EXAMINATION OF OLDER IMMIGRANTS' CONTRIBUTIONS TO CANADIAN SOCIETY

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Voies vers la prospérité
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Executive Summary

Background: Previous research on older immigrants in Canada focused on their health problems and utilization of health care services. Despite the fact that older immigrants consistently support their children, grandchildren, families, and communities, there is a lack of research on older immigrants' contributions.

Research objectives: (1) To understand the self-perception of health status of older immigrants in Canada; (2) To explore the challenges which older immigrants encountered in their health care experiences; (3) To describe older immigrants' contributions to families, communities, and society in Canada.

Methods: A sequential explanatory mixed methods design was used. Due to potential differences among ethnic groups, this pilot study was focused on Chinese immigrants. Using non-probabilistic convenient sampling, 241 older Chinese immigrants were recruited from the community. After obtaining consent, older immigrants completed the Participant Information Questionnaire and Older Immigrant Health Status and Social Contribution Survey. The qualitative phase followed the quantitative phase and was comprised of eight one-on-one interviews. Quantitative data were analyzed by SPSS 20 and qualitative data were analyzed by NVIVO 11 using thematic analysis.

Results: Four themes were identified. Theme one was current health status and health care challenges. A majority of participants perceived their health status to be good. Health care challenges included language and communication, waiting times and inability to navigate the

health care system, future concerns, and winter weather. Theme two was working at home. Working at home was a source of pride for older immigrants. They supported their families through caring for their grandchildren, assisting with housework, supporting family financially, and resolving family conflicts. Theme three was working outside of the home. Working outside of the home is another important area of contribution for older Chinese immigrants. Subthemes that emerged from the interviews regarding work outside of the home included taking on any available job, transferring knowledge and skills to a Canadian context, and not being satisfied with job opportunities in Canada. Theme four was volunteering in the community. Older immigrants were also very involved in volunteering in their community in both formal and informal ways. Volunteer experiences revolved around peer support, taking on leadership roles in non-profits, enriching Toronto's multicultural environment, and their motivation to contribute. Participants reported sharing their skills through supporting other elders within the community, engaging in volunteer services, and participating in programming at a variety of community centres and associations. Through volunteering, older immigrants were able to make meaningful and positive contributions to their communities.

Implications: The findings of this study will enhance understanding of older immigrants' roles in our society, promote respectful social environments, reduce discrimination, and better integrate older immigrants into Canadian society.

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Background and Introduction

Older immigrants are defined as individuals who are above 65 years old, were born outside of Canada, and live permanently in Canada. While the population of Canada is aging and diversifying rapidly as a result of increasing life expectancies and immigration, older immigrants compose a large proportion of Canadian population. On July 1, 2014, 15.7% of Canada's population was aged 65 and older. According to the most recent population projections, seniors will account for between 24% and 28% of the population by the year 2063 (Statistics Canada, 2014). An estimated 30% of the Canadian population over the age of 65 was born outside Canada (Statistics Canada, 2013). Many older immigrants came to Canada as parents of Canadian citizens/immigrants for family reunion. During their re-settlement in Canada, they contribute to families, communities, and society, but also encounter physical illness, depression, loneliness, and isolation (Chow, 2010). Since current immigration research focuses on workers, skilled professionals and highly educated persons, older immigrants are under-studied relative to their population size (Aroian, Wu, & Tran, 2005).

Previous research on older immigrants in Canada focused on their health problems and utilization of health care services. Canadian studies have explored the health status of older immigrants (Lai, 2004), cancer prevention (Todd, Harvey, & Hoffman-Goetz, 2011; Todd & Hoffman-Goetz, 2011a, 2011b), depression (Chan & Sadavoy, 2012; Lai, 2005; Tieu, Konnert, & Wang, 2010), lack of social support (Wong, Yoo, & Stewart, 2007), elder abuse (Tam & Neysmith, 2006), and traditional health practices (Lai & Chappell, 2007). Studies have also

examined the utilization of healthcare services by older immigrants and the related impact on their health and well-being (Aroian, 2005; Aroian et al., 2005; Tieu & Konnert, 2014; Tiwari & Wang, 2008). Some of the major predictors of service barriers among older immigrants included short length of residence, language barriers (Chan & Sadavoy, 2012), lack of financial resources, strong ethnic identity, and weak social ties (Aroian, 2005; Lai & Chau, 2007a, 2007b; Lai & Surood, 2010). In addition, research indicated that older immigrants in Canada are generally satisfied with their physical health and report a moderate level of life satisfaction (Chow, 2010; Lai, 2004).

Despite the fact that older immigrants consistently support their children, grandchildren, families, and communities, there is a lack of research on older immigrants' contributions. For example, caring for grandchildren, which is one of the main purposes of their immigration, is rarely investigated in current research. There has been no economic estimation of the quality and quantity of older immigrants' contributions in Canada. Their working experiences, both paid and unpaid, both within and outside the family, remain unknown. On the other hand, since most studies emphasize older immigrants' health problems and health care needs, there are social discourses in the community stating that older immigrants burden the healthcare system with few contributions to our society. These discourses are disrespectful, unfair to older immigrants and can cause social isolation, discrimination, neglect, physical abuse, and eventually impact on their physical and mental health. Thus, an examination of older immigrants' contribution is essential to their integration processes in Canada.

Principles of strength-based health care can be used to guide the examination of older immigrants' contributions. Strength-based care is an approach to recognize, mobilize, capitalize, and develop an individual's strengths to promote health and enhance wellbeing (Gottlieb, 2014;

Gottlieb, Gottlieb, & Shamian, 2012). Core values (including health and healing, uniqueness, holism and embodiment, subjective reality and created meaning, self-determination, and collaborative partnership) guide health care actions, thereby promoting empowerment, self-efficacy, and hope. Strengths-based care seeks to create conditions that support a person's innate health and healing at all levels, from cells (biological) to citizens (person and family) to communities (support networks). Strength-based care attempts to discern a person's strengths and use them to deal with problems, compensate for deficits, and overcome limitations (Gottlieb, 2014). Strength-based care provides a unique perspective to examine the experiences of older immigrants in Canada, reflect on existing immigrant services, and help guide the creation of a new approach to better integrate older immigrants into our society.

This is a pilot study on older immigrants' contribution to Canadian society. This study is consistent with two P2P national themes: at-risk populations of immigrants and roles of the settlement sector and not-for-profits in Canada. First, this study targets older immigrants, who are one of at-risk populations of immigrants in Canada. Older immigrants experience differentiated integration processes, relatively high prevalence of chronic illnesses, and specific forms of discrimination in Canada. Different from previous studies, this proposed study examines older immigrants' contributions and strengths, which are an important but often neglected component of their integration processes. The findings of this study will enhance recognition of important roles of older immigrants, promote respectful social environments, reduce discrimination, and better integrate older immigrants into Canadian society. Moreover, this study will also provide policy and practice recommendations to the settlement sector and not-for-profits. Understanding older immigrants' strengths and contributions will facilitate exploration of new strategies and services for older immigrants. Findings in this study might

assist current older immigrant services to switch from problem-based interventions to strength-based approaches, which use older immigrants' strengths and promote their continuous contribution to Canadian society. These strength-based approaches will benefit both older immigrants and Canadian society as a whole.

Research Objectives

(1) To understand the self-perception of health status of older immigrants in Canada; (2) To explore the challenges which older immigrants encountered in their health care experiences; (3) To describe older immigrants' contributions to families, communities, and society in Canada.

Research Questions

(1) What are the self-perception of health among older immigrants in Canada? (2) What challenges did older immigrants encounter in their health care experiences in Canada? (3) What contributions have older immigrants made to their families, communities, and society in Canada?

Methods

Design

A sequential explanatory mixed methods design was used. Quantitative data were collected and analyzed, then qualitative data were obtained to extend, expand, and facilitate the interpretation of the quantitative results (Creswell & Plano-Clark, 2011; Tashakkori & Teddlie, 2010). The combination of qualitative and quantitative data brings greater insight than those obtained by either method separately. The strengths and weaknesses of quantitative and qualitative approaches complement one another and allow the researchers the opportunity to triangulate data (Doorenbos, 2014; Foss & Ellefsen, 2002).

Setting

Assisted by senior associations and Toronto Public Health, this study was conducted in

diverse immigrant communities of the Greater Toronto Area, Ontario.

Sample and sample size

Using non-probabilistic convenient sampling (Polit & Beck, 2016), 241 older immigrants were recruited. Inclusion criteria include: (a) at least 65 years old, (b) born outside of Canada, and (c) live in Canada permanently. Visitors were excluded.

Quantitative phase

In August 2016, the researchers met with the leaders of senior associations and Toronto Public Health staff and sought support regarding participant recruitment. In October 2016, the researchers introduced the study to senior immigrants in their communities and started the recruitment process. The consent forms were distributed to older immigrants with a detailed explanation of research purpose and process. After obtaining consent, older immigrants completed the Participant Information Questionnaire and the Older Immigrant Health Status and Social Contribution Survey. The questionnaire and the survey were translated into Chinese by the researchers and research assistants. Once data were collected, the researchers conducted statistical procedures using Statistical Program for Social Sciences (SPSS) 20.0 software. First, various descriptive statistics (means, standard deviations, proportions, etc.), depended on the level of measurement of the variables, were calculated to describe the sample demographics. Then, using data from the survey, a descriptive analysis was performed to answer the research questions.

Qualitative phase

The qualitative phase followed the quantitative phase and comprised eight one-on-one interviews (Gill, Stewart, Treasure, & Chadwick, 2008; Lambert & Loiselle, 2008). The individual interviews provided the researchers an opportunity to explore the complexities of the

migration experiences from the perspectives of older immigrants. The interviews were conducted by the researchers at Nipissing University, Toronto campus, by telephone. Seven questions were used to guide the interviews: (a) How do you describe your immigration experiences in Canada? (b) How do you describe your current health status? (c) What difficulties have you experienced during your living in Canada? (d) Please describe three major achievements during your life in Canada. (e) What are your strengths as an older immigrant in Canada? (f) How do you think you can use your strengths to help yourself and contribute to society? (g) Any suggestions about how to improve settlement and community services for older immigrants? The qualitative sessions were audio recorded and the researchers took notes. Audio recording assisted the researchers in accurately transcribing the information shared. Participants gave informed consent to the recording of each qualitative session.

Using NVIVO 11 software, thematic analysis was conducted. Data from interviews were transcribed into word processing files. The transcripts were analyzed by generating a list of themes and codes to provide evidence reflective of broader perspectives. Themes developed were compared to the existing body of research. Lastly, themes developed during the interviews were used to further explore concordance or discordance from the quantitative phase of this study (Mertens, 2015; Vaismoradi, Turunen, & Bondas, 2013). Establishing both credibility and reliability is crucial when employing qualitative methods (Baillie, 2015; Mertens, 2015; Tobin & Begley, 2004). Several strategies including substantial engagement (Mertens, 2015), progressive subjectivity (Cutcliffe & McKenna, 1999; Rolfe, 2006), member checks (Utley-Smith et al., 2006), and triangulation (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014; Tobin & Begley, 2004) were applied.

Research permission and potential ethical issues.

Prior to conducting this study, Dr. Zou seek approval from the research ethics review board in Nipissing University. Older immigrants who were potential participants to this study received the description of the study and consent forms describing the voluntary status of their participation and outlining their rights as participants. Confidentiality of the participants was maintained by using study ID codes on completed questionnaires and in the transcripts. All materials containing research data were stored in a locked office of Toronto Campus, Nipissing University.

Results

Theme one: current health status and health care challenges

Self-perception of current health status

The majority of participants perceived their health status to be good (IDint04; IDint05; IDint01; IDint02). Despite currently being in good health, some participants indicated that they recognize they are getting older and with that their health status is likely to change. As one participant explained, "I feel I am okay, but I am getting old after all (IDint03)."

Unique way of maintaining health

Community engagement was reported to be a critical component of health maintenance for participants. Many participants believe that when the elderly are organized together, supporting and feeling happy with each other, they will experience good physical and mental health. The importance of leaving the home and engaging with the community was discussed by most participants. As one individual explained, "As long as you leave the house, you will feel happy. As long as you feel happy, you will have good health. Just like what I did to help create a lot of opportunity for activities. Actually, I helped the elderly find some happiness. I really think

this is doing something good (IDint08).” Most participants reported the exercise they engaged in was linked to community activities they were involved in, often through senior centres and Chinese associations. Square dancing, singing, and walking were common activities reported (IDint04; IDint07; IDint08; IDint01). It was evident throughout participant interviews that involvement in community activities was vital to get individuals out of the house. Lack of involvement meant individuals stayed at home. As one participant shared, “If they do not leave the house, they may spend time in front of the TV, or use the computer or cellphone for amusement. Facing an LED screen all day attributes to an unhealthy lifestyle for elders. The only way to overcome this is by leaving the house and getting involved socially. Interacting with other people will minimize feelings of loneliness and achieve a level of happiness (IDint07).” The profound impact of getting out of the house and being involved in community activities on health was eloquently explained by a participant as follows, “The elderly are very active in our activity room. They sing and dance. Most of them had surgery before and their health conditions are not good. Despite this, all of them are very optimistic. The main point is they have a place to play. There is an elderly man who is eighty years old. He had prostate cancer before. He had surgery, radiotherapy and chemotherapy. Since last year he had pain all over his bones. Then his wife had thyroid cancer. Their health conditions were poor. But they are never absent from any of our weekly activities. Even though there was ice and snow, they still came. His wife said that if he stayed at home, he would feel the pain and just be uncomfortable. If he came here, he would be fine (IDint08).”

Health service utilization challenges

Challenge one: language and communication

Most seniors lacked proficiency of the English language and thus the ability to

communicate with healthcare providers about healthcare needs. This affected their confidence to continue living in Canada (IDint05; IDint06). Participants reported that the language barrier is the main problem with seeing a doctor (IDint04; IDint05; IDint08; IDint06). Many elderly people are afraid to see a doctor. They are afraid that they cannot find a doctor who speaks Chinese or an interpreter to conduct the exchange (IDint04; IDint06). As one participant explained their health care experience, "When we arrived, we could not communicate with the doctor. I could not express myself clearly. What we needed to understand, we could not understand. What we needed to ask, we did not know how to ask. We had no way to articulate our concerns. We do not know how to protect ourselves in the future. These things concern us often（IDint06)." Participants indicated that having an interpreter in their health care interactions was critical (IDint04). They expressed family members could not be expected to do the interpretation at health care visits as they were often unavailable and/or were not proficient enough in the English language themselves (IDint05; IDint08). Participants shared accounts of negative health care outcomes that resulted directly from the inability to communicate with their health care providers. One participant shared, "When my wife had an intestinal obstruction surgery, the hospital nurse was very attentive. On the day of the surgery the nurse gave her a bed bath. My wife did not want it but she had no way to express herself. The cold-water bed bath gave my wife a high fever. After the surgery my wife was in a lot of pain and we did not know how to tell anyone. They said they would give us pain medication, but we did not know how to take it. My wife suffered the whole time (IDint06)." Another participant discussed how the language barrier created barriers to accessing health care services for their friend who had a two year history of a chronic cough. Eventually when the friend was finally able to have a medical check-up, they were diagnosed with terminal lung cancer (IDint08).

Challenge two: waiting time and inability to navigate the healthcare system

Seniors reported waiting times and inability to navigate the healthcare system as barriers to utilizing health care services. Comparisons between participant experiences in Canada and China were made such as, "In China, if we register to see a doctor today, we can have the CT scan done right away on the same day. But in Canada, if you want to see the specialist, you have to wait for several months. Sometimes I think if the situation is pretty bad, the waiting list can kill the people (IDint05)." Participants reflected on their life experiences and articulated their understanding of the problem of health care system. One participant explained, "The medical system is not suitable for this big population. The medical system in Toronto is suitable for a smaller population. Now there are more people, so the medical system does not meet the demand. Some people who got sick here could not see the doctor in a timely manner, and their treatment got delayed. Many situations are like this (IDint08)." Other participants expressed unfair treatment within the health care system due to the inability to navigate the system. As one participant shared, "I'll tell you about the medical care here. My son-in-law who is white was sick and received a lot of medical checkups. The people who were performing the medical checkups always committed mistakes. The results of the checkups were always delayed. My son-in-law who was born here knew where to call to complain. After he called them, they told him some machine broke down or some report had not been sent to them. They always had an excuse. Eventually, my son-in-law drove his car to one place and to another to get his report and handed it directly to the surgeon. The surgeon needed to see all the reports so he could decide on the surgery plan. This is what my son-in-law could do. Could other people do it? They could not. Most of the Chinese could not do it and would not dare demand this from them. This is very unfair to the Chinese elderly people. If they get sick here, they have to wait and do not know

how to navigate the system. This is a disadvantage of the medical care here for the Chinese elderly. If they have a serious disease, the treatment will be delayed because they are unable to communicate with the hospital (IDint08).”

Challenge three: future concerns

Many participants expressed concern for themselves in the future within the healthcare system when they are older and lack independence (IDint05; IDint06). As one participant summarized, “When I get older and am eventually hospitalized, my son will not be able to accompany me because he has to go to work. When that happens, how will I communicate with the doctor? Even when my son is with me, he also has a hard time understanding the medical terms. This is a problem we will have to face during the last moments of life and what can we do? From my point of view, if I can overcome this problem, I would like to stay in Toronto for the last moments of my life (IDint05).” Another participant expressed similar fears, “As we get older, the main concern is that our health declines and more issues surface. This is the most important thing in our elderly life. If we were in China, we could see any doctor we want and find a hospital that could help us. We could inquire about our health because there is no language barrier. If we are in Canada, we have no control. We have no way to express ourselves to meet our own requirements（IDint06).”

Challenge four: winter weather

An additional health service utilization challenge expressed by participants was access to their typical forms of exercise during the winter. As one participant stated, “You can exercise in the square in the summer. The winter is so cold and you cannot come out to exercise, so forget it（IDint03).” This participant also expressed having no place in their community to exercise in the winter.

Theme two: working at Home

Working at home was a source of pride for older immigrants. They were able to contribute to their families and feel a sense of ownership of the jobs they took on at home. They supported their families through caring for their grandchildren, assisting with housework, supporting family financially, and resolving family conflicts.

Caring for Grandchildren

Taking care of grandchildren was at the centre of many older immigrants' lives in Canada. Many immigrants discussed the role they took in caring for their grandchildren at a young age. One individual noted this when she said, "The first time I came to Canada was in October, 2004. The day after I arrived, my granddaughter was born. I came here to take care of my daughter-in-law and granddaughter. I took care of my granddaughter until she was one and a half years old (IDint04)." It is noteworthy that many older immigrants took care of their grandchildren, who were born in Canada, in China. A participant expressed, "My grandson was born in Toronto and then he was sent to China. We took care of him in China until he was 4 years old, after which we sent him back to Canada in 2003. We followed and immigrated to Canada and continued to take care of him (IDint06)."

This role as a caregiver greatly helped the older immigrants' adult children who depended on their support in childcare. This was explained by an individual who stated, "If the elderly did not come to take care of the grandchildren, then the young couple would have had to decide who would give up working. The couple may not have only one child; sometimes they have two or three children. If the elderly do not take care of them, what would happen? One of them has to stay home to take care of the kids (IDint05)." This statement displays the elder's economic impact on the family through childcare, which allows both parents to be wage earners.

Chinese moral values contributed to older immigrants' desire to invest in caring for their grandchildren. One participant stated, "I think we are very traditional Chinese elderly people and we have Chinese moral values. After I came here, I understood that Chinese moral values are concerned with dedication to our next generation, our children (IDint03)." Older immigrants emphasized that their participation in caring for grandchildren was out of a sense of cultural guidance and commitment to helping their own children.

Helping out with Housework

Helping their children with chores and work around the house was another important area that older immigrants contributed to work in the home. This often took the form of preparing meals for their children and grandchildren, but also included monitoring the family's diet and making sure the family was appropriately dressed for the weather (IDint03). This was described by on individual who explained, "I got up at 7 am every day to make breakfast for them (my son and family) and then they went to work and school. I had to go and get groceries as I changed the menu daily (IDint02)." Work of older immigrants at home goes beyond cooking and grocery shopping. One participant stated, "We wanted to do whatever we could to help them (IDint05)." A participant shared his extensive involvement in the renovation of a house by explaining, "There was no kitchen at that time so we built a new one. We did everything by ourselves…When we renovated the house, we found termites. I exterminated the termites by myself (IDint02)." Older immigrants were committed to assisting their children through hard work and support.

Supporting Family Financially

Supporting family was another key role of older immigrants. Older immigrant supported their family especially financially. One individual recounted, "I had a house in China before.

After demolishing the house, I received a subsidy and then I remitted all the money to his account...I willingly remitted the money to his [son's] account and helped him buy a house quickly (IDint02)." Since their children constantly experienced unemployment and under-employment in Canada, older immigrants were concerned with financially and practically supporting their children, even going as far as buying houses for their children (IDint08).

Resolving Family Conflicts

Older Chinese adults were also supported their families through resolving conflict and contributing to cohesiveness in the family. This is exemplified through the statement, "Family life is stable. We are a big family. We have so many conflicts within the family, but we never give anyone any trouble (IDint03)." They also ensured that their own presence did not bring about problems for others. This can be observed in an individual who shared, "We have never thought about letting other people help us solve our problems. How can you help us to solve them? We do not think we need any help and we can handle them ourselves (IDint03)." Older immigrants take ownership for their own issues and actively seek to solve them independently, thus not burdening others in their family. One participant stated, "A young couple has four parents. These four elderly parents take care of each other so we save a lot of social support. ……I think that if there are Chinese elderly people in the family, their sons and grandsons will consume less of the society's resources (IDint03)."

Theme three: working outside of the Home

Working outside of the home is another important area of contribution for older Chinese immigrants. Subthemes that emerged from the interviews regarding work outside of the home included taking on any available job, transferring knowledge and skills to a Canadian context, and not being satisfied with job opportunities in Canada. These were important areas identified

by the participants that highlighted both challenges and success in the Canadian workforce.

Took on Any Job Available

Older Chinese immigrants identified being willing to take on any jobs to participate in the working world. One participant explained, "I spent $4 on a shopping cart; I push it door to door to deliver newspapers. I am very serious and never miss any portion of the delivery process. If they give me less to deliver I will complain. They think I am too serious but this is the habit I have developed (IDint09)." This highlights the individual's desire not only to work, but also their resolve and work ethic in any position.

While older immigrants are willing to do any jobs, sometimes even with this attitude they still face challenges in enter the workforce. One example of this was through a story from an individual who recounted, "I met a man who was technician before he retired in China. He came to Canada in order to do something. He asked where he could go to do some volunteering or work for an employer. He knew how to repair machines, but no one wanted to hire him. In fact, no employer even knew he had these technical skills and were afraid to hire him because of his inability to speak English (IDint01)." Despite this individual's skill, he was unable to get a job or volunteer due to lack of knowledge of English.

Transferring Knowledge and Skill

Some older immigrants were able to adapt their skills from China to new jobs in a Canadian context. This was especially true for individuals who were formerly physicians in China who adapted their skills to work as a Traditional Chinese Medicine practitioner in Canada. One participated explained, "There was a child who wet the bed at night until they were nine or ten years old. The doctors here had no way to cure this situation. The child was sent to me and within two weeks the child no longer wet the bed at night. This was very easy for me (IDint03)."

In this way, the participant was able to lend their expertise to a situation where the Canadian specialists were not able to help.

Unsatisfied with Opportunities in Canada

While some participants were able to adapt their skills in the Canadian Context, still others noted frustration with job prospects in Canada. Many people desired to work outside the home, but often did not have the opportunity to do so. One individual voiced this frustration by exclaiming, "I think that Canadian society is not inclusive enough to allow elderly immigrants who are willing to practise their expertise. It is said that Canadian culture is inclusive of multiculturalism, but it is only inclusive to vulnerable people. The inclusivity is not open to people who have expertise and are willing to contribute to this society (IDint03)." This statement highlights the exasperations of older immigrants who are willing to contribute to society, yet are met with a lack of opportunities to do so.

Participants discussed issues with the current job climate, specifically identifying problems with stability and meaningfulness. A participant explained difficulties with job opportunities when they shared, "I was not satisfied with work because it felt like I was doing an odd job. I had no stability and had to cope with the situation, not to mention missing the sense of pride and accomplishment of being a professional (IDint07)." This individual did not feel like the job they were doing was meaningful, which was difficult coming from a professional background.

Dissatisfaction with job opportunities also arose from jobs that had negative effects on older immigrants. One participant discussed in detail their struggle with work in Canada through explaining, "Because I cannot find a professional position, I have to do some tiring and even dirty jobs. Even though it was not for a long duration, it was the kind of work that hurts the body.

I am getting too old and my waist suffered an injury. My joints and muscles are no longer functioning very well (IDint07).” Due to a lack of opportunities for older immigrants, this participant’s health status and functionality were negatively affected.

Many individuals also experienced difficulties with transferring the skills from their previous jobs in China to their new environment in Canada. One participant noted that many doctors from China had to pursue a second career in nursing, even having to return to school to get the proper certification (IDint07). One physician from China shared their story of being a sports medicine doctor who worked with Olympic athletes and conducted research, but was not able to practice in Canada. This individual would have had to go back to medical school to be able to practice again, but said it was impossible due to their age, and instead worked in Traditional Chinese Medicine to make ends meet (IDint07).

Theme four: volunteering in the community

Older immigrants were also very involved in volunteering their community both in formal and informal ways. Volunteer experiences revolved around peer support, taking on leadership roles in non-profits, enriching Toronto’s multicultural environment, and their motivation to contribute. Participants reported sharing their skills through supporting other elders within the community, engaging in volunteer services, and participating in programming, such as square dancing, paper-cutting, singing, and festival performances, at a variety of community centres and associations (IDint02). Through volunteering, older immigrants were able to make meaningful and positive contributions to their communities.

Peer Support

Peer support was a mode of participating in the community for Chinese seniors. Peer support occurred through sharing information, attending activities with friends, helping each

other with responsibilities, and helping other learn English (IDint07; IDint04; IDint04). This idea of peer support was demonstrated by a participant who said, "Elderly friends help each other. For example, if someone cannot pick up their kids, their neighbour will do it for them. When I cannot pick up my kids in the afternoon, I ask my neighbour for help. They offer to bring the kids to their place until I return (IDint04)." This statement reflects a desire of participants to use their time in order to support their friends.

Leadership in Non-profits

Older immigrants also took on leadership roles in different community organizations. They became leaders of community centres, taught music, and choose community program content (IDint04; IDint05; IDint01). One participant shared about their experience as a leader in a community program by stating, "I have given the walking presentation twice. The first time, there were seventy to eighty people in the audience. I was on stage and demonstrated how to do the walking exercises (IDint01)." This participant was involved with this leadership and demonstration role in subsequent programs as well.

Enriching Multicultural Life in Toronto

Through their volunteering, older immigrants also enhanced multicultural life in Toronto. Older immigrants make contributions at festivals or events through singing, dancing, music, and artwork (IDint05; IDint03; IDint02). One participant shared about their experience sharing their culture with the community by explaining, "I can play the Chinese instrument, Erhu. If they (communities) need to set up a show, I go there to perform. I always think of it like this: other people provide services for me and this is my way of returning their kindness. This is just the right thing to do to enrich cultural life (IDint02)." This individual was not only concerned with sharing their own talent, but showing kindness by giving back to their community through

demonstrating a traditional instrument.

Motivation to Contribute

Many older immigrants also explained their desire to volunteer as a function of wanting to contribute to society and not waste the benefits given to them by the Canadian government. One participant stated, "I am still in good health and can help the community and society. Even though it would be a volunteer job, I would find comfort knowing I would be doing something, rather than feeling like I'm wasting my life and the benefits the Canadian government provided me (IDint02)." This individual's motivation to volunteer was rooted in their desire to contribute to society and not waste what they had been given. Other individuals talked about their volunteering with politics, Canada Day celebrations, and other activities as a source of pride and way that they were participating in civic life (IDint08).

Recommendation

To summarize, four themes were identified in this study. Theme one was current health status and health care challenges. The majority of participants perceived their health status to be good. Four challenges of health care which they encountered in Canada, including language and communication, waiting time and inability to navigate the healthcare system, future concerns, and winter weather. Theme two was working at Home. Working at home was a source of pride for older immigrants. They supported their families through caring for their grandchildren, assisting with housework, supporting family financially, and resolving family conflicts. Theme three was working outside of the home. Working outside of the home is another important area of contribution for older Chinese immigrants. Subthemes that emerged from the interviews regarding work outside of the home included taking on any available job, transferring knowledge and skills to a Canadian context, and not being satisfied with job opportunities in Canada. Theme

four was volunteering in the community. Older immigrants were also very involved in volunteering in their community in both formal and informal ways. Volunteer experiences revolved around peer support, taking on leadership roles in non-profits, enriching Toronto's multicultural environment, and their motivation to contribute. Participants reported sharing their skills through supporting other elders within the community, engaging in volunteer services, and participating in programming at a variety of community centres and associations. Through volunteering, older immigrants were able to make meaningful and positive contributions to their communities.

Ongoing assessment of seniors' preference of lifestyle interventions is needed because approaches to health differ among ethnic backgrounds. Diversity in health beliefs and practices across and within ethnic backgrounds is consistent with previous literature on the topic (Lai & Surood, 2009; Parikh, Fahs, Shelley, & Yerneni, 2009; Zhao, Esposito, & Wang, 2010). Parikh et al. (2009) highlighted the need for further research surrounding healthcare practices and behaviors of aging Chinese immigrants to inform policy initiatives that encourage healthy aging. Policy should put value on the health benefits of the programs offered by Chinese associations and seniors groups and ensure these programs are accessible to all.

One key policy implication is that the use of interpreters needs to be accessible for Chinese elders at all access points in the healthcare system, including doctor's offices, clinics, hospitals, etc. Language barriers are consistently documented to be associated with underutilization of mental and physical health services and with poor health outcomes (Chen & Kazanjian, 2005; Jacobs, Karavolos, Rathouz, Ferris, & Powell, 2005; Kang, Kim, & Kim, 2015; Mui, Suk-Young, Kang, & Margaret Dietz, 2007; Ohtani, Suzuki, Takeuchi, & Uchida, 2015). The greatest challenges participants reported in terms of living in Canada and their health were

the difficulty they have communicating with health care providers due to their language barrier and the lack of support they feel within/navigating the health care system accordingly. Language services need to be expanded and made accessible and utilized by health care practitioners for patients requiring interpreter services.

Another policy implication comes from the finding that elder Chinese immigrants reported feeling a lack of support in accessing healthcare services and in navigating the system. The fear of not being able to get the care they need, especially as they continue to age, and the lack of the support they feel within the healthcare system is one of the primary reasons participants reported wanting to return to China. Lack of access to and within the healthcare system could cause health to deteriorate. Thus, services need to be put in place within communities to support elder Chinese immigrants in navigating the system and accessing the healthcare services they need to stay healthy.

Older immigrants' contribution to family should be recognized in our society. To many young immigrant families, the contribution of elderly people is very significant. They help young people take care of their children, perform house chores and provide financial support. Without these elders, it would have been far more difficult for the younger generation to maintain their lives. Financial support and working at home should not be ignored as contributions to Canadian societies even though they are not direct participation in the workforce as they contribute to the family unit, support their children who are working, and allow older immigrants to enact their cultural and moral values.

Policy should be made to provide employment opportunities to older immigrants. Chinese elder immigrants report strong desire to work but little opportunities to utilize the many skills (typically skills gained through employment back home) they have. Older immigrants

reported employment opportunities to be limited in Canada, which affects them negatively financially as well as mentally/emotionally, for instead of being out of the house and working as they desire, they end up sitting at home. Accessible services that help connect immigrants to jobs that match their skillset, and enactment of policy to protect jobs for immigrants and the elderly within the workplace are important next steps.

Ensuring volunteer opportunities are readily available and accessible to elder immigrants is critical. Elders reported great satisfaction from volunteer roles, giving them purpose and a meaningful way to contribute to their community, which they desired to do. Outreach to all communities to engage elder Chinese immigrants who may be residing there is important. Volunteer opportunities (including timing of activities and commitment level) must also be made available for elders who spend much of their time caring for their grandchildren. These elders report the need for an outlet from the often negative environment within the family home. Elders have desire to give back and note that they want to be useful when receiving government funding.

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