SUPPORTIVE SERVICES FOR IMMIGRANT OLDER ADULTS

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OUTLINE: 25 YEARS OF RESEARCH

Older immigrants: Canada & BC

Spotlight on sponsored seniors

Mental well-being

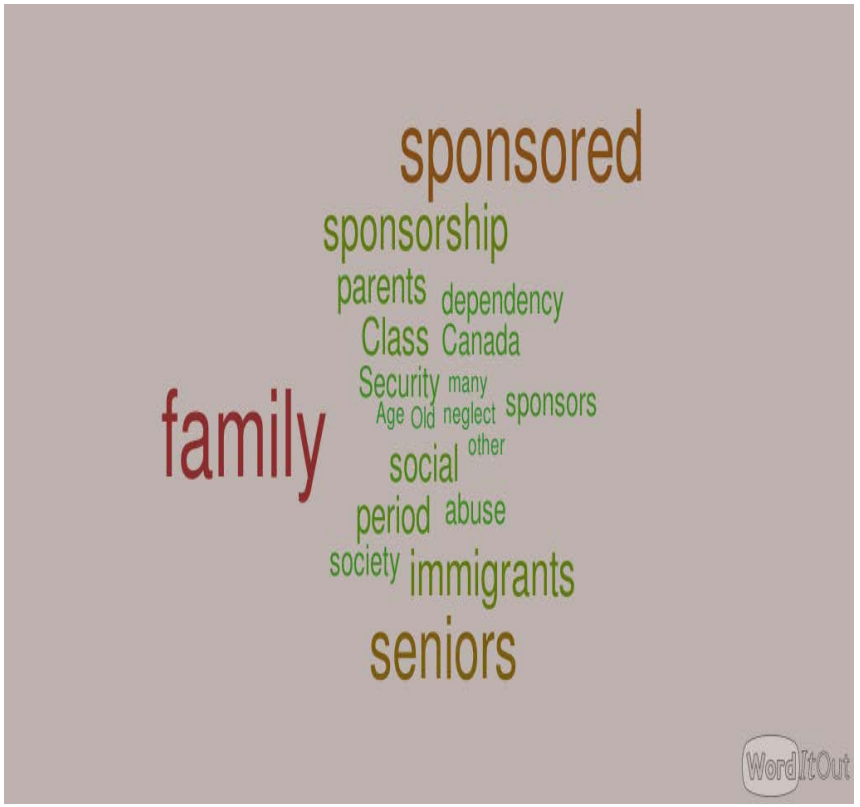
- Challenges
- Program design

Chronic conditions

- Challenges
- Program design & outreach

Access to care – e.g. dementia

Promising Practices



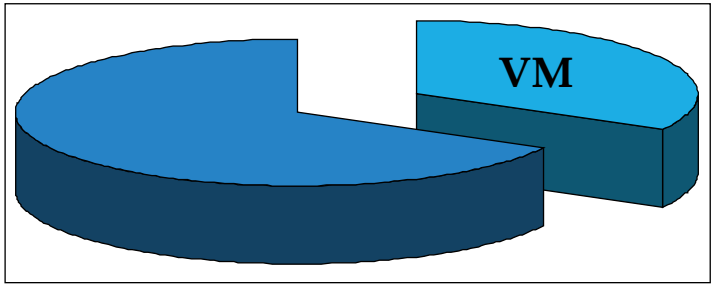
OLDER IMMIGRANTS

Canada & BC

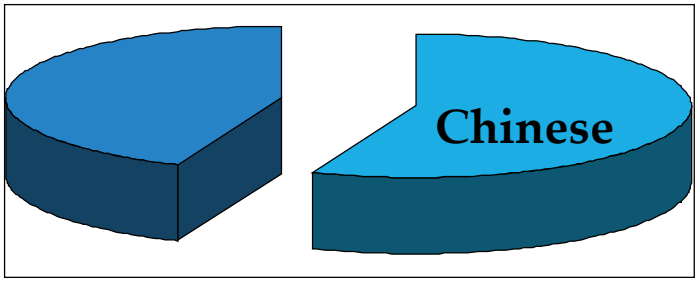
VISIBLE MINORITY POPULATION

	Total population	Visible minority population		Top 3 Visible minority groups
	number	number	percentage	
Canada	32,852,325	6,264,755	19.1	South Asian, Chinese, Black
Toronto	5,521,235	2,596,420	47.0	South Asian, Chinese, Black
Montréal	3,752,475	762,325	20.3	Black, Arab, Latin American
Vancouver	2,280,695	1,030,335	45.2	Chinese, South Asian, Filipino
Ottawa - Gatineau	1,215,735	234,015	19.2	Black, Arab, Chinese
Calgary	1,199,125	337,420	28.1	South Asian, Chinese, Filipino
Edmonton	1,139,585	254,990	22.4	South Asian, Chinese, Filipino
Winnipeg	714,635	140,770	19.7	Filipino, South Asian, Black
Hamilton	708,175	101,600	14.3	South Asian, Black, Chinese

VISIBLE MINORITY OLDER ADULTS IN GREATER VANCOUVER



Persons aged 65+ in Vancouver



Visible minorities aged 65+ in Vancouver

WHERE DO THEY LIVE?

Top 3 newcomer destinations in BC	Visible Minority (%)
Richmond	65.1%
Burnaby	55.4%
Vancouver	55.3%

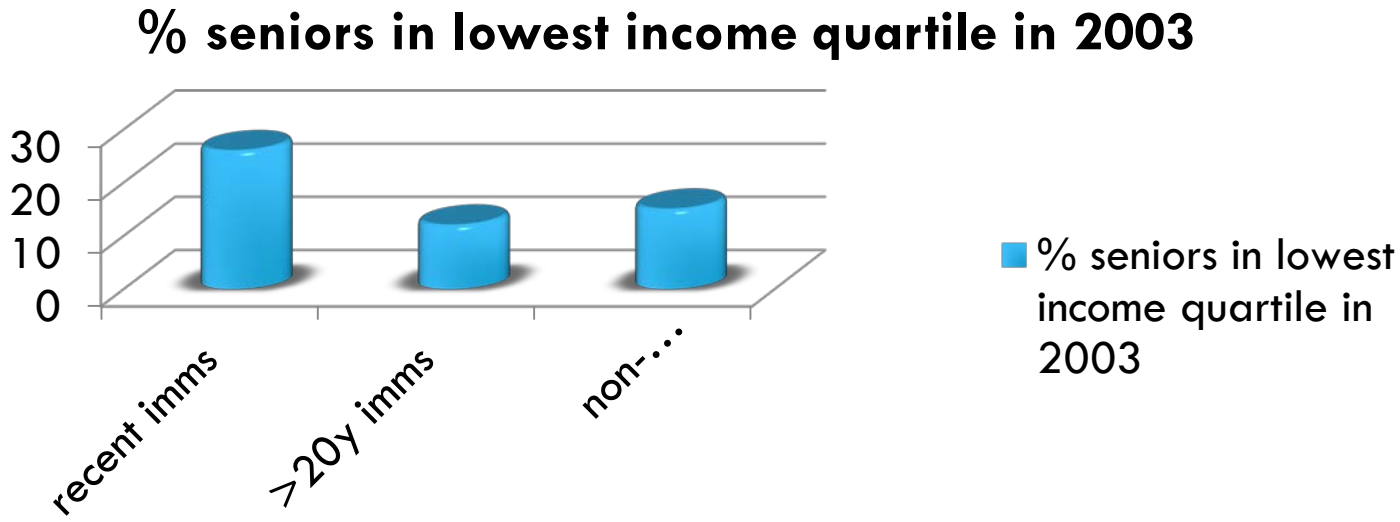
2001-2011:

- South Asians = ~50% Fraser Health region's (FHR) population growth

2012:

- 15% of population in FHR were South Asian (largest in BC)
- 60% of immigrant older adults settle in FHR

ECONOMIC OUTCOMES AND TIME IN CANADA



OLDER IMMIGRANTS BY IMMIGRATION CLASS

Long-term elders:

- Landed in Canada aged 40-49 y

Short-term elders:

- Landed in Canada aged 50-59 y

Immediate elders:

- Landed in Canada aged 60+ y

TABLE 1

Disaggregation of Elderly Populations by Immigration Category

Immigration Category	Long-Term Elders (%)	Short-Term Elders (%)	Immediate Elders (%)
Economic – skilled principal applicant	24.6	9.2	3
Economic – skilled spouse or dependant	8.9	2.2	0.4
Economic – other	12.2	6.2	1.2
Family – parent or grandparent	25.3	61.7	76.6
Family – other	10.9	5.5	3.4
Refugee	16.8	6.5	3.8
Retired	1.2	8.1	11.3
Other	0.1	0.6	0.3
Total	100	100	100

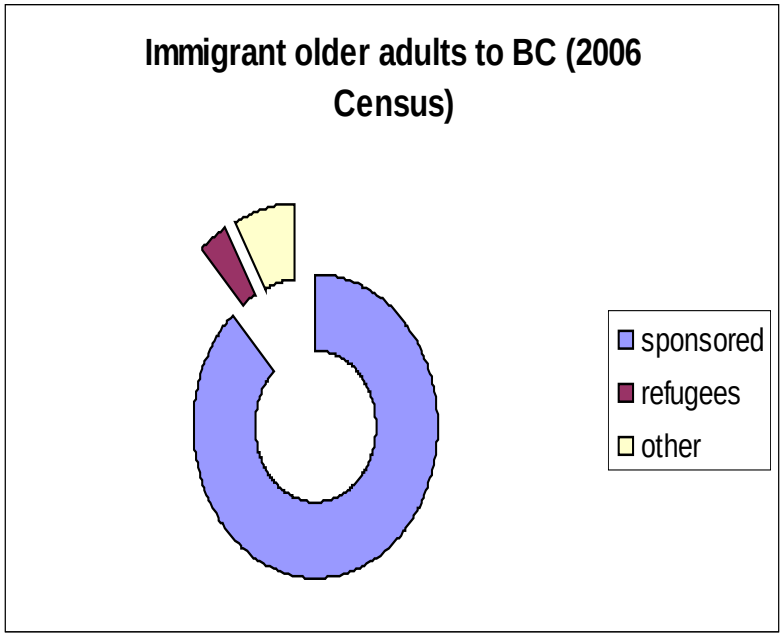
Source: IMDB.[5]

SPONSORED SENIORS

THE UNDERTAKING OF ASSISTANCE

Unconditional promise of support to pay for the sponsored individual's "food, clothing, shelter, and other goods or services, including dental care, eye care, and other health needs not provided by public health care" to all Canadian citizens and permanent residents of Canada…**for a period of 20 years.**

IMMIGRATION STATUS



Compared to immigrants overall, refugee and **Family Class** immigrant older adults have lower levels of education and English language ability, and poorer health

STRESSORS FOR SPONSORED IMMIGRANTS

Shifting Identity

- dependency on sponsors
- role reversals
- loss of status

Loneliness & Isolation

- unfamiliar environment
- language
- transportation
- child-care
- intergenerational difference

Discrimination

- Limits employment
- Undermines confidence to go out alone

LOSS OF STATUS

"With their married children running the home they lose their traditional position of domestic control. This reversal of traditional patterns of dependence and authority can cause conflicts and a loss of self-esteem and depression in the elderly"

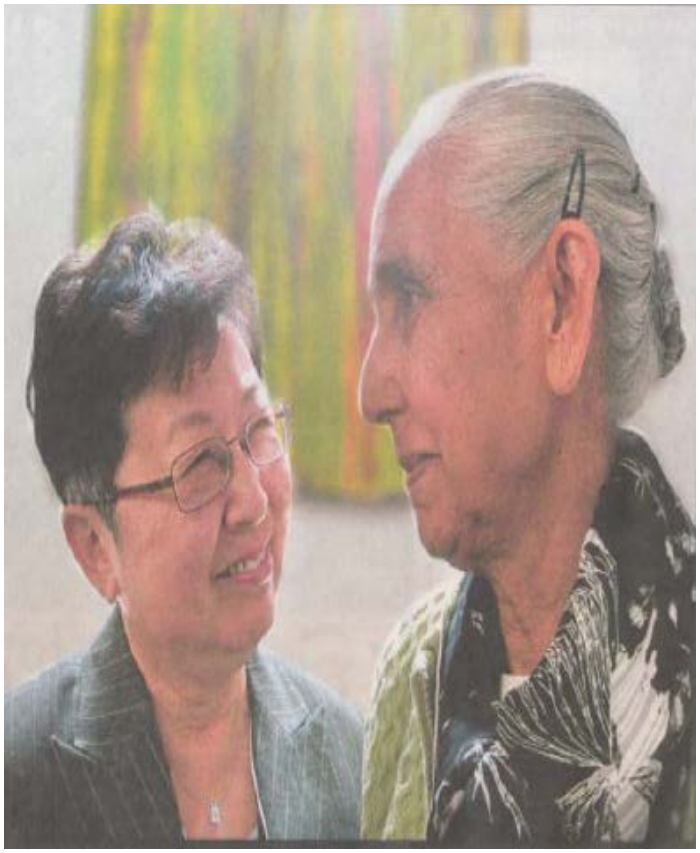
(Assanand *et al.* 1990:156).

DEPENDENCY AND ABUSE

"If a family finds itself in financial dire straits, the elderly parents may be treated badly, they may be subject to emotional abuse. They are more likely to be negatively affected if they are dependent--*i*.e., they have no pension, they are not self-sufficient. This may happen within the ten-year dependency period, especially if they are not working"

(Study participant, Koehn 1993)

WOMEN AT RISK



"The woman, a widow who didn't speak any English and had no formal education [said] her son had kicked her out of the family home. He had arranged for her to live in a tiny windowless room underneath the staircase in a stranger's home, where she could only access her meagre space whenever the owner was home to let her in. The woman had no support and no knowledge of the services that were available to her." *Maggie Ip, in Johnson, 2009*

BUSY ISOLATION & EXPLOITATION

Childcare and housekeeping responsibilities prevented 78% of elderly Punjabi women from getting out.

Older women may work on farms; they do not want to ask sons for spending money.

Koehn, 1993

"They view older woman only as caregivers…. As women age and they become unable to cook, clean and care for the children, the families may become angry with them. This can cause unhappiness or abuse. … It's hard labour. They work 12 hours a day and that makes their health worse." *Mohinder Sidhu, in Johnson, 2009*

ECONOMIC IMPLICATIONS

Family dynamics / economic problems can lead to internal divisions in the family that precipitate breakdown of sponsorship

- In BC, welfare payments to the parents treated as a debt owed by sponsors to the province which can then put a lien on their houses, etc.
- Few exceptions considered e.g. cases where there has been illness, job loss or marital breakdown

Continued poverty for sponsored elderly immigrants

- Only eligible for OAS after resident in Canada 10 years. Will receive ¼ of base OAS amount (permanently)
- Eligible for Guaranteed Income Supplement, but this still leaves them significantly below the poverty line

IMMIGRANT SENIORS IN SURREY

2000 -2010: 2,105 new senior immigrants

2011: 17% of senior population did not speak English

Immigrant South Asian Seniors

- Higher comorbidities of chronic conditions
- Lower physical activity rates
- Higher barriers to accessing resources and care

MENTAL WELLBEING

LATE IN LIFE IMMIGRANTS

Higher levels of depressive symptoms

Least likely to see out mental health services

DETERMINANTS OF MENTAL HEALTH

(1) **social inclusion**: e.g. social and community connections, stable and supportive environments, a variety of social and physical activities, access to networks and supportive relationships, a valued social position;

(2) **freedom from violence and discrimination**: e.g., valuing diversity, physical security, opportunities for self-determination and control of one's life; and

(3) **access to economic resources and participation**: e.g., access to work and meaningful engagement, access to education, access to adequate housing, access to money.

Keleher and Armstrong, 2005

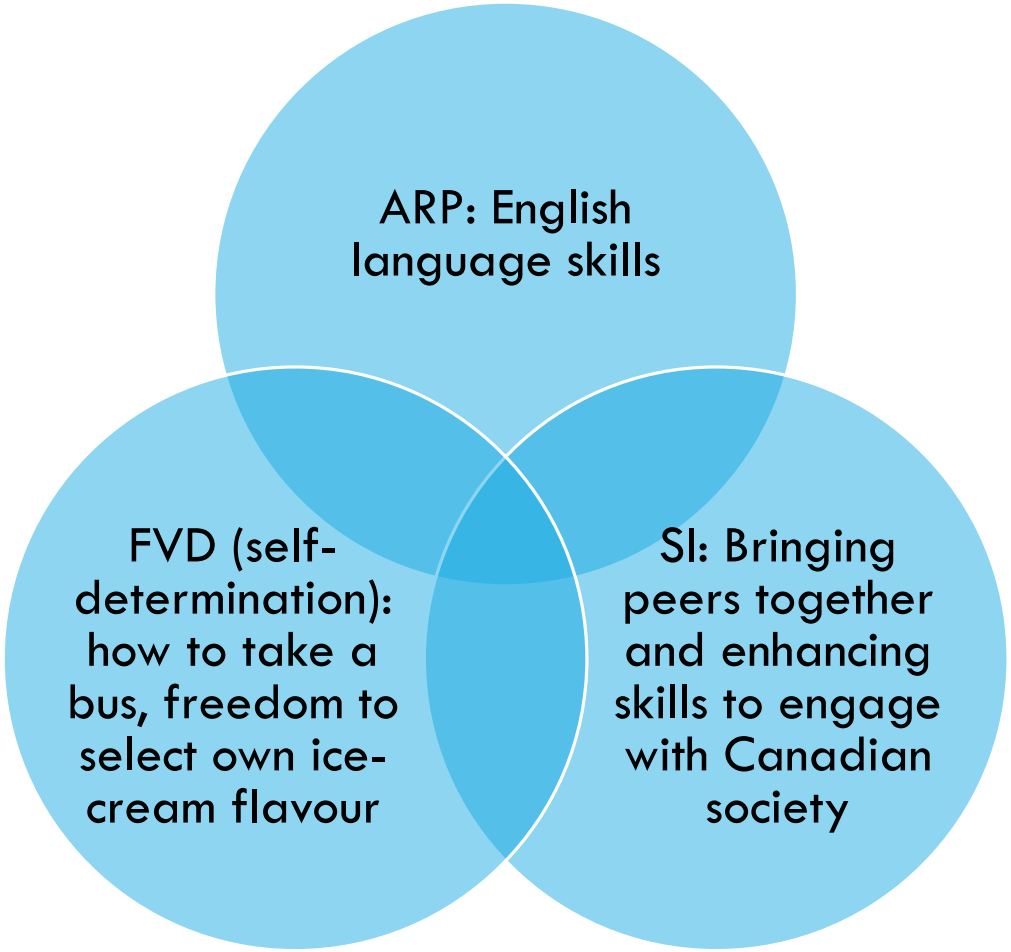
SUMMARY: OLDER PUNJABI MEN

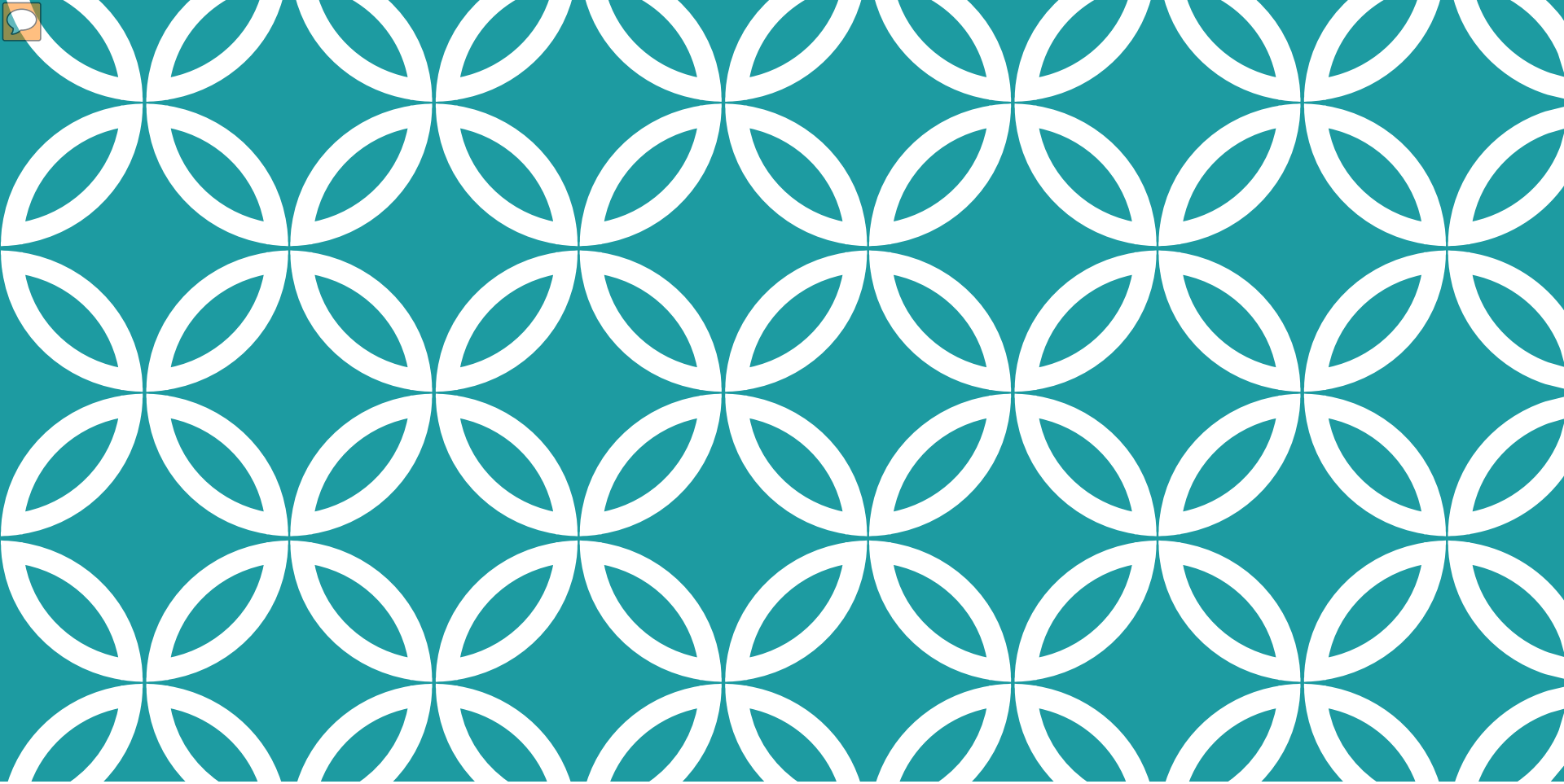
Social inclusion	Freedom from violence & discrimination	Access to resources
• willingness to attend when aware of programs/services • desire for cross-cultural interaction • Barriers: language,transportation, finding location, lack of time if working, neighbourhood isolation	• "We have lost our respect coming here." • Want some self-determination • Want to share skills • Barriers: being dependent on family	• need help finding work, driving licence etc. • lack of financial resources • Barriers: sponsorship regulations and discrimination in the employment market

SUMMARY: OLDER PUNJABI WOMEN

Social inclusion	Freedom from violence & discrimination	Access to resources
• willingness to attend when aware of programs/services • Programs built self-confidence, social connections, knowledge • Barriers: language,transportation, conflict with caregiving responsibilties (grandchildren)	• Self-esteem has suffered with migration • Need to feel recognized, respected, encouraged • Family both a support and a source of tension	• lack of financial resources • Barriers: low pensions, high medication costs

ADDRESSING DETERMINANTS OF MH





CHRONIC CONDITIONS

IMMIGRANT OLDER ADULTS & CCs

- Low levels of knowledge of chronic conditions and self-management
- Many view pain and suffering as 'natural aging' or fate and its tolerance as a virtue
- Chronic conditions are often stigmatized
- Limited access to information about their conditions, or self-management and services

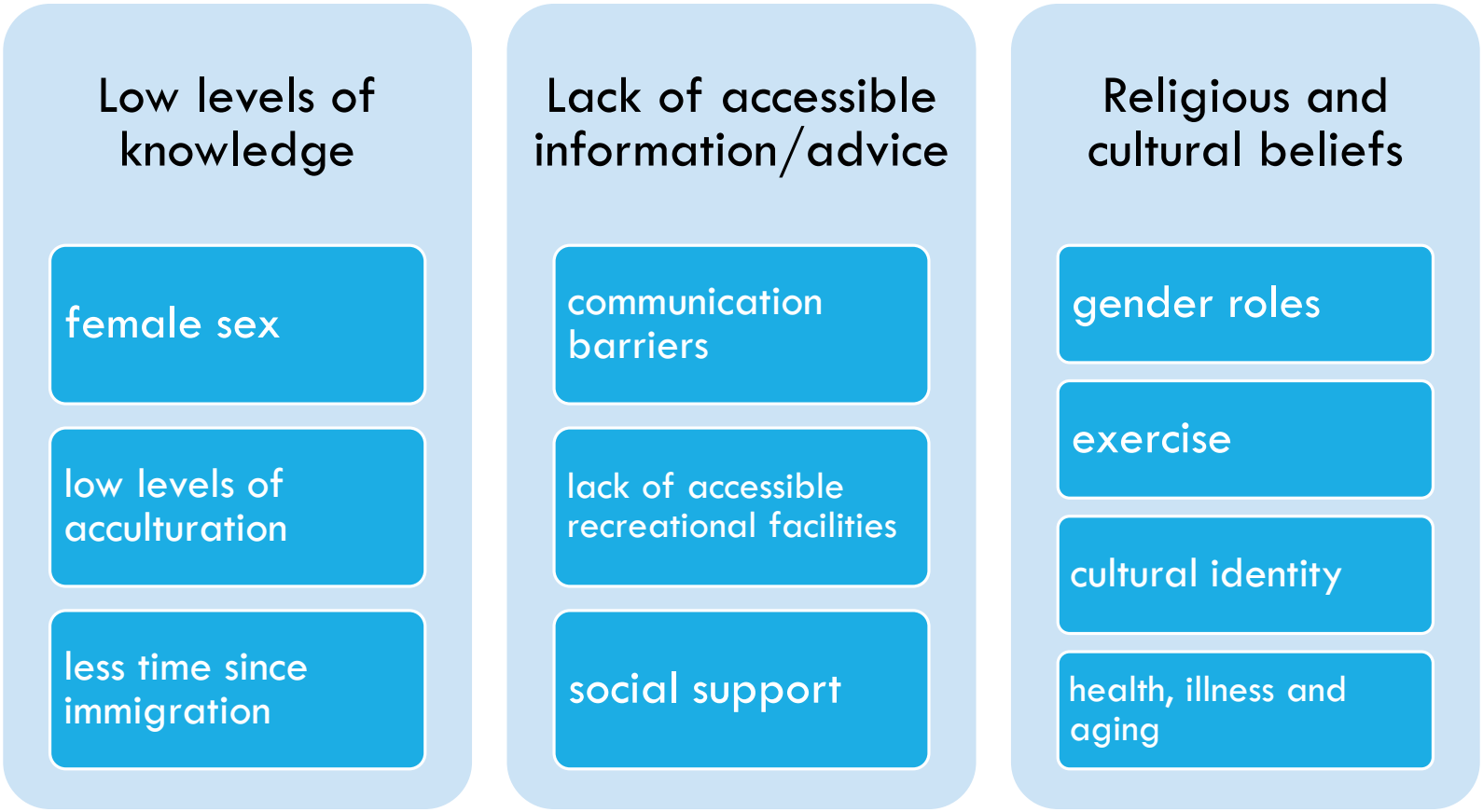
IMMIGRANT SOUTH ASIAN SENIORS

higher morbidities of chronic conditions

lower physical activity rates

higher barriers to accessing resources and care

LOW LEVELS OF PHYSICAL ACTIVITY: THE MOST SIGNIFICANT RISK FACTOR



SENIORS SUPPORT SERVICES FOR SOUTH ASIAN COMMUNITY (S4AC)

Partnership program

- DIVERSE*city* Community Resources, the City of Surrey (Parks, Recreation, & Culture) and the Fraser Health Authority, funded through the United Way of the Lower Mainland

Main aim

- Encourage South Asian seniors to use recreation and seniors' facilities where they were seriously underrepresented

Deliverable

- Health promotion programs (chair exercise and yoga or Aquacize) at 2 sites, 2008-2013

SKILLS TRAINING: EXERCISE

We have better flexibility of joints now, we can move little better now. … we feel good. Body feels lighter, weight doesn't increase so we like it (Mrs. Badyal).

I feel better than before, my mind is also settled. They show us different moves that help to ease the nerves (Mrs. Achara).

Because they are teaching you exercise and you start doing little more and it keeps your blood pressure down (Mr. Tanwal).

ENHANCING SOCIAL NETWORKS

Their mental health also improved because they got a chance to meet their age fellows…. I have also seen that people who were depressed before, they would come full of enthusiasm, I would tell them it's snowing don't come, you will fall but still they would come with special shoes and umbrella… (staff - Selena).

I have learned social skills; like before I wouldn't go anywhere, stayed at home. But after coming here, socializing with others, I have received love and attention so it's very good (Mrs. Paliwal).

[W]e made new friends. By coming here we met new people and whenever we meet them outside somewhere, of course we talk, hang out and enjoy (Mrs. Jaswal)

PROVIDING HEALTH INFORMATION

"awareness about health, finance, and housing."
"workshops on diabetes, healthy heart, healthy eyes … [and] healthy eating" (Nancy)

- "We learn new things, even if we cannot read we get some information. We share in our homes too about this information. Like I didn't know about breast cancer; some of the other women knew about it. They say screening is done yearly and then after two years and if it is more needed they do it regularly too. I have to get it done yet" (*Mrs. Bhatti*).

- "You get some information and knowledge when they take you out, so they should" (Mrs. Paliwal).

ENHANCING SELF-EFFICACY/SELF-CARE

Raising awareness about the importance of self-care:

- Well I think it has taught them …to make themselves a priority, … women should be exercising but I am just making them feel, hey you are important and you take care of yourself, right and they are like, yah, I do… it's about my health. Coz I always tell them, if you don't take care of yourself and your health, you are not good to anybody else (Ashley).

Increasing their confidence and independence:

- To make them aware of "their rights, access to services, [making them] familiar with the services and teaching them how to use bus service" (George).
- To "connect them with other programs at the centers as well, like walking club" (Nancy).

ENHANCING SELF-EFFICACY/SELF-CARE

Before they used to lack confidence, saying that 'we cannot book an appointment with doctor, we can't go'; now they would seek appointment on the phone saying, 'give me an appointment'. …They also got a lot of awareness like we go to gurdwara and we eat a plate full of sweets but now they would say, 'we won't eat so much sweets, it's not good for our health (staff - Selena).

We have learned that we shouldn't be dependent on anyone, … [W]hen you come regularly, it becomes easier. [The park] seemed so far away when I didn't come here…I had hesitation, it's gone now. Even when there is no exercise class, I come for a walk here (Mrs. Maan).

It is true that I have gained confidence after coming here. I wasn't able to cross the [traffic] lights [laughing with embarrassment] now I know how to cross them …I never went far away from my home; I have never taken bus alone. I am living in this area for the past 20 years but never came to this park alone…from the last two years I am coming to this program, it feels good (Mrs. Bhatti).

UNDERSTANDING THE ROLE OF FAMILY

Timing of classes

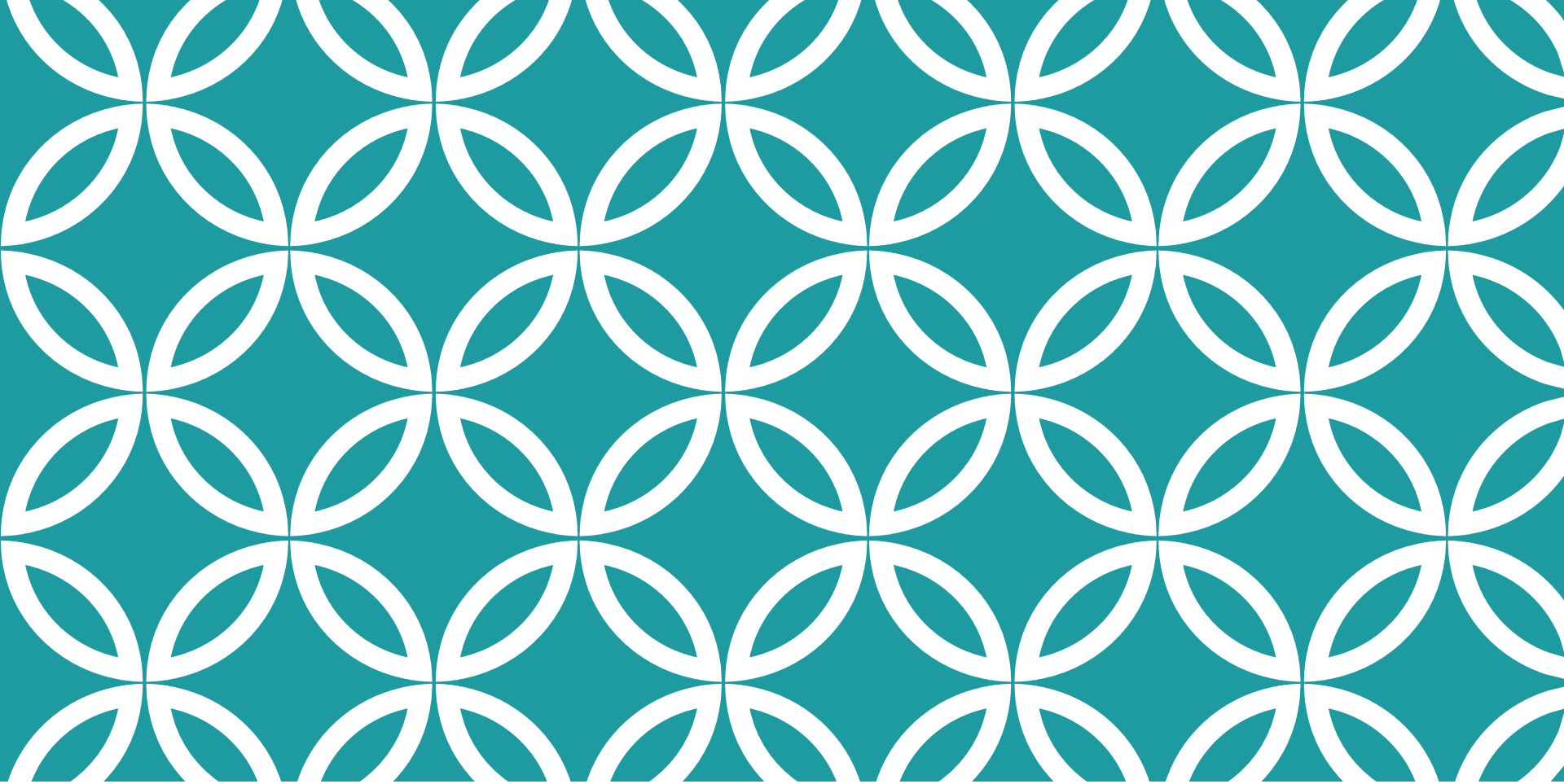
In South Asian communities they take care of their grandchildren, some of them are in school, some of them are with them all day so especially we have to be really careful about the **timing** as well. Most of them would like to be done in the class by 2 [pm] or 2:30 because then they have to pick up their grandchildren so we don't want to interfere with their schedules (staff - Nancy).

On-site childcare

A babysitter used to come but she doesn't come anymore so it's a problem. We used to have many women who would bring kids with them, now there is no babysitter so where would they leave their kids, so they don't come anymore. They say we don't have funds etc. (Mrs. Kehal).

ADDRESSING ISOLATION

Targeted outreach	• Employing Punjabi speaking staff • Punjabi radio talk shows • On-site registration • Convincing family members • Offering free try-out sessions
Ethno-linguistic congruence	• Language support • Creating culturally supportive environment
Logistical supports	• Site locations and transportation • Cost



PROMISING PRACTICES

OUTREACH STRATEGIES

Reaching people in their homes via radio, TV shows

Going to people where they're at, e.g., temples, schools (morning drop-off …)

Getting the word out at community festivals (mainstream and community)

Referrals from doctors' offices, pharmacies, grocers, etc.

OLDER IMMIGRANTS AND FAMILY

Immigrant seniors are often dependent on adult children for housing, financial support and banking, transportation to medical appointments and community programs, interpretation etc.

Challenges: role reversals, low self-esteem, ethical concerns with family interpretation, unmet expectations (busy families not available)

Families don't recognize or ignore mental health issues: dementia, depression, etc.

Childcare: rewarding and restricting

Need to include family members, but with caution

MEETING MULTIPLE OBJECTIVES

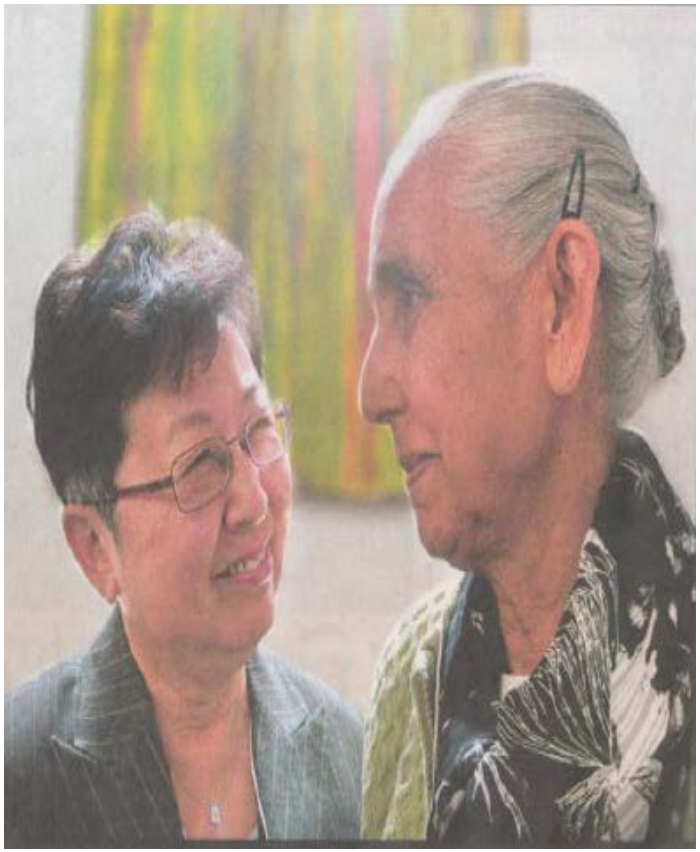
Consider all 3 determinants of mental health in every program for immigrant seniors

- social inclusion
- freedom from violence and discrimination (esp. opportunities for self-determination and control of one's life)
- access to economic resources and participation

Physical activity can

- reduce the effects of chronic conditions – both physical and mental;
- incorporate all 3 determinants (above), and hence
- Increase knowledge and confidence and hence ACCESS

CAPITALIZE ON RESOURCES WITHIN COMMUNITIES



SOLUTION: PRACTICAL TRAINING FOR NEW IMMIGRANTS

Create space within the community centres for women to watch DVDs with this information.

- How to take the bus and read bus schedules
- How to go to the shopping centre
- How to buy things
- How to talk to the doctor
- How to go to the hospital
- A tour of local area

SOLUTION: WORKSHOPS FOR SENIOR WOMEN

I facilitate many workshops for older women in our community:

- Food skills for Punjabi families with diabetes;
- Walking club;
- Emergency preparedness;
- Community kitchen

SOLUTION: 411 WORKSHOPS

The 411 Seniors Centre Society in Vancouver trained me to do workshops

- Fall prevention
- Healthy heart
- Depression
- Balanced food

SOLUTION: 411 WORKSHOPS

The 411 workshops taught senior women

- About the appeal process to get services
- About seniors legal rights
- About advocacy for independent living

HOW TO FIND THESE SOURCES

References

- References to the sources cited in the presentation are in the notes beneath the slide

Source material

- All of my publications, reports and chapters can be found on my **Researchgate** page (no membership or university affiliation required)
  - Google: Researchgate “Sharon Koehn”
  - Click on the CONTRIBUTIONS tab to find sources
  - Scroll down, there are several pages
  - Click on title
  - Click button ‘download full text’

ACCESS TO CARE

Dementia

IDENTIFICATION

Due to lack of knowledge, caregivers confuse dementia symptoms with	• 'Normal' aging (forgetfulness) • Personality (reserved, 'odd') • Comorbidities (depression) • Side effects of medications
PsWD recognize but also deny symptoms	• Self-protective • Social capital increasingly depletes with disease progression
Recognition is facilitated by "linking agencies"	• **Immigrant settlement agencies,** community outreach, churches, ethnic media …

PsWD = Persons with dementia

NAVIGATION

Family caregivers are important in facilitating navigation, BUT

- they need social capital (immigrant status and language can be barriers)
- female caregivers have multiple caregiving responsibilities
- not everyone has available children, if any

Stigma and shame prevent reaching out to non-family for support

Linking agencies + better transportation options are needed

IN THE DOCTOR'S OFFICE

Communication of PWD impaired by

- Cognitive decline
- Language incongruity
- Fear of loss of control (institutional placement)
- Beliefs that physician can't/won't help them

Caregivers advocating for PWD

- Recognized symptoms
- Often felt disempowered by physician's disregard of their concerns
- Complained about missed (or mis-) diagnoses

DR'S ASSESSMENTS

Under-diagnosis of dementia by primary care physicians influenced by

- Subtle, variable symptoms
- Limited time with patient
- Negative attitudes re: importance of assessment & diagnosis
- Lack of definitive diagnostic test

Physician communication hampered by

- Privileged clinical language
- Inability or lack of desire to speak patient's language
- Tendency of male physicians to disregard female caregivers' observations

OFFERS & RESISTANCE

Influenced by dyad's trust in

- the physician
- the medication itself
- their ability to manage it

Continuity of community-based supports valuable BUT

- Not always available
- Not always practical enough for caregivers
- Not always supportive of identity maintenance (non-stigmatizing) for PWD

ORGANIZATIONAL AND ENVIRONMENTAL FACTORS

Service configuration

Examples:

- the service provider's alignment with service users, including personality, gender, and ethno-linguistic characteristics
- aspects of the physical environment such as office location
- system-level factors such as wait-times and the referral process

Local Operating conditions

The cost and availability of suitable care options in a specific location

- Provincial differences
- Rural-urban differences
- Concentrations of ethnolinguistic groups in a region
- …

POTENTIAL ROLE OF SETTLEMENT AGENCIES IN FACILITATING ACCESS

Identifying and supporting senior's need to seek help

Facilitating **navigation** to appropriate services through information, referrals, transportation

Promoting health literacy, self-determination and confidence, and enhancing access to interpreters to facilitate **communication** with care providers

Educating health care providers about immigrant older adults to dispel stereotypes that can result in negative **judgments** of needs

Serving as culture brokers between health care providers and seniors to ensure that each understands the others' perspectives on treatments etc. recommended by the physician so as to improve treatment **uptake**