Healthy Aging: The Role of Community Groups in Facilitating Social Integration

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Abstract

Canadian studies reveal a positive correlation between emotional well-being and mobility. In particular, surveys of the social determinants of health involving seniors indicate that decreased agility and lack of access to transportation and freedom of movement increase feelings of isolation, decrease social integration and negatively affect the physical and emotional well-being of senior immigrants. In this study, we show how one community group in suburban Toronto – Human Endeavour- has created community programs which facilitate social adjustment thus significantly reducing measures of depression, hospital visits and seclusion. By implementing weekly programs of physical exercise and mind stimulation, craft creation, English language learning, performing arts and information sessions as well as social outings, Human Endeavour has become a provincially recognized community leader in the positive promotion of senior well-being. Program success depends on the availability of free transportation provided by paid drivers from the community's low income groups. In this paper, we share Human Endeavour's experience as an example of a low-cost, replicable programming model which contributes to healthy aging.

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*Barb Willet and Mary Lou Ferranto are new contributors to HOPE research

Health Issues among Immigrant Seniors: Community Responses

Canada's population is aging. According to the 2006 Census[1], 14% or 4.3 million Canadians were 65 years or older; and, immigrants constitute 28% of these seniors. By 2041, nearly one-quarter of the Canadian population, or 9.2 million, will be seniors. In this paper, we outline the range of health issues which affect one particular group of immigrant seniors, those who have immigrated to Canada from South Asia in the past two decades. After detailing their health concerns, we discuss the ways in which one community-based program has implemented prevention programs aimed at ameliorating their most severe emotional and physical issues.

Seniors do not constitute a homogenous group. Rather, their economic security, caregiving activities and health issues are related to immigrant status. We distinguish three particular groups. The first are those who came to Canada as young children and have gone through the Canadian school system. This group has financial, domestic and health concerns similar to the general population of Canadian-born citizens. The second group includes those who immigrated to Canada as young adults (18 years +) and have spent most of their lives working in the Canadian economy. Members of this group have had an opportunity to engage in paid labour for more than thirty years, albeit mostly at a wage rate and employment rate lower than the Canadian average. The third group includes those who came to Canada as sponsored seniors, immigrating within the past ten years. This group is financially dependent on their adult children who have sponsored them and do not participate in the paid labour force.

While all three groups experience challenges to health, it is this third group, recent immigrant who came as sponsored seniors who report less positive health than the other two groups. In 2003[2], 28% of the recent immigrant seniors rated their health as either excellent or very good, compared to 38% of Canadian-born seniors and 36% of long-term immigrant seniors. There are many reasons cited

[1] http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2010/fr-rc/cphorsphc-respcacsp-06-eng.php

[2] http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2010/fr-rc/cphorsphc-respcacsp-06-eng.php

for these health differences. First, both types of what we call 'long-term' seniors, that is, those who came as children and those who immigrated as young adults, have spent the bulk of their adult lives working and living in Canada. This means that they have had opportunities to find jobs, acquire either English or French language skills, establish independent households and establish friendship networks in communities. While the immigrant wage gap has negatively affected their job security and placement in the labour force, they have nonetheless found themselves subject to the same economic upheavals and trends as other Canadian-born groups.

Our examination of economic security among immigrant groups, shows that there are as many differences within immigrant groups as there are between groups. For every ethnic group we studied, we found that people have feelings of security and insecurity. Factors of race, gender and class, especially educational achievement, are strong predictors of financial security over the life course. Men of all groups were more likely to experience more permanent employment over the life course than women. Visible minority men were more likely to experience less permanent employment and visible minority women were the least likely overall to engage in full-time, full wage work over the life course. Consistently, we found that regardless of race, the higher the educational achievement, the higher were the lifetime earnings of a group.

But sponsored seniors are the most financially vulnerable. Having immigrated as seniors, they are at an age when either they can no longer work or age discrimination makes it very difficult for them to find work. The socio-economic profile of this group, compared with long-term immigrants, is different. As dependents, they have few residential options. Most live with their adult children although a few reside in apartments, often basements, which their adult children finance. With little or no proficiency in English, they have difficulty venturing out on their own. Most are unaware of government services available to them and lack the means and confidence to access the transportation system.

Faced with severely restricted finances, these sponsored seniors are reluctant to ask their adult children for additional money to visit friends or relatives, attend community programs, take language classes or travel to medical appointments. Sponsored seniors have no or very limited independent

incomes. A few have pensions from their host countries which they collect in Canada. Since they have not lived here for ten years, they are not eligible for the Canadian Pension Plans. Socio-economic insecurities affect the health of these seniors in a number of ways.

Sponsored seniors spend their days oriented around their adult children's domestic tasks, such as caring for grandchildren before and after school, making meals, cleaning the house, and maintaining the exterior of the house. They are isolated, have few social ties and are not proficient in any of the official languages. These deficits create huge social barriers to social integration beyond the confines of their homes or the immediate neighbourhood. They are dependent on either their own children, neighbours or the local community group for social contact. Many report loneliness and social isolation. Since sponsored seniors face the most severe emotional and physical health issues, community groups ought to be aimed at documenting their concerns and implementing preventive programs.

Role of Community Groups

There are several community groups active in the Greater Toronto Area (GTA) serving a variety of seniors. Human Endeavour is one such community-based organization. Since 2004, it has pursued the goal of enabling and empowering human development by facilitating support services in health and economic sector for seniors. In order to fulfill its mandate, Human Endeavour has undertaken a number of studies documenting the physical and emotional health needs of its clients. In one study, Human Endeavour described the variety of health challenges faced by immigrant seniors and traced their link to three factors: social isolation, lack of exercise and the absence of positive engagement with others.

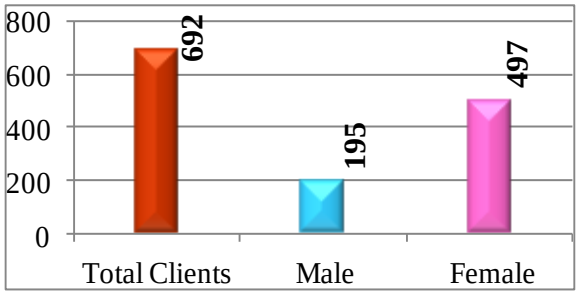

Figure 1: Clients and Gender

Understanding that the community had a crucial role to play in ameliorating these three factors, Human Endeavour started a health and wellness program for South Asian seniors on self help basis with the financial and volunteer support from its founding members. When it began in March 2005, the

program had only six participants. Startled by the low enrolment, Human Endeavour undertook another research study to understand why seniors were not attending. They discovered that transportation to community programs was a huge challenge.

Transportation service was very limited in the areas in which South Asian seniors lived. Many had insufficient funds to pay for transportation. Many others felt too vulnerable to venture out on their own given what they perceived as their poor fluency in English. Human Endeavour sought to overcome these challenges.

Currently the program titled HOPE (Healthy Outcomes of Preventive Engagements) serves around 700 seniors at six locations across GTA, offering services in Urdu, Hindi, Punjabi, Gujarati, Tamil and English languages. With an annual 2012 budget of around $200,000, the program delivers more than 13,000 units of attendance and 11,914 one-way rides, through volunteers supported transport system. The program activities include a combination of low impact exercises, yoga, aqua fitness, health information sessions, English language and computer classes, specialized mental health exercises, socialization, creative activities, community gardening, recreational outings, multicultural events and healthy snacks for seniors. The program focuses on preventive care and chronic disease management for health improvement resulting in fewer visits to physicians thus reducing burden on the acute care services like Emergency Department and hospitals.

In 2010, on completion of five years of its program Human Endeavour carried out an extensive survey of 143 program participants (Male=33%, Female =66%) to measure the program impact. HOPE measured quantitative and qualitative **Healthy Outcomes** in physical & mental health as a result of various **Preventive Engagements** that have been used with more than 600 South Asian Seniors over the last 5 years. Some of the key findings of this survey are given here.

Figure 2 presents various health problems faced by the program participants; it also gives the percentage of the total participants who experience particular problems.

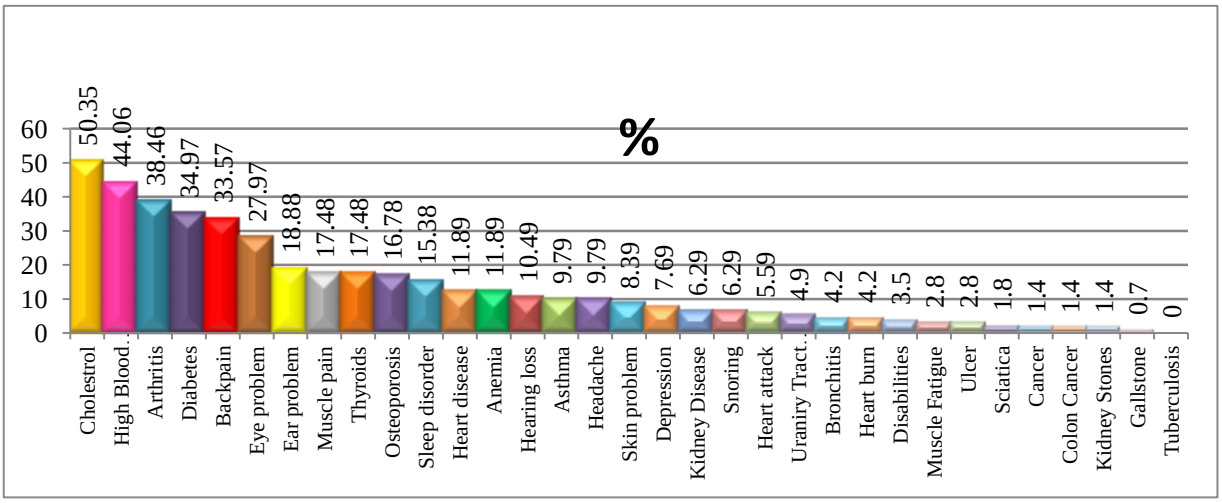

Figure 2: Health problems faced by seniors before attending HOPE program

Figures 3 & 4 present the response of participants on the question related to health awareness and any improvements felt as a result of their participating in this program. Over 83% of the total interviewed respondents said they felt their health had improved due to their attending this program.

Most participants with depression (90%) said that they were less depressed or no longer depressed as a result of their participation in the weekly program. More than 50% of the respondents with back pain, arthritis, and muscular fatigue said they had experienced significant improvement.

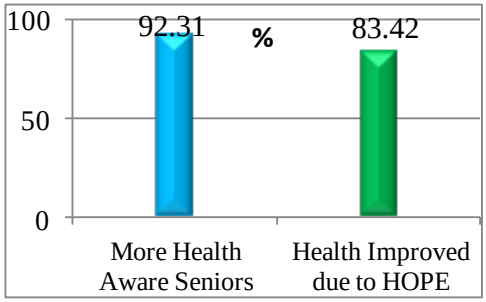

Figure 3: Health Aware & Improved

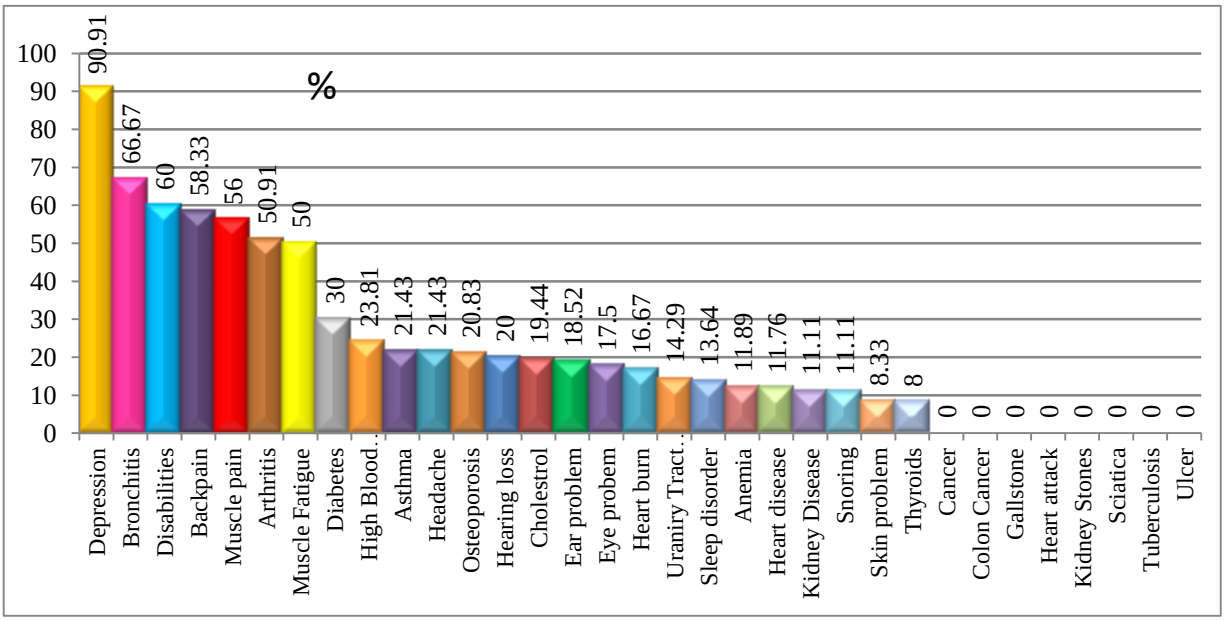

Figure 4: Health Improvements after regularly attending HOPE Program

The program won innovation award from the Ontario Ministry of Health and Long-Term Care and Ontario Hospital Association in 2010. The positive impact of the program was also recognized by 3M Canada and Health Nexus through 3M Health Leadership Award in 2012. The key factors which contributed to the success of the program were the provision of transport through volunteer drivers, community-based approach to preventive health care that focused on initiating and implementing utterly simple and innovative solutions 'immersed in the social and cultural fabric of a community, held in places and spaces where people naturally congregate, presented in languages that people understand, grounded in evidence and research[3]".

Newcomers over 60 years of age usually do not obtain driving license on their arrival in Canada. The public transport in suburban Toronto also known as 905-area is both infrequent and expensive. Seniors' low mobility and consequently reduced opportunities to interact with peers from their own culture makes them feel isolated, depressed and prone to illness. Furthermore, these factors lead to stress for the caregivers and strain on the healthcare system. Mobility, arguably, is the most critical social determinant of health after income and housing. Low mobility adds to isolation, depression and

[3] Daniele Zanotti, CEO, United Way of York Region excerpt from statement on HOPE Innovation Award (Nov. 10. 2010

mental health issues. To support this evident vulnerability of the South Asian seniors, Human Endeavour engaged volunteer-drivers from low-income groups like newcomers, stay-at-home moms who needed additional income, to transport seniors in lieu of moderate honorarium ($2.75 per person, per one way ride). The provision of free transportation acted as a catalytic incentive for seniors and caregivers alike, and number of participants increased quickly. Free rides are thus proving to be pivotal in increased program attendance and improved quality of life, wellness and health of seniors. The sub-program titled PACE (People Assisted Community Express) is strongly supported by the community ensuring its sustainability. The model is simple yet effective as it draws on community's own volunteers who offer culturally compatible and socially sensitive ways of facilitating mobility. The volunteer-drivers and coordinators speak the same language and hail from similar culture; they do not require advanced-booking, nor penalize cancellations. Provision of group rides instead of individual trips increases efficiency and reduces transaction costs. The exercise improves social relationship between seniors and drivers as positive externality.

PACE is transparent, participatory, and cost-effective with no administrative overheads. It busts the traditional myth and model where providing transportation is considered expensive and challenging because of the assumed purchase of vehicles, hiring of drivers and auxiliary costs. In the last seven years, PACE provided 1002; 2,989; 3,743; 8,566; 12,330; 11,068; and 11,478 one-way rides, respectively. In 2011, it engaged approximately 25 volunteer-drivers.

The PACE has measurable socio-economic benefits, and demonstrably enables seniors to socialize, exercise and increase their options to stay physically and mentally fit, emotionally healthy and age gracefully. It also shows how social capital could be mobilized for cost-effectiveness and sustainability.

Human Endeavour also engaged the services of an independent organization[4] who after applying the Six Sigma statistical techniques, verified the HOPE results by asserting:

[4] Eminent-tech Corporation

“Attendance at the HOPE programs has a positive impact on the awareness and general health of the participants. We are 99% confident that as a consequence of participation in the HOPE programs at least:

- 86% participants will be more health aware
- 75% participants will experience general health improvement
- 15% will actually experience reduction in prescription medicine intake.”

Conclusion

This case study of Human Endeavour’s HOPE and PACE sub-programs provides measurable evidence of positive correlation between seniors’ health and mobility. It shows that healthy aging and mobility have mutually supportive and reinforcing relationship. Mobility helps with reduced isolation of seniors, which positively impacts mental health, depression and anxiety. The latter three in combination lead to improved general wellbeing of seniors. And, healthy seniors have less visits to hospitals that translate into low strain on health service provisioning. This auspicious and healthy cycle builds a strong case for deliberate investments in improved mobility of seniors through accessible and affordable transportation on one hand, and culturally compatible programming, on the other. These two hand in hand will keep them mentally alert, emotionally engaged and physically fit, and thus pave the way for healthy and graceful aging.

The lesson from the case study also indicates that when and if such interventions are managed by community based organizations, they remain efficient, cost-effective as well as sustainable.

The third lesson from this case study is that the Human Endeavour experimented models of HOPE & PACE are both replicable and scalable without huge investments in training or capacity building of those CBOs who want to adopt and try similar program interventions.

The paper will conclude with two key policy assertions. One, the health authorities in Ontario, Canada and elsewhere ought to consider better balance of clinical vs. preventive services for greater impact at

lower investments. Two, a collaborative delivery model involving public health authorities at one end and the community based organizations at the other is the way forward.

Authors:

Noor Din migrated to Canada in 1990 and obtained Master's Degree in Computer Engineering from University of Toronto. After having worked for two decades in technology industry in Pakistan and Canada, he founded Human Endeavour (www.humanendeavour.org) in 2004 to bring much needed innovations in health, economic and social sectors and to implement community lead but in a participatory approach with existing services providers to make a meaningful change for the marginalized community members. He is currently the CEO of Human Endeavour.

Nancy Mandell is a Professor of Sociology and Women's Studies at York University, Ontario, Canada and Chair of the Sociology Department. Her research and teaching interests include gender, aging, schooling and family. Recently she has published articles and book chapters on community-academic research partnerships, parental involvement in monitoring children's homework, aging and embodiment, gendered and racialized forms of carework, and feminist critiques of aging.

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Mary Lou Ferranto- RN, PhD, CNP: She is the Campus BSN Program Coordinator and Assistant Professor of Nursing at Columbiana Campuses at Kent State University, OH, USA and has been with the University for almost 19 years. Her area of research is the Development of Cultural Humility in Nursing Students thus in order to expose students to diverse cultures and global health care needs, she has organized trips to the Pine Ridge Reservation in South Dakota, the World Health Organization, the UN, and the International Refugee Center in Geneva, Switzerland and to Orphanages, HIV clinics and hospitals in Tanzania for BSN students.
She has presented at numerous national, international and community based conferences, and was the recipient of an Innovation grant during the Spring of 2010.

Barb Willet, Executive Director, Health Nexus: Barb has a Masters in Health Sciences with a specialty in Health Promotion. During her 20+ years with Health Nexus, she's held several different positions, primarily in management, including Program Director. Barb has provided strategic leadership to the effective planning and delivery of a range of programs to public health, community health, social service agencies and health care. Barb is currently serving as Chair-Elect of the Ontario Chronic Disease Prevention Alliance and a Board member of the National Alliance of Children and Youth.