the implementation of the Plan include items related to culturally and linguistically diverse seniors.	Reporting structure between Deputy Ministers and Deputy Heads of Other Departments

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Jurisdiction	Title of Strategy	Published by (Year)	Focus	Goals and Action Items related to Ethno-cultural and Linguistic Diversity	Enforcement Mechanisms
Nova Scotia (CA)	Strategy for Positive Ageing Nova Scotia	Nova Scotia Seniors' Secretariat (2005)	Healthy aging and age-friendly communities	One of the 9 goals focus on diversity needs of seniors. Additionally, Goal 2 and 3 include actions and which address culturally and linguistically diverse seniors.	N/A
New Brunswick (CA)	We are all in this together: An Aging Strategy for New Brunswick	New Brunswick Council on Aging (2017)	Healthy aging and age-friendly communities	There are 3 Goals in this strategy, each of which has 4 initiatives. With respect to Goal 3 (Embracing person-centred care), 3/4 initiatives relate to culturally and linguistically diverse seniors.	Assigns responsibility for each action to a specific stakeholder.

The Ontario Context

1) Aging Population and Support for Seniors in Ontario

According to the 2016 Census, 16.4 percent of Ontario's population is 65 years or older. Seniors are the fastest-growing age group in Ontario; and their linguistic and cultural diversity is increasing. About 45 percent of seniors in Ontario were born outside Canada and over 31 percent of Ontario seniors do not report English or French as their mother tongue. While the share of European immigrants has declined, immigration from Asia, Africa, and Americas have increased over the last ten years. Between 2006 and 2016, the number of racialized seniors increased by 94 percent compared to a 27 percent increase among non-racialized seniors.[8,9]

In Ontario, there is a wide range of government-funded programs and services that support seniors in their home, community, hospitals, or residential facilities such as long-term care homes. Currently, the Ministry of Health and the Ministry of Long-Term Care funds 14 Local Health Integration Networks (LHINs) to design and deliver care for seniors and other population groups across Ontario. The LHINs are responsible for the local planning and implementation of decisions regarding eligibility for care, as well as the level of care a person needs, and for how long.

For individuals who apply for support, the local LHIN arranges individual assessments of health and functioning and determine their eligibility for care services and programs. Home care provides nursing or personal support for those who require care in their home. Such support is available for all Ontarians based on their needs with no required co-payment. The LHINs also fund various community-based care programs and services for seniors with mobility and health challenges including day programs, transportation, and meal delivery. Participation in these community-based programs usually requires co-payment.[5] Long-term care homes are residential facilities that provide 24-hour nursing and personal support. All licensed long-term care homes in Ontario are government-funded and regulated under the *Long-Term Care Homes Act, 2007*. The government sets co-payment rates for different types of accommodation (e.g., private and basic beds), which are same across all long-term care homes. Low-income residents may be eligible for a government subsidy towards their accommodation fees.

In February 2019, the Government of Ontario announced its plan for massive transformation of the provincial health care system, moving towards a new integrated care model under Ontario Health and the Ontario Health Teams (OHTs). The OHTs bring together healthcare providers across the care continuum to provide coordinated and integrated care for their local population. The LHIN functions will eventually transition into Ontario Health or to local OHTs over time.

2) Background for the Development of Ontario's Seniors Strategy

In Ontario, the *Long-Term Care Homes Act (LTCHA), 2007* and the *Home Care and Community Services Act (HCCSA), 1994* have provided the legislative foundation of the long-term care and home and community care sectors. They also clearly address the needs related to ethno-cultural, linguistic, and other diversity factors to be recognized and accommodated in seniors' care.[10] The HCCSA, 1994, for example, mandates that in all aspects of the service management and delivery, "the importance of a person's needs and preferences, including preferences based on ethnic, spiritual, linguistic, familial and cultural factors" is recognized. The Act also emphasizes the promotion of "equitable access to community services through the application of consistent eligibility criteria and uniform rules and procedures." In addition, the *Ontario Human Rights Code* protects all Ontarians from grounds of discrimination including race, colour, ethnic origin, place of origin and citizenship. All institutions responsible for seniors' care services must comply with the Code.

In May 2012, the Minister of Health and Long-Term Care appointed Dr. Sinha as the Provincial Seniors' Strategy Expert Lead to lead the development and implementation of the new Seniors' Strategy. His team conducted a jurisdictional review and an extensive consultation with various stakeholders over a six-month period to support the development of recommendations for Ontario's new Seniors Strategy.[3]

Dr. Sinha's report, *Living Longer, Living Well: Recommendations to Inform a Seniors Strategy for Ontario*, has been acknowledged as an important foundational piece for the development of Ontario's most recent seniors' strategy published in 2017. The report recognized diversity as one of Ontario's greatest assets and emphasized the importance of acknowledging the needs of seniors from ethno-cultural groups. The report recommended that the system address the unique needs of seniors from diverse backgrounds through the planning, review, and delivery of services.

Specific needs for diverse ethno-cultural and linguistic groups were presented throughout the report. For example, language was identified as central to seniors' ability to communicate with members of their community and to access information on health, social, and community services. The report also included many specific recommendations for addressing the needs of seniors from ethno-cultural and linguistic communities. For example, the report included the recommendation that the Ministry enhance 24/7 access to information about health, social and community services in as many languages as possible through a single provincewide phone line and web-based portal.

Shortly after the release of the *Living Longer, Living Well* report, the Ontario Seniors' Secretariat introduced *Independence, Activity and Good Health: Ontario's Action Plan for Seniors* in January 2013. This plan aimed to provide an overarching framework for addressing the needs of vulnerable seniors, while supporting active, healthy aging for the entire senior population. The plan had three goals: i) to help seniors find and access health care services to be healthier, stay at home longer, and improve their quality of life; ii) to promote age-friendly communities; and iii) to ensure that Ontario seniors are provided with the programs, services and support that help them live safely, independently, and with dignity. Under each goal, the report presented a list of four to five action items, none of which were directly relevant to the cultural or linguistic needs of seniors. While this plan included some of Dr. Sinha's recommendations on improvements to long-term care, it fell short on offering or incorporating any of the recommendations offered in *Living Longer, Living Well* to address the needs of seniors with diverse backgrounds.

3) Aging with Confidence: Ontario's Action Plan for Seniors (2017)

In 2017, the Ontario government introduced an updated seniors strategy for the province: *Aging with Confidence: Ontario's Action Plan for Seniors*. The vision of this strategy was for Ontario to be a place where seniors feel supported in living independent, healthy and active, safe and socially connected lives. Building on the Dr. Sinha's report and Ontario's *2013 Action Plan for Seniors*, this new strategy introduced additional programs and services to provide further support for seniors in Ontario.

In developing this strategy, the government conducted a public opinion survey of seniors in Ontario to determine how to better address their evolving needs. The new strategy also presented progress made since the 2013 Action Plan and outlined future action items associated with four areas of focus: 1) supporting seniors at all stages; 2) supporting seniors living independently in the community; 3) seniors requiring enhanced supports at home and in their community; and 4) seniors requiring intensive supports.

The 2017 Action Plan featured diversity as one of the four guiding principles. In doing so, the strategy report emphasized the importance of addressing evolving needs from the increasingly diverse senior population in Ontario, while describing diversity not only in terms of ethno-cultural and linguistic diversity but also many other diversity factors (p.12):

> *Seniors' needs are affected by their individual circumstances; for example, their health, language, gender, ability, Indigenous identity, ethnicity, religion, sexual orientation or geographic location. Programs and services should recognize this diversity, and be accessible, equitable and culturally appropriate.*

This plan included three action items specifically related to addressing the needs of ethno-cultural and linguistic diversity. Under the third focus area (Seniors Requiring Enhanced Supports at Home and In Their Communities), the strategy identified an action item for the LHINs to work locally to support communities of seniors from specific ethno-cultural backgrounds to ensure age-friendly buildings are providing culturally appropriate care. Under the fourth focus area (Seniors Requiring Intensive Supports), the government outlined its commitment to provide greater access to culturally appropriate long-term care homes and to prioritize the creation of long-term care beds that serve cultural needs. It also committed to improving access to culturally appropriate in-home supports including culturally appropriate meal options and home care support in the seniors' language of choice.

In June 2019, a plan to develop a new government-wide seniors strategy was announced by the Ontario government. The government conducted province-wide consultation including in-person meetings with hundreds of seniors, their families, caregivers and organizations who support and care for seniors as well as on-line survey which thousands of Ontarians participated from June to July 2019. To encourage participation from diverse ethno-cultural communities, the online survey was available in 12 languages in addition to English and French. The survey clearly stated the government's commitment to "recognizing the diversity of Ontario's senior population" and seek feedback from diverse communities on "how the government can ensure that its programs and services take into consideration the unique needs of seniors from different backgrounds." The government initially planned to announce the strategy in fall 2019. With the delay in announcing the new strategy, the government's direction on how the new strategy will support ethno-cultural and linguistic diversity is not yet clear.

Promising International Strategies: Case Studies

The two strategies that have been chosen for case studies exemplify promising international seniors' strategies supporting diversity, based on the different models we identified in our analysis. The analysis considered how diversity was embedded in a strategy; from diversity at the core of the strategy to including diversity as part of the strategy. Australia's *National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds* is a national-level strategy that embeds ethnic and linguistic diversity throughout the entirety of the strategy. Conversely, *New York's State Plan on Aging 2015-2019* is centered on improving the delivery and funding allocation of legislated seniors care services and includes a selected number of objectives related to cultural and linguistic diversity. These case studies provide detailed, practical examples of how international jurisdictions have addressed diverse ethno-cultural and linguistic needs of seniors through national or state-level strategies.

Case Study One: Australia's National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds

1) Aging Population and Support for Seniors in Australia

According to the statistics presented at *Older Australia at a glance*[12], as of 2017, 15 percent of Australia's population was 65 years or older. In 2016, 37 percent of Australian seniors were foreign-born, 67 percent of whom were born in Europe and 16 percent born in Asia. Between 2006 and 2016, the migration of seniors from Europe to Australia has declined while there has been an increase in seniors immigrating from Africa, the Americas, and Asia. Among Australian seniors, 12 percent spoke a language other than English at home but reported speaking English well, while 5 percent reported speaking another language and English only poorly. Around 1 percent reported not speaking English at all. Other than English, the most common languages spoken by Australian seniors are Italian (3 percent) and Greek (2 percent).

In Australia, there is a wide range of public and private services to support seniors across the continuum of care. The Australian federal government oversees the seniors care system, referred to as Aged Care, which serves those aged 65 years or older (50 years or older for Aboriginal and Torres Strait Peoples) who can no longer live without support. The Australian Aged Care system includes home care, short-term care such as in-home after-hospital care, restorative care, and respite care, and long-term residential care (known as "aged care homes").[13]

My Aged Care is the single point of entry for all seniors' care across Australia. My Aged Care manages the assessment of all applicants' care needs and service coordination for eligible clients, including finding and applying for an aged care home, entering into an agreement with an aged care home, and managing their aged care services.[14] Each person applying for seniors care must undergo a formal income and assets assessment by the Department of Human Services (DHS) or the Department of Veterans' Affairs (DVA).[15] Based on income and assets assessment, the DHS or DVA will determine the level of co-payment for each individual, ranging from no to full payment.[16]

2) Background for the development of Australia's National Strategy

The *Aged Care Act 1997* is federal legislation with many objectives including the provision of funding for aged care services, the promotion of high-quality care, and the protection of the wellbeing of recipients of these services. This Act is particularly important to the care of ethno-culturally diverse seniors as it recognizes people from culturally and linguistically diverse (CALD) backgrounds as one of five special needs groups whose rights should be protected within the aged care system, particularly in residential care settings.[17] The *Quality of Care Principles 1997*, created under the *Aged Care Act*, provides service and accreditation standards for residential and home care across Australia. This legislation promotes culturally appropriate care with respect to the provision of services in care in both residential and home care settings.[18]

In addition to these legislative foundations, the Partners in Culturally Appropriate Care (PICAC) has played an important role in supporting organizations across Australia to deliver and improve access to culturally appropriate aged care. Since 1997, the Australian Government has provided funding to one PICAC organization in each state or territory, ensuring that all jurisdictions across the country are supported in the provision of culturally appropriate care.[19]

In 1998, the Office of Multicultural Affairs in the Department of the Prime Minister and Cabinet developed the *Charter of Public Service in a Culturally Diverse Society* which committed all government service providers to integrate the following seven principles into their strategic planning, policy, and corporate reporting processes: access, equity, communication, responsiveness, effectiveness, efficiency, and accountability.[20] These principles have not only supported equitable practices across all health and social services but have also guided the development of the principles for the National Ageing and Aged Care Strategy for people from CALD backgrounds.

In 2011, the Australian Government's Productivity Commission released the *Inquiry Report: Caring for Older Australians*. This report outlined the Productivity Commission's Inquiry into Aged Care which systematically examined the social, clinical and institutional aspects of seniors' care in Australia. The Inquiry Report contained recommendations for seniors' care reform, including targeting services toward the needs of culturally and linguistically diverse seniors.[21]

In response, the Australian Government introduced the *Living Longer, Living Better Aged Care Reform Package* on April 20, 2012. This package provided $3.7 billion over five years to build a better, fairer and more nationally consistent seniors care system, and was passed with bipartisan support.[22] To transform recommendation to action, extensive community consultations were conducted by the Australian Government's Consultation Hub, and in December 2012, the *National Ageing and Aged Care Strategy for people from CALD backgrounds (CALD Strategy)* was released as part of the national aged care reform.[23]

3) National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse Backgrounds (CALD Strategy)

Vision and Goals: The CALD Strategy was introduced with an explicit objective to enable all Government-related ageing and aged care activities to be appropriate to the needs of seniors from the needs of seniors from CALD backgrounds. The Strategy included five guiding principles to assist the seniors care sector in considering CALD appropriate practice within their organisations: inclusion, empowerment, access and equity, quality, and capacity building. This was reflected throughout the Strategy as all six goals and subsequent actions were specifically tailored to the care of CALD seniors. Each goal is associated with five to seven action areas providing strategies for translating each goal into practice. The six goals of this Strategy are:

1) CALD input positively affects the development of ageing and aged care policies and programs that are appropriate and responsive;
2) Achieve a level of knowledge, systems capacity and confidence for older people from CALD backgrounds, their families and caregivers to exercise informed choice in aged care;
3) Older people from CALD backgrounds are able and have the confidence to access and use the full range of ageing and aged care services;
4) Monitor and evaluate the delivery of ageing and aged care services to ensure that they meet the care needs of older people from CALD backgrounds, their families and caregivers;
5) Enhance the CALD sector's capacity to provide ageing and aged care services; and
6) Achieve better practice through improving research and data collection mechanisms that are inclusive of cultural and linguistic diversity in the ageing population.

Following a change in leadership in federal government from the Labor Party to the Liberal/National Coalition Party in September 2013, the CALD Strategy was endorsed by the new government. The new government replaced the annual implementation reporting structure of the CALD Strategy with an end-of-strategy implementation report, which was released in 2017.

Action Items related to Diversity: Of the 16 reviewed strategies we reviewed, this strategy is the only one in which all goals and action areas are directly focused on addressing cultural and linguistic diversity needs of seniors.

For example, one of the five action areas under Goal 2 (Action Area 2.1) aimed at developing, delivering and promoting multilingual information and education to foster informed choice of services for CALD seniors. As of 2017, this was implemented through My Aged Care's development and publishing of nine fact sheets in order to support the navigation of the seniors' care system. Each fact sheet was translated into 18 languages to make the

information accessible for a linguistically diverse audience of seniors and their families. Another example is an action area under Goal 3 (Action Area 3.1) which aims to ensure My Aged Care delivers culturally and linguistically appropriate services to seniors. To achieve this, the My Aged Care workforce, including the contact center and the individuals who conduct needs assessments for care, received mandatory training to facilitate better communication with people from CALD backgrounds.[24]

A set of six action areas under Goal 6 aimed to achieve better seniors care for people from CALD backgrounds through improving research capacity and data collection. Action Area 6.1., for example, aimed to work with research bodies to ensure that CALD communities are represented, at least in proportion to the size of their community. This representation should be present in all representative studies and surveys of senior populations and seniors care; and the diversity of senior populations should be reflected in research analyses. To achieve this, the Australian Department of Health began collecting deidentified data on the CALD status of seniors' care recipients. The Department also ensured that all client-based seniors care datasets include measures of CALD status, and that this information is available to research bodies through the Australian Institute for Health and Welfare.

Enforcement Mechanisms: While there appears to be no formal enforcement mechanism or regular reporting structure associated with the CALD Strategy, various pieces of legislation hold service providers accountable to their patients/clients from CALD backgrounds. The *Aged Care Act 1997* and *Aged Care Quality Standards 1997* both include protections for the safety and health of seniors from CALD populations who are accessing seniors care services.

Implementation Review: The Australian Consultation Hub, housed within the Department of Health, held a consultation on the CALD Strategy from March to May 2017. The review aimed to track the implementation progress. The review was based on the collation of all strategy activities, an analysis of online survey responses by stakeholders, an analysis of written submissions by stakeholders, and three focus groups with stakeholders. As a result, two products were published including a report on the implementation of the CALD Strategy and a status update on each of the 35 action areas within the CALD Strategy.

The review found that stakeholders were generally supportive of the CALD Strategy's principles and goals and the strategy fostered increased awareness within the sector. Particularly, the stakeholders identified seven key areas in which a wide range of activities were undertaken through the CALD Strategy: CALD representation on advisory groups, CALD sector input into seniors care policies, expansion of language and interpretation services, funding for CALD-specific programs and services, a CALD focus through the National Aged Care Advocacy Program, funding for PICAC organizations to provide workforce training and capacity building, and increase awareness of the value of bilingual and bicultural workers. In addition, the *CALD Strategy Status Report* provides detailed progress updates of the 35 action areas in the Strategy. As of 2017, nine were classified as 'implemented', 18 'implementation ongoing', and seven 'implementation commenced', and one with no reported implementation progress. Additionally, the report also includes examples to date of action taken to accomplish the objectives of the 35 action areas for which some degree of implementation has occurred.

The implementation review also aimed to contribute to the development of the *Aged Care Diversity Framework*,[25] which was released in December 2017 with the goals of embedding diversity in the design and delivery of aged care and supporting action to address barriers to access safe, equitable and quality aged care, while enabling consumers and caregivers to be partners in this process.[26] In February 2019, four new action plans were released, each supporting specific targets: Aboriginal and Torres Strait people, people from CALD backgrounds, LGBTQI people, and shared actions to support all seniors. The development of this new action plan to support older CALD people was informed by extensive, national consultations held by the Federation of Ethnic Communities' Councils of Australia from October 2017 to March 2018. The new action plan aims to assist aged care service providers to identify ways to deliver more inclusive and culturally appropriate services for consumers.[27]

Case Study Two: New York State Plan on Aging 2015-2019

1) Aging Population and Support for Older Adults in New York

In 2017, 14.9 percent of the U.S. population and 15.2 percent of the New York state population were 65 years or older.[28] In the U.S., 13.4 percent of the total population were foreign born, and 14.8 percent of the foreign born population were seniors, 65 plus.[34] Compared to other states in the U.S., New York has a relatively higher proportion of foreign-born population. As of 2017, 22.7 percent of the state's whole population and 26.7 percent of seniors in New York were foreign born.[29] The top countries of origin among New York's foreign-born population are the Dominican Republic, China, Jamaica, Mexico, and Ecuador.[30] According to the 2017 American Community Survey, 30 percent of the state's population speaks a language other than English at home.[31]

In New York State, there is a wide range of services and programs for seniors throughout the continuum of care[32], as found in Ontario and Australia. New York's system offers services in the home, in the community, or in a residential facility ("nursing home"). The New York State Office of the Aging (NYSOFA) plans and coordinates seniors care services. The mission of the NYSOFA is to promote the independence of seniors through advocacy, and the development and delivery of person-centered, cost-effective policies, programs and services that support and empower seniors and their families. The NYSOFA achieves this in partnership with the network of public and private organizations which serve seniors across the state.[33]

The NYSOFA also operates services to support seniors and their families with navigating the system including securing seniors' care services, accessing community care programs, and obtaining funding supports.[34] While many pay for services from their personal savings and/or private insurance, various sources of government funding are available for seniors care including Medicare coverage, Medicaid coverage or state-level subsidies. Medicare is a federal program providing hospital and medical expense benefits for seniors, although benefits for nursing home and home health services are quite limited. Medicaid is a joint federal-and-state public assistance program for financing health care for low-income Americans, and it remains the largest public payer of seniors' care services.[35] The Managed Long-Term Care program (MLTC) offers support navigating financial assistance for those who require health and seniors' care services. Since few private long-term care insurance policies are valid in New York, the New York State Partnership for Long-Term Care combines private long-term care insurance with Medicaid Extended Coverage.[36] While the majority of nursing home residents (75 percent) pay out-of-pocket for their care, many become reliant on state and federal subsidies when they exhaust their own funds.[37]

2) Background for the Development of the New York State Plan on Aging

The *Older Americans Act (OAA), 1965* has been the foundational legislation for seniors' care services across the U.S. The U.S. Congress passed the OAA in response to concern about a lack of community social services for seniors. The OAA also attempted to prevent and reduce emergency room visits and hospitalization among seniors through a preventative model that promoted care in the home and community. Under the OAA, funding is allocated to 56 State Units on Aging across the country to provide social care and nutrition services for seniors and their caregivers. The State Units then grant funds to Area Agencies on Aging (AAA) which implement programs tailored to meet the needs of seniors residing in their local areas. The OAA mandates that each State Unit and AAA submit a state or area plan on aging every four years.[38] These plans must comment on the implementation of OAA core programs including access services, in-home contact and support services, supporting aging in place, activities for health, independence and longevity, nutrition services, disease prevention and health promotion services, and supporting caregivers' program. The State and Area Plans do not detail all actions and initiatives to improve the health and well-being of seniors. These legislatively mandated plans only outline initiatives under service areas that are required by the U.S. Government in order to receive federal funding for the coordination and delivery of care.

The NYSOFA, established by state law in 1965, is New York's designated State Unit on Aging as required by the federal OAA. The NYSOFA is responsible for the development and administration of a State Plan that addresses federally prescribed goals and priorities as required by the OAA. While the NYSOFA's primary partners are state's 59 AAAs, the office also partners with a network of public and private organizations to support and empower seniors and their families. In July 2015, NYSOFA submitted the state plan on aging for the period of October 1, 2015 to September 30, 2019.

The *New York State Plan on Aging for 2015 - 2019*, a multi-year plan mandated by the OAA, was designed to guide service delivery and policy development throughout the state. As New York's State Unit on Aging, the NYSOFA is responsible for the development of this plan and sought broad community input from AAAs, consumers, service providers, and educators. The development of the state plans followed a process that begins internally, with the divisions of the NYSOFA developing the actions and expected outcomes relevant to their area of focus. Next, the NYSOFA hosted a state-wide webinar to invite input from anyone who wishes to participate. The NYSOFA then conducted stakeholder meetings across the state to receive concentrated feedback on specific areas of the plan.

The review of the New York State's strategy also requires an understanding of the role of the Office of Minority Health (OMH). In 1986, the OMH was created as an outcome of the Secretary's Task Force Report on Black and Minority Health (Heckler Report), a landmark report marking the first U.S. government-convened expert group to conduct a comprehensive study on racial and ethnic minority health. The OMH is dedicated to improving the health of racial and ethnic minority populations through health policies and programs that will help eliminate health disparities. In 1990, the OMH was mandated by Congress to develop the capacity of health care professionals to address the cultural and linguistic barriers to health care delivery and to increase access to health care for people with limited English-proficiency. Additionally, the OMH supports research and evaluation to develop a clearer understanding of health risk factors and successful prevention strategies for minority populations. The OMH sends a biennial Report to Congress to summarize programs, policies, and initiatives of government agencies that address minority health and health disparities.[39]

Among many initiatives, the OMH was responsible for developing the *National Culturally and Linguistically Services Standards in Health Care*, known as the CLAS Standards. In 1997, the OMH initiated a review of existing cultural and linguistic competence standards and measurement tools across the U.S. The resulting report utilized input from an advisory committee of policymakers, healthcare organizations, and researchers to review key laws, regulations, contracts, and standards in use by government. This report became the initial draft of the CLAS Standards, which were published in December 2000. These standards as a set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health care organizations to implement culturally and linguistically appropriate services. In 2013, the OMH released the *Enhanced National CLAS Standards* with an objective to advance health equity, improve quality, and help eliminate health disparities.[40]

3) New York State Plan on Aging 2015-2019

Vision and Goals: The *New York State Plan on Aging for 2015 – 2019* aims to expand and strengthen OAA core programs by utilizing federal, state, and local funding and the flexibility they provide to the greatest extent possible. The Plan outlines six main goals, each of which contain objectives targeting specific programs, services or interventions. The six goals in the 2015-2019 State Plan are:

1) Empower older New Yorkers, their families and the public to make informed decisions about, and be able to access, existing health, long term care and other service options;
2) Enable older New Yorkers to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers;
3) Empower older New Yorkers to stay active and healthy through OAA services and those offered under Medicare;
4) Embed Administration for Community Living discretionary grants with OAA Title III core programs;
5) Ensure the rights of older New Yorkers and prevent their abuse, neglect and exploitation;
6) Ensure the network is prepared to respond in emergencies and disasters.

Each goal's stated objectives include expected outcomes, which specify predicted impact of the action plan. Although none of the Plan's six overarching goals explicitly addresses ethno-cultural or linguistic diversity, several objectives within Goal 1, 2, 4, and 5 focus on culturally and linguistically appropriate service delivery.

Action Items related to Diversity: Overall, many objectives, action items, and expected outcomes aim to address diversity needs among older New Yorkers by targeting the needs of improving access to services for those with limited English proficiency, a trend commonly found across all reviewed U.S. state strategies.

Under Goal 1, for example, the State Plan lists five specific areas of focus. Under the first focus area (Access Services – Information and Assistance) there is a set of eight objectives related to the OAA Information and Assistance (I&A) system, which is a vital link between clients and service providers. This system, in partnership with funding from New York State, helps seniors access a variety of services and to make important linkages to non-network services. Among the eight objectives under this focus area, Objective 1.8 aims to ensure that the I&A services are accessible and inclusive of individuals with limited English proficiency through provision of telephone interpretation services. The NYSOFA offers telephone interpretation services in over one hundred languages, providing real-time interpretation between seniors, their service providers, and an interpreter. Listed strategies to achieve this objective include providing ongoing training and technical assistance focused on expanding outreach and providing I&A services to underserved populations such as individuals with limited English proficiency.

A few other objectives focus on improving cultural diversity and competency across the seniors' care sector. For example, Objective 1.19 under the third focus area (Access Services – Case Management) of Goal 1 aims to ensure that case managers in the aging services network are culturally and linguistically competent. Listed strategies to achieve this objective include assessing the training needs of case managers and provide training through web-based and in-person settings. Furthermore, Objective 2.17 under the Goal 2 aims to ensure that the Retirement Senior and Volunteer Program is accessible to people of all backgrounds and ability level by increasing participation by culturally diverse senior volunteers and those from underserved communities. Through targeted outreach, it aims to increase the number of new volunteers from culturally diverse backgrounds by at least five percent from the 2014/15 levels. This is part of the NYSOFA's effort to ensure that diverse senior populations receive support and care by service providers who are reflective of the diverse communities they serve.

Enforcement Mechanisms: The review identified two enforcement mechanisms within the New York Strategy. The first is through Equal Access Enforcement. Equal access to services for seniors includes language accessibility, nondiscrimination and concentration of services on target populations as required in the OAA, New York State regulations, other relevant laws and NYSOFA policies. To ensure equal access, the NYSOFA requires that all seniors programs are compliant with Civil and Human Rights legislation including the New York State Human Rights law, Title VI of the Civil Rights Act, and Federal Executive Order 13166 "Improving Access to Services for Persons with Limited English Proficiency".[41]

The second mechanism is through the Area Agency on Aging (AAA)'s contract requirements. The AAAs are required to ensure that contracts with service providers, and any subcontracts, meet specific criteria including the provision of linguistically accessible programs and services. AAA contracts ensure that service providers agree to provide targeted services to unserved and underserved seniors with greatest social or economic needs including seniors with limited English proficiency in accordance with the OAA and the Equal Access and Targeting Policy. The AAAs, under contract with the NYSOFA, must fund and provide these interpretation services to all those who require or request it. Service providers are also required to inform individuals with limited English proficiency of these language assistance services and train staff to help the public navigate language assistance services.

Implementation Review: There does not appear to be a publicly accessible progress report for the *2015-2019 New York State Plan*. However, the NYSOFA internally monitors the implementation progress of all actions and planned strategies within each four-year State Plan. The network of services available to seniors in New York is tight-knit due to the legislative ties between State Units and AAAs under the OAA. As a result, information sharing and coordination from the state level to the community-level is strong across the state.

Discussion

This review of fifteen seniors' strategies found that in recent years significant work has been achieved to address evolving needs of diverse senior populations and to improve their access to culturally and linguistically appropriate care. In responding to the shared challenges of growing diversity needs in seniors' care, the reviewed jurisdictions across Canada, U.S., U.K., Australia, and New Zealand have developed strategies that support diversity. While each strategy presents its own uniqueness given the local care structure, policy and legal contexts, and population needs, this review also found common trends, principles, and approaches across the fifteen strategies.

Two prominent themes that are found in nearly every jurisdiction reviewed are: i) addressing the needs of linguistic support for those who have limited English proficiency; and ii) addressing the needs of culturally appropriate care through improving the workforce capacity.

First, each reviewed country contains at least one national or provincial/state-level strategy that outlines objectives and/or interventions to address linguistic diversity: Australian *CALD Strategy*; New Zealand's *Health of Older People Strategy*; the U.K. *National Service Framework for Older People*; the U.S. State Plans on Aging in New York, New Jersey, Hawaii, Nevada, and Florida; Nova Scotia's *Strategy of Positive Aging*; and New Brunswick's *We are all in this together: An Aging Strategy for New Brunswick*. To ensure that those with limited English proficiency access appropriate care services and programs, common methods adopted by these strategies are providing government-funded translation and interpretation services, via telephone or in-person, to facilitate access to care and informing seniors and their family caregivers about available services and programs in multiple languages through targeted outreach.

Second, each reviewed country also contains at least one national or provincial/state-level strategy that includes objectives to increase cultural competency of seniors' care workforce and of subsequent delivery of care: the Australian *CALD Strategy*; New Zealand's *Health of Older People Strategy*; the U.K. *National Service Framework for Older People*; the U.S. State plans on Aging in New York, Hawaii, California, and Florida; Nova Scotia's *Strategy of Positive Aging* and *Shift: Action Plan for an Aging Population*; and New Brunswick's *We are all in this together: An Aging Strategy for New Brunswick*. Each of these strategies include one or more action items related to providing training to case managers, health care professionals, nurses, or others in the seniors' care workforce.

The two case studies chosen for this report present particularly promising strategies. They provide a range of promising examples – one national strategy presenting diversity at the core of the strategy and one state-level strategy presenting diversity as part of the strategy.

The Australian National CALD Strategy is an example of a comprehensive seniors' strategy, developed by the federal government, dedicated exclusively to addressing the needs of seniors from diverse ethno-cultural and linguistic backgrounds in the seniors' care system. The exclusive focus on diverse populations ensures that vision, goals, and targeted actions of the strategy are all tailored to the unique needs of these populations across the spectrum of Australian seniors' care services. The exclusive focus on seniors' care also ensures that attention is given to the care needs of diverse senior populations. This is in contrast with many other reviewed strategies, which address care needs (e.g., home care and long-term residential care) under one or more goals, together with other goals targeting various focus areas related to healthy aging (e.g., income, community engagement, etc.) within one strategy.

The Australian strategy presents many promising measures to achieve its objective to enable all government-related ageing and aged care activities to be appropriate to the needs of seniors from CALD backgrounds. Particularly, the government's commitment to funding local bodies dedicated to culturally appropriate care, Partners in Culturally Appropriate Care, is found playing a significant role in supporting service providers across the country to improve access to care for diverse senior populations. While it presents all the common action items presented in other reviewed strategies, such as linguistic support and cultural competency training, it is noteworthy to highlight the Australia's recognition and commitment to improving research and data collection mechanisms that are inclusive of cultural and linguistic diversity in order to achieve better practice.

The *New York State Plan on Aging 2015-2019* presents another promising seniors' strategy, as an example of a state-level government strategy. While cultural and linguistic diversity is not the exclusive focus of the strategy, the New York State Plan clearly recognizes the importance of providing linguistically and culturally appropriate care. The Plan includes specific action areas and objectives to address the needs for culturally and linguistically appropriate care for seniors across most of its goals. Particularly, this plan presents a promising practice with respect to addressing linguistic diversity, which is included in the state plan and is also mandated by federal legislation. New York has established a strong enforcement mechanism to support the inclusion of linguistic diversity in all seniors' care policies, strategies, and programs. For example, the U.S. Federal Executive Order 13166, *Improving Access to Services for Persons with Limited English Proficiency*, signed by the President in August 2000, requires federal agencies to examine, identify, and address the needs of people with limited English proficiency through meaningful access to programs and services.[41] The state plan also outlines that all the service providers under contract with New York's Area Agencies on Aging are required to provide linguistically accessible programs and services and to inform those with limited English proficiency of free language assistance services.

Conclusion

This report presents promising strategies adopted in various jurisdictions across Canada, the U.S., the U.K., Australia, and New Zealand that address the needs of culturally and linguistically diverse senior populations in the continuum of seniors' care. Findings of this report can be helpful for Ontario as the province is working on a new province-wide strategy to improve the lives of seniors. The examples of reviewed strategies and their specific actions can be used to illuminate potential solutions and actions that the Ontario Government can take in the development, implementation, and enforcement of policies and programs to improve access to culturally and linguistically appropriate care for seniors across the province.

Appendix 1 – Summary of Fifteen Reviewed Strategies

1. Australian National Aged Care Strategy for people from CALD Backgrounds

Ministry Responsible (Year): Ministry of Social Development (2012)

Vision: The National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds (the CALD Strategy) was released by the Australian Government in December 2012, as part of a wider aged care reform process designed to increase sector accountability and consumer information, choice and control. It is guided by a set of principles which provide a framework for the delivery of aged care that is responsive to the cultural, linguistic and spiritual needs of the consumer.

Objectives: To enable all Government related ageing and aged care activities to be appropriate to the needs of older people from CALD backgrounds.

Principles:
- **Inclusion:** The needs of older people from CALD backgrounds, their families and carers are included in the development of Australian Government ageing and aged care policies and programs on an ongoing basis
- **Empowerment:** Older people from CALD backgrounds, their families and carers are supported and have the knowledge and confidence to
  maximize their use of the aged care system
- **Access and Equity:** All areas of ageing and aged care understand the importance of and deliver culturally and linguistically responsive care
- **Quality:** Care and support services are appropriate to the needs of older people from CALD backgrounds, their families and carers and are assessed accordingly
- **Capacity Building:** Individuals from CALD backgrounds and CALD communities have the capacity to both articulate their ageing and aged care needs and be involved in the development of services and the workforce to meet these needs

Strategies and Actions Relevant to Ethno-cultural and Linguistic Diversity:

Goal 1 – *CALD input positively affects the development of ageing and aged care policies and programs that are appropriate and responsive*
Action Areas
- **1.1** Establish and use existing CALD consultation mechanisms
- **1.2** Include and support CALD sector in ageing and aged care program development
- **1.3** Develop inclusive and responsive dementia assessment, diagnosis and care
- **1.4** Increase awareness and understanding of advance care planning among CALD backgrounds
- **1.5** Inform Aged Care Reform Implementation Council on this strategy to ensure alignment with the implementation of other aged care reform activities

Goal 2 – *Achieve a level of knowledge, systems capacity and confidence for older people from CALD backgrounds, their families and carers to exercise informed choice in aged care*
Action Areas
- **2.1** Develop a Whole of department CALD Communication Framework to develop, deliver and promotion multilingual info and education
- **2.2** Review the National Aged Care Advocacy Program (NACAP) to continually promote, support and maximize access to advocacy for CALD needs
- **2.3** Support aged care providers to consider cultural, linguistic and spiritual diversity and needs
- **2.4** Continue to develop, support and resources programs that attempt to address CALD needs
- **2.5** Acknowledge and resource the role of ethno-specific and multicultural services in developing the capacity of people from CALD background to access the aged care system

Goal 3 – *Older people from CALD backgrounds are able and have the confidence to access and use the full range of ageing and aged care services*

Action Areas
- **3.1** Ensure that My Aged Care delivers culturally and linguistically appropriate services including language services
- **3.2** Address barriers that reduce capacity of older people from CALD backgrounds, their families and their carers to access appropriate care
- **3.3** Make grants available (starting 2013-24) to expand Community Visitors Scheme to minimize social isolation of people from CALD backgrounds in aged care
- **3.4** Develop and implement options to improve the coverage translation and interpretation in aged care
- **3.5** Promote availability of language services to CALD communities and recipients of aged care
- **3.6** Promote carer specific information on aged care, CALD communities, and recipients of aged care to increase awareness of the role of carers as partners in care

Goal 4 – *Monitor and evaluate the delivery of ageing and aged care services to ensure that they meet the care needs of older people from CALD backgrounds, their families and carers*

Action Areas
- **4.1** Recognize members of Special Needs groups (including CALD) in the Quality of Care Principles 1997 (legislation encompassing accreditation standards for aged care) and support the aged care sector in understand how older people from CALD backgrounds fit into these accreditation frameworks
- **4.2** Aged care quality indicators will be developed to reflect CALD clients' needs
- **4.3** Support and monitor the development of CALD-appropriate dementia services
- **4.4** Work with organizations funded to improve the interface between the health and aged care sectors to address specific barriers encountered by CALD communities in receiving seamless care services
- **4.5** Ensure that the Aged Care Complaints Scheme is promoted to CALD communities and accessible by older people from CALD backgrounds, their families and carers, including using bilingual workers, interpreting and translating services
- **4.6** Work with the CALD sector, including consumers and service providers, to develop and provide cultural competency training for promotion and incorporation into all aged care services
- **4.7** Work with other government departments and agencies to develop appropriate education and training to enhance CALD aged care workforce skills

Goal 5 – *Enhance the CALD sector's capacity to provide ageing and aged care services*

Action Areas
- **5.1** Expand options to enhance the capacity of existing and emerging CALD communities as potential aged care service providers and develop services across the aged care continuum (dementia, respite care)
- **5.2** Develop targeted communications to address any existing 'stigma' in CALD communities that inhibits aged care service access and use
- **5.3** Support the implementation of this Strategy by promoting awareness of the Strategy
- **5.4** In partnership with the CALD sector, develop targeted communications to encourage members of CALD communities to consider employment, volunteering and training in the aged care sector
- **5.5** Develop structured pathways to facilitate the employment of appropriate bilingual staff in the aged care system
- **5.6** Develop relevant service models and partnerships that facilitate the involvement of CALD communities in delivering aged care

Goal 6 – *Achieve better practice through improving research and data collection mechanisms that are inclusive of cultural and linguistic diversity in the ageing population*

Action Areas
- **6.1** Work with ageing research bodies to help ensure CALD communities are represented, at least in proportion to the size of their community, in all representative studies and surveys of older population and aged care and that this diversity is reflected in reach analysis
- **6.2** Develop, in collaboration with research organizations, a program of research to inform equitable, quality, effective, inclusive and accessible aged care services to CALD communities

- **6.3** Work with the Australian Institute of Health and Welfare (AIHW) to establish the Aged Care Data Clearing House, including access to information about CALD clients, practical resources, operations/ procedures manuals, case studies, research materials, problem solving workflows, organizational change work plans and health promotion packages
- **6.4** Work with research bodies to help ensure that the diversity of the Australian population is represented in all elements of health and medical research
- **6.5** Dept. of Social Services will work with the Australian Bureau of Statistics (ABS) to:
  - **(a)** Develop standards for ensuring relevant data collections include appropriate representation of older CALD groups. **(b)** Ensure coding and publication of data from relevant data collections is provided for older CALD communities. **(c)** Develop and make freely available a compendium of available data sources relevant to older CALD populations, and CALD aged-specific datasets, to support the implementation of this Strategy. **(d)** Include CALD indicators within the Australian Census, Survey of Disability, Ageing and Carers.
- **6.6** Use personal stories (in conjunction with data) from the CALD community to inform planning and service delivery

Enforcement Mechanisms:
End of implementation evaluation planned and conducted by Australia' Department of Health.

2. New Zealand's Positive Ageing Strategy

Ministry Responsible (Year): Ministry of Social Development (2001)

Vision: Our vision is for a society where people can age positively, where older people are highly valued and where they are recognised as an integral part of families and communities. New Zealand will be a positive place in which to age when older people can say that they live in a society that values them, acknowledges their contributions and encourages their participation.

Principles:
1. Empower older people to make choices that enable them to live a satisfying life and lead a healthy lifestyle;
2. Provide opportunities for older people to participate in and contribute to family, whanau and community;
3. Reflect positive attitudes to older people;
4. Recognise the diversity of older people and ageing as a normal part of the lifecycle;
5. Affirm the values and strengthen the capabilities of older Maori and their whanau;
6. Recognise the diversity and strengthen the capabilities of older Pacific people;
7. Appreciate the diversity of cultural identity of older people living in New Zealand;
8. Recognise the different issues facing men and women;
9. Ensure older people, in both rural and urban areas, live with confidence in a secure environment and receive the services they need to do so; and
10. Enable older people to take responsibility for their personal growth and development through changing circumstances.

Goals:
  - **Goal 1**: Income - Secure and adequate income for older people
  - **Goal 2**: Health - Equitable, timely, affordable and accessible health services for older people
  - **Goal 3**: Housing - Affordable and appropriate housing options for older people
  - **Goal 4**: Transport - Affordable and accessible transport options for older people
  - **Goal 5**: Ageing in place - Older people feel safe and secure and can age in place
  - **Goal 6**: Cultural diversity - A range of culturally appropriate services allows choices for older people
  - **Goal 7**: Rural - Older people living in rural communities are not disadvantaged when accessing services
  - **Goal 8**: Attitudes - People of all ages have positive attitudes to ageing and older people
  - **Goal 9**: Employment - Elimination of ageism and the promotion of flexible work options
  - **Goal 10:** Opportunities - Increase opportunities for personal growth and community participation

Strategies and Actions Relevant to Ethno-cultural and Linguistic Diversity:

Goal 6 (Cultural Diversity)
- **Strategy 6.2:** Increase the number of quality services provided by and for Pacific peoples.
- **Strategy 6.3:** Identify issues of specific concern to older people from ethnic communities and develop options for addressing these

Enforcement Mechanisms:
- Implementation - Each year, Chief Executives of government agencies will identify and discuss with their Ministers proposed work items that will form their department's contribution to the Positive Ageing Action Plan. The action plan identifies the individual work items to be undertaken and coordinated by many government departments, developed in response to issues raised during public consultations. It also includes work items identified by departments in their assessments of the changing social environment and the ability of current policies to meet the needs and challenges of an ageing population.
- A two-tier monitoring, review and reporting process will be implemented
    - Tier One: monitoring and reporting on progress achieved in the work items included in the annual Positive Ageing Action Plan. Reporting will occur in July each year, to coincide with regular departmental reporting processes. This level of reporting is focused on the achievement of the specific work items identified by various departments as part of their contribution to the Positive Ageing Strategy.
    - Tier Two: a report will be published regularly, at approximately three-yearly intervals, about older people and on positive ageing in New Zealand. This report will be compiled from information available through New Zealand sources, such as the Census, the Time Use Survey, and other recent research. International data from the United Nations, the OECD and other significant sources will also be analyzed to allow international comparisons.

3. New Zealand's Health of Older People Strategy

Ministry Responsible (Year): Ministry of Social Development (2002)

Vision: Older people should participate to their fullest ability in decisions about their health and wellbeing and in family, whanau and community life. They should be supported in this by coordinated and responsive health and disability support programs. The Health of Older People Strategy focuses on improving health status, promoting quality of life where health cannot be restored, reducing inequalities, and promoting participation – in social life and in decisions about health care and disability support provision.

Principles: The vision will be a reality when health and disability support programs are integrated around the needs of older people and operate in the following way. They:
- foster a positive attitude to growing older
- work within the framework of the Treaty of Waitangi to address issues for Maori
- use a holistic, person-centred approach that promotes wellness and participation
- provide information to enable older people, carers, family and/or whanau to make informed choices about their health and wellbeing
- support carers in ways that strengthen the older person's family, whanau and informal support networks
- work with other key sectors to reduce barriers to positive ageing and increase service integration for the benefit of older people
- recognize and respond to cultural and social diversity and health inequalities, among Pacific and other ethnic and social groups
- provide timely, equitable, needs-based access to comprehensive and integrated care that is good quality and responsive to changing needs
- provide appropriately for older people who are disadvantaged through ill health, difficulty accessing services, or socioeconomic circumstances
- encourage people to take responsibility for preserving their health through a healthy lifestyle

• respond to changing individual and community health needs in ways that are innovative, collaborative and flexible
• are based on best practice and supported by research
• are affordable to the individual as well as the state.

Objectives:
1. Older people, their families and whanau can make well-informed choices about options for healthy living, health care and/or disability support needs
2. Policy and service planning will support quality health and disability support programs integrated around the needs of older people
3. Funding and service delivery will promote timely access to quality integrated health and disability support services for older people, family, whanau and carers
4. The health and disability support needs of older Maori and their whanau will be met by appropriate, integrated health care and disability support services
5. Population-based health initiatives and programs will promote health and wellbeing in older age
6. Older people will have timely access to primary and community health services that proactively improve and maintain their health and functioning
7. Admission to general hospital services will be integrated with any community-based care and support that an older person requires
8. Older people with high and complex health and disability support needs will have access to flexible, timely and coordinated services and living options that take account of family and whanau carer needs

Strategies and Actions Relevant to Ethno-cultural and Linguistic Diversity:

Objective 1
- Action 1.1: The Ministry of Health and DHBs will make appropriate information about health and support programs and services easily available and accessible to older people, carers and service providers. This involves making culturally relevant resources and interpretive services available.
- Action 1.3: The Ministry and DHBs will review and strengthen provisions for protecting vulnerable older people from abuse. This action involves a culturally effective response to elder abuse.

Objective 2
- Action 2.4: The Ministry will implement a planned approach to strengthening the health workforce to meet the needs of an ageing population. Developing a workforce that can meet the needs of an increasingly culturally diverse older population will require an education system that responds effectively to health sector needs. This action involves ensuring mainstream services are culturally appropriate for increasing ethnic diversity of older people

Objective 7
- Action 7.2: Hospitals will provide quality, age-appropriate care and treatment for older people.
- 7.2.1: DHBs will work with hospital providers and health sector workers on quality improvement measures to provide services that are appropriate to the needs of older people. Areas of work will include involves ensuring services are culturally-appropriate in-hospital

Objective 8
- Action 8.1: The Ministry of Health and DHBs will fund a range of health and disability support services to provide flexible, coordinated support for older people to age in place.
- 8.1.4: The Ministry of Health will collaborate with funders and providers of social housing (for example, Housing New Zealand Corporation, and representatives of local councils and community housing trusts) to promote the development of culturally appropriate supported living options for older people. This complements the work identified in Action 5.5.1 on low-cost housing options and universal housing design to suit all ages

Enforcement Mechanisms:
- Annual monitoring reports and a three-yearly stock take of progress
  - Both the monitoring and review processes will include specific consideration of implementation issues for groups experiencing health inequalities.
- Monitoring
  - There will be a phased approach to monitoring and reviewing progress in implementing the strategy. In the first two years the Ministry will focus on reporting on progress on:
    - its own work program set out in the strategy
    - District Health Board commitments in their annual plans and performance measures in annual funding agreements

4. New Zealand's Healthy Ageing Strategy

Ministry Responsible (Year): Ministry of Health (2016)

Vision: To promote good health among older New Zealanders and ensure that the system is truly centered and appropriate to NZ's growing ethnic diversity.

Priority Areas:
- Ageing Well
- Acute and restorative care
- Living well with long-term conditions
- Support for people with high and complex needs
- Respect for end of life

Strategies and Actions Relevant to Ethno-cultural and Linguistic Diversity:

Priority Area: Ageing Well
- **Goal 2.** Increase physical and mental resilience
  - **Action 2B.** Expand the provision of targeted health literacy initiatives, and services to increase resilience among Māori, Pacific and other priority older populations who have poorer health status.
- **Goal 4.** Improve health literacy
  - **Action 4B.** Enhance health promotion and service information to Māori, Pacific peoples and other ethnic communities and priority groups to enable greater accessibility and engagement.

Priority Area: Living well with long-term conditions
- **Goal 8.** Improve models of care for home and community support services
  - **Action 8A:** Identify and implement models of care that are person-centered, needs-based and equitable, and deliver high value, high-quality and better outcomes through home and community support services across New Zealand. As part of this work is ensuring needs assessment and care planning are culturally appropriate and meet the needs of Māori and other priority population groups.
- **Goal 9.** Ensure those working with older people with long-term conditions have training and support they need
  - **Action 9F:** Enhance workforce capability and training pathways to encourage more entry and retention of the workforce among Māori and Pacific peoples and other ethnic groups.

Implementation and Enforcement Mechanisms:
a. Develop a system to evaluate progress against the goals of the Healthy Ageing Strategy and support the health system to be person centered and focused on maximizing healthy ageing and independence.
b. As part of the measurement and evaluation system, include an outcomes framework and indicators to assess, support and improve the health outcomes for older people (including where possible relevant measures that are already being produced for other purposes, such as for the Whānau Ora Outcomes Framework). These indicators will form contributory measures that district alliances can monitor to help them improve on the overall health system level measures.
c. Regularly review the Healthy Ageing Strategy implementation progress and the prioritization of actions.

d. Publish indicators for each DHB on a regular basis.
e. Develop strategies for lifting performance on indicators including researching the reasons for trends and the reasons for differences from better performing DHBs
f. As part of implementing Health Strategy 2016 action 17(c)(iii), improve commissioning models for older people's services to enable streamlined and flexible contracting that supports providers to be sustainable.

5. U.K. National Service Framework for Older People

Ministry Responsible (Year): Ministry of Health (2001)

Vision: To ensure fair, high quality, integrated health and social care services for older people. It is a 10 year programme of action linking services to support independence and promote good health, specialised services for key conditions, and culture change so that all older people and their carers are always treated with respect, dignity and fairness.

Overarching Action: every NHS organisation and council with social service responsibilities should:
  • ensure that older people's views are properly represented in decision making including on the local Modernisation Board
  • designate champions for older people
        - an elected council member or an NHS non-executive director to lead for older people across each organisation
        - a clinical or practice champion within each organisation to lead professional development
        - in NHS Trusts an older people's patient champion through the Patients' Forum to look after patient interests
  • work with partners in the local health and social care system to establish an interagency group, including older people and their carers, to oversee the implementation of the NSF
  • recognise the very significant implications of this NSF for staff at all levels – and work with them to ensure that they understand the particular needs and wishes of older people and are able to help each service user and their carers receive the best possible experience of care
  • ensure that, within the generic programmes relating to finance, workforce development and information systems, older people are recognised as a priority.

Standards
Standard One: Rooting out age discrimination
  - Aim: to ensure that older people are never unfairly discriminated against in accessing NHS or social care services as a result of their age
  - Standard: NHS services will be provided, regardless of age, on the basis of clinical need alone. Social care services will not use age in their eligibility criteria or policies, to restrict access to available services.
Standard Two: Person-centred care
  - Aim: to ensure that older people are treated as individuals and they receive appropriate and timely packages of care which meet their needs as individuals, regardless of health and social services boundaries.
  - Standard: NHS and social care services that older people as individuals and enable them to make choices about their own care. This is achieved through the single assessment process, integrated commissioning arrangements and integrated provision of services, including community equipment and continent services.
Standard Three: Intermediate care
  - Aim: To provide integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admissions, support timely discharge and maximise independent living.
  - Standard: Older people will have access to a new range of intermediate care services at home or in designated care settings, to promote their independence by providing enhanced services from the NHS and councils to prevent unnecessary hospital admission and effective rehabilitation services to enable early discharge from hospital and to prevent premature or unnecessary admission to long-term residential care.

Standard Four: General hospital care
  - Aim: to ensure that older people receive the specialist help they need in hospital and that they receive the maximum benefit from having been in hospital.
  - Standard: Older people's care in hospital is delivered through appropriate specialist care and by hospital staff who have the right set of skills to meet their needs.
Standard Five: Stroke
  - Aim: to reduce the incidence of stroke in the population and ensure that those who have had a stroke have prompt access to integrated stroke care services.
  - Standard: The NHS will take action to prevent strokes, working in partnership with other agencies where appropriate.
Standard Six: Falls
  - Aim: to reduce the number of falls which result in serious injury and ensure effective treatment and rehabilitation for those who have fallen.
  - Standard: The NHS, working in partnership with councils, takes action to prevent falls and reduce resultant fractures or other injuries in their populations of older people. Older people who have fallen receive effective treatment and rehabilitation and, with their carers, receive advice on prevention through a specialised falls service.
Standard Seven: Mental health in older people
  - Aim: to promote good mental health in older people and to treat and support those older people with dementia and depression.
  - Standard: Older people who have mental health problems have access to integrated mental health services, provided by the NHS and councils to ensure effective diagnosis, treatment and support, for them and for their carers.
Standard Eight: The promotion of health and active life in older age
  - Aim: to extend the healthy life expectancy of older people.
  - Standard: The health and well-being of older people is promoted through a co-ordinated programme of action led by the NHS with support from councils.

Strategies and Actions Relevant to Ethno-cultural and Linguistic Diversity
Standard Two: Person-centred care
  - Rationale 2.1. Older people and their carers should receive person-centred care and services which respect them as individuals and which are arranged around their needs. Person-centre care requires managers and professions to:
        • Recognise individual differences and specific needs including cultural and religious differences
  - Key intervention 2.8. Service users and their carers should be able to expect that:
        • Staff communicate in ways which meet the needs of all users and carers, including those with sensory impairment, physical or mental frailty, or learning disability or those whose first or preferred language is not English. Interpreting and translation services should be made available.
  - Key intervention 2.15. All information should be provided in appropriate formats. This may include providing information
        • In a range of languages, depending on local needs, or as visual or spoken information, as well as the written word
  - Key intervention 2.31. Good assessment also requires that the needs and circumstances of older people from black and minority ethnic communities are assessed in ways that are not culturally biased and by staff who are able to make proper sense of how race, culture, religion and needs may impact on each other.
Standard Five: Stroke
  - Key intervention 5.11. Given the higher prevalence of stroke in some minority ethnic communities, integrated stroke services and stroke prevention advice should take into account the need for interpreting or advocacy support, especially for those patients and carers for whom English is not their first language.
        • Trained bi- or multi-lingual co-worker to reflect language needs of local populations
  - Key intervention 5.33. Stroke teams should meet at least weekly to discuss individual patients' progress and work to ensure there is a consistent approach to providing patient care, treatment and rehabilitation. They should make links to voluntary organisations and support groups such as the Stroke Association, Different Strokes or Speakability who will be able to complement the work of the service. Some older people from minority ethnic

communities may be more comfortable being supported by their own community organisations. These organisations may require training and support on stroke care issues.

Enforcement Mechanisms:
- To help the NHS and councils to plan and implement the programme of change, each standard identifies milestones and performance measures to help mark progress towards improved health and social care services. The performance management systems help deliver the targets in the NHS plan and ensure the NSF standards are met. Performance indicators and the NHS and PSS Performance Assessment Frameworks provide a national overview.
- Fiver underpinning programmes support local and national implementation
  - Finance
  - Workforce
  - Research and development
    - 33. A research strategy for older people: the overarching aims of the R&D strategy for older people will be to support research on how to enhance the well-being of older people and their carers and promote understanding of the needs of older people from black and minority ethnic communities.
  - Clinical and practice decision support services
  - Information strategy for older people
    - 65. Information for patients, carers and the public – The ISOP will support the NSF by ensuring that provision of information at local and national levels meets older people's needs, including those from black and minority ethnic older people.

6. New Jersey State Strategic Plan on Aging 2017-2021

Ministry Responsible (Year): New Jersey Department of Human Services (2017)

Vision: This Strategy was adopted to formalize the goals, objective, and strategies for addressing current and future needs of New Jersey's older adults and their caregivers.

Goals:
- **Goal 1.** Promote outreach efforts to connect with NJ's diverse older adult and caregiver population and provide easy access to services and supports
- **Goal 2.** Empower older adults and their caregivers to make informed decisions and exercise self-determination over their life choice
- **Goal 3.** Enable older adults to remain living in their homes via long-term care services and supports in the community
- **Goal 4.** Ensure the rights of older adults and prevent their abuse, neglect and exploitation
- **Goal 5.** Enhance the ability of older adults, caregivers and the ageing services network to effectively deal with state and local emergencies
- **Goal 6.** Implement management improvement activities promoting integrity, business processes, and increased quality of care

Strategies and Actions Relevant to Ethno-cultural and Linguistic Diversity:

Goal 1. Promote outreach efforts to connect with NJ's diverse older adult and caregiver population and provide easy access to services and supports
- **Objective 2:** Strengthen relationships and bolster partnerships with and between agencies that service like-populations to boost consumer knowledge
  - Strategies
    - 1.2.2: promote partnerships between the aging services network and agencies serving cultural/ethnic, religious, and other under-recognized groups
    - 1.2.5: Support AAA outreach efforts by providing education and training on diversity, thereby removing barriers and stigma associated with seeking assistance

- **Performance Measure**: targeted activities will be held and tracked at state and local levels (e.g. conference calls, meetings, in-service training sessions, speaking engagements)
- **Objective 3:** Improve, expand, and streamline access to supportive programs and services for all individuals, particularly the underserved
    - **Strategies**
        - 1.3.3: Implement availability of information in multiple languages, including telephone/cell phone, computer, and in-person availability
        - **Performance Measure**: AAAs and their partners are monitored to ensure the ADRC process is being carried out in compliance with state vision, policies and procedures

Enforcement Mechanisms:

While there is no formal enforcement mechanism, there are performance measures associated with each objective which allows the strategy to be monitored over time. New Jersey, like every other state in the U.S. must also comply with the Older Americans Act in order to receive OAA funding for long-term care services and other services for seniors' care.

7. New York State Plan on Aging 2015-2019

Ministry Responsible (Year): New York State Office for the Aging (2015)

Vision: This 4 Year Plan on Aging seeks to expand and strengthen Older American Act core programs by utilizing federal, state and local funding and the flexibility they provide to the greatest extent possible.

Goals:
- **Goal 1:** Empower older New Yorkers, their families and the public to make informed decisions about, and be able to access, existing health, long term care and other service options.
- **Goal 2**: Enable older New Yorkers to remain in their own homes with high quality of life for as long as possibl through the provision of home and community-based services, including supports for family caregivers.
- **Goal 3:** Empower older New Yorkers to stay active and healthy through Older Americans Act services and those offered under Medicare.
- **Goal 4:** Embed Administration for Community Living discretionary grants with OAA Title III core programs.
- **Goal 5**: Ensure the rights of older New Yorkers and prevent their abuse, neglect and exploitation.
- **Goal 6**: Ensure the network is prepared to respond in emergencies and disasters.

Strategies and Actions Relevant to Ethno-cultural and Linguistic Diversity:

Goal 1: Empower older New Yorkers, their families and the public to make informed decisions about, and be able to access, existing health, long term care and other service options.
- **Relevant Action Areas**
    - Access Services: Information and Assistance (1.1-1.8)
    - Access Services: NY Connects (Objectives 1.9-1.17)
    - Access Services: Case Management (Objectives 1.18-1.20)
    - Access Services: Health Insurance, Info, Counselling and Assistance Programs (1.24-1.29)
- **Relevant Objectives:**
    - **Objective 1.8:** Information and Assistance services will be accessible and inclusive of individuals with limited English proficiency. Individuals with limited English proficiency may be accommodated with telephonic interpretation.
        - • Strategy: Provide ongoing training and technical assistance focused on expanding outreach and providing I & A services to underserved populations including minorities, low income individuals, frail individuals, and vulnerable individuals (this category includes individuals with limited English proficiency)
        - • **Expected Outcome:** Information and Assistance services will be accessible and inclusive of persons wit limited English proficiency.

- **Objective 1.17:** Provide technical assistance to AAAs to assure all information is provided to individuals in their preferred mode of communication (by phone, email, etc.) to be inclusive of accessibility for individuals with disabilities and individuals with limited English proficiency.
  - **Strategy:** Ensure NY Connects/NWD program compliance with accessibility accommodations for people with special needs and individuals who speak languages other than English.
  - **Expected Outcome:** NY Connects programs will be provided in a manner inclusive of individuals with disabilities and individuals with limited English proficiency.
- **Objective 1.19:** Increase cultural competency and understanding of Sexual Orientation and Gender Identity of older adults.
  - **Strategy:** Assess case manager training needs and provide training through web-based and in-person settings
  - **Expected Outcome:** Case Managers will be culturally and linguistically competent and have skill and understanding of Sexual Orientation and Gender Identity of older adults.
- **Objectives 1.26:** Provide outreach and education to those identified by CMS, ACL and the National Council on Aging (NCOA) who are low-income, live in rural, non-English speaking communities as well as individuals with disabilities.
  - **Strategy:** Provide materials available in alternative formats and other languages to reach disabled, rural and non-English speaking beneficiaries.
  - **Expected Outcome:** Client Contact information will increase two percent, annually with performance measures on reporting age, low-income status, low-income assistance and time

Goal 2: Enable older New Yorkers to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.
  - **Relevant Action Areas:**
    - In Home Services: Expanding in-home services for the elderly (2.1-2.4)
    - Activities for Health, Independence and Longevity: Foster Grandparent Program (2.14-2.15)
    - Activities for Health, Independence and Longevity: RSVP (2.16-2.17)
    - Nutrition Services: Nutrition Program for the Elderly (2.25-2.31)
    - Supporting Caregivers: National Family Caregiver Support Program (2.32-2.37)
  - **Relevant Objectives**
    - **Objective 2.4:** EISEP services will be provided in a manner inclusive of individuals age 60 and older, with functional impairments and who may have limited English proficiency.
      - **Expected Outcome:** EISEP services will be provided to individuals age 60 and older who are functionally impaired (in one ADL or two IADLs) due to physical, cognitive, or psychosocial limitations and will be inclusive of individuals who may have limited English proficiency
    - **Objective 2.15:** Ensure the Foster Grandparent Program is accessible to people of all backgrounds by increasing participation by culturally diverse volunteers and those from underserved communities.
      - Strategy: Provide guidance to programs concerning recruitment methods targeted to individuals of diverse cultural backgrounds and provide technical assistance as needed.
        - Foster Grandparent Programs will conduct targeted outreach to culturally diverse and other underserved older individuals as well as participating schools and other organizations working with the Foster Grandparent.
      - **Expected Outcome:** The number of new volunteers from culturally diverse backgrounds or underserved areas will be increased by at least five percent from State Fiscal Year 2014-15 levels.
    - **Objective 2.17:** Ensure the Retired Senior and Volunteer Program is accessible to people of all backgrounds and ability levels by increasing participation by culturally diverse volunteers and those from underserved communities including individuals with disabilities.
      - **Strategy:** RSVP Programs will conduct targeted outreach to culturally diverse and other underserved older individuals.
      - **Expected Outcome:** The number of new volunteers from culturally diverse backgrounds or underserved areas will be increased by at least five percent from State Fiscal Year 2014-15 levels.

- **Objective 2.25:** Maintain and expand the provision of healthy, balanced congregate and home delivered meals.
    - • **Expected Outcome:** Encourage the use of multi-cultural menus and dining options to ensure that nutrition programs for the elderly are reaching as wide and diverse audience as possible.
- **Objective 2.26:** Ensure that the nutrition programs are available to older individuals in greatest economic and social need throughout the state
    - • **Expected Outcome:** Encourage the use of multi-cultural menus and dining options to ensure that nutrition programs for the elderly are reaching as wide and diverse audience as possible.
- **Objective 2.37:** National Family Caregiver Support Program services will be provided in a manner inclusive of caregivers who meet program requirements, including those with disabilities as well as those who may have limited English proficiency.
    - • **Expected Outcome:** National Family Caregiver Support Program services will be provided in a manner inclusive of caregivers who meet program requirements, including those who may have limited English proficiency. For the caregiver to be eligible for respite and supplemental services, the care receiver must have a cognitive impairment, or be unable to perform at least two Activities of Daily Living (ADLs).

Goal 4: Embed ACL discretionary grants with OAA Title III core programs.
- **Relevant Action Areas**
    - Lifespan respite (4.1-4.5)
- **Relevant Objective**s
    - **Objective 4.5:** Lifespan Respite services will be developed for individuals across the age and disability spectrum, including those who may have limited English proficiency.
        - • **Expected Outcome:** Lifespan Respite services will be implemented for individuals across the age and disability spectrum, including those who may have limited English proficiency.

Goal 5: Ensure the rights of older New Yorkers and prevent their abuse, neglect and exploitation.
- **Relevant Action Areas**
    - Elder Justice: Long-Term Care Ombudsman (5.6-5.9)
- **Relevant Objective**
    - **Objective 5.8:** Improve resident and family access to information and assistance which helps them understand and exercise their rights, secure the benefits to which they are entitled, and resolve problem in the most efficient and effective way possible.
        - • **Strategy:** Provide technical assistance to help local programs improve volunteer recruitment and retention, including recruitment of volunteers from culturally diverse backgrounds.
        - • **Expected Outcome:** The percentage of nursing homes that receive regular visits from a local ombudsman representative will increase to at least 90 percent (by 2020).

Enforcement and Accountability Measures:

Older Americans Act, 1965
- Limited English Proficiency: The AAA agrees to comply with OAA Title III-B, and in each Planning and Servic Area (PSA) in which a substantial number of older adults of limited English proficiency reside, the AAA shall:
    - A. utilize in the delivery of outreach services under OAA section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older adults who are of limited English proficiency and
    - B. designate an individual employed by the AAA, or available to such AAA on a full-time basis, whose responsibilities will include:
        - • 1) taking such action as may be appropriate to assure that counseling assistance is made available to such older adults who are of limited English proficiency in order to assist such older adults in participating in programs and receiving assistance under the OAA; and 2) providing guidance to individuals engaged in the delivery of supportive services under this Plan to enable such individuals to be aware of cultural sensitivities and to effectively consider linguistic and cultural differences.

- New York, like every other state in the U.S. must comply with the Older Americans Act in order to receive OAA funding for long-term care services and other services for seniors' care. This includes submitting a State Plan on Aging every 4 years to the federal government.

AAA Contract Requirements
- AAA Contracts: AAA assures that its contracts with providers of services shall include, and that its contractors will include in any subcontracts, the following provisions in addition to the provisions specified below:
    - **Targeting:** The Contractor, to the extent it has discretion regarding to whom it will provide services, agrees to provide services to those unserved and underserved older adults in greatest social or economic need including older adults with limited English proficiency
    - **Language Access:** The Contractor shall inform persons with limited English proficiency of the availability of language assistance, free of charge, by providing written notice of such assistance in a manner designed to be understandable by Limited English proficiency persons at service locations and, at a minimum, have a telephonic interpretation service contract or similar community arrangement with a language interpretation services provider of their choice. The Contractor shall train staff that have contact with the public in the timely and appropriate use of these and other available language services.

Equal Access to Services and Targeting
- **Equal Access:** To ensure Equal Access, the NYSOFA requires that all aging programs are compliant with Civil and Human Rights legislation, including the New York State Human Rights law, Title VI of the Civil Rights Act and the Americans with Disabilities Act, Federal Executive Order 13166, and Section 504 of the Rehabilitation Act of 1973
- **Targeting:** The AAA will set specific targeting objectives and the methods to achieve the objectives, consistent with NYSOFA policy, including providing services to older adults with limited English proficiency.

8. Florida State Plan on Aging 2017-2020

Ministry Responsible (Year): Florida Department of Elder Affairs (2017)

Objectives: The Florida Department of Elder Affairs (DOEA) prepares a State Plan on Aging (State Plan) every three or four years as required by the Administration on Aging (AoA), part of the Administration for Community Living (ACL) under the U.S. Department of Health and Human Services. The State Plan provides strategic direction to the Florida elder services network and complies with instructions provided by AoA. Beyond the minimum required information, the State Plan addresses the following: key sociodemographic factors that will shape funding needs; priorities, unmet needs and promising practices identified by DOEA and the Area Agencies Aging (AAAs); and the Department's objectives in working with the aging network to provide cost-effective, high quality services to Florida's older adults, adults with disabilities, and their caregivers.

Goals:
- **Goal 1:** Information and Access – Enable older Floridians, individuals with disabilities, their families, and other consumers to choose and easily access options for existing mental and physical health, as well as long-term and end-of-life care
- **Goal 2:** Provide medical and home and community-based services to enable individuals to maintain the highest level of independence for as long as possible, including supports for caregivers
- **Goal 3:** Health and Wellness – Empower older Floridians, individuals with disabilities, and their caregivers to live active, healthy lives to improve their overall health status
- **Goal 4:** Ensure that the legal rights of older Floridians are protected and prevent their abuse, neglect, and exploitation
- **Goal 5:** Promote planning and collaboration at the community level that recognize the benefits and needs of its aging population
- **Goal 6:** Maintain effective and responsive management

Strategies and Actions Relevant to Ethno-cultural and Linguistic Diversity:

Goal 1: Information and Access – Enable older Floridians, individuals with disabilities, their families, and other consumers to choose and easily access options for existing mental and physical health, as well as long-term and end-of-life care
- **Objective 1.10:** Provide culturally appropriate information in a variety of formats to elders, their families, and other caregivers considering linguistic and cultural differences
  - **Strategies:**
    - Provide information and referral assistance in a culturally and linguistically appropriate manner regardless of elders' ethnicity, race, gender, religion, sexual orientation, gender identity, or socioeconomic status
    - Develop information and resources for clients and the public that are written at the appropriate literacy level and targeted to the language and cultural norms of minority populations
    - Educate in-home and institutional care service providers about the unique needs of diverse elders, especially elders with the greatest economic need, elders with physical or mental limitations, elders with Limited English Proficiency, elders facing cultural or social isolation including LGBT individuals, and elders in rural communities

Goal 2: Provide medical and home and community-based services to enable individuals to maintain the highest level of independence for as long as possible, including supports for caregivers
- **Objective 2.9:** Ensure the provision of culturally appropriate services and supports to elders and individuals with disabilities
  - **Strategies:**
    - Provide services in a culturally and linguistically appropriate manner across ethnicity, race, gender, religion, sexual orientation, gender identity, and socioeconomic status
    - Promote multicultural and multilingual hiring and volunteer recruitment practices
    - Ensure that the unique needs of diverse elders are met, especially elders with the greatest economic need, elders with physical or mental limitations, elders with Limited English Proficiency, elders facing cultural or social isolation including LGBT individuals, and elders in rural communities

Enforcement Mechanisms:
- Long-Term Care Ombudsman Program (LTCOP)

  Key role is to recommend policy and regulatory changes to improve the quality of life of residents
    - A 2015 legislative change also expanded the duties of ombudsmen in the local districts to comply with the Older American Act to include the authority to establish resident and family councils within long-term care facilities
- Outcomes and Performance Measures

  The Department developed metrics to assess performance over a wide cross-section of programs.
- Older Americans Act, 1965

  Florida, like every other state in the U.S. must comply with the Older Americans Act in order to receive OAA funding for long-term care services and other services for seniors' care. This includes submitting a State Plan on Aging every 4 years to the federal government.

9. California State Plan on Aging 2017 – 2021

Ministry Responsible (Year): California Department of Aging (2017)

Vision: The Department envisions every Californian having the opportunity to enjoy wellness, longevity, and quality of life in strong healthy communities.

Goals:
- **Goal 1:** Empower older Californians, persons with disabilities, and their caregivers to easily access the information they need to make informed decisions.

- Goal 2: Enable older Californians, persons with disabilities, and their caregivers to be active and supported in their homes and communities.
- Goal 3: Provide older Californians, persons with disabilities, and their caregivers with information and tools to support their health and wellbeing.
- Goal 4: Protect the consumer rights of older Californians and persons with disabilities and assist them to obtain needed benefits.

Strategies and Actions Relevant to Ethno-cultural and Linguistic Diversity:

Goal 2: Enable older Californians, persons with disabilities, and their caregivers to be active and supported in their homes and communities.
  - **Objective 2-D** Promote effective delivery of the OAA core services to eligible persons, with attention to noted special target groups who often do not access these services for various reasons.
        • **Strategy 2:** Develop and provide guidance, training, and technical assistance on effective approaches for delivering OAA core services to target populations including older Holocaust survivors, Native Americans, recent refugees, and LGBTQI individuals.
        • Objective 2D - Strategy 2: Performance Measures & Target Dates
          - Survey local AAAs to identify the core components of their local service targeting efforts and potential areas for training and technical assistance (January 2018)
          - Compile an analysis of the targeting survey results for CDA and the AAAs to review and discuss (April 2018)
          - Establish a CDA workgroup that includes AAA representatives to address the operational and training issues involved in adding sexual orientation and gender identity to the data that CDA collects from the AAAs on OAA Title III participants (June 2018)

Enforcement Mechanisms:
  - OAA Sec. 305 Organization
        • Outlines the information States must include in their State Plan regarding the organization of State offices of aging, AAAs, and other partners in order to receive funding through the OAA
  - OAA Sec. 307(a) State Plans
        • The plan shall— (A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and (B) be based on such area plans.

It is worth noting that the requirements above are true for every U.S. state, however, California's state plan explicitly laid out these requirements.

10. Hawaii State Plan on Aging 2017-2019

Ministry Responsible (Year): Hawaii Executive Office of Aging (2017)

Principles: The goals and strategies in this State Plan are based on principles in the OAA. These principal areas are:
  - Activities for disease prevention and social engagement
  - Support for care givers
  - In home and community-based programs and services
  - Access to information and care options
  - Person cantered approaches for at risk older adults
  - Elder rights and benefits
Additional strategic principles were also incorporated:
  - Empower participants to make informed decisions about their care options
  - Help older adults at high risk of nursing home placement to remain in their own homes and communities through flexible financing and service models
  - Build evidence- based prevention into community-based systems of services, enabling older people to make behavioural changes that reduce risk of disease disability and injury

Goals:
- **Goal 1:** Maximize opportunities for older adults to age well, remain active, and enjoy quality lives while engaging in their communities
- **Goal 2:** Forging partnerships and alliances that will give impetus to meeting Hawaii`s greatest challenges for the aging population
- **Goal 3:** Developing statewide Aging and Disability Resource Center (ADRC) system for older adults and their families to access and receive long-term services and supports (LTSS) within their respective counties
- **Goal 4:** Enabling people with disabilities and older adults to live in the community through the availability of and access to high-quality LTSS, including supports for families and caregivers
- **Goal 5:** Optimizing the health, safety and independence of Hawaii`s older adults

Strategies and Actions Relevant to Ethno-cultural and Linguistic Diversity:

Goal 3: Developing statewide Aging and Disability Resource Center (ADRC) system for older adults and their families to access and receive long-term services and supports (LTSS) within their respective counties
- **Strategy 3.4:** Implement EOA`s Language Access Plan which is currently being reviewed by the State Attorney General
  - • Objective 3.4.1 By June 30, 2016, EOA will have assesses the language access needs of its current and potential customers (Completed April 2016)
  - • Objective 3.4.2 By February 28,2017, EOA will have developed written policies and procedures that ensure that LEP individuals have meaningful access to agency programs and activities

Goal 5: Optimizing the health, safety and independence of Hawaii`s older adults
- **Strategy 5.3:** Senior Medicare Patrol (SMP) will continue to pursue ways to better educate Medicare beneficiaries about Medicare fraud, the danger of medical identity theft, and ways to prevent, detect, and report Medicare fraud, errors, and abuse; and will pay attention to the hard-to-reach populations
  - • Objective 5.3.4: By September 30, 2017, SMP will work with the Office of Language Access and the Disability and Communication Access Board to develop a language access plan that identified the limited English proficient population and persons with disabilities that it will target and the vital documents to be translated or incorporated in a video format.

Enforcement Mechanism:
- Each of the objectives is linked to a specific time frame on which it should be accomplished and a specific department or entity that is entitled to take it forward
- The State Plan includes a "Outcomes and Performance Measures Related to the Goals" section which lists measurable anticipated outcomes of the strategy
- The State Plan includes a "Quality Management" section which explains measures for services quality management
- Older Americans Act, 1965: Hawaii, like every other state in the U.S. must comply with the Older Americans Act in order to receive OAA funding for long-term care services and other services for seniors' care. This includes submitting a State Plan on Aging every 4 years to the federal government.

11. Nevada State Plan for Aging Services 2016-2020

Ministry Responsible (Year): Nevada Department of Health and Human Services (2016)

Vision: Nevadans, regardless of age or ability, will enjoy a meaningful life, led with dignity and self-determination.

Principles: The State Plan's goals are based on the following five core principles:
- **No Wrong Door:** Aging and Disability Services Division (ADSD), along with state and community partners, must be engaged to support Older Nevadans and their families. Access to information and services must be streamlined and standardized across systems to empower consumers to make choices. Nevada is committed to embedding the No Wrong Door philosophy throughout the long-term services and supports system to provide everyone with the options to live in the setting of their choice.
- **Safety and Advocacy:** Quality of life in all settings is affected by an individual's ability to have choice and control

and to be free from negative influences that may limit individual freedoms. In addition, for those elders who are subject to abuse, neglect, or financial exploitation from others, as well as those who are self-neglecting in some way, protections must be available. Nevada Aging and Disability Services

- **Health and Social Services:** Having a variety of services to assist Older Nevadans supports individual choice and is necessary to meet older adult Nevadans where they are in the service continuum. Having well rounded and evidence-based services that meet consumers where they are strengthens the quality of services available. In addition, bridging the gap between healthcare and social services will lead to better outcomes for older adults in Nevada.
- **Quality Assurance:** Providing quality services that are responsive to consumer needs is a part of the ADSD mission. In keeping with national standards, ADSD aims to develop a No Wrong Door LTSS system that includes goals and performance indicators that increase visibility, trust, ease-of-access, responsiveness, efficiency and effectiveness of the system.
- **Competent Service System:** Having a workforce, including volunteers and caregivers, that is competent and able to increase efficiency of services is essential to maintaining a responsive long-term service and supports system. Training, capacity building and sustainability planning are critical to enhancing services in Nevada

Goals:
- **Goal 1:** Older adult Nevadans and their families are empowered to make informed decisions about long-term services and supports (LTSS) through coordinated, person-centered services.
- **Goal 2:** Older adult Nevadans have a network of support that promotes their safety, security and protection.
- **Goal 3:** Older adult Nevadans have access to a variety of services, including evidence-based programs, to enhance health and long-term services and supports.
- **Goal 4:** ADSD is responsive to older adult Nevadans' needs through continuous quality improvement and standardized quality measures
- **Goal 5:** Older Adult Nevadans receive long-term services and supports through a trained and expanded workforce.

Strategies and Actions Relevant to Ethno-cultural and Linguistic Diversity:

Goal 1: Older adult Nevadans and their families are empowered to make informed decisions about long-term services and supports (LTSS) through coordinated, person-centered services.
- **Objective 1.3:** Information about LTSS is accessible to all older adult Nevadans and persons with disabilities.
- **Strategies**
    - Translate ADSD program materials, so that they are linguistically available to Nevada's Spanish speaking and reading population.
- **Process Milestones**
    - ADSD program materials are available in both English and Spanish formats by December 2017.

Goal 2: Older adult Nevadans have a network of support that promotes their safety, security and protection.
- **Objective 2.2:** Older adult Nevadans and persons with disabilities have effective advocates and ombudsmen to protect and promote their rights.
- **Strategies**
    - Support Legal Services Providers efforts to target outreach to underserved populations, including those in rural areas and those whose primary language is not English.
- **Process Milestones**
    - As applicable, ADSD Consumer "Rights and Responsibilities" are incorporated into program policies and service specifications by July 2018.
    - EPS policies are strengthened to support and enhance multi-disciplinary responses to elder abuse, neglect, and exploitation by December 2018.
- **Measures**
    - The current number of 873 outreach events conducted by SHIP and SMP for Medicare beneficiaries will increase by 2 percent each State Plan year.
    - The current number of 20,252 unduplicated Medicare beneficiaries counseled by SHIP will increase by 2 percent each State Plan year.

- The current number of 53,125 consumers reached through SHIP and SMP outreach events will increase by 2 percent each State Plan year.

Implementation and Enforcement Mechanisms:

Older Americans Act, 1965
Nevada, like every other state in the U.S. must comply with the Older Americans Act in order to receive OAA funding for long-term care services and other services for seniors' care. This includes submitting a State Plan on Aging every 4 years to the federal government.

Process Milestones & Measures
The State Plan outlines milestones to achieve the objectives and strategies throughout the plan. There are also measures to help monitor the implementation of these objectives and strategies.

12. Aging with Confidence: Ontario's Action Plan for Seniors

Ministry Responsible (Year): Government of Ontario (2017)

Vision: Ontario is a place where seniors feel supported in living independent, healthy and active, safe and socially connected lives.

Guiding Principles:
Inclusion: All seniors deserve to be involved and included in their communities. Any physical and social barriers to that involvement should be addressed.
Choice & Self-Determination: Seniors should be enabled to make choices and determine what is right for them. Measures to strengthen their capacity to do so should be taken. In cases where seniors require help from friends, family and caregivers, the needs and desires of seniors should be prioritized.
Diversity: Seniors' needs are affected by their individual circumstances; for example, their health, language, gender, ability, Indigenous identity, ethnicity, religion, sexual orientation or geographic location. Programs and services should recognize this diversity, and be accessible, equitable and culturally appropriate.
Safety and Security: All seniors deserve to be safe and secure from physical, psychological and financial abuse. Programs and supports across Ontario's health, social, community, financial and justice systems should protect vulnerable older adults from these harms.

Action Areas:
Aging with Confidence is divided into four main sections:
  - Supporting seniors at all stages
  - Supporting seniors living independently in the community
  - Seniors requiring enhanced supports at home and in their communities
  - Seniors requiring intensive supports

Strategies and Actions Relevant to Ethno-cultural and Linguistic Diversity:
Action Area: Seniors requiring enhanced supports at home and in their communities
  - Strategy: Support for more naturally occurring retirement communities:
    The government will continue supporting "naturally occurring" retirement communities, such as apartment buildings or housing developments, where many seniors already live close to one another. This included a plan to ensure Local Health Integration Networks (LHINs) worked locally to support communities of seniors from ethno-cultural backgrounds to promote age-friendly buildings and culturally appropriate care.
  - Strategy: Increasing support for caregivers: A new provincewide organization will be launched to provide caregivers with supports and resources, including a single point of access for information in areas such as training in multiple languages.
Action Area: Seniors requiring intensive supports
  - Strategy: Reducing the wait for long-term care: Recognizing that Ontario's population is aging and creating more demand for long-term care, the province will create 5,000 new long-term care beds by 2022. The province prioritized new LTC beds that serve cultural needs.

- <u>Strategy: Culturally Appropriate LTC:</u> In consultation with LTC providers, residents, and families, Ontario committed to providing more access to culturally appropriate homes and in-home supports such as culturally appropriate meal preparation and supporting LTC residents' language of choice.

13. SHIFT: Nova Scotia's action plan for an aging population

Ministry Responsible (Year): Nova Scotia Department of Seniors (2017)

Vision: Together, Nova Scotians value, promote, and support older adults and their contributions to our province

Goals and Commitments:
  - **Goal 1:** Value the social and economic contributions of older adults
      - Value older adults as entrepreneurs
      - Value older adults in the workplace
      - Value unpaid community and volunteer work
  - **Goal 2:** Promote healthy, active living
      - Promote an inclusive and supportive population health approach throughout Nova Scotia's health system
      - Reduce the impact of poverty on health
      - Promote physical activity and regular exercise
  - **Goal 3:** Support aging in place, connected to community life
      - Support community transportation
      - Support appropriate, affordable housing
      - Support age-friendly community planning
      - Support social connections
  - **Implementation plan**
      - Base decisions and actions on evidence
      - Learn from each other

Strategies and Actions Relevant to Ethno-cultural and Linguistic Diversity:

Goal: Value the social and economic contributions of older adults
  - Commitment: Value older adults in the workplace
      - Action: Educate employers about the advantages of hiring and retaining older workers in all their diversity.
      - Action: Provide training and professional development for career practitioners (advisors) employed through Nova Scotia Works Employment Services Centres, to help them work with older adults in all their diversity.
  - Commitment: Value unpaid community and volunteer work
      - Action: Build the capacity of community and not-for-profit organizations to involve older adults in all their diversity as community leaders, volunteers, and clients.
Goal: Promote healthy, active living
  - Commitment: Promote physical activity and regular exercise
      - Action: Expand the focus of the Municipal Physical Activity Leadership program to add older adults as a priority population, ensuring that the program is culturally competent and includes diverse adults.
      - Action: Ensure that provincial physical activity and recreational strategies and initiatives include the needs and perspectives of middle-aged and older adults in all their diversity.
      - Action: Develop a provincial approach to encourage physical activity at Communities, all ages, including diverse middle-aged and older adults, with a strong emphasis on walking.
      - Action Build the capacity of communities and the recreational and sport sectors to work with an aging population in all its diversity.
Goal: Support aging in place, connected to community life
  - Commitment: Support social connections
      - Action: Work with municipalities and other partners to increase access to culturally safe, convenient, and affordable facilities and recreational programs for older adults in all their diversity - including frail older adults, and especially people with low incomes.

Implementing the plan
  - Commitment: Base decisions and actions on evidence
      - Action: As part of Nova Scotia's Culture Action Plan, ensure that government programs and services include the perspectives and needs of older adults and diverse communities.
      - Action: Develop a population health profile to better understand health issues for diverse older adults
      - Action: Train government employees in cultural competence.
      - Action: Strengthen the collection and analysis of information to support evidence-based decision making that reflects our diverse population (e.g., bigger sample sizes for socio-economic, labour market, and ethno-racial health data).
  - Commitment: Learn from each other
      - Action: Launch a public education campaign that shows older adults in all their diversity, dispels myths and misconceptions about older age, and demonstrates the contributions of older adults to our province.

Enforcement Mechanism:
  - The Minister and Deputy Minister of Seniors have overall responsibility for coordinating and implementing the action plan, creating an evaluation framework, and reporting annually on progress.
  - Deputy Ministers and Deputy Heads of other departments and agencies are responsible for reporting their activities related to the action plan in their annual business plans.

14. Strategy for Positive Aging in Nova Scotia

Ministry Responsible (Year): Nova Scotia Seniors Secretariat (2005)

Vision: Nova Scotia is an inclusive society of caring communities that supports the well-being of seniors and values their contributions.

Principles:
  - Dignity – We demonstrate respect for the personal privacy, individual values, preferences, and spiritual beliefs of seniors.
  - Fairness – We equally address the distinctive needs of diverse seniors in accordance with the Nova Scotia Human Rights Act.
  - Participation – We enable seniors to maintain their social status and social connections in the community.
  - Respect – We promote a culture of respect across generations and recognize the contributions of seniors to family, friends, community, and society.
  - Safety – We enable seniors to live in safe and supportive living environments, free from danger, fear and exploitation.
  - Self-Determination – We respect the right of seniors to manage their affairs and participate as fully as possible in decisions affecting their health and security.
  - Self-Fulfillment – We ensure seniors can access the educational, cultural, spiritual, and recreational resources of society.
  - Security – We ensure seniors have enough resources to meet their basic needs and lead self-fulfilling lives.

Goals:
  - **Goal 1:** Celebrating Seniors: Nova Scotians value seniors and celebrate their lifelong contributions.
  - **Goal 2:** Financial Security: Secure and enough income provides an adequate standard of living for seniors.
  - **Goal 3:** Health and Well-Being: A range of supports and services enables seniors to optimize their health and well-being.
  - **Goal 4:** Maximizing Independence: Seniors enjoy maximum independence with support from family, friends, community and government.
  - **Goal 5:** Housing Options: Affordable, accessible, safe and supportive housing options are available to seniors.
  - **Goal 6:** Transportation: Affordable, safe and accessible transportation options are available to seniors.
  - **Goal 7:** Respecting Diversity: Nova Scotians recognize, respect and respond positively to seniors in all their diversity.

- **Goal 8:** Employment and Life Transitions: Workplaces support and encourage the participation, health, lifelong learning and volunteer activities of older workers.
- **Goal 9:** Supportive Communities: Seniors have opportunities for personal growth, lifelong learning, and community participation in safe and supportive environments

Strategies and Actions Relevant to Ethno-cultural and Linguistic Diversity:

Goal 2: Financial Security
 - <u>Action Area: Financial security in senior years</u>
   - • Action no. 5. Ensure application processes for financial supports and other senior related information materials respect the reader by meeting the needs of visually impaired citizens, as well as those with literacy and language barriers.

Goal 3: Health and Wellbeing
 - <u>Action Area: Quality Health Services for Seniors – Research & Education</u>
   - • Action no. 31. Engage geriatricians, gerontologists, seniors, and their caregivers in the development of health policies and service delivery standards to ensure they are age-appropriate, responsive to the physical and mental health needs and geographic locations of seniors and are sensitive to ethnocultural differences.
   - • Action no. 32. Work with post-secondary institutions to develop education and training opportunities and curriculum for health care professionals to increase their awareness of the unique needs of frail seniors in a culturally appropriate and sensitive manner.

Goal 7: Respecting Diversity
 - <u>Action Area: Cultural Diversity, Gender Equity and Social Inclusion</u>
   1. Ensure governments and communities take cultural diversity, gender equity and social inclusion into account when designing legislation, policies and programs for and with seniors.
   2. Ensure initiatives for seniors reflect the unique circumstances of Nova Scotia's immigrant community and respect the range of traditional customs practiced by an array of cultures with respect to senior care and inclusion.
   3. Encourage and support activities and programs that enable seniors to learn about cultural differences from seniors of other cultures.
 - <u>Societal Actions: Diversity in Information and Services</u>
   4. Ensure that information and services are available to seniors in a culturally appropriate and sensitive manner, recognizing the needs and interests of Aboriginal persons, African Nova Scotians, les Acadiennes/Acadiens and other Francophones, and immigrants from all parts of the world.
   5. Increase the diversity of health and social service professionals and volunteers, and ensure professionals and volunteers working with seniors are sensitive to issues around language, culture, gender and disability.
   6. Increase the inclusion and participation of immigrant seniors in social and recreational activities in their families, cultural communities and the mainstream community.
   7. Ensure all seniors are protected by the provisions of the Nova Scotia Human Rights Act through appropriately designed and targeted information and services aimed at informing seniors about the grounds of discrimination covered under the Act, and the remedies available.

15. We are all in this together: An Aging Strategy for New Brunswick

Ministry Responsible (Year): New Brunswick Council on Aging (2017)

Vision: Healthy aging is a positive lifelong experience that occurs in a supportive age-friendly community

Principles:
 - **Respect:** Value knowledge, wisdom and skills of seniors and acknowledge the considerable contributions they make to their families, communities and society.
 - **Collaboration:** All ages unite around a common vision for aging in the province, respecting the differences in age, gender, individual resources, culture and abilities. This vision is embraced to develop partnerships across government agencies, private and not-for-profit sectors.

- **Meaningful Participation:** Recognize and value the skilled contributions of older adults in the paid labour force and volunteer sector. Flexible employment options and practices are integral to ensure age-friendly employment practices.
- **Age-friendly Communities:** Communities enable the full participation of older adults in local economic, social, civil and cultural life through the development of age-friendly policies and programs.
- **Equity:** Achieve equity across generations, regardless of age. Achieve equity across official cultures, regardless of official language and official cultural practices.
- **Independence:** Increase independence of all adults by enabling them to live safely and securely in the residence of their choice
- **Choices in Aging:** Support people to age in place by providing accessible transportation options, affordable community-based housing, and responsive and appropriate home-based services.
- **Lifelong learning:** Encourage and enable lifelong learning
- **Wellness:** Proactively develop wellness and health promotion strategies to ensure all adults remain active and independent longer.
- **Continuum of Care:** Create a coordinated and seamless continuum of care that provides vulnerable older adults and their families with options to live and die in a dignified, respectful manner, while experiencing high-standard care.

Goals:
- **Goal 1:** Enable seniors to live independently
- **Goal 2:** Achieve sustainability and innovation
- **Goal 3:** Embrace a provincial culture of person-centred care and support

Strategies and Actions Relevant to Ethno-cultural and Linguistic Diversity:

Goal 3: To embrace a provincial culture of person-centred care and support
- Initiative 1: Care workforce management and training
    - **Action:** Promote opportunities in the senior care workforce to immigrants and individuals seeking employment using the experiential learning initiative as an example.
- Initiative 2: Access to care and services
    - **Action:** Examine access to services in the language of choice and recommend standards for delivering services in both Official Languages.
- Initiative 3: Person-centred care and coordination
    - **Action:** Protect citizens' rights to be treated fairly and with dignity and respect, regardless of their age, gender, language, ethnic origin, gender identification, sexual orientation, economic status or religious beliefs (or non-beliefs) by creating a seniors' ombudsman.

Enforcement Mechanism:
- Planned Enforcement Mechanism:
    - While allocating ownership to actions within this strategy brings a sense of responsibility to all stakeholders, there must also be some accountability. Therefore, measures and targets will be established in conjunction with the research community including the New Brunswick Health Council, to allow for reporting on accomplishments and achievement of the desired outcomes.
    - The exact measures and targets will be identified as part of the implementation plan and monitored regularly to ensure that progress is being made to achieve results.

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