



Government
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sur le troisième âge

Seniors from ethnocultural minorities



Seniors on the margins

Canada

Seniors on the margins

Seniors from
ethnocultural minorities

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SENIORS ON THE MARGINS... is a series of policy papers presenting NACA opinions and recommendations on the needs and concerns of seniors who are marginalized, or at risk of marginalization in Canadian society.

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Seniors from ethnocultural minorities

Preface

By 2021, seniors will form 18% of Canada's population, compared to 12.5% in 2000. This aging of Canada's population supposes a need for responsive policies, programs and services to serve the growing number of Canadian seniors. While general consciousness of this need is rising and some changes are very slowly taking shape to address them, we need to ask if the effort to adapt our society takes into account the seniors of Canada who are not part of the mainstream... those from ethnic minorities, those who have lived with developmental disabilities, those with low incomes, etc.

According to a UNESCO definition, "marginalization occurs when people are systematically excluded from meaningful participation in economic, social, political, cultural and other forms of human activity in their communities and thus are denied the opportunity to fulfill themselves as human beings." In this land of equal opportunity, how are seniors on the margins faring?

The NACA publication series **Seniors on the margins** looks at the situation of those Canadian seniors who, because they are not part of the majority, may not have access to the resources needed to age in comfort and health. In each paper of this series, NACA examines the causes and key issues of marginalization and proposes strategies and recommendations to remedy the situation. This paper looks into the situation of Canadian seniors from *ethnocultural minorities*.

National Advisory Council on Aging

The National Advisory Council on Aging (NACA) is an arm's length body of citizens appointed by Order in Council to advise the Minister of Health on issues pertaining to seniors' health and the aging of Canada's population.

Introduction

Canada's population is not only aging, it is also becoming increasingly diverse: more than 200 ethnic groups were reported in the 2001 Census. Yet for the most part, aging-related programs and policies continue to treat the seniors population as a homogeneous group and the variety of needs, concerns and histories of ethnocultural minority seniors often go unrecognized.

The purpose of this document is to examine the key challenges and disadvantages that ethnocultural minority seniors can face in terms of income, health, health care and family and community support, and to recommend policy directions to ensure that they have the same opportunity for health and well-being as other seniors in Canada.

Definitions

The term "ethnocultural minority senior" refers here to:

- seniors whose ethnicity, religion, race or culture are different from mainstream Canadians (including those born in and outside of Canada)
- immigrants* who have aged in Canada
- seniors who immigrated to Canada late in life

Each of these sub-populations of ethnocultural minority seniors will have different issues and experiences that impact on their health and well-being. For example, a senior who has recently immigrated to Canada will face challenges that are different from a senior who immigrated 30 years ago. A Canadian-born senior who is a member of a visible minority will, in turn, face different

*The term "immigrant" refers to a person who is, or has been, a landed immigrant in Canada. A "landed immigrant" is a person who has been granted the right to live in Canada permanently by immigration authorities. The term includes refugees. "Recent immigrants" or "new immigrants" refer to people who gained landed immigrant status between one and five years ago. (Statistics Canada, 2001 Census Dictionary).

issues than a senior who immigrated but does not belong to a visible minority. Nevertheless, as members of an ethnocultural minority, these groups share the reality of being set apart from the majority, one way or another, and this reality can create barriers that leave them at risk for being marginalized.

Overview

Canada's older population reflects the aging of long-established immigrants who came to Canada during the first half of the 20th century; in fact, the majority of the older immigrant population have been in Canada a long time. There is also a smaller senior immigrant population that settled in Canada late in life. In addition, a sizeable group of immigrants are now close to entering their senior years.

In 2001:

- 71.4% of Canada's seniors were born in Canada, 28.4% had immigrated to Canada.
- Of Canada's aging immigrant population, 61% arrived before 1961, 24% arrived in the 1960s and 1970s and 15% arrived between 1981 and 1996.
- 19.4% of the immigrant population were aged 65 and over; 6.2% had immigrated within the last 10 years.
- Immigrants aged 45-64 made up 35.6% of the immigrant population; 13.6% of them had arrived in the last 10 years.

Because of changing immigration patterns, immigrant provenance has shifted from Europe to Asia, Africa and the Middle East. The result is that Canada now has a population made up of very diverse cultures, religions and languages. To illustrate, by

1994, Europe accounted for only 17% of immigration whereas immigrants from Asia accounted for 57%. The visible immigrant population is growing at a faster rate than the total population. Between 1996 and 2001, the total population grew by 4% while the visible minority population rose by 25%. The Canadian visible minority population is expected to increase to 7.1 million in 2026, from 2.7 million in 1996.

This is why it is so crucial to understand the challenges that ethnocultural minority seniors face and that can put them at risk for "living on the margins." In developing policies and programs for an aging Canadian society, ethnic and cultural diversity needs to be taken into account.

Key issues

A number of factors contribute to the marginalization of ethnic minority seniors. Barriers to health care and other services such as those stemming from language and culture differences, discrimination and racism, or a lack of access to income sources, can lead to situations of isolation, dependency and poverty. Other factors such as being born in or outside of Canada, the age at immigration and the number of years worked since immigration can also play significant roles in the degree to which barriers exist. Marginalization, however, is not limited to only those born outside of Canada. Many Canadian-born seniors from ethnocultural minorities face difficulties resulting from cultural insensitivity and racism. Creating solutions to meet the needs of an aging population that is increasingly diverse will require joint efforts on the part of health care providers, government, service agencies as well as ethnic minority seniors themselves.

Income

Improvements to seniors' economic well-being have not been shared equally across the seniors population. In 1995, older immigrant men received 8.5% less income than Canadian-born men, while older immigrant women received 9.2% less income than Canadian-born women.¹ Immigrant seniors, especially women, face higher rates of poverty than seniors born in Canada. In 1995, 17.5% of immigrant senior men and 26.5% of immigrant senior women had low incomes compared to 11.5% of non-immigrant senior men and 23% of non-immigrant senior women.²

This inequality can partially be explained by Canada's pension system, which assumes that people will save over their working years in order to fund their retirement. For seniors who came to Canada in their middle age, late entry into the Canadian labour force means that they will have had less time to accumulate savings for their retirement than people who have worked their entire life in Canada. Compounding this is the fact that immigrants usually arrive with little personal wealth. Although Canadian immigrants tend to have lower than average incomes in their first years in Canada, in the past, most have generally been able to catch up to their Canadian-born counterparts. However, this appears less likely for the future and the Canadian Council for Social Development expressed concern that "recent immigrants are having greater difficulties in the labour market than did previous immigrants, and that their incomes may never reach the Canadian average."³

The income disadvantage faced by Canada's immigrants is illustrated by reports that the prospect for retirement is much more uncertain for immigrant adults than it is for their non-immigrant counterparts. According to recent national survey results, close to one-half of non-retired immigrants aged 45-59 do not know if or when they will retire. One-half also expressed concerns about the adequacy of their financial preparations for retirement. In comparison, only one-third of non-immigrant pre-retirees do

not plan or do not know when they plan to retire and feel that they have not been able to make adequate financial preparations for retirement.⁴

The economic situation of recently-arrived older immigrants is even less secure. In fact, the older the age at immigration, the more likely one will live in poverty.⁵ For those who arrived later in life, accessing sources of income is particularly challenging. With little or no work history in Canada (necessary to qualify for Canada/Quebec Pension Plans) and a 10-year residency requirement to qualify for the Old Age Security benefit, many immigrant seniors are unlikely to be able to access public pensions. And even after 10 years, they are only eligible for partial benefits and do not qualify for full benefits until they have lived in Canada for 40 years.

Furthermore, opportunities for work are limited: cultural and linguistic differences, non-recognition of foreign credentials and structural barriers due to racism can hamper access to education, training and employment opportunities. In addition, mandatory retirement policies which force retirement at age 65 can impose significant economic hardship on those who depend on employment income.

Canadian-born members of visible minority populations are also at risk for low incomes and are more likely to live in poverty than Canadian-born members of non-visible minorities. According to one study, they have lower earnings than their non-visible minority counterparts even when factors such as potential employment experience, education, occupation and industry are taken into account. This suggests that there is discrimination in hiring and workplace practices.⁶

Recommendations concerning income

Provincial governments, in collaboration with the federal government should:

- 1) Abolish mandatory retirement policies and amend provincial and federal human rights legislation which permit discrimination on the basis of age so that older ethnocultural minority seniors are able to continue to earn income.
- 2) Work with professional governing bodies to facilitate the recognition of foreign credentials and confirmation of professional standards/competencies.
- 3) Provide support for agencies to undertake skills education and retraining, development, vocational rehabilitation and job placement for older immigrant adults.
- 4) Create job placement programs for seniors where they don't exist, which could include government programs subsidizing employers to hire seniors in part-time or full-time jobs.

Physical health

Culture is a determinant of health. One's own cultural values may influence perceptions of health and illness, health practices, behaviours, decisions to consult with a health provider and even how one perceives the seriousness of a health condition. Health is also influenced by the values of the society in which we live. Values shape the attitudes that contribute to the perpetuation of stigmatization, loss or devaluation of language and culture and lack of access to culturally appropriate health care and services.

For example, the rate of diabetes is higher among certain ethnic minority groups such as South Asian- and Afro-Canadians. One explanation for this could be that ethnic minority groups often do not get screened for diabetes due to language and cultural barriers. In addition, most diabetes and other information related to healthy lifestyles (for example, diet and physical exercise) is written for the dominant cultural and linguistic population and therefore does not reach members of ethnic minority groups. There are very few outreach programs for the prevention and management of diabetes that target seniors from ethnocultural minority groups.

In recognition of the growing problem of diabetes among ethnic minority seniors, the Canadian Ethnocultural Council has recently developed and pilot-tested a variety of multilingual information tools related to diabetes and physical activity. Ethnocultural organizations need support to adapt and deliver these resources to their own particular communities.

Medication use is another illustration of how ethnicity and culture impact on health. The use of culture-specific traditional medicines is a relatively common practice among certain ethnocultural groups. Used in combination, traditional and Western medications can cause adverse drug reactions, yet many health providers may not be aware of the dual medication approach of their senior patients. A study of Chinese-Canadian older persons found that fear of ridicule or disapproval may be preventing these seniors from informing physicians that they use traditional medicines. Given their findings, these researchers argued that, "it is important to understand not only the physiological effects of drug use (both Western and TCM*) but also the social context of medication use in cultural minorities."⁷

Mental health

Mental health is also of concern in ethnocultural minority seniors, particularly those who have immigrated recently, yet such problems tend to go unrecognized and untreated. The Canadian Ethnocultural Council found that survey respondents were most likely to not answer questions related to mental health. The Council noted that this was not surprising since in many cultures, issues related to mental health are a private matter. Compounding this is the fact that most mental health services are not tailored to meet the needs of ethnic minority groups, so that even those seniors who search for help may not receive the help they need. For example, a recent study of Chinese seniors in Canada found that even though this group reported lower levels of mental health and higher levels of depressive symptoms compared to the general seniors population, their level of use of mental health services was extremely low.⁸

While seniors of all cultures face a certain risk for mental health problems due to the losses that can accompany aging (loss of family, certain physical capacity, paid work, identity or status, etc.), immigrant seniors must cope with a particular set of stressors due to their experience of leaving their homeland. Being uprooted from one's culture of origin, having poor understanding of the dominant culture, facing language barriers and suffering from a lack of meaningful contact with persons outside the family can contribute to isolation and depression. Older immigrant women are at particular risk for mental health problems and are one of Canada's most isolated groups.⁹ Older women who join their families in Canada often take on the role of caregiver of grandchildren – a role that can keep them isolated from peer group members, placing them at greater risk for depression and loneliness.¹⁰

*Traditional Chinese Medicines (TCM)

Health care use

Ethnocultural minority seniors face a number of barriers to accessing health care. Culturally specific belief patterns about illness and health influence perceptions of illness and attitudes towards health care utilization and may influence an older person's willingness to consult a health professional, resulting in undetected health problems.¹¹ Because of language barriers, many of these seniors may also not be able to explain their health problem, ask for the type of service they need or indeed ascertain whether or not the service exists. And, once the service has been identified, language and cultural barriers may impede access.¹² In addition, communication difficulties (stemming from language and cultural differences) can lead to inappropriate health care, such as inefficient treatment, unnecessary testing and premature discharge.¹³

Even though language has been identified as one of the greatest barriers to accessing health information, services and care, very little resources exist for interpretation services.¹⁴ Instead, health institutions and facilities tend to call upon family members to fill the role of interpreter, and, where

Mrs. T. is a senior who immigrated to Canada from Vietnam as a young woman. She married and stayed at home to raise children while her husband worked outside the home. As is often common, her children adopted a Western way of life and when her husband got sick, she could not get the help she needed from her adult children. So, Mrs. T. made most of the hospital visits alone. At the hospital, she tried to communicate what she believed her husband needed but, due to her limited English, found that she could not make herself understood and yet, the hospital never provided her with interpretation services. Mrs. T. believes that her husband's death could have been made easier were it not for the language barrier.

there is no family, rely on ethnic minority staff members. This places a great deal of strain and pressure on these staff persons, mostly women, to pick up the slack where governments have left off.¹⁵ Furthermore, it is not only recent immigrants who face struggles due to language. Even seniors who settled in Canada years earlier, may have never had the opportunity to fully develop their English or French language skills.

Other barriers impeding health care utilization include the lack of ethnic-specific programs and health professionals who understand the user's culture.

One researcher found that ethnic minority seniors are poorly served by the mental health service delivery system given the lack of resources for cross-cultural geriatric mental health programs, a lack of understanding of mental health issues of visible minority older adults among mental health professionals and a lack of mental health counseling and psychological services in non-official languages.¹⁷

A study of immigrant seniors in Ontario from Asian, Central American, South American and African backgrounds found that home care services were used less by these populations than by Canadian-born and immigrant seniors from America, Europe and Australia. The authors suggested that it was "perhaps in part that they were unaware of these home and community services or found these services to be insensitive to their cultural needs."¹⁸

Culture also plays an important role at the end of life. Yet, end-of-life care is often reduced simply to physical care without an understanding of how culture influences values and beliefs related to the process of dying.¹⁹

"When the doctor and the physiotherapist had a meeting, they asked me to attend. I sat there like a piece of wood and I did not understand their conversation. I did not know what had happened. I just sat there like a block of wood."¹⁶

Long-term care

More and more seniors of ethnic minorities are being institutionalized in facilities that were created for the dominant culture.²⁰

While most seniors entering a long-term care facility face many challenges (due to a change of living environment, loss of support system, and loss of independence and privacy), adjustment is even harder for ethnic minority seniors. Researchers have identified three main difficulties for this group: loss of family,

loss of culture (including ability to communicate in own language) and loss of community.²¹ How seniors cope with these losses varies and is often influenced by cultural norms. For example, seniors from ethnic groups whose cultural norms demand adult children to care for aging parents may experience feelings of shame, rejection and dishonour.

Compounding these losses is the fact that institution staff are often unaware of the history of prejudice and discrimination that their ethnic minority residents may have experienced and may not provide adequate social and emotional supports.²² This, in combination with the experience of loss, can contribute to a deterioration of physical and mental well-being in many ethnic minority seniors residing in long-term care institutions.

Mr. P. has recently undergone a surgical procedure and is currently in the hospital. After a short period of time, the staff have labelled him "a non-compliant" patient because he continues to get out of bed even though he was clearly instructed not to do so in order to heal. What the staff don't know is that, as a Muslim, Mr. P. is meeting his religious obligation to face Mecca and pray five times a day.

Recommendations for health and health care

Governments, universities, colleges and/or health facilities and agencies should:

- 5) Ensure that basic and continuing education of health care providers include a component that fosters an understanding of the ethnic and cultural dimensions of health, the varying beliefs regarding health and health care and how to work with clients and families from different ethnocultural communities.
- 6) Create mental health services which are designed specifically for, or respond to, the needs of ethnic minority seniors.
- 7) Develop policies that will lead to the recruitment of more persons from ethnic minorities so that health and social service providers better reflect the diverse ethnic population. (For example, through policies that will lead to the recognition of professional credential or employment equity policies for professional education programs.)
- 8) Support health promotion and the development and dissemination of other physical and mental health resources, programs and services that are linguistically and culturally specific.
- 9) Provide support to community organizations to adapt existing resources and programs to meet the needs of their particular ethnic community.
- 10) Create programs to facilitate transition to long-term care, in partnership with ethnocultural community organizations.
- 11) Provide resources to ensure the availability of interpretation services within health facilities and institutions.

Family support and community services

There is a common assumption that most seniors from ethnic minority communities are cared for by their families, that is, that "they look after their own." While there remains more to learn about ethnicity and patterns of family support for older relatives, we do know that co-residency of families can be an important factor for support and there appears to be a great variation in the degree to which family support is provided.²³ Although cultural norms are often assumed to be the main explanation given for co-residency, in many cases it may simply be a result of economic necessity: adult children who sponsor their parents are financially responsible for them for ten years after they arrive in Canada. Yet, little is known about the quality of support provided to seniors in these settings and the impact of this dependency on their well-being.

Idealizing ethnic families as being highly supportive is a mistake and creates the risk of neglecting the need of ethnic seniors for formal supports and community programs.²⁴ To successfully reach this population group, community programs need to be designed to meet a diversity of interests and needs. Innovative methods must be found to break through the cultural and linguistic barriers that keep ethnocultural minority seniors isolated and prevent them from participating in recreational and social activities. Such programs would have the combined effect of providing education on healthy lifestyles, helping to improve language skills and offering support.*

Cultural competency implies that one is sensitive to diverse ethnocultural perspectives and willing to respond to individual needs, wants and preferences in a culturally sensitive and appropriate manner.²⁵

*For more information regarding "best practices" for serving ethnocultural minority populations, see the Appendix.

English or French language classes specifically designed for older immigrants can play an important role in the process of integration into the broader community and address many of the risk factors that can lead to isolation of older adults. A "best practice model" for an ESL/FSL program recognizes that language classes are more than just about learning language; it can and should "be a means of building social networks, conveying information about access to health and social services, and fostering new friendships among persons from diverse cultural backgrounds."²⁶ However, while government-sponsored language programs for recent immigrants have no age cutoffs, it is likely that they are not tailored to meet the particular needs of older immigrants.

"I am very interested in learning English. Now that I am attending an ESL program, everything is different for me. I am not isolated anymore. I have met warm and friendly people."²⁷

St. Christopher's Health Action Theatre for Seniors (HATS) in Toronto, includes Portuguese- and Vietnamese-speaking senior actors. It created 27 different non-verbal short plays on health-related topics such as caregiving, heart health, nutrition, gambling, substance abuse, fraud, safety, abuse and neglect, and communication with health providers. The HATS program was supported by the SHARE Award program and was effective in reaching St. Christopher's senior immigrant communities.²⁸

Recommendations for family and community support

All levels of government, universities, colleges and/or service agencies should:

- 12) Provide stable operational funding to community organizations that serve ethnic minority seniors, as well as to existing organizations to expand their programs in order to create new opportunities for seniors from diverse backgrounds to congregate.
- 13) Recognize ESL/FSL as an important tool for contributing to the process of integration of newcomers to Canada and ensure that some classes be specifically designed for older populations and made readily available at no cost.
- 14) Review their services to determine the extent to which they meet the linguistic and culturally determined needs of ethnic minority seniors. In doing so, the "best practice guidelines" of the Canadian Council for Refugees should be followed.
- 15) Increase the number of volunteers and community/social service professionals of different ethnic backgrounds working in health and social service organizations.
- 16) Provide training to service agencies to ensure a better understanding of cultural and ethnic differences and how to best serve clients of various backgrounds.

- 17) Provide housing options so that seniors have a choice regarding whether or not to live with other family members.
- 18) Create a national clearinghouse to facilitate the sharing and dissemination of models, information and other resources that will help organizations and agencies meet the needs of ethnocultural communities.
- 19) Increase representation of ethnic minority seniors on national, provincial, and community planning, policy and program advisory boards.
- 20) Specifically include ethnic diversity as an important consideration in national and local planning for an aging society.

Information needs

There has not been a lot of research done in Canada on aging and ethnicity. The Metropolis Project²⁹ currently being carried out will be providing new knowledge on issues of immigration. It is an international forum for comparative research and public policy development about population migration, cultural diversity

From 1999 to 2003, the SHARE awards (through the University of Pennsylvania) provided funding to small community-based organizations in Canada and the United States to improve the health of elders from racially, ethnically and culturally diverse backgrounds. Among the number of outcomes of this program: increased knowledge about the needs of older ethnic minority seniors and new models and services to address this population.³⁰

and the challenges of immigrant integration in cities in Canada and around the world. The goal is to improve policies for managing migration and cultural diversity in major cities. However, only a few of the Metropolis studies on immigrants have focused specifically on seniors. More research on this population is required, as is new knowledge about the impact of ethnicity on the aging process, and its implications for health and well-being, the particular needs of ethnic minority seniors and the development of appropriate responses to these needs.

The impact of ethnicity on seniors' adjustment to long-term care is not well understood; in particular, more information is needed on the rate of physical and mental decline and the rate of mortality among ethnic minority seniors compared to that of seniors from majority groups. A study (for the Metropolis Project)²⁹ is currently examining the integration experiences of immigrant seniors; one aspect of this study will look into culturally sensitive practices within long-term care institutions.

Recommendations for research and data collection

- 21) Public and private research funding bodies should give priority to funding research on issues related to the health and well-being of ethnic minority seniors and ensure that any analysis of public data on ethnocultural communities include reports on age cohorts over the age of 65. Possible areas of research include:
- effectiveness of existing employment-related policies and programs for helping immigrant seniors to get access to employment
 - under-utilization of health and social services by ethnocultural communities
 - effective ways for reaching older ethnic minority seniors with or at risk for mental health problems
 - appropriateness of ethnically sensitive services within general services for seniors vs. ethnic-specific services
 - impact of multigenerational households and family dependency on the well-being and quality of life of ethnic seniors
 - formal and informal support-seeking patterns of families of seniors from various ethnic backgrounds
- 22) National scale surveys and health studies should include an adequate sample size of ethnocultural minority seniors so that the evolution of their health and well-being can be better monitored with valid data.

Conclusion

This paper has provided an overview of some of the key issues that contribute to the marginalization of seniors from ethno-cultural communities. Seniors whose language and/or culture are different from the majority can find themselves isolated and at risk for physical and mental health problems and poverty. In addition, seniors who have recently immigrated to Canada, especially women, are at particular risk of being marginalized.

Given that Canada's population is not only aging but is also becoming increasingly diverse, it is crucial that the factors for marginalization be well understood in order that action can be taken to ensure the full integration, improved quality of life and equality of seniors from ethnocultural minority communities.

We trust that NACA's recommendations to improve income, to provide better access to health, community support and long-term care services, and to increase research into ethnicity and aging will provide tools for reducing marginalization of Canada's seniors from ethnic minorities.

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Canadian Council For Refugees – *Best Practices for Settlement Services for Refugees and Immigrants in Canada*

The underlying principles of these guidelines can be applied/adopted when developing various programs and services for ethnocultural minority seniors:

1. Services are accessible to all who need them.
2. Services are offered in an inclusive manner, respectful of, and sensitive to, diversity.
3. Clients are empowered by services.
4. Services respond to needs as defined by users.
5. Services take account of complex, multifaceted, interrelated dimensions of settlement and integration.
6. Services are delivered in a manner that fully respects the rights and dignity of the individual.
7. Services are delivered in a manner that is culturally sensitive.
8. Services promote the development of newcomer communities and newcomer participation in the wider community and develop communities that are welcoming of newcomers.
9. Services are delivered in a spirit of collaboration.
10. Service delivery is made accountable to the communities served.
11. Services are oriented to promoting positive change in the lives of newcomers and in the capacity of society to offer equality of opportunity for all.
12. Services are based on reliable, up-to-date information.

A full bibliography is available at the end of the same title document posted on the NACA Web site at: www.naca.ca

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