

MEETING SUMMARY

JULY 14, 2005

REACHING OUT AND LEARNING TOGETHER: NETWORKING TO SERVE ISOLATED IMMIGRANT & REFUGEE SENIORS

Opening Remarks

Valdemar Larsen, Chair of the Edmonton Senior Citizens Council (ESCC), welcomed participants to the meeting and provided a brief overview of the meeting, stressing the importance of ESCC's collaborations with community partners such as the Multicultural Health Brokers Co-operative, Action for Health Communities and the Society for the Retired and the Semi-retired in reaching out to isolated immigrant and refugee seniors in Edmonton. Pleased with the extent of representation from immigrant and refugee serving agencies, ESCC members, City of Edmonton staff, and University of Alberta researchers, he declared this meeting opened.

Yvonne Chiu, Co-Executive Director of the Multicultural Health Brokers, thanked participants for coming to this meeting and explained that the MCHB, Action for Healthy Communities and SRSR are thrilled to be able to connect with other ethno-specific health and social service agencies, ESCC members, City of Edmonton senior serving departments and University of Alberta social support researchers.

In April 2005, MCHB, AHC, and SRSR received a small grant to implement a unique participatory action research project with immigrant and refugee seniors, communities, and local senior serving organizations in Edmonton. The goals of the project are to: 1) seek and reach out to isolated seniors within three immigrant and refugee communities – Hispanic, Former Yugoslavia, and Kurdish- 2) to learn deeply about their needs, circumstances and aspirations, 3) to collaborate in responding to such needs, circumstances and aspirations, and 4) to determine long-term support strategies that are culturally relevant for such a population of seniors. The partners collaborating on this participatory action research project envision this meeting as a first step towards ongoing interactions among service providers whose goal is helping seniors in Edmonton.

Meeting Objectives:

1. To connect with each other,
2. To learn about the needs of isolated immigrant and refugee seniors in Edmonton and;
3. To discuss the types of services needed and available.

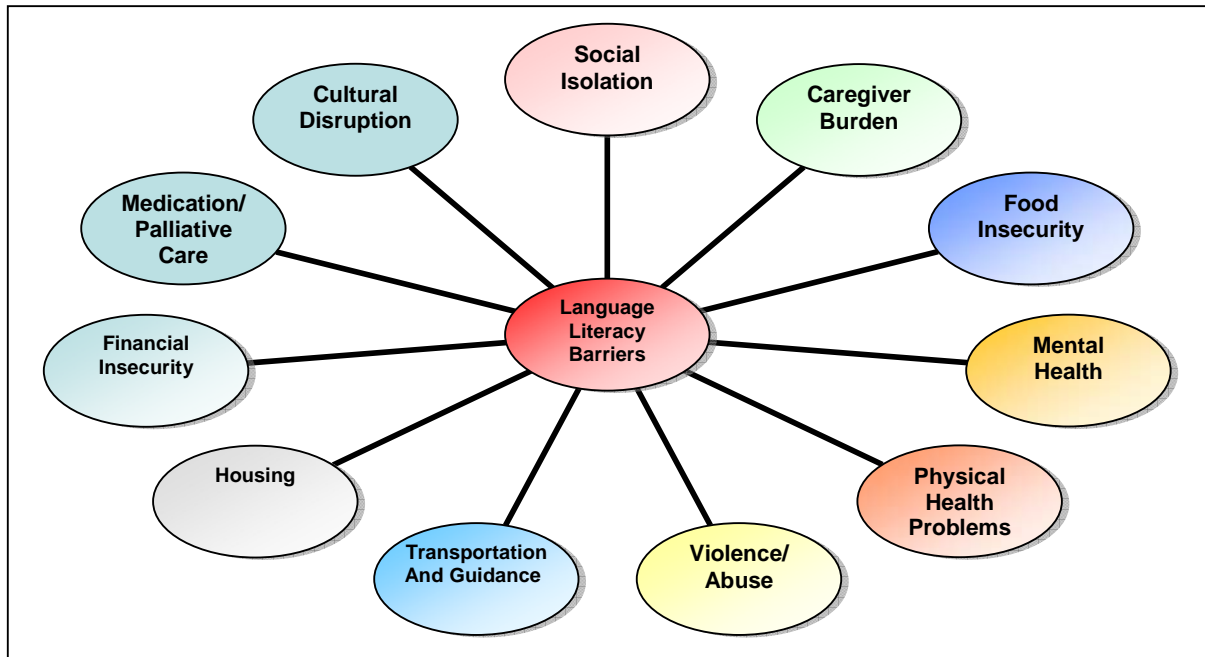
Meeting outcomes:

1. To develop a list of available resources for immigrant and refugee seniors living in Edmonton.
2. To identify of research priorities, interests and partnerships.

The process for this meeting included a brief description of research findings to date, an overview of a potential framework in which we can relate the findings to each other and to other potential root causes, and a brief presentation by each of the brokers currently reaching out to the three participating immigrant and refugee communities.

Research Findings to Date

Three health brokers, representing each of these communities, have started to identify isolated seniors. To date, we have identified a series of issues affecting these seniors and we have depicted them in the following diagram.



At the core of immigrant and refugee seniors’ experiences are problems rooted in language and literacy barriers. Most of the seniors participating in this study do not speak English and some of them are even illiterate in their mother tongue. Immediately linked to language barriers are issues of cultural disruption. Immigrant and refugee seniors face huge problems related to cultural differences. All the issues depicted in this diagram are interrelated and lead to extreme social isolation, poor health and reduced quality of life.

To develop a list of available resources for immigrants and refugee seniors, meeting participants were asked to complete a short form, where each participant outlined their contact information and their organization’s programs and services that could be relevant to immigrants and refugee seniors. After each participant completed this form, they were asked to place this form against the various list of issues identified in the list of issues affecting isolated immigrant and refugee seniors.

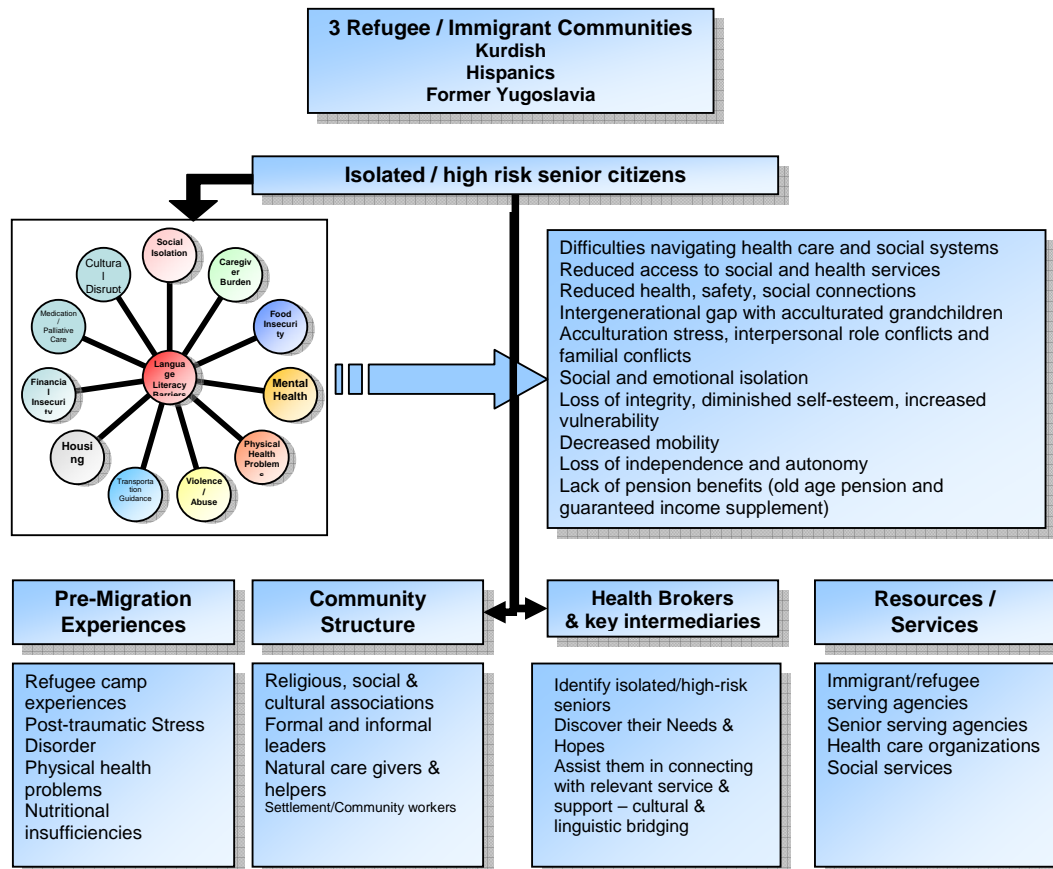
After reviewing these issues, Roger Laing, Executing Director of the Society for the Retired and the Semi-retired (SRSR), requested that “lack of familiarity and awareness of the system” be added to this list of issues.

This comment led to a discussion about the broader draft framework the team has developed for this project. In this framework, the issue of unfamiliarity and unawareness of the system is seen as a root cause for the needs and circumstances of immigrant and refugee seniors.

Ximena Ramos Salas, Health Promotion Student at the University of Alberta, reviewed the research framework with participants. The framework links what we are hearing from isolated immigrant and refugee seniors in Edmonton to the available research data in Canada.

Moreover, the framework also links the seniors' current needs and circumstances to their pre-migration experiences. Such experiences include war and having lived in a refugee camp for several years. These experiences are extremely important to take into account because they affect seniors' physical and mental health status. Many seniors have never received psychological support to deal with pre-migration trauma and thus face symptoms of post-traumatic stress disorder. The important message in this research/policy framework is that although immigrant and refugee seniors experience many of the problems facing seniors from the general population, they must also deal with pre-migration experiences, cultural and linguistic challenges, and unfamiliarity with the Canadian system.

Other Canadian research studies have shown that social isolation is consistently associated with higher levels of morbidity and poorer health outcomes. In November 2003, the Federal/Provincial/Territorial Ministers Responsible for Seniors identified social isolation as a top priority. Based on the knowledge generated in the current participatory action research study and on existing research data in Canada, there is need for immediate action by policy makers and service providers.



Immigrant and Refugee Seniors' Needs – the experience of Edmonton

The needs and circumstances of immigrant and refugee seniors in Edmonton were discussed in more detail by the three brokers who are connecting with seniors on a daily basis.

Zdravka Brnada, Health Broker with the MCHB, provided an overview of the issues facing immigrant and refugee seniors from **Former Yugoslavia**.

Population

- 12,000 people from various parts of the former Yugoslavia.
- Community includes both refugees and immigrants (family sponsored persons). However, even family sponsored immigrants have experienced war and trauma (i.e. refugee experiences).
- Most arrived in Canada after 1991.

Pre-migration Experiences

- War, killing, human and material loss, trauma, poverty, and general deprivation.
- Some have lived in refugee camps.
- Physical health problems: some immigrants/refugees were wounded in the war and/or tortured and traumatized.
- Mental health issues: PTSD and severe depression and grievance.
- Many have experienced a huge change in their lives (both in terms of level of living and family structure).

Community Structure

- Identification of high risk seniors through religious and community organizations, home care agencies and hospitals, health care providers and informal caregivers, settlement agencies (many seniors have children who were or are the broker's clients through settlement agencies) formal and informal leaders in the community.
- Word of mouth is an important factor in this community. Many seniors are telling their friends about the study.
- 20 seniors already in contact with the health broker.
- An additional 50 seniors can be connected to this research project.

Health and Social Issues

- *Ageing Process*: Immigrant and refugee seniors age quickly due to their pre-immigration experiences.
- *Language*: Lack of English skills is a major barrier to health and good quality of life.
- *Lack of knowledge about and understanding of the system*: This issue affects both seniors and their children.
- *Lack of interpreters and cultural brokers*: the broker is overwhelmed with requests for help from immigrant and refugee seniors.
- *Culture shock*: Many seniors feel homesick and feel isolated.
- *Intergenerational Gaps*: Many seniors cannot communicate with their acculturated grandchildren.
- *Social and Emotional Isolation*: Many seniors feel guilty when socializing with others because there is a cultural pressure to grieve the loss of family

members for long periods of time. In addition, there is a cultural perception that seniority is a stage of life in which one “awaits death” and there is “no need for items such as dentures”.

- *Family dislocation*: many seniors have been separated from their spouse or children who immigrated to other countries or are still in Bosnia.
- *Financial insecurity* is a problem for both refugee and immigrant seniors of this community. Refugee seniors receive a very low income and family sponsored immigrant seniors receive no income at all. Most seniors are still excluded from social assistance because of the sponsorship program rules. These seniors do not qualify for any type of social assistance for a period of 10 years and their families have complete financial responsibility for them. However, families who are already stretched financially cannot take care of them properly.
- *Housing*: Some seniors who came here as immigrants face many income and housing issues. There is a level of semi-homelessness (i.e. seniors go from home to home and have no permanent address). A big issue that the broker has encountered is that policies are sometimes interpreted differently among service providers. In some cases, immigrant seniors qualify for certain types of services but other not. Most seniors do not qualify for senior’s type of housing because they do not have any income.
- *Urgent need for medical treatment*: many seniors have chronic conditions (physical and psychological) and need urgent medical treatment, such as dialysis and psychological/psychiatric counseling, etc. Many have not been able to obtain support to deal with the loss of their children and other family members during the war.
- *Mobility and Transportation Issues*: Especially, lack of transportation to essential health care services, such as chemotherapy and kidney dialysis. It is important to note that lack of transportation is not the only problem. Seniors need someone to accompany them through the entire treatment process. A cultural and language broker is needed in most cases.
 - Example*: Many of the volunteer driving services are not available to immigrant and refugee seniors. There are long waiting lists and can also cost money, which immigrant/refugee seniors can’t afford. The problem of transportation becomes life threatening when immigrants and refugees cannot access their medical treatments.
- *Urgent social support needs*: social assistance, assistance navigating the system (e.g. assistance with funeral arrangements), psychological counseling, palliative care, etc.
- *Cultural and religiously competent care needs*: recognize needs of seniors who practice fasting periods, understand seniors’ circumstances and be flexible about services they can receive, etc. There is a lack of understanding from health care professionals about immigrants’ and refugees’ needs.

Example: There is a certain level of inflexibility and insensitivity from service providers when they refer immigrant/refugee seniors to services they a) cannot understand because of language barriers, b) can’t get to because of lack of transportation and physical mobility difficulties, c) can’t relate to because of cultural differences, d) can’t enjoy because of physical and mental disabilities, and e) can’t afford paying for because of financial insecurities. The biggest issue is lack of

understanding of the severity of language barriers. In addition, there is a lack of understanding among service providers about the importance of trust within this community. It takes time to develop a trusting relationship.

- *Intra-community and religious conflicts*: diverse population within one community (Bosnia, Serbia, Croatian, etc).
- *Violence/Abuse*: This is a very prevalent issues but very hard to respond and act on. This includes various types of abuse (financial, emotional, and physical). It is difficult to find out about the abuse in this community because of fear of being deported or unwillingness to get their children in trouble. There is also a lack of understanding of what constitutes violence and abuse. Many seniors are forced to baby-sit and do housework.
- *Loss of independence and autonomy*: seniors experience a general loss of respect, independence and autonomy.

Susana Runge, Health Broker with the MCHB, outlined the different needs of **Spanish-speaking** seniors living in Edmonton.

Population

- Very diverse community.
- Community includes both refugees and immigrants.
- Most established are the Chileans who arrived in the 1970's. New refugees from Colombia and Venezuela are arriving now.
- Intra-community conflicts: Since, this is a very diverse community with immigrants and refugees from many different countries in Latin America, there are major cultural differences.

Pre-migration Experiences

- War, trauma, loss of their homes, poverty.

Community Structure

- Identification of high risk seniors: The structure of this community is very different than the others. There are several organized senior groups who serve as a contact source. Some initial contacts also come from home care services and the broker also receives many referrals from hospitals. Churches and other groups that work with seniors such as "Operation Friendship" have also contacted the broker.

Health and Social Issues

- *Language barriers and isolation*: Some seniors have been in Canada for more than 15 years, but do not speak English. This is because ESL classes are designed for young learners. In addition, seniors do not have access to ESL classes because men are forced to work as soon as they arrive in Canada. They never have the chance to learn English. The women are busy raising the children and never take ESL classes either. Once the children leave the homes, seniors are left alone and without knowing how to communicate with the outside world. The isolation in this community begins as soon as they arrive in Canada not just during the senior years. We need to consider this now as many new Colombian refugees are arriving in Canada now. In 10-15 years they will be facing the same issues as the current Spanish-speaking senior population.
- *Interpersonal conflicts*: Many couples argue about various health care treatments and this leads to many interpersonal conflicts. There are also

intergenerational gaps between acculturated children and grandchildren that lead to familial conflicts.

- *Transportation*: In this community it is not just a matter of having access to transportation. Seniors also need assistance navigating the system. Specially, seniors with multiple chronic diseases who need urgent guidance throughout their medical treatments.
- *Loss of independence and autonomy*: Many husbands and wives become dependent on one another. Many women are afraid to go outside alone or without their husbands. Seniors also depend on children. Some seniors never leave their house because of fear of getting lost and not being able to communicate in English.
- *Access to Homecare/Respite/Long Term Care/Palliative Care*: Barriers to access to these types of services include: lack of transportation, interpretive services, and cultural brokering. Certain communities, such as the Chilean and Salvadorian communities are much older and suffering from multiple chronic diseases. Many are in need of palliative care.
- *Food security*: Because seniors don't have access transportation to grocery stores, they often do not have access to proper nutrition. Many depend on their children to deliver groceries to their house.
- *Safety*: There are many safety concerns for this community. For example, the lack of English language skills leads to many medication mix-ups.
- *Legal assistance*: Seniors need assistance with completing medical, financial, and legal forms.
- *Housing*: There are many problems with seniors not being able to access housing that is appropriate for their functional mobility needs. Some seniors can't walk up the stairs in their house or building. There are long waiting lists for affordable housing that is functional for seniors with decreased mobility.

Jalal Abbas, Health Broker with the MCHB, offered his insights about the situation for **Kurdish** seniors in Edmonton.

Population

- Many Kurdish seniors are refugees.

Pre-migration Experiences

- War, trauma, poverty, nutritional deficiencies, etc. Although many community members are young, their experiences in refugee camps have made them age more rapidly, physically and mentally. Many Kurdish seniors suffer from PTSD and chronic diseases.

Community Structure

- Identifying high risk seniors: In this community, seniors are identified because the broker is a formal community leader, whom community members approach when in need of assistance. As a formal leader, he is also informed of newcomers from the Kurdish community.

Health and Social Issues

- *Social support needs*: The broker spends a lot of time with each senior. Seniors need someone to talk to and to connect with. Seniors in this community are very lonely. Seniors need a place to meet and a way to get there.

- *Financial insecurities:* Most seniors do not qualify for pension benefits (old age pension and guaranteed income supplement) so they must live on SFI, which is not sufficient. Some seniors cannot afford paying for their bills such as phone and rent. Seniors don't understand their rights in terms of income benefits. Broker needs assistance understanding the system so he can assist seniors in navigating it.
- *Housing and Homelessness:* Within the Kurdish community, some seniors move from one place to another, but they do not consider themselves as homeless. They have no home of their own and must stay with friends and family. This is a unique type of homelessness that exists broadly in this community. Seniors who are not eligible to apply for pension benefits cannot live on \$350 a month they receive from SFI. When couples divorce, each person is forced to live with \$350 a month. This situation is obviously not feasible and seniors end up living with friends and family members. Not having a home brings stress and anxiety that compounded with pre-migration trauma can be debilitating.
- *Food insecurity:* Seniors simply can't afford healthy foods.

Although, it is clear that many commonalities exist between the experiences of seniors from each of these communities, it is important to understand that seniors come from diverse backgrounds, have survived different pre-migration experiences, have different immigration status (e.g. immigrant and/or refugee) speak different languages and come from many different ethnocultural groups. One approach to dealing with social isolation in these communities will not work. A level of flexibility as well as compassion and understanding is needed from all service providers.

Based on the brokers' experiences to date, there are some potential solutions to these problems.

Needs	Solution
Language Barriers	<ul style="list-style-type: none"> - Offer ESL classes that are designed for senior learners. - Combine ESL classes with workshops related to seniors' needs (income and pension benefits, home care services, etc). - Offer ELS classes with groups of seniors from the same cultural and language background. - Offer ESL classes with teachers that speak the seniors' own language.
Social isolation	<ul style="list-style-type: none"> - A place to meet. - A way to get there. - Companionship. - Cultural and language brokering.
Lack of awareness about programs and services	<ul style="list-style-type: none"> -Workshops with health and social service providers to increase awareness. -Cultural and language brokers to connect seniors with programs and services. - Availability of a cultural and language broker with every program and service.
Lack of awareness about seniors' rights	<ul style="list-style-type: none"> - Offer seniors workshops to obtain information and understanding of social and legal services.

Needs	Solution
Issues with medication/drug mix-ups → Life-threatening situations	- Collaborations with pharmacies to offer linguistically sensitive information.
Homecare/Respite/Long Term Care/Palliative Care	- Provide homecare visits with health brokers.
Transportation and mobility issues	- Mobilize volunteers in immigrant community to offer driving services for seniors
Financial abuse	- Investigate the root cause for these situations.

Following the review of the research framework and the brokers' presentations, participants were offered an opportunity to ask questions or give their comments. Participants expressed concerns over the extensive list of issues affecting immigrant and refugee seniors. There was a sense of solidarity expressed by all the meeting participants. Many participants felt they had very little knowledge about the barriers immigrant and refugee seniors' face in Edmonton and were thankful for the information that was provided to them during the meeting.

Questions were raised about the effects of the immigration sponsorship policy on the health and social well being of seniors. Many did not know that immigrant seniors who were sponsored by their children to come to Canada are not eligible for pension benefits or any other type of financial assistance. Extreme poverty is therefore a huge barrier for immigrant seniors.

Potential Strategies and Next Steps

It is clear that changes need to occur at the level of policies, programs, and services. Yvonne Chiu opened the floor for discussions around strategies for collaborations among service agencies, government departments, and research institutions. Considering the short period of time for this discussion, Yvonne explained that during this one year research study, we hope to have more gatherings such as this one. Participants were very glad to learn about this plan.

In addition to providing services and programs, many of the organizations present at this meeting have as a mandate to also influence policies. In future gatherings of this group, we should continue discussions about strategies to address the root causes of the problems that affect immigrant and refugee seniors.

The Alberta Council on Ageing supports activities that create resources and training programs to sensitize practitioners about the needs of seniors. Culturally relevant resources and training programs are clearly needed to address the issues facing immigrants and refugee seniors.

The Alberta Council on Ageing also offers a new program called "Linking the generations". The aims of the program are to connect seniors with their grandchildren and promote intergenerational interactions. This program is currently only offered in English, but it would be a great strategy to make this program linguistically and culturally relevant so that immigrant and refugee seniors can access the program as well. This program would be of particular interest to the many ethnocultural

communities participating in this study, who have identified intergenerational gaps as a causal factor for social isolation.

Edward Makwarimba, Co-Program Director and Edward Shizha, Research Coordinator, from the Social Support Research Program at the University of Alberta, explained to the group that their team has conducted extensive research on the meanings of social support among immigrants and refugees. Their team would be very interested in collaborating with ethnocultural communities and service providers on future research studies. Specifically, this research team would be most interested in researching the effectiveness of potential interventions designed to address social isolation of immigrant and refugee seniors.

Considering the growing size of the immigrant and refugee senior population, many of the organizations present at this meeting expressed interest in participating in future discussions about how their organizations can provide services to or change their existing services and programs to fit the needs of immigrant and refugee seniors.

Some strategies were offered by the group:

- Include a community liaison position
- Expand city contracts with cultural brokers
- Offer funding for culturally diverse programming
- Address systemic problems such as immigration policies that create health disparities.
- Since, social isolation is a root cause of many of the problems facing this population we need to offer programs and funding for bringing seniors together. When planning “get togethers” for immigrant and refugee seniors it is extremely important to understand and respect cultural differences and pre-migration contexts.
- In some ethnocultural communities, there is pivotal role of the ethnic media to facilitate communications within their community. We need to use such resources for the benefit of seniors.
- Promote awareness about CPP/Old Security Pension programs.
- Develop programs based on what immigrant and refugee seniors need and want to have.
- Homecare is a crucial issue in some ethnocultural communities. Interpretive services should be expanded.
- Address issues of waiting lists on transportation assistance programs.

Participants asked the research team and partners to develop a list of all the senior issues, needs, and concerns derived from this study. This list needs to be detailed so that organizations can respond to the direct needs of immigrant and refugee seniors. It would also be important to ask seniors participating in this study to tell us what their most pressing need is. This question is part of the research survey and results will most defiantly be shared with all the stakeholders.

At the next meeting, we will review this list of concrete issues and invite more senior serving agencies to participate in the discussions. Despite summer holiday schedules, this meeting had a high level of attendance and participation. It is expected that in the fall, more organizations will be able to participate.

Roger Laing, Executing Director of the Society for the Retired and the Semi-retired (SRSR), closed this meeting by re-iterating the timely need for this type of research and policy interface. The issues we discussed today are much bigger than we anticipated, but we must remember that we are all Canadians, representing diverse perspectives and experiences, and together we can create change. SRSR is thrilled to be able to understand the needs of immigrant and refugee seniors and is hopeful that together all the partners and stakeholders will collaborate in order to reach out to isolated seniors. This research study provides a useful framework for addressing the needs of immigrant and refugee seniors at multiple levels (programs, services, and policies). Today's meeting represents a tremendous first step towards change. He ended by stating that the energy is there for us to move forward.

Appendix A – Workshop Participants

Reaching Out and Learning Together

Attended	Abbas	Jalal	Multicultural Health Brokers Coop
Attended	Armstrong	Doreen	Lifestyle Helping Hands Seniors Association
Attended	Barnard	Dodi	Strathcona County (Sherwood Park)
Attended	Brnada	Zdravka	Multicultural Health Brokers Coop
Attended	Chiu	Yvonne	Multicultural Health Brokers Coop
Attended	Corscadden	Cori	Northgate Lions Seniors Recreation Centre
Attended	Gelderman	Rosalie	Operation Friendship
Attended	Hugn	Arlene	Alzheimers Society
Attended	Hussey	Beth	City of Edmonton
Attended	Laing	Roger	Society for Retired and Semi-retired, ESCC Board Co-Chair
Attended	Larsen	Val	ESCC
Attended	Loper	David	Project Coordinator, Senior Friendly, ACA
Attended	Macdonald	Pat	Strathcona Place Seniors Association, ESCC Board of Directors
Attended	Makwarimba	Edward	University of Alberta
Attended	Ng	Thanh	Edmonton Mennonite Centre for Newcomers
Attended	Olsen	Bev	Consultant, member of the ESCC transition team
Attended	Omar	Nasreen	Multicultural Health Brokers Coop
Attended	Presley	Vi	Community Services Advisory Board, ESCC Board Co-Chair
Attended	Reid	Sandi	Alberta Council on Aging
Attended	Runge	Susana	Multicultural Health Brokers Coop
Attended	Salas	Ximena	Multicultural Health Brokers Coop
Attended	Shizha	Edward	University of Alberta
Attended	Strang	Vicki	VSON (retired), ESCC Chair Planning and Evaluation
Attended	Texeria	Lucia	Catholic Social Services
Attended	Valderrama	Alba	City of Edmonton

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