

Ontario Senior Pride's Submission
to the Long-Term Care COVID-19
Commission

LONG-TERM CARE,
COVID-19 AND
ONTARIO'S 2S-LGBTQ+
SENIORS

A Call to Action

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October 14, 2020.

EXECUTIVE SUMMARY AND RECOMMENDATIONS

LONG-TERM CARE, COVID-19 AND ONTARIO'S 2S-LGBTQ+ SENIORS A CALL TO ACTION

Ontario Senior Pride is pleased to present this submission to the Long-Term Care COVID-19 Commission. The Ontario Senior Pride member organizations are:

- Aging with Pride Waterloo-Wellington
- New Horizons 2S-LGBTQ+ Seniors Program in North Bay (program housed out of The AIDS Committee of North Bay and Area, with chapters in the Barrie and Sudbury regions)
- Ottawa Senior Pride Network / Réseau fierté des aînés d'Ottawa
- Senior Pride Network Niagara
- Senior Pride Network Toronto
- Rainbow Faith and Freedom
- Windsor Pride Community.

For this submission, we use the acronym 2S-LGBTQ+ (Two Spirit-Indigenous, Lesbian, Gay, Bisexual, Transgender, Queer and plus/other). We are an ad hoc collective of organizations that advocates on behalf of 2S-LGBTQ+ seniors in all of their diversities, including our community members who are Indigenous (2S/Two Spirit), Black, East Asian, South Asian, Southeast Asian, Latinx, other People of Colour or Francophone.

We present this submission and our recommendations to the Commission and through the Commission to the Ontario Government. Our objective is to ensure that Ontario's LTC system is inclusive, respectful and welcoming of 2S-LGBTQ+ seniors and recognizes and positively responds to their particular health, care, and social and emotional needs and concerns. This is essential at all times and especially during pandemics such as COVID-19. If implemented, our recommendations would better prepare Ontario's LTC homes to provide the adequate care to 2S-LGBTQ+ seniors that they deserve and that is their right to expect and to receive under the *Long-Term Care Homes Act, 2007* and the *Ontario Human Rights Code*.

COVID-19 AND 2S-LGBTQ+ SENIORS IN LTC HOMES IN ONTARIO

The long-term care (LTC) system in Ontario is tragically failing to uphold the fundamental principle of the *Long-Term Care Homes Act, 2007* that “... a long-term care home is primarily the home of its residents and is to be operated so that it is a place where they may live with dignity and in security, safety and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met.” Outbreaks of COVID-19 in LTC homes are exposing the enormous gap that exists between the harsh reality of current practices and the well-intended but largely ignored statutory principle and legislative intent.

For 2S-LGBTQ+ seniors, the COVID-19 pandemic is a cruel reminder that the LTC system in Ontario is neglectful of, or unresponsive to, their particular health issues, needs and concerns. COVID-19 outbreaks in LTC homes are highlighting the long-standing systemic discrimination and the many unaddressed issues, inequities and failures within the LTC system.

Critical improvements are required to ensure that environments in LTC homes are sensitive to and inclusive of the needs, care preferences, and life experiences of 2S-LGBTQ+ seniors. There is a pressing need to integrate 2S-LGBTQ+ inclusivity and respect for 2S-LGBTQ+ seniors in the LTC system and in the LTC system’s response to COVID-19.

2S-LGBTQ+ INVISIBILITY AND LACK OF DATA

2S-LGBTQ+ seniors are mostly invisible in LTC homes. LTC homes often say that they do not have any 2S-LGBTQ+ residents. Data about them do not exist or are unreliable. In particular, data are unavailable on the number of 2S-LGBTQ+ residents of Ontario LTC homes who contracted COVID-19 or those who died after contracting COVID-19. The lack of data is an important element in the lack of inclusiveness of and respect for 2S-LGBTQ+ seniors in LTC homes, contributes to their invisibility and is a barrier to receiving quality of care.

2S-LGBTQ+ SENIORS: CHRONIC HEALTH CONDITIONS AND COVID-19

Staff and administrators of LTC homes generally lack awareness about the particular health and social factors that make 2S-LGBTQ+ seniors more vulnerable to contracting COVID-19. These factors also put 2S-LGBTQ+ seniors at greater risk of developing more severe illness and of dying from the virus. 2S-LGBTQ+ seniors have higher rates of chronic health conditions or weakened immune systems, including

cardiovascular diseases, diabetes, cancer, HIV/AIDS and related co-morbidities, and respiratory diseases such as asthma.

The planning and implementation of measures to effectively respond to COVID-19 and the care protocols for residents infected with COVID-19 do not consider the particular vulnerabilities, inter-related health issues and particular care needs of 2S-LGBTQ+ seniors. They must be taken into account now, and when combatting future pandemics or infectious disease outbreaks in Ontario LTC homes.

DISCRIMINATION, HARASSMENT AND ABUSE IN LTC HOMES

2S-LGBTQ+ seniors often experience, or have a fear of experiencing, discrimination, harassment and abuse (physical or verbal) from residents, staff and volunteers in LTC homes. LTC staff may be uncomfortable with 2S-LGBTQ+ people, have biases or negative attitudes (including homophobia, transphobia and biphobia) or manifest behaviours and actions that are motivated by judgmental or condemnatory religious beliefs. For safety and privacy reasons, and to prevent neglect, rejection and being ostracized, 2S-LGBTQ+ seniors in LTC homes may choose to conceal that they are intersex or to not disclose their sexual orientation, gender expression or gender identity.

The fears of 2S-LGBTQ+ seniors about their treatment in LTC homes are intensified during COVID-19 outbreaks. They are more vulnerable, too frightened to report any form of abuse or to seek assistance, and fear reprisals from staff or other residents for making complaints. To address discrimination, harassment and abuse, LTC homes must be required to adopt equity, inclusion, non-discrimination, anti-harassment and protection of persons policies that specifically include sex, sexual orientation, gender identity and gender expression.

SPIRITUAL CARE FOR 2S-LGBTQ+ RESIDENTS

Religious affiliations of different health care organizations have been identified as a contributing factor to a lack of inclusivity for 2S-LGBTQ+ residents and their families, especially in religious-based LTC homes from certain denominations. Many 2S-LGBTQ+ seniors in Ontario report having had personal experiences with religious-based discrimination and are less likely to have accepting blood-relatives to support them in personal times of crisis and end-of life situations. It is essential that 2S-LGBTQ+ inclusivity and respect for 2S-LGBTQ+ seniors be integrated within faith-based programming in LTC homes, including in spiritual and pastoral care, religious services, end of life rituals, funerals and celebrations of life.

LTC STAFF AND 2S-LGBTQ+ RESIDENTS

The staff who spend the most time with 2S-LGBTQ+ residents, with few exceptions, are untrained, little-trained or ill-trained in their specific care issues and needs, or are indifferent to, or lack awareness of them. Consequently, 2S-LGBTQ+ residents often experience anxiety and worry about LTC staff and volunteers on whom they must depend for care and assistance with daily life activities. Their anxiety is compounded during COVID-19 outbreaks. LTC homes must ensure that they are positive, welcoming, safe and inclusive environments for 2S-LGBTQ+ residents. They must be required to provide compulsory 2S-LGBTQ+ seniors sensitivity, inclusion and cultural competency training for all full-time, part-time and contracted/agency staff, family council members and volunteers.

SOCIAL ISOLATION OF 2S-LGBTQ+ SENIORS

2S-LGBTQ+ seniors often are already severely socially isolated before moving into LTC homes. Their biggest fear is dying alone and forgotten once they become residents of LTC. 2S-LGBTQ+ seniors may have experienced rejection or denial by their biological families and are less likely to be in a spousal relationship, widowed, or to have children. They therefore may lack adequate social and emotional support. Other 2S-LGBTQ+ seniors discover that their spousal relationships, chosen/non-biological families or support networks are not recognized or are not respected by the LTC home administrators or staff.

Strict social distancing protocols and restrictions on visitors imposed during outbreaks of COVID-19 in LTC homes cause even greater social isolation for 2S-LGBTQ+ residents. As a result, they experience greater loneliness, depression, despair and a deterioration in their physical health and general well-being. To mitigate social isolation and provide emotional and social support for them, LTC homes must be required to recognize and respect 2S-LGBTQ+ spousal relationships, chosen/non-biological family members and support networks for visitation and for providing essential care to them.

MANDATING RESIDENT-CENTRED CARE FOR ONTARIO'S LTC SYSTEM

The many failures of Ontario's LTC system, evidenced most tragically by the horrific impact of COVID-19 outbreaks in LTC homes, point to the need for the Ontario government to legislate a resident-centred care model for LTC homes that is consistent with the fundamental principle of the *Long-Term Care Homes Act, 2007*.

A resident-centred model of care would recognize and positively respond to the complexities of providing care for residents in all their diversity. This model of care also could successfully integrate 2S-LGBTQ+ inclusivity and respect for 2S-LGBTQ+ seniors in the LTC system. To do so, however, it must ensure that the particular issues, needs and concerns of diverse 2S-LGBTQ+ seniors will be positively and proactively addressed -- at all times, and in the event of future pandemics.

RECOMMENDATIONS TO THE COMMISSION

To integrate 2S-LGBTQ+ inclusivity and respect for 2S-LGBTQ+ seniors within the LTC system, and to promote greater understanding and awareness of the unique health and care needs, and social well-being of, 2S-LGBTQ+ seniors, we recommend:

That the Ontario Government require LTC homes to:

- adopt a resident-centred model of care that is consistent with the fundamental principle of the *Long-Term Care Homes Act, 2007* and is tailored to positively respond to the unique issues, needs and concerns of diverse 2S-LGBTQ+ seniors;
- ensure that LTC homes are positive, welcoming, safe and inclusive work environments for 2S-LGBTQ+ staff, caregivers, family council members and all volunteers;
- adopt equity, inclusion, non-discrimination, anti-harassment and protection of persons policies that specifically include sex, sexual orientation, gender identity and gender expression;
- have compulsory 2S-LGBTQ+ seniors sensitivity, inclusion and cultural competency training for all staff, family council members and volunteers. All training sessions:
 - to be completed at the time of initial orientation/training for the position and as a condition of hiring, appointment or engagement;
 - to include how to confront bias and involve a 2S-LGBTQ+ friendly spiritual care provider to address religious and spiritual concerns of staff regarding non-binary sex (intersex), sexual orientation, gender identity, gender expression and HIV+ status;
 - to be available on a regular basis, given the frequent turnover of staff and volunteers in LTC homes;

- to include organizational assessments with checklists;
- designate a 2S-LGBTQ+ advocate role as a staff position to whom 2S-LGBTQ+ residents may report feeling excluded, disrespected or mistreated, concerns about the nature and quality of their care or their living conditions, or disputes involving staff or other residents;
- ensure all faith-based programming recognizes and respects the diversity of residents, staff and service providers including in particular non-binary sex (intersex), gender identity, gender expression or sexual orientation;
- ensure that all residents feel comfortable practicing their spiritual rituals and are provided with the appropriate services and resources to do so;
- ensure that all staff working in LTC homes are trained and educated on how to intervene when faith-based discrimination has occurred or when faith-based programming fails to use inclusive frameworks;
- recognize and respect 2S-LGBTQ+ spousal relationships and chosen/non-biological family members for visitation and for providing essential care to 2S-LGBTQ+ residents;
- eliminate housing four residents to a room or ward and provide a private room for each resident.

That the Ontario Government:

- provide ongoing funding to support the collection of anonymous demographic data on 2S-LGBTQ+ seniors and conduct research on:
 - the specific concerns and needs of, and support systems required for, 2S-LGBTQ+ seniors including in particular 2S-LGBTQ+ seniors accessing or receiving LTC in Ontario, and those who identify as Black, Indigenous and People of Colour (BIPOC);
 - the service offered to 2S-LGBTQ+ seniors in LTC homes during the COVID-19 pandemic;
- develop and implement 2S-LGBTQ+ inclusive policies and practices for LTC service providers that recognize:

- the diversity of 2S-LGBTQ+ seniors and their social determinants of health; and
- the particular service and care needs of 2S-LGBTQ+ seniors;
- establish and maintain, or provide the funding and necessary supports for, a train-the-trainer program to train the instructors or facilitators of 2S-LGBTQ+ seniors sensitivity, inclusion and cultural competency training for staff, family council members, and all volunteers;
- provide direction to LTC homes to take greater care in appointments to their boards of directors and family councils to ensure diversity and inclusivity, and competent, responsible persons known for integrity, fairness and ethical behaviour, including respect for diversity and human rights;
- amend the Residents' Bill of Rights in the *Long-Term Care Homes Act, 2007* to align more closely with the prohibited grounds of discrimination in the *Ontario Human Rights Code* by inclusion of sex, sexual orientation, gender identity and gender expression;
- provide the necessary funding for LTC homes rebuilding and renewal projects;
- accelerate the timetable for implementation of its plans to upgrade LTC homes;
- establish a legislated, minimum standard of hours of care of 4.0 hours per person per day and require every LTC home to meet that standard as a continuing licensing condition to operate.

October 14, 2020.

***LONG-TERM CARE, COVID-19 AND ONTARIO'S 2S-LGBTQ+ SENIORS
A CALL TO ACTION***

INTRODUCTION TO ONTARIO SENIOR PRIDE

Ontario Senior Pride is pleased to present this submission to the Long-Term Care COVID-19 Commission. We are an ad hoc collective of organizations that advocate on behalf of 2S-LGBTQ+ seniors in all of their diversities, including our community members who are Indigenous (2S/Two Spirit), Black, East Asian, South Asian, Southeast Asian, Latinx, other People of Colour or Francophone.

The member organizations of Ontario Senior Pride are:

- Aging with Pride Waterloo-Wellington
- New Horizons 2S-LGBTQ+ Seniors Program in North Bay (program housed out of The AIDS Committee of North Bay and Area, with chapters in the Barrie and Sudbury regions)
- Ottawa Senior Pride Network /Réseau fierté des aînés d'Ottawa
- Senior Pride Network Niagara
- Senior Pride Network Toronto
- Rainbow Faith and Freedom
- Windsor Pride Community

A note to readers about the use of the acronym 2S-LGBTQ+

There are different acronyms used by organizations in the queer and trans communities in an effort to reflect the inclusivity and diversity of those communities. For this submission, we use the acronym 2S-LGBTQ+ (2 Spirit-Indigenous, Lesbian, Gay, Bisexual, Transgender, Queer and plus/other). Readers should note that in some places within our submission, when referring to or quoting from a research study, report, news item or document of another organization, we use or cite the acronym that is used by the organization or that is used in the original or source document.

COVID-19 AND 2S-LGBTQ+ SENIORS IN LTC HOMES IN ONTARIO

The long-term care (LTC) system in Ontario is tragically failing to uphold the fundamental principle of the *Long-Term Care Homes Act, 2007* (“the Act”) that an LTC home is primarily the home of its residents and is to be operated accordingly. This statement is true for all residents of LTC homes, but is especially true for seniors residing in Ontario LTC homes who identify as 2S-LGBTQ+ (lesbian, gay, bisexual, transgender, queer and other, in all of their diversities, including our community

“The fundamental principle to be applied in the interpretation of this Act and anything required or permitted under this Act is that a long-term care home is primarily the home of its residents and is to be operated so that it is a place where they may live with dignity and in security, safety and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met.”

Part I, Section 1, of the Long-Term Care Homes Act, 2007

members who are Indigenous (2S/Two Spirit), Black, East Asian, South Asian, Southeast Asian, Latinx, other People of Colour or Francophone). The LTC system is not providing 2S-LGBTQ+ seniors with the homes and home environments and the equitable services that the Act intends and which are their right to receive under the Act and the *Ontario Human Rights Code*.

Outbreaks of COVID-19 in LTC homes exposed the enormous gap that exists between the harsh reality of current practices and the well-intended but largely ignored statutory protections and legislative intent. With very few exceptions, LTC homes in the province are not primarily “home” for their 2S-LGBTQ+ residents. They generally are not operated so that they are places where 2S-LGBTQ+ residents can live with dignity and respect, in security, safety and comfort, and where their physical, psychological, social, spiritual and cultural needs are adequately met. Long before COVID-19, Ontario’s LTC system was neglectful of, or unresponsive to, the particular needs and concerns of 2S-LGBTQ+ seniors.

Research on the experiences of 2S-LGBTQ+ seniors with LTC homes suggests that critical improvements are required to ensure that environments in these homes are sensitive to their needs, care preferences, and life experiences (Sussman et al. 2018). There is a pressing need, made all the more urgent by the devastating outbreaks of COVID-19 in LTC homes, to integrate inclusivity and respect for 2S-LGBTQ+ seniors in the LTC system, and to take measures to ensure that their diversity and particular issues, needs and concerns are positively and proactively addressed at all times, and particularly in the event of future pandemics.

2S-LGBTQ+ INVISIBILITY AND LACK OF DATA

The lack of 2S-LGBTQ+ inclusivity and awareness within the LTC system is reflected first and foremost in the invisibility of 2S-LGBTQ+ seniors in LTC homes and the absence or unreliability of data about them (Wilson et al, 2018. Royal Society of Canada, 2020. Canada, Employment and Social Development Canada website). When LTC homes are asked about their 2S-LGBTQ+ residents, they often respond with “We don’t have any gay people here” (Kortes-Miller 2018).

Virtually no data are available on the number of 2S-LGBTQ+ seniors in Canada. Statistics Canada is not collecting data on them. There are no data available on the number of 2S-LGBTQ+ residents of Ontario LTC homes who contracted COVID-19 or those who died because of it. The absence of such data leaves researchers to rely on other sources, such as obituaries, media reports or anecdotal evidence (*Xtra*, September 3, 2020. *The Globe and Mail*, May 20, 2020).

There is an urgent need to review, and to conduct research (quantitative and qualitative) into the services offered to 2S-LGBTQ+ seniors in LTC homes during the COVID-19 pandemic. More generally, there is a critical need for the Ontario government to collect data anonymously on 2S-

LGBTQ+ seniors by investing in quantitative and qualitative research on their needs when accessing or receiving LTC in Ontario, including in particular those who identify as Black, Indigenous and People of Colour. Researchers (Wilson et al, 2018) note that there is a paucity of Canadian literature on the aging experience of 2S-LGBTQ+ seniors, particularly in regard to end-of-life.

“Increasing numbers of LGBTQ2S+ older adults require nursing home care. Roughly 3% of Canadians identify as LGBTQ2S+, but actual numbers are underreported and likely much higher. Members of the LGBTQ2S+ community are largely invisible with the LTC sector services, and reporting on that community is often inaccurate and unreliable.” *Restoring Trust: COVID-19 and the Future of Long-Term Care*, Royal Society of Canada, June 2020, p. 15.

A poll conducted by Forum Research in 2012 found that 5% of respondents identified as LGBT and 2% who were 65 years of age or older identified as LGBT. Blaze Carlson, *National Post*, 2012.

A Jasmin Roy Foundation survey in 2017 reported that 13% of the Canadian population belongs to the LGBT community. The survey found that proportionally more young people (especially those who are 15-24 years of age) identify as bisexual, pansexual, asexual and/or transgender or non-binary. Jasmin Roy Foundation, “LGBT Realities” 2017.

This lack of data is an important element in the lack of inclusiveness of 2S-LGBTQ+ seniors in LTC homes, contributes to their invisibility and is a barrier to receiving quality of care (Wilson et al, 2018). In addition, even if there are opportunities for 2S-LGBTQ+ seniors to participate in data collection, they may be fearful about doing so. They must be assured of anonymity and a safe and supportive environment to protect themselves and others and to feel comfortable with their willingness to share personal information.

An obituary in *The Globe and Mail* reported that one of the 2S-LGBTQ+ residents who died after contracting COVID-19 was Douglas Chambers, Professor Emeritus at the University of Toronto, Trinity College. Professor Chambers died at age 80 from complications of COVID-19 in an LTC home in Toronto. A distinguished scholar and professor of English literature, he was also a role model, mentor and unofficial faculty advisor to gay and lesbian students in the 1970s and 1980s when discrimination against 2S-LGBTQ+ people was rampant and legal protections for them were not yet enshrined in Canadian law (*The Globe and Mail*, May 20, 2020). His is one of many stories behind otherwise largely anonymous statistics that point to the vulnerability of 2S-LGBTQ+ seniors.

To facilitate integration of 2S-LGBTQ+ inclusivity and visibility within the LTC system and to promote greater understanding and awareness of their unique health and care needs and social well-being, we recommend:

That the Ontario Government provide ongoing funding to:

- **carry out quantitative and qualitative research on and to promote public awareness of the specific concerns and support systems required for 2S-LGBTQ+ seniors, including in particular 2S-LGBTQ+ seniors accessing or receiving LTC in Ontario and those who identify as Black, Indigenous and People of Colour (BIPOC);**
- **conduct quantitative and qualitative research into the service offered to 2S-LGBTQ+ seniors in LTC homes during the COVID-19 pandemic;**
- **support the anonymous collection of demographic data on 2S-LGBTQ+ seniors.**

2S-LGBTQ+ SENIORS: CHRONIC HEALTH CONDITIONS AND COVID-19

The absence of 2S-LGBTQ+ inclusivity in the LTC system is more apparent through the general lack of awareness on the part of staff and administrators about the particular health and social factors that make 2S-LGBTQ+ seniors more vulnerable to contracting COVID-19, and that put them at greater risk of dying from the virus. The measures adopted in response to COVID-19 outbreaks fail to acknowledge and address the particular health issues and the diverse life and aging experiences of 2S-LGBTQ+ seniors.

Many 2S-LGBTQ+ seniors, including those who identify as Indigenous, Black, People of Colour, or people with disabilities, or who came to Canada as immigrants or refugees, suffer discrimination on one or more of these grounds simultaneously. Lesbians, bisexual women, transgender and 2S/Two Spirit people especially have experienced prolonged poverty or financial insecurity, and/or homelessness and a lack of affordable, accessible housing (Trans PULSE, 2020. Ross et al, 2018. Canadian Coalition Against LGBTQ+ Poverty). Compared with the general population, transgender and gender non-conforming people in Canada are two times as likely to experience severe poverty and homelessness (Canada Mortgage and Housing Corporation, 2019). Those experiences and the impacts of the social determinants of health on the well-being of 2S-LGBTQ+ seniors vary significantly. The social determinants of health include sexual orientation, gender and gender identity, race, Indigenous status, disability, housing, health services, social exclusion, income and income distribution, among other factors (Canadian Mental Health Association, Ontario website, 2020). The social determinants of health can impact on their vulnerability to physical and mental disease and illness.

Two recent national surveys conducted on the impact of COVID-19 on Canada's 2S-LGBTQ+ communities have found that 2S-LGBTQ+ people are more vulnerable to COVID-19 than persons who are not 2S-LGBTQ+:

- 29% of 2S-LGBTQ+ people surveyed are living with a chronic health condition, compared with 15% of non-2S-LGBTQ+ people;
- 21% of the 2S-LGBTQ+ respondents identifying as Black, Indigenous and People of Colour said they have been admitted to the hospital for COVID-19 compared to 9% of both 2S-LGBTQ+ people in general and the national population.

2S-LGBTQ+ communities also reported greater current and expected impacts of COVID-19 on their physical and mental health, and overall quality of life than is the case for non-2S-LGBTQ+ people. 2S-LGBTQ+ people, especially those who identify as Black, Indigenous and People of Colour (BIPOC) are more likely than the general population to know somebody who has died from COVID-19 (Egale and INNOVATIVE Research Group, 2020).

The Public Health Agency of Canada and other public health agencies advise that older persons and people with chronic health conditions or weakened immune systems are at higher risk of developing more severe illness and complications, increasing risk of death if they contract COVID-19. This is particularly true for 2S-LGBTQ+ seniors who may have compromised immune systems. Research data show a greater prevalence of cardiovascular diseases, diabetes, cancer, HIV, and respiratory diseases among 2S-LGBTQ+ Canadians compared with other Canadians. A higher percentage of lesbians and bisexual women have asthma (16%) than other women (9%) (Abramovich et al, 2020. Report of the Standing Committee on Health, House of Commons, 2019).

HIV positive 2S-LGBTQ+ seniors who survived the HIV/AIDS health crisis of earlier decades are now at high risk for HIV/AIDS-related co-morbidities such as cardiovascular disease, diabetes, kidney disease, cancer and osteoporosis (frailty and fractures), as well as depression, poor-health related quality of life and social isolation (McMillan et al, 2018). 2S-LGBTQ+ seniors who contract COVID-19 thus may experience severely worsening mental and physical health because of other medical

“Over time, more people with HIV may need to move into retirement homes or long-term care facilities. Qualitative research among older people living with HIV and AIDS in Ontario found concerns around their acceptance into retirement facilities” McMillan et al, *CMAJ*, 2018.

conditions. COVID-19 can also cause trauma because older 2S-LGBTQ+ people have experienced the AIDS pandemic and this new pandemic exacerbates fears of dying alone. Unfortunately, it is still the case that residents of LTC homes who are living with HIV/AIDS may be stigmatized, and viewed with fear and disgust by staff

and other residents in LTC homes, resulting in their being isolated, ostracized, neglected or ill-treated -- especially so if they also are infected with COVID-19.

Use of alcohol, tobacco and other substances may be two to four times higher among members of the 2S-LGBTQ+ communities than for other people. They also have significantly higher rates of smoking (36%) than other adults (17%) do. Some studies report higher rates of alcohol-related problems among lesbians and bisexual women than for other women (Report of the Standing Committee on Health, House of Commons, 2019. Canadian Mental Health Association website). Increased dependencies on prescription and non-prescription drugs and/or alcohol, and suicidal thoughts or attempts, also are common among 2S-LGBTQ+ populations because of discrimination, inequality, social stigma and social isolation. Heavy consumption of alcohol and tobacco increases the risk of developing cardiovascular disease, cancers, and respiratory, kidney and liver diseases. These dependencies can also cause behaviours such as irritability and emotional withdrawal. Caregivers in LTC homes, and those offering volunteer and other support to LTC home residents, need to be knowledgeable about underlying medical conditions and co-morbidities, their causes and their effects on 2S-LGBTQ+ seniors, and in particular on those who contracted COVID-19.

Some 2S-LGBTQ+ seniors have had treatments such as electroshock therapy imposed on them for “sexual orientation disorder” or “gender identity disorder,” or otherwise have been subjected to therapies and treatments purported to cure, suppress or change their sexual orientation, gender identity or gender expression. Intersex people are involuntarily subjected to “sex normalizing” treatments or surgeries to change their sex traits or reproductive anatomy (interAct website). 2S-LGBTQ+ seniors, especially those experiencing dementia/Alzheimer’s, are often in vulnerable or risky situations because of their use of chosen names, preferred pronouns, how they express themselves or converse with other persons, how they dress or accessorize, or how they act or interact with other people (Baril and Silverman, 2019).

Imposing social distancing in response to COVID-19 can negatively impact the mental, social, sexual and physical health of self-identified 2S-LGBTQ+ residents, and even “straight-identified” seniors who have had same-sex encounters. This is because of their higher rates of mental health challenges, such as anxiety, depression and loneliness (Brennan et al, 2020. Brotman et al, 2003).

Care protocols for residents infected with COVID-19 do not consider the particular vulnerabilities and special needs of those who are 2S-LGBTQ+ seniors. Their multiple and inter-related health issues and particular care needs should have been

taken into account in the planning and implementation of measures to effectively respond to COVID-19. They must now be taken into account, including when combatting future pandemics or infectious disease outbreaks in Ontario LTC homes.

DISCRIMINATION, HARASSMENT AND ABUSE IN LTC HOMES

In addition to the specific health issues and care needs of 2S-LGBTQ+ seniors, COVID-19 and the response to it exposed or exacerbated many long-standing systemic failures, and systemic discrimination, within the LTC system in regard to providing appropriate care and a safe and welcoming “home” environment for 2S-LGBTQ+ residents. Indeed, according to the Ottawa Senior Pride Network (OSPN)

“LGBTQ2S+ older adults express numerous fears about going to a nursing home.” Royal Society of Canada, 2020, p. 15.

Housing survey in 2015, the majority of 2S-LGBTQ+ seniors in the nation’s capital “want to stay in their own homes (82%) and will do anything to avoid going into a retirement community or extended care facility. Over half (58%) of respondents said they would not go to a care facility because of issues of trust, affordability and cultural sensitivity” (OSPN 2015. O’Neill, YouAreUNLTD, 2020. Perry, *The Atlantic*, 2015).

2S-LGBTQ+ seniors may experience, or have fears of experiencing, discrimination and harassment from residents and staff in LTC homes (Brulé et al, 2019. Putney et al, 2018. Brotman et al, 2007). To avoid this, and to prevent rejection, ostracization and neglect, they may choose to conceal that they are intersex or to not disclose their sexual orientation, gender expression or gender identity. A fear expressed frequently by 2S-LGBTQ+ seniors is that they will have to go back into the closet when receiving care or when residing in LTC homes (Saskatoon Council on Aging and OUTSaskatoon, 2014. Pride Seniors Project, 2015). Research studies found that hiding or not disclosing their 2S-LGBTQ+ identity is negatively associated with the quality of care provided to 2S-LGBTQ+ residents of LTC homes. It results in feeling isolated, lonely and anxious (Wilson et al, 2018. Sussman et al, 2018. Stein et al, 2010).

There is a perception that LTC homes’ approaches to care are based on assumptions that everyone is heterosexual and heterosexual norms and social interactions are applicable to and appropriate for everyone. There is also a presumption evidenced in

LTC homes that gender identity and gender expression equate with the sex or gender assigned at birth, and misgendering of residents through such actions as refusal or unwillingness of staff to use residents' chosen or preferred pronouns. LTC homes may refuse to place transgender residents in rooms or wards that match their gender identity and may deliberately misgender them (Baril and Silverman, 2019. Sussman et al, 2018. McIntosh, *Calgary Herald*, 2016).

2S-LGBTQ+ seniors often perceive that LTC homes are “illiterate about sexuality”, and are ill-equipped to address non-binary sex (intersex), sexual orientation, gender identity and gender expression and the particular needs and desires of diverse 2S-LGBTQ+ seniors. They express fears of being rejected, neglected, mistreated or abused by care providers because of their identities. Other fears include verbal and/or physical abuse from prejudiced or untrained staff and abuse from other residents, including when sharing rooms (Perry, *The Atlantic*, 2015. Saskatoon Council on Aging and OUTSaskatoon, 2014). The fears of 2S-LGBTQ+ seniors about how they will be treated in LTC homes are heightened and intensified during COVID-19 outbreaks. They are more vulnerable and therefore more at risk of discrimination, harassment and abuse during pandemics or infectious disease outbreaks, and less able to report or seek help or assistance. Shame, depression, fear and hopelessness become significantly worse.

During COVID-19 or other infectious disease outbreaks in LTC homes, there is even less awareness of, or attention given to, the particular needs and concerns of 2S-LGBTQ+ seniors as the focus of staff shifts exclusively on measures to combat the breakout. Additionally, staff and management may not know how to deal with incidents of discrimination, harassment or abuse or may fail to take appropriate action in response to becoming aware of such incidents. Workload pressures and resulting management inaction may allow staff to get away with unacceptable conduct, such as physical or verbal abuse, of 2S-LGBTQ+ residents. Consequently, these seniors experience higher levels of fear about making complaints, and of facing reprisal from staff or other residents for doing so, during pandemics (*Medical Xpress* article, 2020).

To integrate 2S-LGBTQ+ inclusivity and respect for 2S-LGBTQ+ seniors in the LTC system and address discrimination, harassment and abuse of 2S-LGBTQ+ residents of LTC homes, we recommend:

That the Ontario Government ministry or ministries having responsibility for LTC require LTC homes to:

- **Adopt policies for equity, inclusion, non-discrimination, anti-harassment and protection of persons that specifically include sex, sexual orientation, gender identity and gender expression, and which are applicable to, and can be meaningfully enforced for, all residents, staff, volunteers, caregivers and family members (chosen or biological) and visitors.**
- **Designate an 2S-LGBTQ+ advocate role as a staff position in the LTC home to whom an 2S-LGBTQ+ resident may report feeling excluded, disrespected or mistreated, concerns about the nature and quality of their care or their living conditions, or disputes involving staff or other residents. This advocate must first have specific senior-level 2S-LGBTQ+ and intersectional diversity training, with an understanding that an 2S-LGBTQ+ resident may also be, for example, Black, Indigenous or a Person of Colour (BIPOC) suffering from other forms of discrimination. All training should include organizational assessments with checklists.**

SPIRITUAL CARE FOR 2S-LGBTQ+ RESIDENTS

The LTC system in Ontario is limited in its provision of optional and inclusive faith-based programming that recognizes the diversity of its residents, staff, and other service providers. A recent study demonstrated that religious affiliations of different health care organizations were identified as a contributing factor to a lack of inclusivity in the environment for 2S-LGBTQ+ residents and their families, especially in religious-based LTC homes from certain denominations (Wilson et al, 2018). Fear of institutionalization was compounded in the case where care might be provided by an organization linked to a religion and/or religious organization that historically (and/or currently) oppresses and discriminates against sexual and gender minorities. Many 2S-LGBTQ+ seniors in Ontario report having had personal experiences with religious-based discrimination, and are more likely to have suicidal thoughts, as well as being less likely to have accepting blood-relatives to support them in personal times of crisis and end-of-life situations. When 2S-LGBTQ+

Faith-based discrimination of LGBTQ+ people is a world-wide issue. There are eight countries that execute people for being LGBTQ+, 45 countries where women can be imprisoned for being lesbian, 72 countries where men can be imprisoned for being gay and 25 countries where organizations for LGBTQ+ people are illegal. (Rainbow Faith and Freedom, 2020)

people experience mental health issues, trauma and marginalization because of religious-based discrimination, they are at a greater risk of concealing their identities when participating in religious-based programming. Many 2S-LGBTQ+ seniors lived through a time-period when homosexuality was diagnosed as an illness, and when conversion therapy, which is now illegal in Ontario, was used in some faith traditions allegedly to rid them of their sins. When religious conservatives participated in promoting ideologies that oppressed 2S-LGBTQ+ identities, the resulting trauma is likely to resurface for 2S-LGBTQ+ seniors now living in LTC homes.

Spiritual care embraces a holistic approach, attending to an individual's beliefs, values, behaviours and experiences related to spirituality, religion, culture and/or transcendence in an effort to develop relatedness, wholeness, healing, meaning and purpose. Specific faith-based programming, while optional, typically includes spiritual and pastoral care, religious services, end of life rituals for individuals and their families, funerals and celebrations of life. Similar to hospitals, some LTC homes still have in-house chaplains, and ensure that faith-based spaces are available for study, worship and meditation activities. Most LTC homes will have spiritual care professionals from all faith traditions on call as needed. It is essential that all these activities respect the religious freedom of the residents under the *Canadian Charter of Rights and Freedoms*, while being inclusive, respectful, caring and pastoral. It is also highly desirable for spiritual care providers to have received training in accordance with the Code of Ethics and Professional Conduct of the Canadian Association for Spiritual Care.

To integrate 2S-LGBTQ+ inclusivity and respect for 2S-LGBTQ+ seniors within faith-based programming in LTC homes we recommend:

That all LTC homes in Ontario implement a mandate to ensure all faith-based programming recognizes the diversity of its residents, staff and service providers. All religious programming should be inclusive, regardless of an individual's sex, gender identity, gender expression or sexual orientation.

That LTC homes ensure that all residents feel comfortable practicing their spiritual rituals and are provided with the appropriate services and resources to do so. This includes communal spaces that use language and symbols to ensure 2S-LGBTQ+ folks feel welcome in faith-based programs. Establishing faith-based educational resources would assist in raising awareness for staff, families, service providers and faith-based

communities that want to be more inclusive of 2S-LGBTQ+ community members.

That all staff working in LTC homes be trained and educated on how to intervene when faith-based discrimination has occurred or when faith-based programming fails to use inclusive frameworks in their programs.

LTC STAFF AND 2S-LGBTQ+ RESIDENTS

For 2S-LGBTQ+ seniors in LTC homes, the staff who spend most time with the residents, with few exceptions, are untrained, little-trained or ill-trained in 2S-

A male health care provider working in an Ottawa LTC home recently commented, “It took a long time for the staff to refer to me by my first name, instead of ‘that gay nurse.’” He also said staff appear wary around residents who have been diagnosed as HIV+. A volunteer in another large LTC home said that, while the administrator accepts him as an openly gay man, no resident has come out to him. He cannot engage or offer emotional support to the ones he suspects are 2S-LGBTQ+ because of resident confidentiality policies.

LGBTQ+ care issues and needs, or are indifferent to, or lack awareness of them (Brulé et al, 2019. Brotman et al, 2015. Sussman et al, 2018). As a consequence, these 2S-LGBTQ+ residents experience anxiety about health care aides who assist with daily life activities. Direct care workers may be uncomfortable with 2S-LGBTQ+ people, have biases or negative attitudes (including homophobia, transphobia and biphobia) or manifest behaviours and actions that are motivated by judgmental or condemnatory

religious beliefs (Sussman et al, 2007). The resistance of some staff to a more compassionate approach to 2S-LGBTQ+ residents is a trait noted by representatives of the Ottawa Senior Pride Network who have done training with both residents and staff in seniors’ homes. As a result of the concerns and apprehensions of 2S-LGBTQ+ residents about the LTC staff on whom they must depend for care, the nature and quality of care provided to these residents during the COVID-19 pandemic is further negatively impacted.

It is also important to note that members of the 2S-LGBTQ+ communities are among the staff, caregivers and volunteers working in LTC homes. Many 2S-LGBTQ+ staff choose not to disclose their identities because they are worried about or have a fear of experiencing discrimination and harassment from residents or their family members or caregivers, and from other staff in LTC homes. Staff who are known to be or who openly identify as 2S-LGBTQ+ are too often made to feel invisible, are

not acknowledged, are not supported or are not equitably treated within Ontario's LTC homes.

LTC homes must ensure that they are positive, welcoming, safe and inclusive work environments for 2S-LGBTQ+ staff, caregivers and volunteers. To be able to do so, they must be required to provide compulsory 2S-LGBTQ+ seniors sensitivity, inclusion and cultural competency training for all full-time, part-time and contracted/agency staff, family council members and volunteers. A number of excellent tool kits, manuals, resource packages and training courses have been developed for creating inclusive and affirming care and services for 2S-LGBTQ+ seniors. LTC homes must be encouraged and supported to use these materials in their training programs and to create more sensitive and supportive environments for 2S-LGBTQ+ residents. Ontario adopted the *Ontario Public Service Inclusion and Diversity Blueprint* that we strongly contend must be applied to all LTC employees as well.

To redress the staffing issues in LTC homes and ensure 2S-LGBTQ+ inclusivity and respect for 2S-LGBTQ+ seniors, we recommend:

That LTC homes ensure that they are positive, welcoming, safe and inclusive work environments for 2S-LGBTQ+ staff, caregivers, family council members and all volunteers.

That the Ontario Government ministry or ministries having responsibility for LTC establish and maintain, or provide the funding and necessary supports to establish and maintain, a train-the-trainer program run by 2S-LGBTQ+ seniors or allies which includes 2S-LGBTQ+ positive spiritual care providers as part of the team, to train the instructors or facilitators of 2S-LGBTQ+ seniors sensitivity, inclusion and cultural competency training for staff, family council members, and all volunteers. All training should include organizational assessments with checklists.

Further, that the training sessions be compulsory for all full-time, part-time and contracted/agency staff, family council members and all volunteers, to be completed at the time of initial orientation/training for the position and as a condition of hiring, appointment or engagement. The training should include how to confront bias, and a 2S-LGBTQ+-friendly spiritual care provider to address religious and spiritual concerns of staff regarding non-binary sex (intersex), sexual orientation, gender identity, gender expression and HIV+ status. The training must be available on a regular basis, given the

frequent turnover of staff and volunteers in LTC homes, with the ongoing use of assessments with checklists.

Some of the resources and tool kits that are available for service providers for 2S-LGBTQ+ seniors:

Aging with Pride A Guide to Creating Inclusive Services for LGBTQ2S+ Older Adults, Government of Alberta, Ministry of Seniors and Housing, 2020

LGBT Tool Kit, Creating Lesbian, Gay, Bisexual and Trans Inclusive Affirming Care and Services, City of Toronto

A Home for All: LGBTQI2s+ Resources for Long-Term Care Homes, Ontario Centres for Learning, Research and Innovation in Long-Term Care

Aging Out: Moving Towards Queer and Trans Competent Care for Seniors, Qmunity, BC's Queer Resource Centre, Vancouver

Creating Authentic Spaces: A Gender Identity and Gender Expression Toolkit to Support the Implementation of Institutional and Social Change, The 519, Toronto

Developing Inclusive and Affirming Care for LBTQ2S+ Seniors Tool Kit, Island Health, Victoria, BC

Still Here, Still Queer: A Handbook for Affirming LGBTQ Older Adults, The 519, Toronto

The Ottawa Senior Pride Network also has developed the "Organizational LGBT Cultural Competency Assessment" checklist for service providers.

SOCIAL AND PHYSICAL ISOLATION OF 2S-LGBTQ+ SENIORS

A lack of emotional and social support systems negatively impacts the health and well-being of 2S-LGBTQ+ seniors, causing feelings of social isolation and loneliness. Programs, activities and events specifically for them, or opportunities to meet other 2S-LGBTQ+ seniors for social and cultural interaction, are rare or non-existent in Ontario communities of all sizes and in all parts of the province. Unfortunately, their feelings of being forgotten, ignored, left behind, or that "no one

cares” can be intensified when the time comes for them to move out of their communities into LTC homes. These feelings can become unbearable during pandemics.

That is because 2S-LGBTQ+ seniors are less likely than other persons to be in a spousal relationship, widowed, or to have children, and therefore may lack adequate social and emotional support (Sussman et al, 2018. Summerfield & Babb, 2004). 2S-

In the 2015 Ottawa Senior Pride Network housing survey, it was found that “Four times more (37%) Ottawa LGBT seniors without a partner, as compared to (other) Ottawa seniors (8%), indicate that they are single or have never married. Similarly, fewer Ottawa LGBT seniors (55%) reported being in a relationship, married or living with a partner, as compared to (other) Ottawa seniors (68%). As a result, many have no children (67%). These factors have implications for income, social support, and later life care.”

LGBTQ+ residents of LTC homes (and other seniors) who are coupled (married or common law) can be separated from their partner, with one living in an LTC home and the other in a different one, or still living in their own home. Others may be in socially non-conforming or polyamorous relationships with more than one partner. Many 2S-LGBTQ+ seniors have experienced rejection or denial

by their biological families and children. To reduce social isolation and build personal support networks, 2S-LGBTQ+ seniors increasingly are relying on chosen families (surrogate, non-biological) or a circle of friends (e.g. partners, close friends, caregivers).

Upon becoming residents of LTC homes, 2S-LGBTQ+ seniors often discover that their spousal relationships, chosen/non-biological families or non-conforming relationships are not recognized or respected by the home’s administrators and staff. There are a number of ways in which this may become apparent: a same-sex partner/spouse may not be recognized or accepted as the resident’s family caregiver or next of kin; the resident feels discouraged from talking about their life experiences or their relationship, hugging or kissing their loved one(s), or displaying or expressing grief after the loss of their partner because staff disapprove of such openness and disrespect them for being themselves (Brotman et al, 2003). The result is devastating imposed social isolation and loneliness, and loss of their loving and life-sustaining personal support.

Visitation restrictions in many LTC homes reflect the lack of respect for family dynamics by being restricted to “blood relatives and Power of Attorney” only. While some mandates have changed recently to allow these restrictions to open up, LTC

Henry, a 92-year old gay man was a resident of a Toronto LTC home for several years. Henry died on June 2, 2020, one of the many seniors who died in LTC homes during the COVID-19 pandemic. A shy man, Henry found the LTC home in which he resided to be 2S-LGBTQ+ friendly and welcoming, which is still unusual in Ontario. He finally felt safe enough to “come out” -- at age 80 -- as his true self and to embrace his whole identity as a gay man. Henry even became a quietly outspoken 2S-LGBTQ+ activist, attending sessions of the Buddies in Bad Times (Theatre) Youth/Elders Project, and being featured in 2S-LGBTQ+ awareness posters, media interviews and documentaries. He became a beacon of hope for 2S-LGBTQ+ seniors who had been, or still are, hiding in the closet. Sadly, because of COVID-19, Henry died isolated and lonely, without the life-enriching visits from his 2S-LGBTQ+ friendly visitors, because of the social distancing requirements and restrictions in LTC homes. Henry’s proud identity as a 2S-LGBTQ+ senior and his death during COVID-19 will remain invisible and unrecognized in the statistics.

homes have made the independent decisions to uphold these restrictions, further isolating 2S-LGBTQ+ seniors from their chosen families, support networks, and friends. The lack of acknowledgment that 2S-LGBTQ+ seniors have families that look much different than simply consisting of biological relatives is an act of harm and further isolates them.

These heartbreaking conditions become more acute or pronounced during COVID-19 or other infectious disease outbreaks. COVID-19 outbreaks in LTC homes resulted in even greater social isolation for 2S-LGBTQ+ residents because of strict social distancing protocols and visitation restrictions, causing loneliness, depression, despair and a deterioration in their overall well-being. 2S-LGBTQ+ seniors who were already isolated when moving into an LTC home and whose biggest fear is dying alone

and forgotten (Wilson et al, 2018) can become doubly isolated as a result of COVID-19, and their biggest fear can become reality.

We also note that, during the COVID-19 outbreak, online support networks and services have been offered to seniors and, in some cases to residents of LTC homes (for virtual meetings with family, for example). The intent has been to help reduce social isolation, and provide some connectedness to family and community, as well as information about COVID-19, but many 2S-LGBTQ+ residents have few people

they can contact in this way. More problematically, low income 2S-LGBTQ+ seniors, and their partners/spouses and family members often do not have access to stable, reliable or affordable Internet, which significantly increases their social isolation and loneliness. Yet, there has been little recognition of a need to educate 2S-LGBTQ+ seniors on how to access online networks and supports, or to offer information that specifically addresses and responds to their particular concerns.

To mitigate social isolation and provide emotional and social support for 2S-LGBTQ+ seniors in LTC homes, we recommend:

That the Ontario Government ministry or ministries having responsibility for LTC require LTC homes to recognize and respect 2S-LGBTQ+ spousal relationships and chosen/non-biological family members for visitation and for providing essential care to 2S-LGBTQ+ residents.

MANDATING RESIDENT-CENTRED CARE FOR ONTARIO'S LTC SYSTEM

2S-LGBTQ+ inclusivity and respect for 2S-LGBTQ+ seniors needs to be successfully integrated into a new model of care that ensures the particular issues, needs and concerns of diverse 2S-LGBTQ+ seniors are positively and proactively addressed at all times. The many failures of Ontario's LTC system, evidenced most tragically by the horrific impact of COVID-19 outbreaks in LTC homes, point to the need for the Ontario government, through legislation and regulation, to mandate a *resident-centred model* (also referred to as a person-centred model). A resident-centred model of care recognizes and positively responds to the complexities of providing care for the residents in all their diversity by addressing the impact of the social determinants of health in their approach to individual care and social needs. This model is rooted in fundamental concepts that include self-determination, agency and empowerment of residents of LTC homes in regard to making decisions and choices about their own health, well-being and care needs.

A resident-centred model focuses on the individual resident and their holistic well-being rather than just a series of tasks or medical condition(s). It requires viewing and treating them as a resident of a home rather than as a client or patient. However, to ensure 2S-LGBTQ+ inclusivity, this model must specifically take into account that the present realities and overall well-being of 2S-LGBTQ+ seniors are shaped not just by being 2S-LGBTQ+ but also by their other identities (such as race, language, gender and sex), their life experiences and the social determinants of health. This

model would provide better, more personally tailored care for residents of LTC homes and improve their social environment, quality of care, quality of life and overall well-being. We also believe that, in the event of another pandemic, a resident-centred model of care would go a long way toward preventing a catastrophe in LTC homes like the one we are living through with COVID-19.

Some important features of a resident-centred model of care are: upholding the value of the resident; placing high value on continuing staff education by providing regular training opportunities; respecting diversity at all levels within the service provider; considering cultural appropriateness and sensitivity; endeavouring to provide accessible materials and resources; ensuring adequate staffing levels necessary for resident-care and organizing shifts to best respond to residents' needs; placing importance on the individual's life history and using it to plan their care and support; recognizing and respecting the right to privacy, dignity and confidentiality; valuing and fostering individual interests, customs and beliefs, as well as cultural, spiritual and ethnic backgrounds; providing comfort, a sense of belonging and a feeling of safety and emotional security; promoting and supporting the appropriate expression of sexuality; and, valuing, supporting, integrating, and informing family members (Alzheimer Society of Canada, 2011).

A resident-centred model of care would also connect to the need to revise the Residents' Bill of Rights in the *Long-Term Care Homes Act, 2007* to recognize the diversity that exists among LTC residents. In particular, the Residents' Bill of Rights should align more closely with the prohibited grounds of discrimination in the *Ontario Human Rights Code* by inclusion of a provision stating that every resident of an LTC home has the right to be dealt with by the LTC home in a manner that recognizes the resident's individuality and that is sensitive to, respectful of, and responds to the person's needs and preferences, including preferences based on ethnic, spiritual, linguistic, non-binary sex, sexual orientation, gender identity, gender expression, familial and cultural factors.

Adopting a resident-centred model requires shifting away from strictly uniform views of seniors and residents of LTC homes and, in particular, of 2S-LGBTQ+ seniors. When consideration is given to 2S-LGBTQ+ seniors at all, they are generally viewed as a relatively small, homogenous group whose differences and needs are primarily or solely linked to the historical, sociocultural context of bias and discrimination against them. Resident-centred approaches, while continuing to recognize and address the effects of such bias and discrimination, also take into account and address the multiple identities and

experiences that shaped the lives and health of 2S-LGBTQ+ seniors. This includes adopting a cultural sensitivity approach to better meet the needs of racialized 2S-LGBTQ+ seniors and 2S/Two Spirit elders (Bauer and Wayne, 2005).

For example, when developing care plans and providing direct care to LTC home residents who identify as 2S/Two Spirit, a resident-centred model takes into account the histories of marginalization and exclusion experienced by Indigenous people as a result of colonialism and racism as well as homophobia and transphobia. 2S/Two Spirit people can experience marginalization, exclusion and social isolation from at least three sources: their Indigenous communities because of their identity as 2S-LGBTQ+; 2S-LGBTQ+ communities because of their Indigenous identity; and “mainstream” communities because of their identities as 2S-LGBTQ+ and Indigenous. All of these factors have direct, negative and sustained impact on their physical and mental health and overall well-being (Brotman et al, 2002). Creating safe, welcoming spaces in LTC homes that are free from discrimination, support positive self-affirmation, reduce social isolation and exclusion, and are culturally sensitive to Indigenous and 2S/Two Spirit traditions (prior to European colonization), would support the good health and well-being of 2S/Two Spirit residents of LTC homes.

To ensure that Ontario’s LTC system is inclusive, respectful and welcoming of 2S-LGBTQ+ seniors and recognizes and positively responds to their particular health, care, and social and emotional needs and concerns, we recommend:

That Ontario Government ministry or ministries having responsibility for LTC mandate that every LTC home in Ontario adopts a resident-centred model of care that is consistent with the fundamental principle of the *Long-Term Care Homes Act, 2007*. The resident-centred approach to service delivery must be tailored to positively respond to the unique issues, needs and concerns of diverse 2S-LGBTQ+ seniors.

That the Ontario Government ministry or ministries having responsibility for LTC:

- **develop and implement 2S-LGBTQ+ inclusive policies and practices for LTC service providers that recognize:**
 - **the diversity of 2S-LGBTQ+ seniors and their social determinants of health; and**

- **the particular service and care needs of 2S-LGBTQ+ seniors;**
- **provide direction to LTC homes to take greater care in the composition of family councils and boards of directors to ensure diversity and inclusivity, with applicable competencies and qualifications standards, in order to ensure competent, responsible directors known for integrity, fairness and ethical behaviour, including respect for diversity and human rights.**

That the Residents' Bill of Rights in the *Long-Term Care Homes Act, 2007* be amended to align more closely with the prohibited grounds of discrimination in the *Ontario Human Rights Code* by inclusion of a provision stating that every resident of an LTC home has the right to be dealt with in a manner that recognizes the resident's individuality and that is sensitive to, respectful of, and responds to the resident's needs and preferences, including preferences based on factors related to ethnicity, spirituality, language, sex, sexual orientation, gender identity, gender expression, and culture and familial relationships.

ADDRESSING OTHER FAILURES OF THE LONG-TERM CARE SYSTEM

Many organizations and agencies have reported or commented on the long-time, systemic failures and shortcomings of the LTC system in Ontario. There is broad consensus that the prevalence of older LTC buildings, over-crowded and ill-equipped for responding effectively to outbreaks of viruses and contagious diseases, is a critical issue that must be immediately addressed. These older buildings and their physical design make it difficult or impossible to institute infection control measures and maintain physical distancing and quarantining, significantly increasing COVID-19 infection and death rates. They have many communal spaces, including bathrooms, dining areas and rooms or wards with several beds.

We support the many calls for modernized, updated and legislated design standards for LTC buildings, and for innovative solutions to provide increased space within LTC homes for physical distancing and quarantines, and to institute infection prevention and control measures. The Ontario Government must provide the necessary funding for LTC home rebuilds and renewal projects, especially subsidized, municipal and not-for-profit ones, or any specifically built for an identifiable community. In particular, upgrading LTC homes to eliminate housing four residents to a room or ward, and mandating that all new LTC homes must be built to provide for one resident per room (with single-user bathrooms) is a priority.

Shockingly, there is no legislated or even regulatory standard of hours of care per resident per day for LTC homes in Ontario. It is left entirely up to each individual LTC home to determine the number of hours per day that is to be spent in providing care to any resident. This is inadequate in the best of times but is extremely problematic when a deadly virus such as COVID-19 breaks out. The medical and care needs of individual residents, including 2S-LGBTQ+ residents, are greatly increased during such outbreaks, requiring considerably more hours per day of personal care than would be the case under normal circumstances. This is particularly true of residents with advanced dementia or chronic and serious physical disabilities.

We therefore recommend:

That the Ontario Government provide the necessary government funding for LTC homes rebuilding and renewal projects and accelerate the timetable for implementation of its plans to upgrade LTC homes. In particular, this should involve upgrading LTC homes to eliminate communal rooms and mandate as an urgent priority that all new LTC homes be built to provide a private room for each resident.

That the Ontario Government establish a legislated, minimum standard of hours of care of 4.0 hours per person per day and require that every LTC home in Ontario meet that standard as a continuing licensing condition to operate.

CONCLUSION

We present this submission and our recommendations to the Commission and through the Commission to the Ontario Government. Our objective is to ensure that Ontario's LTC system is inclusive, respectful and welcoming of 2S-LGBTQ+ seniors and recognizes and positively responds to their particular health, care, and social and emotional needs and concerns. This is essential at all times and especially during pandemics such as COVID-19. If implemented, these recommendations would better prepare Ontario's LTC homes to provide the adequate care to 2S-LGBTQ+ seniors that they deserve and that is their right to expect and to receive under the *Long-Term Care Homes Act, 2007* and the *Ontario Human Rights Code*.

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ABOUT THE ONTARIO SENIOR PRIDE MEMBER GROUPS

Ontario Senior Pride is an ad hoc coalition of 2S-LGBTQ+ organizations brought together at the initiative of Senior Pride Network Toronto to bring a province-wide voice and presence for 2S-LGBTQ+ seniors to the deliberations of the Long-Term Care COVID-19 Commission. The missions and mandates of the member groups of Ontario Senior Pride appear below.

Aging with Pride Waterloo-Wellington

Aging with Pride Waterloo-Wellington (AWP) is a committee of SPECTRUM, Waterloo Region's Rainbow Community Space. AWP is committed to creating events, supports and providing education in response to the needs of our community. We work with local senior serving organizations to make them aware of the needs of LGBTQ+ older adults. To that end, we advocate and collaborate with stakeholders to ensure that new and existing supports or services are inclusive and responsive.

New Horizons 2S-LGBTQ+ Seniors Program in North Bay

The New Horizons 2S-LGBTQ+ Seniors Program will enhance the social well-being and community vitality of LGBTQ2S seniors through community inclusion and organizational capacity building. We provide supports and social programs for seniors in the 2S-LGBTQ+ community with a goal of reducing isolation, increasing visibility and awareness of the unique needs of 2S-LGBTQ+ seniors, and providing health promotion workshops to seniors and service providers. We are an inclusive, welcoming and accessible program housed out of The AIDS Committee of North Bay and Area. There are also chapters of this program in the Barrie, ON and Sudbury, ON regions. Throughout Northern Ontario the New Horizons 2S-LGBTQ+ Seniors Program partners with the community, service providers, clients and supporters to ensure that 2S-LGBTQ+ seniors have access to the supports, services, and advocacy they need to live their best life and be their true authentic selves.

Ottawa Senior Pride Network / Réseau fierté des aînés d'Ottawa OSPN/RFAO

Through a network of community members and allies, we work to create:

1. A strong, connected, visible senior queer community, and
2. LGBT culturally-appropriate and safe senior services and residential environments.

Senior Pride Network Niagara

Senior Pride Network Niagara is an advocacy group of older LGBTQ2S people and allies. We advocate for improved and expanded programs and services for older LGBTQ2S in the Niagara region. We offer limited programming for older LGBTQ2 citizens. We have a team of experienced trainers who offer consultation and workshops for service provider organizations.

Senior Pride Network Toronto

The Senior Pride Network Toronto is an association of individuals and organizations committed to promoting appropriate services and a positive, caring environment for older 2 spirit, lesbian, gay, bisexual, transgender, transsexual, queer and intersex (2SLGBTQI+) people in Toronto. The Senior Pride Network Toronto envisions a series of communities of 2SLGBTQI+ seniors that are affirming, respectful, supportive and healthy.

Rainbow Faith and Freedom

Rainbow Faith and Freedom (RFF) will improve the lives of LGBTI people globally by confronting and decreasing religious-based LGBTI discrimination, working to inspire faith communities and families to be safe places for LGBTI people by changing the hearts and minds of individuals around the world. RFF works from an intergenerational and intersectional lens to combat faith-based discrimination in the entire LGBTI community nationally and internationally. This includes LGBTI seniors as they experience unique forms of discrimination that intersects with faith-based discrimination.

Windsor Pride Community

Windsor Pride Community is a charitable organization aiming to create a culture of belonging for Windsor-Essex's 2SLGBTQIA people and their families, allies, employers and educators through education, empowerment and support programs and services. WPC delivers corporate training, curates events, runs workshops, produces research, hosts community and social and peer support groups, shares information to – and makes referrals for – clients and service providers, and nourishes our community's mental health and wellness.