

Serving the Health Care and Leisure Needs of Ethnic Aged in Canada: Implications and Concerns

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ABSTRACT

Health care and leisure services, although different, are similar from the perspective that both focus on enhancing quality of life by improving health and wellbeing. Although both of these services are vitally important, some groups such as aged immigrants face a number of barriers that may limit their access to these services. This paper examines and discusses two related areas of the service sector – health care and leisure – and the growing concern to address the needs of Canada's aging population, specifically, aged immigrants. The paper concludes with the following five suggestions for health care and leisure service providers to alleviate barriers faced by Canada's ethnic aged: 1) Recognize that health care and leisure are closely related, 2) Understand the changing nature of society including trends in immigration, 3) Get to know society's diversity of aged immigrants, 4) Evaluate current services provided, and 5) Establish future goals and directions.

KEYWORDS

leisure, health, ethnicity, aging, immigrants

Introduction

As the Canadian society ages, the public health care system faces significant challenges from increased costs and rising demands for medical services. Leisure has been found to be a strong predictor of quality of life and an effective cost reduction approach to health care (Gibson & Singleton, 2012; Lee, Lee, & Park, 2013). Mounting research evidence supports the benefits of frequent participation in leisure activities as a way to reduce age-related diseases associated with coronary heart disease, stroke, hypertension, colon cancer, breast cancer, type 2 diabetes, Alzheimer, and osteoporosis, among other conditions (Bauman, Grunseit, Rangul, & Heitmann, 2012; Gravelle, Kalris, Adjizian, & Auger, 2015; Depp & Jeste, 2006). However, many challenges still remain in accessing leisure and health care services, particularly among aging immigrants. Some of these challenges are similar to those experienced by Canadian-born agers such as social isolation, limited income, lack of transportation, and dependence on the care of others (Stewart, Shizha, Makwarimba, Spitzer, Khalema, & Nsaliwa, 2011). Other challenges are more specific to the ethnic aged such as cultural and linguistic barriers, ageist attitudes, ethnic discrimination, and lower socioeconomic conditions in relation to age-mates born in Canada, which make access to leisure and health care services more difficult within the older minority population (Lagacé, Chamarkeh, & Grandena, 2012).

The purpose of this paper is to examine the relationship between health care and leisure services for Canada's ethnic aged. Specifically, the objective is to explore two related areas of the service sector— health care and leisure —and to discuss their relevant importance, as well as the growing concern to address the needs of an aging population, specifically, aged immigrants. To fulfill the objective of this paper, the main body is divided into four parts:

- 1) a description of Canada's aging population,
- 2) an analysis of health care and Canada's ethnic aged,
- 3) a look at leisure and Canada's ethnic aged,
- 4) an examination of the benefits of leisure, and
- 5) suggestions for health care and leisure service providers to alleviate barriers faced by Canada's ethnic aged.

Demographic changes among Canada's aging population

In Canada, the age 65 is generally understood to be the defining age for seniors (Canadian Institute for Health Information, 2011). At this age many Canadians begin to receive social services, such as government pensions, and senior discount benefits. Statistics Canada (2016) revealed that for the first time in the country's history, individuals over the age of 65 consisted of a greater share of Canada's population than children aged 14 years and under (16.9 percent versus 16.6 percent respectively). By 2061, it is predicted that for every three Canadian seniors there will be only two children (Statistics Canada, 2016). This shift can be attributed to various factors including a decline in fertility rate, longer life expectancy, aging baby boomers, and rising immigration levels (Ciolfe, 2017). These factors present great socioeconomic challenges, namely, increasing health care costs that places significant strain on government expenditures, particularly as seniors advance in age. According to the Canadian Institute for Health Information (CIHI, 2011), older adults over the age of 65 consume nearly half of the health care spending in the Canadian economy. In addition, the labor pool of taxpayers is gradually shrinking leading to governments becoming increasingly concerned about supporting the aging population's health care needs. Leisure provides a cost-effective tool to promote the physical and cognitive health of older adults by keeping them physically active and socially engaged through basic activities such sports and exercise, dancing, and volunteering, among a broad range of other leisure and recreation activities (Chang, Wray, & Lin, 2014; Karlis, 2016). Healthy and active older adults are less likely to seek, or use, hospital and clinic care services, which leads to a reduction in health care costs (Trembley et al., 2011). Specific benefits of leisure pursuits surrounding physical activity for older adults include: engagement in one's community, maintenance of independence, postponed functional losses associated with aging, prevention of chronic diseases, reduced risk of obesity and muscle weaknesses, increased socialization, and improved mental health (Physical Activity Resource Centre, 2013). In particular, socialization through leisure pursuits has been shown to significantly enhance the wellbeing and quality of life of older adults and reduce isolation and loneliness, especially among aged immigrants (Wilhite, Keller, & Caldwell, 1999). Data from 2008-2009 Canadian Community Health Survey revealed that 19 percent of seniors lacked companionship and felt left out or isolated from others (The National Seniors Council, 2014). Further, aging immigrants were found to be at an even greater risk of social isolation due to language barriers. As a result, most tend to depend on family members and friends who speak one of the official languages, English or French, to assist them in accessing social and health care services (De Jong Gierveld, Van der Pas, & Keating, 2015). Leisure can help alleviate isolation and social disengagement affecting older immigrants who lack companionship and support (Karlis, 2016). Basic and cost-effective leisure activities through community organizations (cultural-specific or mainstream) and YMCAs offer a wide range of physical activity programs as well as social and educational clubs that enable older immigrants to socialize and build relationships with those who share similar interests.

Health care and Canada's ethnic aged

As senior immigrants advance in age, they become susceptible to certain health conditions including osteoporosis, arthritis, heart disease, high blood pressures, diabetes, high cholesterol, dementia, depression, and diverse types of cancers. Despite these health risks, senior immigrants were found to be less likely than Canadian-born seniors to use hospital services (Ng, Sanmartin, Tu, & Manuel, 2014). In addition, those who were hospitalized spent fewer days in hospital than their Canadian-born counterparts. The decrease in health care access was attributed to language barriers which diminished communication and interaction between health care providers and senior immigrant patients (Ng et al., 2014; Vaughn, Farrah, Baker, 2009). Further, differences in cultural health beliefs and practices as well as aged immigrants' perceived experiences of discrimination are other factors impacting lower usage of hospital and health care services among this cohort (Ng et al., 2014; Vaughn et al., 2009). Although these issues may be addressed through cultural sensitivity training for health care providers and by building a trusting relationship between physicians and senior immigrant patients, leisure can provide a context for active living to resist physical and cognitive degeneration, even at an advanced age (Gravelle, 1997; Webb, Stratas, & Karlis, 2017).

Leisure benefits and Canada's ethnic aged

Canada is commonly referred to as a cultural mosaic consisting of over two hundred ethno-cultural groups. According to Statistics Canada (2013), the society's foreign-born population stood at 6,775,800 individuals. This figure represents 20.6 percent of the total population, the highest proportion among the Group of Seven (G7) nations. However, less than 5 percent of newcomers are seniors aged 65 and over who immigrate to Canada predominantly through family sponsorship programs (Ng et al., 2014). Senior newcomers face specific challenges associated with the initial stages of settlement. Common challenges include linguistic barriers due to limited ability to communicate in one of Canada's official languages, difficulty securing an occupation due to age and language barriers as well as financial dependence on family members. Other factors aged immigrants confront in transitioning to Canada at an advanced age include adapting to a new home, neighborhood, cultural and linguistic values while attempting to redefine their identity and rebuild their social networks (Vézina & Houle, 2017). These significant life changes can be demanding and stressful, particularly to older immigrants. Healthwise, senior newcomers were reported to be healthier on average than their Canadian-born counterparts but lose this "healthy immigrant effect" after ten years of living in the new society (Hyman, 2007, p. i). One potential solution to ease some of the health barriers faced by the ethnic aged is to improve leisure planning and provision to target this population specific need.

Leisure benefits

Research has shown that there are numerous physical and psychological benefits associated with aged immigrants' involvement in leisure activities (Willhite, Keller, & Caldwell, 1999). Leisure contributes to aging immigrants' sense of enjoyment, fulfillment, and preservation of ethnic identity. According to Kropf, Kim, and Kleiber's (2001) study, aged immigrants tend to seek familiar leisure activities that are linked to past interests and previous lifestyle from pre-immigration as a way of maintaining ties to their root culture. The authors' findings showed that aging immigrants tend to prefer ethnic-specific leisure activities that are sedentary in nature rather than activities that require bodily movement. Daily leisure activities are mostly spent on watching cultural-specific TV channels, listening to radio stations or music in the ethnic aged native language, reading newspapers, books, or online material in their root language, and participating in ethnocultural celebrations and family gatherings (Kropf et al., 2001). Similar findings were observed by Beyrouti-Stratas's (2015) study on the maintenance of ethnic identity of middle-aged and older Greek immigrants in Canada. Results showed that first-generation participants engaged mostly in passive leisure activities such as watching television programs in the Greek language, listening to Greek news and music, and using social media to connect with family and friends of Greek-descent. These various leisure activities

strengthened their attachment to their ancestral culture and helped them preserve their ethnic identity in the Canadian society. Similarly, Kropf et al. (2001) found that Korean aging immigrants tend to recreate traditional activities such as celebrating Korean holidays (e.g., January-Full-Moon Day), participating in church-related activities, reading newspapers, books and other material in the Korean language, as well as watching Korean films and news events on television, were critical to preserving the Korean cultural identity and heritage. Consequently, aging immigrants tend to generally seek leisure activities and programs that have unique meanings tied to their cultural backgrounds. This aspect presents challenges to leisure and recreation practitioners and professionals seeking to include as many seniors as possible when planning and designing programs; nonetheless, communities with accessible leisure, sport and recreation programs can encourage participation among older immigrants to enhance their quality of life (Edington & Chen, 2008). Community projects aiming to improve ethnic leisure programs present opportunities to uplift, nourish, and enhance the wellbeing of ethnic agers. They also play a fundamental role in encouraging people to socialize and build meaningful relationships which can lead to the development of stable community networks (Glover, 2014). Leisure activities such as volunteering, for instance, can help older ethnic adults in building a network of relationships to enhance their wellbeing and the community in which they live (Edington & Chen, 2008).

Leisure provides a broad range of benefits including reducing sedentary behavior; increasing interaction and communication with others; enhancing/maintaining mobility; sharpening mental skills; and providing an avenue for personal growth (Depp & Jeste, 2006; Heo, Stebbins, Kim, & Lee, 2013). These benefits offer encouraging opportunities to increase engagement in leisure pursuits among the ethnic aged, yet many remain physically and socially inactive; hence developing and implementing effective action plans are necessary to propel and promote leisure involvement for this specific segment of the aging population (CPRA, 2015). Leisure has been defined in terms of discretionary time, observable activity, subjective experience and context (Jackson & Burton, 1999). The subjective experience of leisure has been conceptualized to include qualities such as enjoyment, fun, choice, lack of constraint, and intrinsic motivation (Tinsley, Hinson, Tinsley, & Holt, 1993). The subjective experience of leisure is prevalent in both research and practice. However, this perspective of leisure is severely problematic because it is rooted in ethnocentric Western constructs, and the uncritical application to individuals whose ethnic language has no equivalent word for leisure. Consequently, academic research is framed in an almost exclusively Western perspective and understanding (Iwasaki, Nishino, Onda, & Bowling, 2007). This presents a challenge to aging ethnocultural groups living in Canada. Leisure is linguistically multifaceted and is uniquely experienced through culture. Leisure experiences within one's country emphasize culturally specific activities. Thus, different cultural environments can influence access to leisure activities (Suto, 2013).

As suggested by Jean-Marie Brohm (1978), sport is a dominant institution in every society. The leisure practices and sporting habits of each nation may vary, but the significant societal influence sport has upon cultural norms and values is undeniably universal. Through the evaluation of a nation's sporting system, the values, customs, norms, and socialization of any particular nation are generally revealed (Brohm, 1978). Canada's leisure and sporting patterns do reflect many of Canada's positive attributes. Canada boasts a global reputation that embodies openness, inclusiveness, and multiculturalism (Berns-McGown, 2005). Many of Canada's sporting and leisure practices depict these Canadian values. However, a closer evaluation of Canadian sports and leisure also exposes some of the persistent exclusionary and conforming characteristics perpetuated in Canadian sport.

Canada is a leading sporting nation. Sport and leisure in Canada is influenced by a number of factors including the distinct weather seasons, geography, and social and cultural diversity (Sport in Canada, 2015). Canada's national sports of hockey and lacrosse are central sporting pillars. Other sports and leisure activities like swimming, hiking, and canoeing are also popular. More recently, with the rise of the immigrant population, soccer has become a popular sport in the national Canadian sporting scene (Government of Canada, 2015). This shift towards soccer coincides with the rapid growth of the immigrant population in Canada. Immigrants seeking to maintain connections to their cultural roots frequently choose

to pursue leisure interest in soccer (MA, Bevelander, & Pendakur, 2008). Furthermore, concerns surrounding costs (accessibility), concussions (violence), and cultural traditions (immigrants choosing to partake in a more familiar sporting context in an unfamiliar environment) have all contributed to a growing interest and enrollment in soccer and declining ones in hockey in Canada (MA et al., 2008).

The prevalent leisure norms and practices in Canada are often considered novel to senior immigrants. For example, downhill skiing for aging immigrants from communist Eastern Europe may have been an inexpensive activity in their former country, so as leisure activities related to entertainment and performing arts such as theatre and symphony concerts, which were state-subsidized, are not as easily affordable, or accessible in Canada (Suto, 2013). Further, for aging immigrants' mainstream leisure activities have different cultural meanings and associations that differ from their root values and beliefs.

The Canadian Sport Policy (CSP, 2015) has been a major component in promoting sport and leisure in Canada. The policy aims to ensure sport has a positive impact on the lives of Canadians, but it largely overlooks aging older adults, in particular senior immigrants. The subsequent chart details the objectives of the CSP.

Canadian Sport Policy objectives:

The Policy aims to increase the number and diversity of Canadians participating in sport.	
• Introduction to sport: Canadians have the fundamental skills, knowledge and attitudes to participate in organized and unorganized sport.	
• Recreational sport: Canadians have the opportunity to participate in sport for fun, health, social interaction and relaxation.	
• Competitive sport: Canadians have the opportunity to systematically improve and measure their performance against others in competition in a safe and ethical manner.	
• High performance sport: Canadians are systematically achieving world-class results at the highest levels of international competition through fair and ethical means.	
• Sport for development: Sport is used as a tool for social and economic development, and the promotion of positive values at home and abroad.	

Adapted from Government of Canada 2015

From a theoretical perspective, the CSP is meant to make sport and recreation a more viable possibility for all Canadians. However, from a practical perspective, sport and recreation, particularly organized sport, remains difficult to access for aging immigrants due to many social, economic, and cultural restraints (Tirone, 2000).

Racism and isolation have negatively impacted the leisure and sporting experiences of many aging immigrants. In a study by Susan Tirone (2000), leisure was found to be a powerful conforming agent to dominant cultural norms. Many sport and leisure services promote the norms of dominant cultural groups. For instance, western dress requirements and mainstream-specific leisure activities, — which are typically disconnected from the immigrants' original culture, have contributed to both conformity to the dominant cultures and senior immigrants social exclusion (Tirone, 2000).

Among sports practices, Masters Sports is one of fastest growing segment in Canada. According to Appleby and Dieffenbach (2016), the growing number of athletes competing in these events points to an important phenomenon that cannot be ignored. According to Paplauskas-Ramunas (1960) sports are the most socializing form of physical activity involvement one could get involved in. It would therefore be logical to invite aging immigrants to take part in sport's programs, whether it be from an elite or a recreational perspective.

Wearing (1995) (in Appleby and Dieffenbach, 2016) suggest that the perception of aging will vary based on culture. Social and cultural barriers can affect maintenance of participation in sports and active leisure through the life span (Daley & Spinks, 2000; Suominen, 2011). Masters sports do not escape this reality. As master's sports participation is still a reasonably new phenomenon, it is imperative to avoid a fit

for all templates. Cultural differences should be respected and at the center of such practices. To date, little leisure research has focused on race, ethnicity, and aging (Tirone & Pedlar, 2000). In a country such as Canada where the aging population is on the rise and ethnic diversity continues to shape the broader Canadian culture, additional research is warranted.

Suggestions for health care and leisure service providers

Given that both the health care and leisure industries are concerned with enhancing the quality of life of aging immigrants, both industries must work closely together to promote the health and wellbeing of senior immigrants. This means that both service industries must adopt a communal vision based on a mutual relationship that focuses on delivering programs and services that target this underserved segment of the aging population.

This section of the paper presents suggestions for health care and leisure service providers to alleviate barriers faced by Canada's ethnic aged. The suggestions presented below are directed towards professionals and practitioners service sectors who are concerned with adequately addressing the service needs of the whole aging community – this includes the ethnic aged.

Suggestion 1: Recognize that health care and leisure are closely related.

Both health care and leisure are concerned with serving people. The intent of both industries is to enhance the physical and mental wellness of people. Leisure, just as health, is concerned with enhancing quality of life. The objective of the leisure service industry is ultimately to ensure that individuals within society are living well, actively and positively. Both industries must recognize that as a common denominator that links their roles together.

Suggestion 2: Understand the changing nature of society, including trends in immigration.

In multicultural societies such as Canada, the population makeup has evolved. From 1951 to 1971, most immigrants originated from Europe. Today, as has been the case for the last two decades, most immigrants are gaining entry from Asia, Africa, South America, and the Middle East. However, less than 5 percent of recent immigrants are seniors brought in under the family reunification program (Luhtanen, 2009). Nevertheless, aging immigrants face several challenges that are similar to those of Canadian-born seniors such as limited income, lack of transportation, social isolation, and dependence on family members and friends. However, for the ethnic aged, additional challenges are primarily due to socio-economic and linguistic barriers. Health care and leisure providers can address the latter challenges through cross-cultural training and cultural awareness education to encourage positive relationships between service users and providers. Developing cultural competence can help providers address the unmet needs of aged immigrants while benefiting from the revenue generated from this underserved segment of the aging population.

Suggestion 3: Get to know society's diversity of aged immigrants.

Aged immigrants are not only those who have recently arrived, but also those who have been in Canada for decades, yet still face barriers related to health care and leisure access due to differences in cultural beliefs and language barriers. More emphasis should be placed on providing health care and leisure services in ethnic minority languages, and on offering a broader range of ethnic-specific leisure services that target their needs.

Suggestion 4: Evaluating existing services.

There is no one-size fits all to leisure and health care services and programs. Thus, more focus needs

to be placed on examining current services provided in both the health care and leisure sectors to ensure that they adequately address the needs of a multicultural aging population. An evaluation of existing services should include recognizing barriers, gaps, and deficiencies that limit accessibility and equal opportunities affecting aging immigrants. Engaging immigrant seniors and stakeholders to identify programs and services that target their particular interest and needs is critical to remove barriers and prevent their marginalization.

Suggestion 5: Establish future goals and directions.

Organizational policies and goals should be established in both the health care and leisure sectors for a more effective program and service delivery to aging immigrants. The establishment of future goals and directions across health care and leisure providers should identify aged immigrants as a cohort that continues to face challenges. Goals and directions should be aimed toward developing strategic partnerships and collaborations with governments, ethno-cultural communities, and service providers to adequately serve the needs of this largely overlooked segment of seniors. Thus, future goals and directions should extend beyond simply increasing awareness and more towards outreach and collaborative action.

Conclusion

As discussed earlier, both health care and leisure providers influence the wellbeing and quality of life of the ethnic aged. The sole reliance on the health care system to alleviate physical and mental conditions is a costly approach that can be partly addressed through the provision of leisure services. However, both industries face challenges in meeting the needs of the ethnic aged. As the aging population continues to increase in the next few decades, it will bring with it a significant increase in senior immigrants. Engaging them in the discussions and decision-making concerning health care and leisure needs may be critical to bypass barriers and challenges, particularly those related to cultural and linguistic barriers. While health care services are vital to addressing health concerns of aging immigrants from a biomedical perspective, leisure services play a critical role in preventing health conditions from arising through regular involvement in active pursuits that aged immigrants find personally enriching and enjoyable. However, meeting the specific leisure needs of aging immigrants necessitate cultural awareness and sensitivity training/education by providers to build the skills and competence required to serve aging clients of different nationalities. This study has also shown that the planning and designing of effective leisure and health care services for the ethnic aged require the establishment of partnerships with public, private, and ethno-cultural organizations to eliminate difficulties and challenges rooted in cultural differences and misunderstandings.

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