MORE SNOW ON THE ROOF

Canada's Immigrant Seniors

ABSTRACT

In Canada, two interesting demographic tendencies can currently be observed: the population is growing and is aging, while the population is rising, largely due to immigration. These combined tendencies have created a new group of elderly immigrants, which seems to have gone unnoticed. This is a new challenge that our country must now face. The author of this article suggests that it is necessary to undertake additional research on the needs (physiological, economic, and social) of immigrant elders. It is also necessary to better inform them of the programs and services available to them. The author would like to see more ethnocultural minority seniors participate in this decision process on the questions that touch them the most.

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In the late nineteenth century, Chancellor Otto von Bismark of Germany learned that the life expectancy of men was 65 years so he responded by implementing the first institutional support for retirement. Little did he know that his actions would ripple throughout the Western World and eventually expand around the globe: he had inadvertently established age 65 as the standard for retirement, a norm that has become widely accepted as "senior" citizenship.

In Canada, two interesting demographic trends have been underway: an aging population and a population growth based upon immigration. These patterns combine to form a new group of aging immigrants that seems to have evaded notice.

When von Bismark implemented his 65 benchmark, persons aged 65 and over were effectively nearing the end of their lives. However, in the following hundred years, life expectancy grew and yet, "old age" is still considered as a single stage of life. A retired individual is "a retired senior" regardless of whether he is 65 or 95 years of age: this represents a 30 year span. It is like comparing a 5 year-old to a 35 year-old or a 20 year-old to a 50 year-old. Suzman and Riley (1985) offer three stages of persons over 65: the **young-old** (65 to 75/80), the **old-old** (75/80 to 90) and the **very-old** (over 85/90).

The physical and mental changes during the last thirty years of life are more dramatic than at any other period, except perhaps in the first 5 years. The three groups differ in important and significant ways but they all experience loss. They experience financial loss (income, savings, health costs), physical loss (strength, hearing, sight, mobility), emotional loss (family, friends, death, isolation, loneliness) and mental (memory, cognitive, emotional control). The young-old often remain active and enjoy full and rewarding roles and activities. For some, this stage can be extremely expressive and creative. They are more like "middle-aged," but with more time! The old-old experience increasing loss but can enjoy fulfilling lives with environmental and social supports. The very old are often physically and mentally impaired and need extensive support at times from formal institutions (Schaie & Willis, 1998). They are sometimes referred to as the "frail elderly."

The study of immigrants is complex and becomes even more confusing when considering aging. For example, researchers often aggregate refugees and immigrants and ignore the different classes of both immigrants (Family, Economic, Other) and refugees (Assisted, Sponsored, Asylum). Often those persons under economic classes immigrated when they were young or young adults. For example, the universities and health care fields have recruited individuals who have diverse backgrounds. Many of the individuals hired in the expansion of the universities in the 1970s have reached or are nearing retirement and entering the "Seniors" group. They have raised their families and Canada is now "home" even though they may have thought about returning when they first arrived. They are staying and making an impact in our communities. Their situations can be very different than those of the recent elderly, who require different policies and programs. Under the family class, immediate family have sponsored their parents and/or grandparents. Many from regions such as Asia do not speak English or French and are socially and economically dependent upon their children. They can be very isolated. These individuals will be older and have different social and health needs than business immigrants in the economic class. With increasing aging of immigrants, Canada is facing an increase in the old-old immigrant group from two sources. Many immigrants and refugees

aged in Canada, while others immigrated as a "senior," having lived most of their aging years in their country of origin.

For example, one can imagine the differences between two senior immigrants/refugees from Hong Kong. The Governor General of Canada, the Right Honorable Adrienne Clarkson, immigrated as a refugee child during the Second World War. She grew up in Canada and evolved in Canadian society her entire life. She is very different from a "granny" who immigrated under the family reunification program at the age of 70. It is important that researchers, policy analysts and programmers do not aggregate these differences and make false assumptions and generalizations.

Gerontological research on minority groups has generally applied three conceptual frameworks: *multiple jeopardy*, *leveling*, and the *live course perspective* (Novak, 1997). In multiple jeopardy, researchers use variables such as age, sex, income, education, disability, and ethnicity to classify individuals. Broadly speaking, each of these variables can be compared to the dominant group and since older immigrants or visible minorities have poorer health and lower incomes than the dominant group, they experience the multiple "jeopardy" of their "status." Not all immigrants are "visible minorities" and many of the elderly immigrants can be considered as part of the dominant society. In addition, because women live longer, the percentage of women increases over time. So the "jeopardy" of age, sex, visible minority, ethnicity, language, health, income, have a compounding effect that disadvantages the individual. However, if a cross-section of the sample is studied, it neglects the change over time that this particular group experiences. If the group starts out poor in both wealth and health, then the group will remain so later in life. If multiple jeopardy affects only the lower class visible minorities, then it is only social class rather than ethnic status that creates this multiple jeopardy (Novak, 1997).

Other research has suggested that there is a "leveling" and converging of indicators as people age. The disparity in the quality of life indicators between ethnic seniors and the dominant group diminishes as they age because of such variables as strong family connections and supports. If middle-aged, ethnic minority individuals have a low income, their income changes little as they move into retirement and from employment income onto income support programs (Novak, 1997).

However, both the multiple jeopardy and leveling approaches miss the diversity within minority groups, they also miss the effects of earlier life. For example, refugees and immigrants from the People's Republic of China and Hong Kong come from very different cultures, yet are frequently clustered together for statistical purposes. Recent immigrants and long-term immigrants have different experiences and may not be comparable but are nevertheless listed as "Chinese." In addition, some refugees who have come from Central and South America have experienced trauma and torture. These and other trauma will influence them in subtle but important ways, limiting the value of simple comparisons. The life experiences and subjective qualitative perspectives are major influences of integration, life satisfaction, mental health and emotional stability (Novak, 1997). Hence, the life course perspective offers a valuable framework in completing research on aging immigrants and refugees. Often trauma that occurred decades ago resurfaces in frail elderly suffering from cognitive dysfunctions or emotional problems.

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Current Situation in Canada

According to the 2001 Census, 5.1% of the Canadian population is deemed "old" and 12.2% as "Senior" (65 years and older), up from 9.1% in 1981. Like most developed countries, Canada is experiencing an aging population due to an increasing life expectancy and a declining birth rate. The seniors' population is expected to continue to grow and Statistics Canada projects the percentage of seniors to be 23% of all Canadians by 2041. The greatest growth will be in the old-old and very-old ranges. The senior population is predominantly female with 57% of the over 64 age group women. The percentage increases to 60% for the old-old (75-84 years of age) and 70% for the very-old (over 85).

Table 1: Senior Immigrants and Place of Birth (Percentage of Group)

		65-74 years	75 and over	Seniors - 65 and over
Seniors Total	Canadian Population	7.1	5.1	12.2
Total	Immigrant	11.1	7.8	18.9
Total	Europe	17.3	13.4	30.7
Total	Central and South America	4.6	2.1	6.7
-	*- Caribbean*	7.0	3.4	11.4
Total	Africa	5.5	2.5	8.0
Total	Asia	6.5	3.4	9.7
	- Eastern Asia	8.2	4.8	13.0
	- South-East Asia	5.1	2.8	7.9
	- South Asia	5.2	3.3	8.5

Table 2: Senior Immigrants and Place of Birth (Percentage of Canadian Seniors)

		65-74 years	75 and over	Seniors - 65 and over
Seniors	Canadian Population	58.1	41.9	**100.0**
Total	Non-Immigrant	71.2	71.7	71.4
Total	Immigrant	28.6	28.0	28.4
		100.0	**100.0**	**100.0**
Total	Europe	18.8	20.2	19.4
Total	Central and South America	0.7	0.4	0.6
	– *Caribbean*	1.0	0.7	0.8
Total	Africa	0.7	0.5	0.6
Total	Asia	6.1	4.5	5.4
	– *Eastern Asia*	2.9	2.3	2.6
	– *South East Asia*	1.1	0.9	1.0
	– *South Asia*	1.5	0.9	1.2

Table 1 presents the percentage of senior immigrants by place of birth in two age categories (65-74 and 75 and over years of age). Almost 19% of the immigrant population in Canada is over 65, which is much higher than the national average of 12.2%. And almost 31% of the immigrants from Europe are over 65 years of age. The European immigrants are an aging population. The senior population from Eastern Asia (mostly Hong Kong, China, Taiwan) is 13% of total immigrants from this region. Caribbean immigrants are also older than other immigrant groups and near the national average at 11.7%. The assumption that "immigrants" are young is not supported. Canada has larger numbers of immigrants from diverse backgrounds. The senior population is mirroring the Canadian mosaic. By percentage, the youngest group is from Central and South America (6.7%). Not surprisingly the African and South East Asia groups (Thailand, Laos, Vietnam) are still fairly young, at about 8.0% each. However since many East Asians came to Canada as refugees during the Vietnam civil war, their senior population is expected to grow.

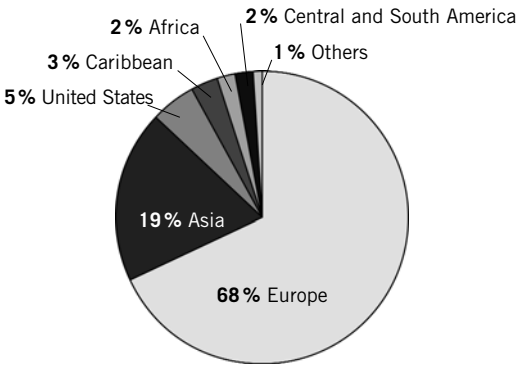
Table 2, *Senior Immigrants and Place of Birt*h, "re-jigs" the numbers to show percentages from place of birth in the total population of the Canadian seniors population. Some interesting patterns emerge. Of the total senior population, 28.4% are immigrants (up from 16.9% in 1981) and 19.4% of all seniors are from Europe. However, immigration patterns from Asia show, in fact, that 5.4% (one in twenty) seniors in Canada are Asian and 4.4% are South Asian! These Asian seniors are concentrated in the major cities but are present throughout Canada. Overall, 7.2% of the senior's population is a visible minority (up from 6% in 1996).

The Chart below, *Percentages of Immigrant Seniors by Continent*, shows that 68% of all Immigrant Seniors are originally from Europe and that 19% (one in five) come from Asia. The face of immigrant seniors is changing.

The Canadian government provides two major income security programs for seniors that many immigrants can access. If they have been in Canada for 10 years, all immigrant seniors (over 65 years of age) are eligible for the Old Age Security program that provides a modest pension. If the senior immigrated at aged 62 then they could be eligible for benefits at age 72, regardless of whether or not they have ever been employed in Canada. If the senior has a low income, he/she may be eligible for other benefits as early as age 60, providing he/she met the 10-year requirement.

Canada has international social security agreements with many countries to help people qualify for benefits from either country. An agreement may allow periods of contribution to the other country's social security system (or, in some cases, periods of residence abroad) to be added to periods of contribution to the Canada Pension Plan in order to meet minimum qualifying conditions. For example, these agreements would allow a citizen of Germany to access the Canada Pension Plan, including retirement, disability and survivor benefits in Canada. These agreements have been signed with developed countries that have existing income programs for seniors; although it is rare that individuals have

Chart 1: Percentages of Immigrant Seniors by Continent



immigrated specifically to "retire," it does happen. It may seem strange, but for some, the opportunity of living near adult children in their children's new country is definitely attractive.

For those seniors who immigrated late in life, they may find that they are exclusively financially dependent upon their sponsoring family.

Issues and Developing Needs

As the demographics shift there is a need to better understand and appreciate the diversity among the senior population. In recent years, there has been significant change since Driedger and Chappell published *Aging and Ethnicity: Toward an Interface* (1987). Efforts to improve understanding should be developed throughout society, in all sectors. There is a need for further research and implications for policies and programs. The Prairie Centre of Excellence for Research on Immigration and Integration, a Canadian Metropolis Site, recognized the paucity of research in this field and funded a Social Domain exploratory study. The study is holistic in the sense that it considers the senior immigrant as a total person with social, economic, physical, emotional and spiritual needs. Using both quantitative and qualitative data, it examined social and cultural factors, family and inter-personal relationships and living arrangements and conditions. The dissemination of the findings is in process and preliminary results are integrated in this article.

Ethnic seniors must have decision-making powers regarding issues that affect them and need to be involved and represented at all level of organizations, government departments, and communities. As active participants, they will have a voice in policy, social, and program developments (CPHA, 1988).

Immigrant seniors offer a potential resource to Canadian society and methods should be developed to encourage volunteer service in agencies that provide services to ethnic groups. Sometimes volunteer service is "foreign" to some groups and efforts to develop volunteerism may be necessary.

Information regarding services and programs must be accessible to ethnic seniors. Language barriers in the service agencies must be improved through the use of interpreters, translation of materials, and employment of multilingual staff. Language barriers have made services inaccessible by ethnic seniors and as a result, they do not receive the assistance or the information they need or are entitled to receive.

Changes need to be made in major health and social services agencies such to better serve ethnic seniors (Olson, 2001). Some of the service agencies do not meet their needs and are not culturally sensitive (Gelfand, 2003). Ironically, in most health and social agencies, the employees are ethnically diverse from the custodial and support through to the professional staff. Some suggestions for change include having service providers re-evaluate their facility's services. For example, one of the major issues for ethnic seniors is the inappropriate diet in long-term care facilities. Since many of these elderly are frail and immigrated under the family class, which means that they have had little time to adjust to Western life and foods. They often enter long-term care in poor health and their final years are disappointing.

At times, there is a need for specialized services for special needs groups such as mental health, dementia, and end-of-life care (Butler, Lewis and Sunderland, 1998; Fisher, Ross and MacLean, 2000). Research on mental health and ethnic seniors is lacking, especially on those seniors who have suffered through past violence and trauma and who feel the effects late in life.

There have been changing values in filial responsibility and more immigrant seniors wish to, and are living, independently. To achieve independent living, many need economic security and access to support services. They may need services such as Home Care, Meals On Wheels and day care/respite that are culturally appropriate.

Overall, the ethno-cultural seniors need to be recognized and valued for their diversity, have more decision-making powers regarding polices, economics, health and social issues that affect them, and gain better knowledge about the services and programs that are available to them. All of us are aging and as our hair turns white, we are experiencing "more snow on the roof." Our diverse multicultural nation is facing new challenges with our aging population, making Canada an exciting place to live.

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