Guiding document: Learning from Lived Experiences of Aging Immigrants (S. Koehn, 2018)

As taken from above document:

The proportion of immigrants in Vancouver (40.8%) is well above that of Canada generally (21.9%) and Vancouver's proportion of immigrant older adults (at 21.5%) is higher than the proportion of all older adults in the general population (15.9%) reflecting the aging of immigrants in the city. (Statistics Canada, 2016). There exists extreme variations in the recognition, public policy and service delivery options for older ethnic people across Canada. We believe that the development of cross-sectoral and cross-regional collaboration, networking and information-sharing can result in new and innovative approaches to action both within and across sites.

Immigrant and ethnocultural minority older adults have demonstrated strength and resilience in the face of many challenges throughout their lives (Turcotte & Schellenberg, 2006). The process of immigration shapes their experiences over the life course and into old age (Daatland & Biggs, 2004). This is true whether they immigrated in the past as young adults or more recently, and whether they came to Canada as independent class immigrants, refugees, as temporary workers, through the live in caregiver program or as sponsored members of families. Unfortunately, most research on immigration and aging does not leave room for people to relate what is meaningful to them (Novek, Morris-Oswald & Menec, 2012).

Health, social and community care providers need to grapple with the complexities of providing culturally competent supports to diverse older adults (Brotman et al., 2015; Shemirani, 2006). For example, to date, only *5%* of social workers undergo gerontological training and sustained effort is needed to build capacity in this area (Choi, 2014; Rozario & Chadiha, 2014). Poorly defined and inconsistent use of social constructions such as race, culture and ethnicity obscures their complexity and results in essentialist explanations of health and social outcomes among minority older adults (Koehn & Kobayashi, 2011). *As* a resul4 within-group differences are overlooked, cultural dynamism is ignored, and attention is deflected from the structural inequities that underlie apparent cultural/racial differences.

Cultural and racist explanations of inequities experienced by immigrant older adults fail to account for the heterogeneity among them that arises from unique configurations of determinants of health and aging. These include the influence of income and poverty, education, stress associated with minority status, social capital, neighbourhood characteristics and service access, and immigration status and experiences (e.g. refugee and sponsored immigrants status render older adults especially vulnerable to economic insecurity, abuse and isolation) (Ajrouch & Abulrahim, 2014; Koehn & Kobayashi, 2011). Inadvertently, such explanations shift the burden of responsibility for inequitable treatment to minority older adults and their families. Alternatively, the effects of culture and other factors, such as socioeconomic disadvantage and discrimination based on race and disability, are conflated. Understanding how disadvantage is intensified as each affects the other over time is more important.