



# Cultural CUES

A Resource Guide for Service  
Providers Working with Calgary's  
**Culturally Diverse Seniors.**



THE CITY OF  
**CALGARY**  
COMMUNITY & NEIGHBOURHOOD  
SERVICES



# Cultural cues

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And last but not least, the project owes its success to the 70 seniors who eagerly participated in the focus groups. Without their input, the local relevance of the project would not have been possible. It is hoped that they, and all members of their specific ethnocultural groups, will be the beneficiaries of this work.

A Resource Guide for Service Providers Working with Calgary's **Culturally Diverse Seniors.**

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# How to use the resource guide

## The Resource Guide is divided into the following sections:

**Section 1** describes the background of the project and the methodology used for developing the cultural profiles.

**Section 2** provides separate profiles for each of the ethnocultural\* groups included in this project, along with an introductory description of some of their common characteristics. One can consult this section to review the cultural dimensions that have been included for a particular group, keeping in mind that there will be individual variations.

**Section 3** suggests types of questions that can be used either for soliciting additional information from an individual, or for developing a quick profile of an ethnocultural group that has not been covered in this manual.

**Section 4** highlights the need for increasing the cultural competency of service providers working with immigrant seniors in Calgary and provides a brief conclusion related to the project.

The **Resources** section lists the names of some of the agencies and groups that provide services to and represent ethnocultural seniors in the city. It also includes a short list of selected publications and websites that can be used by those seeking additional information. The chosen resources were included either because they provided information for the Guide or they were deemed to be useful for additional research.

In response to input during the needs assessment stage of the project, the Guide was structured in such a way that a service provider can use only those sections or cultural profiles that provide useful information on an as required basis.

\* It should be noted that the terms “ethnocultural” and “immigrant” are used interchangeably in this Guide.

# Section One

# Introduction



This Resource Guide, produced by the Seniors Services Division of The City of Calgary, should be viewed as a practical guide for service providers to help them better understand the cultural beliefs and customs of six groups of Calgary's immigrant seniors.

It is designed to be a quick reference for social workers, physicians, nurses, police, educators and those who work in government and non-profit agencies that deliver services to immigrant seniors in the city.

The development of the Guide involved the input of seniors from six selected ethnocultural groups in the city (Chinese, Filipino, Hispanic, Korean, Sikh and Vietnamese). The objective was to make the information collected specific to Calgary.

In drafting the Guide, every attempt was made to avoid stereotyping. The Guide is intended to be used only as an aid to learning more about the cultural characteristics of seniors from these groups.

## Purpose of the Project

The City of Calgary embarked upon this Ethnogerontology Project with the assistance of funding by Family and Community Support Services (FCSS), to increase the cultural competency of people who provide services to immigrant seniors in the city.

The project fits within the mandate of the Seniors Services Division, Community and Neighbourhood Services, which is to "provide an integrated and proactive approach to the development and implementation of Senior Citizens' programs and services in Calgary with the intent to:

- ensure that The City of Calgary is responsive to the needs of a growing seniors population;
- ensure that all seniors in Calgary enjoy a high quality of life;
- provide a "one window" citizen access to seniors' services through The City of Calgary;
- foster awareness of issues or trends which may impact Calgary seniors now and in the future."<sup>1</sup>

This mandate is important because demographic trends predict a dramatic increase in the number of seniors over the next few decades. Not only will the number of seniors in general increase, there is expected to be a sizeable increase in the number of immigrant seniors.

## Background to the Project

Cultural competency requires changing what we know, what we think, and most importantly, how we deliver services that support and serve people from all cultural backgrounds.\* Cultural competency includes components such as cultural awareness, cultural sensitivity, cultural knowledge and the building of cross-cultural relationships. It requires listening, flexibility, respect for different points of view, and a willingness to understand cultural influences in behaviour. It implies much more than mere tolerance of difference. The bottom line is the effective delivery of services to those in need.

Cultural competency training is important across North America in all professional fields, whether it be in the delivery of social services, health care, education, recreation or law, to name a few.

Although considerable research has now been completed with more still in progress in this field, there was little Calgary-specific information readily available to seniors' service providers working in the city.

Aging is clearly both universal and normal (although variable). Previous research related to seniors has shown that the concept of "healthy aging" includes the following components:

- good physical health
- sound mental and emotional health
- strong family and social support
- some level of financial security
- a place to call "home"
- community involvement
- a connection to something larger than the self.

<sup>1</sup>Communities Can!  
Georgetown University Ctr for Child & Human Dev.  
[www.georgetown.edu/research/gucdc/commcan/html](http://www.georgetown.edu/research/gucdc/commcan/html)

# Section One

## Introduction

This is true regardless of ethnocultural background. Gender and ability differences also have an impact on individual aging experiences.

### **Cultural issues are gaining importance in the increasingly diverse city in which we live.**

Ageism (discrimination against people because they are old) is also universal. How and when we lose privilege as a result of aging is linked to ethnicity, class, gender, ability and sexual orientation. Ageism often creates barriers to full participation in society. It affects rights and access to resources and health care, recognition of social contributions and individual respect and dignity. It is the one “ism” that most people will experience during their lives.

Culture has a unique affect on aging. Research has shown that as people age, the role of culture assumes a greater importance in healthy aging, and in seniors’ perception of their well-being and quality of life.

Cultural issues are gaining importance in the increasingly diverse city in which we live. While seniors in general sometimes experience a sense of isolation, immigrant seniors often experience it to a greater extent, because of limited language and literacy skills, lack of understanding of local customs, economic insecurity, lack of transportation and inadequate social support networks.

While factors such as our environment, genetics, psycho-social considerations and current health status also affect a person’s well-being, an understanding of culture is important because it impacts the effectiveness of service delivery, the acceptance of services, and the quality of life and independence of the senior. Hence, it also affects the total cost of services ultimately borne by the public taxpayer.

### **Methodology**

The work on this Resource Guide was conducted over a 6 month period, during the fall of 2004 through early 2005.

From the outset, it should be understood that the project was not intended to be an academic study. Given the tight timelines within which the project was conducted, the intent was to compile relevant information on each of the selected ethnocultural groups, solicit the input of local seniors, and draft a document that targets the identified needs of seniors’ service providers in the city.

A literature review and website search of both international and Canadian sites provided the starting point for this project. A search was conducted of previous work that had been conducted on cultural competency in relation to immigrant seniors living in a Western culture. The search also encompassed many sites on aging and sites related to the specific cultures being addressed in this project.

A broad consultation process with over 30 Calgary service providers helped to identify the information needs of social workers, nurses, physicians, police and educators in university, college and institutional settings.

This needs assessment demonstrated that service providers preferred a manual that was concise and easy to read. During the discussions, it was frequently mentioned that service providers did not have the time to read a long document, or to conduct research themselves. To meet their needs, they wanted readily available information that would enable them to better understand cultural differences that were relevant to their work situations.

### **While seniors in general sometimes experience a sense of isolation, immigrant seniors often experience it to a greater extent, because of limited language and literacy skills.**

Therefore, the documentation of references has been kept to a minimum. All of the statistics in the Cultural Cues section were derived from the publications and/or websites listed under the Resources at the end of the Guide.

Focus groups conducted with 70 seniors, ranging in age from 55 to 86 years, generated additional information on the cultural dimensions of each group. The ethnocultural groups included in this project were the Chinese, Filipino, Hispanic, Korean, Sikh and Vietnamese communities. Some of these groups are amongst the top 10 countries of origin of immigrants to Calgary, while others were selected based on their interest in the project, and an expressed willingness to participate in the study.

The researcher met with opinion leaders from each of these groups and with their assistance, conducted focus groups with the seniors in their own community settings. The seniors eagerly and candidly participated in the discussions, and often with the assistance of an interpreter, provided their views on cultural values about which they felt service providers should be aware. It was clear that they enjoyed talking with their peers about the issues related to aging that they were confronting in a country that was unfamiliar to them, even though many have lived in Calgary for over 20 years.

### **Calgary is not only experiencing rapid growth; it is becoming an older and more diverse city.**

After each group, there was time for informal discussion and visiting while sharing fruit, snacks and beverages. All of the seniors stayed longer to enjoy the social opportunity presented by these meetings. They expressed gratitude that someone cared and was trying to do something to assist them with their daily struggles. While all of them were happy to be in Canada, and specifically in Calgary, many seniors reported that they were struggling with culture shock, limited English language skills, the cold winters, lack of knowledge about the city and services available to them, a lack of friends and social networks, and restricted access to transportation.

The Cultural Cues, which are the focus of this Guide, were derived from all of the sources identified above. A draft of each ethnocultural profile was reviewed by the opinion leaders who organized the focus groups,

as well as by other selected cultural representatives. Some seniors who participated in the focus groups also had the opportunity to review the relevant sections, and revisions were made based upon their comments.

It should be noted that there will be differing opinions about what is relevant to the lifestyle of seniors in each cultural group profiled in this Guide. Users of this Guide must keep in mind that adherence to cultural practices is based upon age, the period during which migration occurred, the length of time away from one's homeland, as well as individual circumstances.

### **Seniors in Calgary**

For purposes of this project, seniors have been defined as Calgary residents aged 55 and over — a definition used by The City of Calgary, Seniors Services Division. The City of Calgary's 2002 – 2004 Business Plan points out that the 55+ age group is the fastest growing segment of Calgary's population.

It should be noted, however, that different organizations use ages varying between 50 and 65 for the point at which a person is considered to be a senior. Ethnocultural groups themselves may use yet another definition — sometimes a younger age.

In 2001, Calgary had the fourth largest immigrant population in Canada (after Toronto, Vancouver and Montreal). Nearly 21 per cent (197,410) of the city's total population that year consisted of immigrants.<sup>2</sup>

According to Statistics Canada, Calgary's visible minority population is experiencing faster growth than that of most other major urban centres in the country. In 2002, over 7 per cent of the immigrants to Alberta were 55+ years, and the Calgary area received the highest percentage of new seniors. The largest number of immigrants over the age of 55 who moved to Calgary that year came from Asian countries.<sup>3</sup>

Of the city's total new immigrant population in 2002, 6.5 per cent were over the age of 55, and approximately 70 per cent of these newcomers spoke neither one of Canada's official languages upon arrival.<sup>4</sup>

It is evident that Calgary is not only experiencing rapid growth; it is becoming an older and more diverse city.



## Section Two

# Cultural Cues

Different cultures view their seniors in different ways. The Cultural Cues section describes the unique characteristics of each ethnocultural group as it relates to the elderly. Every attempt has been made to ground the information within the context of seniors in Calgary.

Culture is not static. As immigrants become more integrated into the culture of their new country their beliefs, values and lifestyles can change, just as they are changing in their homelands. This is particularly true in the case of younger immigrants who tend to adopt new ways more quickly. However, one's ability to adapt to new cultural practices can vary greatly depending upon factors such as literacy and language, socio-economic status, gender, life experience and age.

For the young, traditional cultural practices may seem old-fashioned and may no longer be practiced. When everything else seems strange, the aged may adhere to their traditions as they find comfort in the familiar.

The following cultural classifications have been used in each of the sections. Although there are many commonalities amongst, for example, the cultural values and beliefs of Asian groups, there are also unique cultural characteristics.

### **Immigration Status and History**

Citizenship and Immigration Canada defines the following categories under which immigrants can apply and be admitted into Canada:

#### **Skilled Worker Class Immigration**

Canada encourages foreign professionals and workers to bring their skills and work experiences to this country.

#### **Business Class Immigration**

If a potential immigrant has experience running or investing in a business, he or she may qualify to come to Canada as a business immigrant.

#### **Provincial Nomination**

Most Canadian provinces have programs that encourage immigrants to settle in those provinces to benefit their economies. One can apply to immigrate to a specific Canadian province as a provincial nominee.

#### **Family Class Immigration**

Family class immigration reunites families in Canadian homes. In order to sponsor a senior family member, one must promise to support that person for 10 years from the date that person becomes a permanent resident.

In addition, there is the:

#### **Canadian Refugee System**

Through its refugee protection system, Canada offers safe haven to persons with a well-founded fear of persecution, as well as those at risk of torture or cruel and unusual treatment or punishment.

Most recent immigrant seniors have arrived under the Family Class. Those who arrived early in their lives may have done so under any of the other categories.

The historical background provided on each of the groups of ethnocultural seniors in this Resource Guide is only a starting point for better understanding cultural beliefs and values. Additional information can be found on the websites that are listed in the Resources section.

The information listed under each ethnic profile focuses on seniors in Calgary, but the following information from the city puts it into the context of immigration to Calgary in general:

- In 2002, India, China and the Philippines were the top 3 countries of origin of immigrants to Calgary, followed by Pakistan, Korea and England. The highest number of immigrants of all ages arrived from the Asian countries.

## Section Two

### Cultural Cues



**As immigrants become more integrated into the culture of their new country their beliefs, values and lifestyles can change, just as they are changing in their homelands.**

- Most of the immigrants (53 per cent) arrived in Calgary under the Skilled Worker and Business Class categories, and 30 per cent under the Family Class category. The remaining 17 per cent arrived in the refugee or “other” categories.
- The countries that showed the greatest increase in emigration of visible minorities to Calgary over the ten year period leading up to 2002 are Nigeria, Columbia, Sudan, Iran and Afghanistan.

Research has shown that, in general, the longer immigrants have lived in a western cultural environment, the easier it is to adjust, but it seems for seniors that this is not always the case. Some immigrant seniors have lived in Calgary for over 10 years yet continue to experience language barriers and remain unfamiliar with programs and services available to them.

### Language and Literacy

Virtually all of the seniors expressed a preference to receive services from members of their own culture who speak their own language – in other words, to function in a language that is familiar and understood by them.

Research shows that even when people are completely literate in their own language, it is difficult to learn English (or any new language) at an advanced age.

Some ethnocultural seniors may not have learned to read in their native tongue, so translation is not the solution to all communication barriers.

Interpreters are available in Calgary through the Language Bank of the Calgary Immigrant Aid Society, the Calgary Health Region and Tele-interpreters available through the city’s 211 telephone number.

### Spiritual and Religious Beliefs

Some people become more spiritual as they age and begin to consider and seek their place in society. It has been shown that a sense of spirituality is linked to health and well-being.

Attending a place of worship provides many seniors with a sense of meaning, as well as opportunities for social interaction with peers from their own culture. However, there are some cultures where the goal of a member, when older, is to withdraw from the world around him or her to seek inner peace and the attainment of “atman” defined as “one with the universe.” This is true of many people from South Asia.

### Family Values

The family unit is considered of utmost importance and forms the basis of values in many Asian and Hispanic cultures.

Traditional cultures may be accustomed to extended families looking after elders. However, in Western societies we have grown accustomed to organizations and governments looking after our seniors. This practice is foreign to many immigrant seniors and may be resisted or even held suspect. While this is changing even in the countries of origin, most of today’s older immigrant seniors still adhere to traditional values and belief systems.

Some seniors may view receiving support from community service agencies as a form of charity. Others, who have grown accustomed to community support in their own countries, may expect different levels of service here in Calgary.

Immigration from one country to another frequently results in the erosion of traditional family values and customs. This can affect male/female roles, and can generate intergenerational conflict. When younger family members adopt the ways of their new country, clearly defined roles and responsibilities of the elderly become blurred.

# Section Two

## Cultural Cues

### Cultural Values and Customs

A lack of cultural understanding and sensitivity have, on occasion, caused more problems and brought more harm to immigrant seniors than language barriers, which on their own represent a significant challenge.

Culture becomes more important in the lives of people as they age. It affects notions of health and nutrition; spirituality; receptiveness to medical treatment and lifestyle preferences.

There is evidence that with age, adaptation to new situations becomes more difficult. This may be even more challenging for older immigrants who are attempting to adjust to new cultural practices, while simultaneously grieving the loss of familiar customs and both family and peer support networks.

There are cultural differences in the degree of comfort seniors have in asking someone outside the family for assistance. In addition, perceptions of the role of government, attitudes toward authority and bureaucracy, and knowledge of policies and programs all affect the acceptance of health care and social services.

### Communication Variations

The varying dimensions of communication include:

- conversational style, pacing and tone of voice
- personal space
- eye contact
- touch
- orientation to time

Each culture has its own accepted norms and customs with respect to the above and these have been described under the individual sections. In addition, the concept of “saving face” (or maintaining credibility or dignity) is more important in some cultures than others.

Every attempt should be made to avoid jargon and colloquialisms in verbal and written communication to facilitate understanding.

### Holidays and Celebrations

Holidays, celebrations and festivals are common to all cultures. There are religious celebrations which have the same date each year. If the lunar calendar is used,

the celebrations have dates that vary from year to year.

Some cultures practice ancestor worship, or celebrate the death anniversaries of national figure heads.

**Every attempt should be made to avoid jargon and colloquialisms in verbal and written communication to facilitate understanding.**

Other festivals are held to welcome spring or to celebrate fall harvests. Just as in Western cultures, family gatherings are held to mark events such as birthdays.

Whatever holidays are celebrated, they are an important part of the identity of immigrant seniors and should be respected. Learning about them increases the cultural competency and effectiveness of service delivery.

### Food Habits

Every source country of immigrants has its unique foods and beverages. Seniors in particular have grown accustomed to their foods. Familiar foods make a difference to the enjoyment of life in general, as well as to perceived well-being. In some instances, preferred and allowed foods are prescribed by religious practices.

### Aging and Lifestyle-Related Issues

Attitudes toward age and aging vary amongst cultures as well as amongst individuals within those cultures.

Aging also brings with it a number of challenges which are described below. Two, of particular concern are economic security and elder abuse. The use of time in old age and the value of participation in community activities are also addressed.

### Economic Security in Old Age

- Whereas economic security is of concern to many seniors, those who relocate to Canada to join their families, do so under the Family Class Immigration category that requires their families to support them for a period of 10 years. During this time, they have no access to pensions or government financial assistance of any kind. They are totally dependent

upon the good will of their sponsoring family members and are vulnerable to abuse related to their role in the family and to economic insecurity once the sponsorship period ends.

### Elder Abuse

- Although elder abuse can be found in all cultures, immigrant seniors (both male and female) may be particularly vulnerable, when knowledge of and access to help and resources is restricted by language, cultural and economic barriers, as well as a lack of general knowledge and a possible distrust of the Canadian legal system.
- Abuse can be manifested in one or more of the following ways: physical, emotional, financial, sexual abuse, neglect or the denial of civil rights.

### The Use of Time and Participation in Recreation and Leisure Activities:

- In comparison to other needs, it appears that less attention has been directed at the recreation and leisure needs of immigrant seniors in North America. One study has shown that participation in recreational activities contributes to a positive sense of identity and self-esteem in immigrant seniors.
- Without opportunities to participate in activities that promote socialization and fitness, ethnocultural seniors tend to feel even more isolated and marginalized. Cultural and recreation centres can play a vital role in health promotion through the provision of opportunities for meeting peers and for community involvement.

### Other lifestyle related challenges for immigrant seniors include:

- the desire for family, social support and companionship
- physical and sensory changes and losses related to health
- emotional and social changes and changes in cognitive function
- losses related to activity levels, partners, and (particularly in the case of immigrants), family members, friends, their homeland and all its customs and traditions
- lack of easy access to transportation and community facilities

- the need for a sense of safety and security
- a place to call home that supports independent living
- access to care and caregivers when needed

### Health Care and Medicine

Cultural variations in perceptions of health and illness, as well as attitudes toward disability, all influence the use of health and medical services.

Calgary's immigrant seniors who participated in this project generally expressed satisfaction with the health care system here, aside from the difficulties that they were experiencing in finding a family physician. One senior felt that she was alive only because of the care that she had received in Calgary.

### Asian and Hispanic seniors are known to use herbal medicines and faith healers in combination with Western treatments.

There is a sense that older adult immigrants living in Western countries experience a greater risk of death, disease and disability than the general population. Contributing factors may include their health status upon arrival; access to health care; the speed at which medical help is sought; and the extent to which prescribed treatments and medicines are used.

Asian and Hispanic seniors are known to use herbal medicines and faith healers in combination with Western treatments. They have also been known to bring back medicines that are familiar to them, following visits to their home countries.

It has been realized that certain medications react differently when taken by members of various cultures. For example, the US Food and Drug Administration recently issued a warning about the use of Crestor, a prescription medicine for people with high cholesterol, by individuals with an Asian background.



## Section Two

### Cultural Cues

**It is evident that seniors value independence, respect and dignity above all else.**

#### Mental and Emotional Health

Immigrant seniors may be more vulnerable to mental health problems (particularly if they have been suddenly uprooted from their homelands as in the case of refugees) because of depression and social isolation resulting from their circumstances. In addition, immigrant seniors may lack peer support and access to programs and services that contribute to a sense of well-being.

**Families consider mental health issues to be a matter of shame in many cultures.**

Families consider mental health issues to be a matter of shame in many cultures and symptoms of depression and dementia are often hidden as a result. The practice of psychotherapy is unfamiliar, as is drug therapy, and institutionalization is often seen as the end of the road.

**Immigrant seniors may lack peer support and access to programs and services that contribute to a sense of well-being.**

Mental health symptoms are expressed as somatic complaints in many cultures, so assessments need to be conducted in a way that enables their manifestation in mental health to be better understood.

#### Death and Dying

Although death and dying are both universal and inevitable, and grief is a normal reaction to the death of a loved one, there is considerable cultural diversity in beliefs about death and the grieving process.

Immigrants may simultaneously be grieving for other losses, such as the loss of their homeland, family and friends, and all that is familiar, including cultural tradi-

tions, personal identity and language. This may both prolong and intensify the grieving process.

#### The Common Theme

It is evident that seniors value independence, respect and dignity above all else. Research on seniors and lifestyle expectations in old age has demonstrated this and it was also a common theme in the focus groups conducted for this study.

Cultural competency is important in helping service providers ensure that the services they provide are respectful of cultural differences and support all seniors in maintaining their independence and dignity.

**Although death and dying are both universal and inevitable, and grief is a normal reaction to the death of a loved one, there is considerable cultural diversity in beliefs about death and the grieving process.**

#### Cultural Cues

The following cultural profiles are an attempt to define the characteristics of six ethnocultural groups of seniors along the dimensions defined above.

Please use these profiles to further develop your cultural understanding. The profiles are by no means comprehensive, nor as stated earlier, does each characteristic apply to every individual member of a particular culture.

# Cultural Cues

# Chinese Seniors



## Immigration Status and History

- The Chinese in Calgary, like those across Canada, are a diverse group of people with diverse value systems, beliefs, languages and health care practices. It should never be assumed that the members of this culture, or the elderly within it, form a homogeneous group.
- The Chinese are the largest visible minority group in Calgary, as well as across the country. Many Chinese seniors in Calgary have been here for several decades. Some were born in Canada and some have arrived recently.
- Growing sources of recent Chinese immigrants to Calgary now include mainland China and Taiwan. Previous immigration was mainly from Hong Kong and Vietnam.
- Family reunification is the main reason for recent immigration of seniors, whereas some long-standing immigrants came under the independent class category.
- In 2001, there were nearly 52,000 people of Chinese descent in Calgary. Just over 10 per cent of these were seniors. In 2003, 126 seniors over age 55 arrived from China.
- The Calgary Chinese Elderly Citizens' Association in Chinatown provides assistance, resources, counseling and recreational programs for Chinese seniors.

## Language and Literacy

- Cantonese and Mandarin are the most common dialects spoken in Calgary. They are written in a similar format but the spoken languages are entirely different.
- Prior to 1950, all Chinese people used the same written characters. At present, the Taiwanese and people from Hong Kong still use these traditional full format characters, whereas people from Mainland China use a simplified format.
- Research has shown that area of origin influences level of proficiency in English. Seniors from Hong Kong are typically more proficient than those from Mainland China.
- Recent older immigrants in particular have expressed extreme difficulty in learning the English language. As one woman stated: "At my age, I can barely remember things in my own language, never mind learning such a different language."

## Spiritual and Religious Beliefs

- Many elderly Chinese in Calgary are not members of any religious faith.
- Those who do belong to a religious faith are either Buddhist, Protestant, Catholic, or practice ancestor worship.

# Chinese Seniors

## Section Two

### Spiritual and Religious Beliefs

continued

- The core of ancestor worship is a belief in the continuing existence of the dead and in a close relationship between the living and the dead who continue to influence the affairs of the living.

### Family Values

- Based upon a traditional adherence to Confucianism, a social philosophy, the family is the most important social unit for the Chinese elderly. Everything is done to ensure the family's cohesion and survival. Roles and responsibilities within the family are clearly prescribed.
- It should be noted that younger generations have generally adapted to Western values, but many seniors still hold traditional beliefs.
- Seniors traditionally enjoy high respect regardless of wealth, education or social position.
- Respect and consideration for old age derive from the Chinese belief in filial piety, which requires young people to respect and obey their parents, and care for them in old age.
- Traditionally the eldest son is responsible for making decisions that affect the family and for communicating information to the rest of the family members. More recently, however, the entire family has become involved in the decision-making and problem-solving processes.
- Traditionally, women were typically responsible for the home and care of sick family members but this is changing both here and in China, as women have entered the workforce.
- To avoid bringing shame upon the family, Chinese are traditionally very private about what is happening within the family. Family problems are rarely discussed with outsiders.
- The emphasis on elder care by family members can result in Chinese immigrants in Calgary feeling a sense of isolation. They may be living with extended family and consequently they may lack opportunities to develop new friendships and support networks.

### Cultural Values and Customs

- The preservation of harmony is important in the Chinese culture and every attempt is made to preserve it — sometimes at personal expense. For example, questions are often not asked if it is thought that they might upset the harmony of the family, the community or the health care system.
- “Saving face” (making every effort to preserve one's dignity and credibility) is important in the Chinese culture.

### **Cultural Values and Customs**

continued

- To ensure the well-being of the Chinese community, participation within it is considered to be very important to older Chinese people.
- Research in Canada has shown that immigrants from Mainland China hold more traditional values than those from Hong Kong. Older Chinese (65+) also hold more traditional values than seniors under 65 years of age.
- Elderly Chinese wish to pass on their language and customs to their children and grandchildren.

### **Communication Variations**

- It is important to address older Chinese people in a formal way, using Mr., Mrs. or Miss. A handshake is acceptable, although they address each other by bowing heads and smiling.
- In order to save face, seniors may not ask questions. Therefore it is important to clarify the extent of understanding of an issue.
- Disagreement and disapproval are rarely expressed and are seen as confrontational and even embarrassing.
- Death and sex are topics that are not usually discussed.

### **Holidays and Celebrations**

- The lunar New Year is the most important festival for the Chinese. It incorporates a host of values and beliefs. It is celebrated in January or February and marks the beginning of spring. This has become a very popular festival in Calgary where the entire community is encouraged to get involved.
- Buddhist and various Christian holidays are also celebrated, depending upon the particular religion.

### **Food Habits**

- Rice and noodles are staples of the Chinese diet.
- Soya milk and soy products are typically preferred to milk products. Many Chinese are lactose intolerant.
- Cooked vegetables, meats and fish are common and are often eaten in soups.
- Seaweed, napa cabbage, melons and bean sprouts are commonly used.
- Many of the foods are steamed, boiled or stir-fried.
- A variety of fruits are enjoyed, including oranges and mangos and a number of others that are now available to all Calgarians in the Chinese markets.
- Chinese herbal teas and green teas are the beverages of choice. Hot beverages are preferred to cold.

# Chinese Seniors

## Section Two

### Food Habits

continued

- In general, hot foods are preferred to cold foods.

### Aging and Lifestyle Related Issues

- In the Chinese culture, elders are to be treated with respect and it is traditionally the role of family to care for them when they are ill.
- Many recent immigrants who have arrived in Calgary under the family reunification program find themselves in the role of providing care for their grandchildren and meeting the household needs of their adult children.
- Seniors in the focus groups expressed a desire to live independently, although near their families.
- Some seniors feel that they have lost their traditional roles within the family.
- Others are disappointed that their traditional values and customs are not being passed on to their grandchildren.
- Many Chinese seniors enjoy participation in fitness activities such as Tai Chi and Qi Gong and recreation activities such as Mah Jong. Socializing with peers for lunch or tea is valued. However, some Chinese in Calgary have difficulty getting out because of transportation and language barriers, as well as family responsibilities.

### Health Care and Medicine

- More Chinese over 65 adhere to traditional Chinese health beliefs than those between 55 and 64.
- Simplistically put, the Chinese traditionally believe in maintaining the yin (negative male energy associated with warmth) and yang (positive female energy associated with cold) balance in the body. Illness is viewed as a loss of this balance.
- Symptoms are seen as the determinants of illness, so getting rid of the symptoms is the perceived goal. Therefore the concept of chronic illness wherein symptoms persist is foreign to the culture and needs explanation.
- Herbs and traditional Chinese remedies are often used prior to seeking medical advice. They are also often used in conjunction with Western medicines and there is a general reluctance to reveal which herbs/remedies are being used for fear of being judged. Given potential interactions between herbs and pharmaceuticals, this matter should be probed by medical practitioners.
- Chinese people prefer to use medical specialists as often as possible, but language barriers may prevent seniors from accessing these services.
- Immediate results are typically expected from prescribed medications and if these results are not evident, the senior may discontinue use (for example, the need to take the full course of antibiotics to recover from an illness).

### Health Care and Medicine

continued

- Blood tests or donations may be refused as some seniors perceive that the loss of blood may further weaken their bodies.
- Surgery is viewed as the treatment of last resort as it is sometimes seen as a form of mutilation.
- Seniors are traditionally accustomed to being cared for at home and placement in a nursing home is not common practice. However, adult children are often struggling with their own responsibilities and families, and the lack of time and energy present barriers to fulfilling the expectations of their parents. More home support services are therefore required.
- Hospitalization is often feared. If a senior is hospitalized however, family members and friends will visit frequently to provide care and support, often bringing familiar foods and beverages with them.
- Wing Kei Villa, an 89 bed long-term care facility located at 1212 Centre St. NE, has recently been developed specifically to meet the needs of the Chinese elderly.

### Mental and Emotional Health

- Mental health issues are typically considered shameful and are not discussed outside the family. The family can be overly protective of the afflicted senior and will influence the use of any therapies recommended.
- Denial of problems can occur and seeing a counselor is resisted.
- Traditionally, various emotions are perceived to be related to specific organs, so problems can be presented in the form of physical symptoms and not as mental health issues.
- Due to a cultural norm of an external focus of control, problems are often attributed to external events such as fate, the will of God, or karma.
- Recent research on the health and well-being of older Chinese in Canada showed a higher prevalence of depression amongst elderly Chinese, than amongst the general elderly population.

### Death and Dying

- There is a belief that talking about illness and/or death may actually make it happen.
- Although death is viewed as a natural part of life, belief in karma sometimes leads the Chinese to look at early death as a punishment for bad deeds in this or an earlier lifetime.
- Death of a family member at home is considered to bring bad luck, so an ill elderly parent may be rushed to hospital. The elderly, however, sometimes associate hospitalization with death.

# Chinese Seniors

## Section Two

**Chinese people prefer to use medical specialists as often as possible, but language barriers may prevent seniors from accessing these services.**

### **Death and Dying**

continued

- Family members often protect a dying elderly patient from knowing the details of his or her condition so that his or her final days are worry free.
- Autopsies are traditionally rejected as being unnecessarily invasive.
- Extended family and friends gather to mourn the deceased together. Relatives typically do not go out to visit others for a certain period of time for fear of bringing them bad luck.

# Cultural Cues

## Filipino Seniors



### Immigration Status and History

- The Philippine archipelago in the western Pacific Ocean consists of over 7000 islands. Eleven of the largest islands in the country contain 95 per cent of the population of 86,241,697 (July 2004). The population density of the Philippines is 287 people per square kilometre in comparison with 3 per square kilometre in Canada.
- The country is a true blend of cultures in that it is home to 120 different ethnic groups.
- Filipinos are one of the largest visible minority groups in Calgary with a total population of over 25,000.
- In 2003, 69 Filipinos over 55 arrived in Calgary.
- There are over 30 Filipino associations in the city, including four seniors groups:
  1. Once Young Seniors Association
  2. Philippine-Canadian Seniors Society
  3. Golden Generation Seniors Club
  4. Filipino Calgarian Seniors Club
- Many of the Filipino seniors have been in Canada and in Calgary for a long period of time and have worked and raised their families here. Because their professional credentials were not recognized here, many had to take lower paying jobs upon their arrival.
- There have been more women migrants from the Philippines than men, so there are more elderly females than males — particularly given that the life expectancy of women is higher.

### Language and Literacy

- In the Philippines, there are more than 85 different languages and dialects spoken. Filipino (or “Pilipino,” also known as Tagalog) is the national language.
- Most seniors understand and speak English, since it is commonly used in the Philippines for commerce, education and by the media.
- Assistance with reading and/or writing may be necessary in the case of some Filipino seniors in Calgary.

### Spiritual and Religious Beliefs

- Those Filipino seniors who value a spiritual component in their lives believe that prayer, church affiliation and spiritual fellowship contribute to well-being.

# Filipino Seniors

## Section Two

### Spiritual and Religious Beliefs

continued

- The Philippines are unique in Asia as the only Christian country, with over 90 per cent of the population being Christian. Of these, 83 per cent are Roman Catholic and 9 per cent are Protestant. Muslims comprise 5 per cent and the remaining 3 per cent are Buddhist or belong to other religion groups.
- Most Filipinos in Calgary are Roman Catholic, although a small percentage is Protestant.

### Family Values

- A large extended family is highly valued by people from the Philippines, and it is perceived to have many benefits including solidarity and financial support.
- The family traditionally takes priority over the individual.
- Elderly family members hold positions of respect and influence within the family. As a group, they have typically had great influence on the decisions of all family members.
- Seniors traditionally expect family members to care for them as they age, especially when they are ill. Placement in long-term care, by adult children, is seen to be irresponsible.
- Home care provided by a stranger has come to be accepted, but the preference is that the caregiver be someone from the Filipino culture.

### Cultural Values and Customs

- “Fiestas” or festivals are an important part of the Filipino culture.
- Filipinos are emotional and passionate about life, more like the “Latinos” in this way, than other Asian groups.
- Having agreeable interpersonal relationships is a core value. This is manifested in showing respect and concern for one another, and in helping each other out.
- Filipinos traditionally give respect to five different positions of authority – judges, teachers, priests, doctors, and lay and government leaders. These are the people that they feel comfortable confiding in during times of crisis.
- There is a spirit of kinship and camaraderie amongst Filipino people, and they are known for their hospitality.
- Filipinos enjoy socializing and participating in community events that include food, music and dance.
- Women are traditionally responsible for handling family finances, as well as domestic duties and all family-related matters. Men are responsible for earning the money.
- There is a general belief in fate – a belief that people will usually get what they deserve.

### Communication Variations

- Both individual and group dignity is considered to be important. Therefore every attempt is made to avoid direct confrontation and anger. Sometimes a third person is used to mediate a dispute.
- It is considered important that people be tactful in all their discussions.
- When meeting a group that includes one or more older people, they should be greeted first. A firm handshake, a smile and direct eye contact is the appropriate greeting.
- Formal greetings such as Mr., Mrs. or Miss are preferred when meeting strangers.
- Nodding of the head can mean either “I hear you,” “I’ll co-operate” or some other variation, so it should not be interpreted to mean only “Yes.”
- Filipino people, in general, may be reluctant to question anyone in authority, so they should be reassured that questions are not considered to be offensive and would in fact be helpful in ensuring understanding.
- Rather than openly questioning a concern or expressing disagreement with it, responses may be preceded by words like “Perhaps” or “Maybe.”
- Relationship building is considered to be more important than time, so punctuality for appointments is culturally not considered to be a priority.
- Elderly Filipino women may spontaneously show appreciation to a service provider by shaking his or her hand with both hands.
- Sex is a taboo topic of discussion. Marital status and finances are typically considered to be private matters.

### Holidays and Celebrations

- Christmas and Easter are important religious holidays for Christian Filipinos.
- Celebrations are held during the 9 days before Christmas, and during Holy Week, which is the week before Easter. Many of these are family celebrations, which are sometimes shared with friends.
- New Year (January 1st) is also celebrated by members of the Filipino culture.
- Every June 12th, Independence Day is celebrated with large gatherings involving food and entertainment.
- On November 1st, All Saints Day, Filipinos visit cemeteries to commemorate deceased relatives.

### Food Habits

- Given the number of different ethnic groups in the Philippines, the food has many global influences that have then been adapted to local tastes.

# Filipino Seniors

## Section Two

### Food Habits

continued

- Rice is eaten with nearly every meal. Rice is also used in many desserts.
- Other typical foods include noodles, fish, various meats, garlic, and green leafy vegetables, often cooked in vinegar, and served with soy sauce or other sauces. Many of the foods are cooked in a broth or fried.
- Warm or room-temperature foods are generally preferred to cold; and warm, soft foods are preferred when ill.
- Acidic foods and juices are typically not consumed in the morning.

### Aging and Lifestyle Related Issues

- Older Filipino immigrants are accustomed to socializing with extended family members and friends. In Calgary, limited access to transportation and the cold weather in winter make it difficult to get out, making social isolation a problem.
- Another contributing factor to social isolation is that many grandparents find themselves looking after grandchildren rather than spending time with peers.
- There is some concern that the language, values and customs of the Philippines are not being passed on to grandchildren.
- Lack of easy access to information about programs and services for the elderly in Calgary is perceived to be a problem. There is a feeling amongst service providers that adult children should become more aware of services available for their parents and of the benefits of those services.
- Dancing, karaoke and listening to music are recreational activities enjoyed by the Filipinos. These provide an opportunity for both peer and intergenerational socialization.

### Health Care and Medicine

- Some Filipino seniors traditionally believe that illness is caused by an imbalance between individuals and the spirit world.
- Finding a family physician and the long wait for surgery were identified as problems affecting Calgary's seniors.
- Seniors may avoid seeing a physician because they do not want to be a burden. They may try to look after themselves by using various herbal remedies, until an illness becomes a crisis. Then they go to the hospital emergency room – sometimes too late.
- When a physician is consulted, the patient tries to abide by any instructions given. It is important that an effort be made to ensure that instructions are understood and that the family has had input to any treatment plan.
- Filipino seniors traditionally believe in faith healers and may use them as part of their medical treatment.

### Health Care and Medicine

continued

- Some seniors mistrust Western medicines or fear addiction, so they may avoid taking them. They may also not understand the importance of taking medications at the prescribed time intervals.
- Seniors can be reluctant to express pain or suffering in front of strangers.
- Invasive procedures like giving or receiving blood are resisted because puncturing the skin is traditionally believed to increase illness.
- Filipinos are typically very private and modest. This should be remembered for example, when conducting medical examinations. Family members should be present during examinations and asked to assist with interpretation, particularly with respect to sensitive issues such as poor prognosis.
- The need for privacy does not extend to getting a medical history however. Medical information is willingly shared.
- Filipino seniors prefer family members to be consulted and to assist in decision-making with respect to their health care. They expect physicians to keep the family informed about their health issues.
- Whether ill at home or hospitalized, family members attempt to provide care. Extended family and friends also visit frequently and bring food for the patient.

### Mental and Emotional Health

- Filipinos traditionally have a variety of explanations for poor mental health, ranging from a disruption in harmony between the individual and the spiritual world, to physical or emotional strain, heredity, or environmental factors.
- Depression and other mental health problems are typically kept private and confidential within the immediate family.
- Filipinos are typically very private people, who are reluctant to discuss emotions with anyone outside the family.
- Sometimes traditional faith healers will be used to placate or exorcise perceived spiritual influences.

# Filipino Seniors

## Section Two

**Some Filipino seniors traditionally believe that illness is caused by an imbalance between individuals and the spirit world.**

### **Death and Dying**

- Any information about a dying patient should first be discussed with the family, and in particular, with the eldest son or daughter prior to revealing a diagnosis or prognosis to the patient.
- A request may be made to keep religious symbols, medals or figures near the patient.
- In the case of Roman Catholic patients, a Chaplain should be notified to give the patient the Sacrament of the Sick.
- Autopsies and organ donations are usually refused.
- Before the body is moved to the funeral chapel, the family may wish to have time to say good-bye, and may want to wash the body.

# Cultural Cues

# Hispanic Seniors



## Immigration History and Status

- It is important to note that the term “Hispanic” refers to a culture and a language, not a race. It is a cultural legacy (originating in Spain and Portugal), that unites many countries into a diverse group of peoples joined by a common language. Terms preferred by some members of the culture are Latin American or “Latino.”
- Some of the Central and South American source countries of immigration to Calgary are El Salvador, Guatemala, Honduras, Nicaragua, Argentina and Chile.
- The Hispanic seniors in Calgary come from a total of 25 different countries, and belong to many different religions.
- In 1989, the Canadian Hispanic Seniors Services Society was established to provide services, recreational programs, and social and cultural events for members.
- The Hispanic seniors function as one community, and currently use the Chilean Community Association premises in the NE sector as their meeting place. The seniors are currently trying to raise funds to develop a centre of their own.
- The number of elderly amongst recent Hispanic immigrants is comparatively small. Only 1.7 per cent (495) of new immigrants 65+ came to Calgary from Central and South America in 2001.
- Central and South America were 10th on the list of source countries of elderly immigrants to Calgary in 2001.
- Many of the Hispanic seniors arrived in Calgary several years ago as refugees, some having suffered trauma, torture, violence, and imprisonment in their homelands. Many came here by way of Mexico or the U.S.
- Some have lived in other parts of Canada, but prefer Calgary because of the weather, and the fact that the mountains remind them of their homeland.
- Hispanic seniors in Calgary noted that they were able to find jobs here upon arrival and to build a life for themselves. They are grateful for the assistance provided by Canadians to enable them to do so.
- Central and South Americans comprise nearly 7 per cent of the immigrant population of the NE and SE sectors of Calgary. The majority live in the NE.
- There is currently no seniors’ home or long term care facility specifically for Calgary’s Hispanic population.

## Language and Literacy

- Spanish is the primary language spoken by Hispanic seniors. Some speak Portuguese.

# Hispanic Seniors

## Section Two

### Language and Literacy

continued

- The literacy rate is dependent upon the country of origin, and the socio-economic background of the immigrant.
- Even Hispanics who are fluent in English may have difficulty expressing emotions or personal problems in English.
- Recent elderly immigrants find it particularly difficult to learn English, partially because of the lack of opportunity. Some don't see the need, because their lives are taken up with domestic duties for their adult children and with care of their grandchildren. Time and opportunities for social interaction in the larger community are limited.

### Spiritual and Religious Beliefs

- Religion and spirituality are very important to the Hispanic culture and way of life. Older Hispanic immigrants consider spirituality to be a determinant of health and well-being.
- The majority of Hispanics are Roman Catholic; the remainder belongs to Pentecostal, Mormon, or other Protestant faiths.
- There is a general acceptance of different religions amongst members of the group.
- A sense of fatalism is common. It is believed that the course of one's life is God's will.

### Family Values

- Traditionally, large families are valued, but in Canada, the smaller family is now becoming more common.
- Interdependence between family members is highly valued.
- The elderly are typically held in high regard within their families and their wisdom and experience are valued.
- Traditionally, men are head of the household and women assume the responsibility for family and children. This has been changing in Canada because of the financial necessity for women to work.
- Important family decisions are made in consultation with extended family members, and it is felt that personal matters should be handled exclusively within the family.
- Hispanics rely on family and close friends for support and help. Professionals like social workers are unfamiliar to them.

### Cultural Values and Customs

- Loyalty to each other is valued.
- Modesty is valued for both men and women.
- Seniors are concerned that traditional cultural values and practices are being forgotten by their children and grandchildren, who are being influenced by Canadian values and beliefs.

### Cultural Values and Customs

continued

- Seniors are accustomed to greeting and acknowledging strangers they meet in public places such as buses and elevators and tend to be taken aback when no one responds.

### Communication Variations

- Hispanic people are physically demonstrative in terms of their expressions of warmth and closeness between members of the opposite sex, as well as friends or family of the same sex.
- Shaking hands is an acceptable way of greeting strangers, and it is initially preferred that formal titles be used (Mr., Mrs, Miss).
- Direct eye contact is important in building trust between service providers and seniors.
- Once a relationship of trust is established, Hispanic seniors usually comply with the will of physicians and other people in authority, such as government officials, lawyers, bankers etc.. This is not always easy however, given suspicions of government officials and authority figures that may have arisen through experiences in their homelands.

### Holidays and Celebrations

- Festivals and celebrations are an important part of family and community life in Spanish-speaking countries.
- Visiting shrines, lighting candles, and offering prayers are common practices.
- Religious holidays are widely celebrated - Lent and Christmas being the most popular.
- Annually, on November 2nd, celebrations are held to honour deceased ancestors.
- In addition, each country of origin celebrates its unique holidays.

### Food Habits

- Traditional foods include tortillas, beans, rice, tamales, plantain, hot peppers and spices, eggs and dairy products. A variety of meats are also eaten, dependent upon cost, as are a variety of vegetables.
- Juice is often the beverage of choice with meals. A hot beverage (usually black coffee, coffee in hot milk or hot chocolate) are enjoyed for breakfast.
- Although hot spicy foods are generally enjoyed, bland foods are preferred when ill.

# Hispanic Seniors

## Section Two

### **Aging and Lifestyle Related Issues**

- Aging is accepted as a part of life and is viewed as inevitable.
- Many elderly feel that they have lost the respect that they typically received from their families in their homelands. Their roles here have been devalued. Rather than being considered the source of family knowledge, many have assumed the responsibility for both child care and household chores.
- As a result, both intergenerational conflict and social isolation are common.
- Social isolation (resulting from not being able to understand the English language and the lack of supportive social networks) is problematic for seniors. In their homeland, they had become accustomed to informal visits and interactions with family and friends.
- Because of their refugee experiences, some Hispanic seniors are more fragile and need emotional support.
- Family-related recreational events are valued by Hispanic seniors, including outdoor activities like picnics or walks, or large family gatherings that provide opportunities for intergenerational interaction. Food is always an important component of these activities.

### **Health Care and Medicine**

- When dealing with Hispanic seniors, it is always important to remember that they may have been victims of violence in their homelands, leaving physical and emotional wounds that affect their behaviour and view of the world.
- Seniors are not accustomed to dealing with physicians who are strangers. In their own countries, the physicians consulted are family members or friends, so there is an immediate trust relationship.
- The notion of preventive medicine is foreign to Hispanics. Thinness for example, is seen as a problem; carrying a little extra weight is seen as desirable. Therefore, weight loss suggestions may be ignored. Notions of exercise for rehabilitation, and relaxation are also unfamiliar.
- Discussion of sexual matters is taboo.
- Female seniors feel more comfortable with a female physician, or at least in the presence of a female nurse.
- Seniors are not accustomed to home care or long term care. In their experience, families typically look after the needs of their elderly relatives.
- Hospitalization is sometimes associated with death, not recovery.
- Alternative medicines are often tried before consulting a physician.
- Medical treatment is usually expected if a physician is consulted. The notion of diagnostic testing is foreign.

### **Mental and Emotional Health**

- The experience in Hispanic countries is that people with mental health problems are institutionalized with no hope of recovery.
- Health problems such as Alzheimer's disease or other dementias are typically considered a matter of shame, and are not openly discussed amongst family and friends and certainly not with strangers. Therefore help is often not sought early enough to maximize its effectiveness.
- Given the refugee experience of many Hispanic immigrants, mental health problems and their associated physical symptoms are typically the most frequent reason for seeking medical help. Emotional scars can be deeply embedded.
- Depression, forgetfulness and withdrawal are commonly expressed symptoms related to mental health.
- Men may be depressed because they've lost their hold on the traditional family; and women, because they are socially isolated or bear the burden of both working outside the home and family responsibilities.

### **Death and Dying**

- Hispanic immigrants are accustomed to looking after dying family members themselves and prefer to take a person home from the hospital to die.
- It is important to inform a family member (typically the eldest son) if death is likely to occur.
- Autopsies and organ donations are often resisted.
- After death, the body is taken to a funeral chapel in preparation for burial.
- An all-night wake is typically held with family members and friends in the presence of an open casket. This is considered an important ritual because it is the last time that everyone will be together with the deceased.
- Cremation is a growing practice because of the cost of burials, and the ashes of the deceased are sometimes taken back to their homeland.
- Mountainview Cemetery in Calgary has allocated a special section specifically for burial of members of the Hispanic culture. Some seniors are purchasing grave plots for themselves.



# Cultural Cues

## Korean Seniors

### Immigration History and Status

- All immigration to Canada is from South Korea. North Korea is a Communist country that does not allow emigration. North and South Koreans are ethnically the same.
- South Korea is an ancient country, small in area (about 15 per cent of the size of Alberta) with an estimated population of 48,598,175 (2004). It lies between China and Japan, and has one of the highest concentrations of people in the world.
- Korea underwent dramatic changes in the early 20th Century, related to the introduction of both democracy and Christianity.
- Many Koreans came to Canada as independent class immigrants or entrepreneurs, to find new opportunities for themselves and their families.
- Korea was one of the top 10 countries of origin of new immigrants to Alberta in 2003, but not to Calgary.
- In 1999, 2140 Calgarians were Korean, comprising .3 per cent of the population of Calgary. In 2003, Korea was 5th in the top 10 countries of birth of immigrants arriving that year. That year, 476 new immigrants arrived from Korea. There are approximately 1000 Korean seniors in Calgary at present.
- There is no distinct area of Calgary where the Korean population resides. Members are spread across the city.
- The Korean Seniors' Association was formed in Calgary in 1977 to provide camaraderie and support to seniors in the Korean language.
- Korean seniors expressed a need for a community gathering place in Calgary, so that they don't have to go from one location to another for their activities.
- They also expressed a need for a Korean seniors' home, where they can be understood in their language and where Korean food is available.

### Language and Literacy

- Language is the biggest barrier to the ability of Korean seniors to understand Canadian society, make new friends and frequently, to communicate with grandchildren.
- Both elderly Koreans, who immigrated some time ago, as well as recent immigrants, may have difficulty speaking English.
- Their native language is Korean. Some seniors complained that to their knowledge, there are no ESL classes available specifically for seniors in Calgary. There was a feeling that the learning styles of seniors are different from those of younger people.

### **Koreans have a strong personal faith, and are committed to advocacy on human rights, and to social justice issues.**

#### **Spiritual and Religious Beliefs**

- In past decades, the majority of Korean immigrants had been converted to Christianity in their homeland. There are a number of Korean churches of different denominations in Calgary. There is one Korean Catholic Church and churches of Protestant faiths like Presbyterian, United and Baptist predominate.
- Christianity gave new immigrants a ready community of like-minded people. The church has become a community centre, where they receive support and assistance in adapting to their new way of life here.
- Koreans have a strong personal faith, and are committed to advocacy on human rights, and to social justice issues.

#### **Family Values**

- Many older Koreans are followers of Confucian traditions wherein bloodlines are considered both sacred and important.
- Family relationships are determined by both generational seniority and order of birth.
- The extended family is traditionally valued, as are harmony and cohesion within families. Imparting these values is still of importance to older generations.
- The traditional family consciousness expresses itself as “filial piety,” which attaches the greatest importance to father-son relationships. Filial piety does not indicate attitudes of parents towards their children, but consists of devotion of children to their parents.
- Traditionally, a patriarchal system existed, with the father, husband or eldest son being responsible for family decisions. Involvement of other family members is more common now.
- In the traditional family, women were typically responsible for caring for the home and family.
- To the family, it is important that it have a position of honour and respect in the community, since both contribute to the self esteem of individual family members.
- These traditional Korean patterns of behaviour have changed in immigrant situations. Korean seniors here are uncomfortable depending upon their children who are busy with their own lives.
- Independence is valued and desired among seniors, who have the means and ability to achieve it and is coveted by those who do not.

# Korean Seniors

## Section Two

### Cultural Values and Customs

- Confucianism has traditionally had an effect on Korean value systems.
- Confucianism is a social philosophy that promotes a code of social behavior that enables adherents to live harmoniously in this world and attain individual happiness. The emphasis is on today and not on death, life after death, or on spirituality.
- Harmony is attained by adhering to the five cardinal virtues of benevolence, propriety, loyalty, intellect, and trustworthiness.
- Improvement of the moral self is the cornerstone of Confucianism.
- Korea is a country that is racially homogeneous and values conformity.
- Privacy is highly valued, so information is not disclosed before a relationship of trust is established.
- Koreans have a strong work ethic and spirit of entrepreneurship which allowed many to adapt rapidly and successfully to life in Calgary.
- "Saving face," or not losing credibility, is of utmost importance.
- Koreans in general value the importance of a good education.

### Communication Variations

- Confrontation is disliked and avoided. As a result, the word "no" is seldom used, because disagreement is perceived to result in both loss of face and harmony.
- Direct eye contact is avoided in situations of conflict or disagreement.
- Touching is considered disrespectful between strangers, except in a medical context.
- Formal greetings (Mr., Mrs, Miss) should be used with strangers.
- It is traditionally considered rude to direct the sole of your foot or shoe toward another person.

### Holidays and Celebrations

- Sollal, January 1st, is a celebration of every Korean's birthday, and each person adds a year to his or her age at this time, regardless of when he or she was born. This is one of the important Korean celebrations under the lunar calendar.
- Ch'usok, Korean Thanksgiving day is also observed under the lunar calendar.
- Korean Christians here celebrate the traditional religious holidays such as Christmas and Easter.

### Food Habits

- A typical Korean meal consists of steamed rice, a soup, and Kimch'i, a pickled spicy cabbage, served with various side dishes altogether on one table. Noodles are commonly used.

### Food Habits

continued

- The side dishes are made of vegetables, fish or seafood, chicken, pork, or eggs. Koreans use seasonings such as soy sauce, bean paste, red pepper paste and pickled fish. Condiments are prepared with a varying assortment of spices.
- Absence of conversation is the norm while eating.

### Aging and Lifestyle Related Issues

- Because family and friends are valued so highly in the Korean lifestyle, social isolation can be felt deeply by Korean seniors in Calgary. Close friends and extended family have sometimes been left behind in Korea, or interaction amongst family and friends can be minimal, due to busy lifestyles.
- Seniors may wish to retain long-standing values and customs and convey them to their grandchildren. However, many in the younger generations have adapted to Western culture, much to the disappointment of the seniors.
- Many seniors feel that they have lost the positions of respect that they traditionally held and enjoyed within the family.
- The majority of healthy Korean seniors would rather live on their own due to the absence of seniors' homes that accommodate Koreans in terms of language and food.
- Koreans are traditionally very industrious, so there may be reluctance to participate in Western recreational programs if they are viewed as purely social or as entertainment.
- Walking and spending time in parks are considered healthy recreational activities because they provide an opportunity to get some fresh air.

### Health Care and Medicine

- It is thought that a healthy body is a balance between hot and cold states (Yin and Yang) and illness disrupts this equilibrium. Hot illnesses include fever, diarrhea, and constipation. Cold illnesses include colds, anemia, etc. Hot illnesses should be treated with cold foods such as water, herbal tea, fruits, dairy products, etc; and cold illnesses should be treated with hot foods like peppers, peanuts, peas, eggs, or hot beverages.
- Korean seniors traditionally have a holistic view of health. They believe that health is a balance between the soul and the body as well as harmony within the family and home.
- Koreans typically feel that their lives are in the hands of fate.
- Many seniors use both traditional and alternative medicines simultaneously.
- Health care professionals are given respect. However, the role of nurses for example, may have to be clarified. Nurses do not have the same training or responsibilities in their homeland that they have here in Canada.

# Korean Seniors

## Section Two

**A typical Korean meal consists of steamed rice, a soup, and Kimch'i, a pickled spicy cabbage, served with various side dishes altogether on one table.**

### Health Care and Medicine

continued

- Diagnostic tests and procedures should be discussed with family members to put the patient at ease.
- Hospitalization can be resisted because of separation from family, and lack of English language skills and access to familiar food.
- Men in particular may react stoically to pain. Their perception of it should be probed more deeply to be able to alleviate pain with medication.
- Family members may stay with the patient, or visit frequently with them, to bring food and assist with feeding and care. Extended family and friends may also visit to provide support to the patient. This is expected in the Korean culture. Seniors are accustomed to this practice because it was necessary in the hospitals in their homeland.
- Surgery is not always welcomed – it may be viewed as an illness in itself.

### Mental and Emotional Health

- It is believed that mental health problems are linked to behaviour in a previous life, or to a person's inability to meet the expectations of spirits.
- Mental health problems or depression in a family are viewed as shameful, and are often hidden.
- Korean seniors may be reluctant to use anti-depressants.

### Death and Dying

- There is a traditional belief that death is inevitable and that agreeing to it is a type of virtue.
- The situation of a dying family member should be discussed with the male head of the household who will communicate the information to other family members.
- Many Koreans prefer to die at home, but family members often prefer hospitalization of an elderly patient if it is thought that the best care can be provided there.
- After death, the family will usually want to spend time with the deceased. Chanting may occur and prayers may be said.
- Autopsies and organ donations are typically resisted.
- Burial is preferred to cremation because descendants visit their ancestors' tombs on Korean Thanksgiving Day. In this way, Koreans maintain a sense of unity among family members.
- Cremation is also not considered acceptable because it is felt that it would destroy the spirit.

# Cultural Cues

## Sikh Seniors



### Immigration Status and History

- The Sikhs come from northwest India, from the state of Punjab which is a rich agricultural area that provides wheat and rice for much of India.
- They are one of the smaller religious groups in India, but represent a majority of the immigrants to Canada from that country. Most of the Sikhs aged 55+ came here under the Family Reunification Act, sponsored by relatives who have previously settled here.
- The majority of the Sikhs in Calgary live in either the NE or SE sectors of the city.
- In 2003, 17.7 per cent of all new immigrants to Calgary came from India, the second highest source of immigration to the city.
- The Sikhs are primarily rural and agricultural people, who were farmers or land-owners in their own country.
- There are four main Seniors' Centres, in the city of Calgary, that provide information and assistance to Sikh seniors:
  1. Dash Mesh Culture Senior Citizen Society
  2. The Indo-Canadian Association for Immigrant Seniors
  3. The Indian Ex-Servicemen Immigrant Association
  4. Council of Sikh Organizations (COSO)

### Language and Literacy

- Some of the Sikh seniors in Calgary had little opportunity for formal education in their homeland but others are well-educated. Recent research shows that if people are not literate in their own language, it is particularly difficult to learn English at an advanced age.
- Punjabi is their mother tongue, but many speak Hindi as well.

### Spiritual and Religious Beliefs

- The Sikh religion ("Sikh," meaning "disciple") originated 536 years ago in Northern India, when the first of ten Gurus suggested tolerance and co-existence with other faiths as a basic tenet of the way of life. It is a religion that believes in universal love and selfless service of mankind.
- Each of the ten Gurus made a contribution to the belief system and their teachings are written in their sacred scripture called the Guru Granth Sahib.
- Sikhs have rejected the caste system and believe that there is only one God and that everyone has equal status in the eyes of God.
- God is at the centre of all values, beliefs, behavioural and socio-economic systems.

# Sikh Seniors

## Section Two

### Spiritual and Religious Beliefs

continued

- The original Sikh temple in India is the Golden Temple of Amritsar in Punjab. The place of workshop or temple for Sikhs is called the Gurdwara, which means “door to enlightenment.”
- In Calgary there are two temples that provide a place for worship and socialization, one in the NE and another in the SW.
- Prayers are said in the temple daily, followed by a lunch, which is traditionally eaten by sitting on the floor to emphasize the equality of all humans.
- Sikh men and women wear the five symbols of their faith that indicate that they have been baptized - uncut hair (and a turban) and facial hair; a wooden comb worn in the hair; special underwear; a miniature sword; and a steel bracelet on their right wrist.
- Sikh women traditionally cover their heads to show respect for hair as a gift from God and a measure of spirituality.
- It is mandatory for a Sikh man to be addressed as Singh (meaning “lion”) and a Sikh woman as Kaur (meaning “princess”), because the Singh and Kaur names were given to them by their 10th Guru. These names are used as second names only, to clarify the gender of a person, because men and women use the same first names in the Sikh culture.

### Family Values

- The extended family is valued, as is interdependence within the family. In many cases, three generations live under one roof.
- The family is typically a patriarchal system that functions in traditional ways.
- Men and women tend to socialize separately, even when visiting in each others’ homes.
- The opinions of relatives, in particular those of the elderly and those in high positions in the temple, are traditionally sought for all important decisions.
- The elderly value both personal and family honour.
- Men and women traditionally have equal status.

### Cultural Values and Customs

- All cultural values and behaviour emanate from the Sikh religious teachings.
- Sikhs have a strong work ethic because it is believed that people will sow and reap according to their actions.
- Sikhs believe in “karma” – that how they treat others will determine how they will be treated.
- Sharing one’s earnings with the needy, through hard work, coupled with remembering God is a basic Sikh tenet.

### Cultural Values and Customs

continued

- Sikhs respect differences between people and cultures.
- They accept the course of their life as the will of God.

### Communication Variations

- In their own country, shaking hands is uncommon, especially between men and women, but this practice is modified to fit Canadian behaviour, as required.
- The word “Satsriakal” and a small bow accompanied by the palms of the hands pressed together in front of the chest are the traditional greetings.
- Direct eye contact could be considered to be a manifestation of rude and disrespectful behaviour.
- Sikhs do not traditionally use pleasantries such as “please” and “thank you,” but they are evident in the tone of their requests.
- Seniors prefer to avoid conflict if at all possible.

### Holidays and Celebrations

- The most important celebration for Sikhs is Baisakhi, a harvest festival celebrated annually on April 14th, by worship and dance.
- The birthdays of each of the 10 Gurus are celebrated.
- Diwali (the “Festival of Lights”) is celebrated to welcome the arrival of the 6th Guru in Amritsar, after being released from captivity by Mogul King Jahangir. This festival is held in October or November.

### Food Habits

- Dried lentils, rice, onions, a variety of vegetables and fruits, unleavened whole wheat breads, buttermilk, milk, yoghurt, garlic and ginger are preferred foods.
- Many Sikhs are vegetarians. Beef and pork are not traditionally eaten and food in an institution, for example, may be refused if the ingredients are not known.
- Traditionally, Sikhs eat with their right hand, often using the bread to scoop up their food.
- It is considered impolite to refuse refreshments, when offered.

### Aging and Lifestyle Related Issues

- Difficulty with the English language, the lack of a safe environment in their neighbourhoods, and worries about grandchildren losing their cultural traditions are matters of concern to Sikh seniors.
- Older people expect to be treated with respect and to have input to family decisions, but many are feeling a lack of dignity, because they have arrived in Canada dependent upon adult children who have sponsored them.

### **Aging and Lifestyle Related Issues**

continued

- Grandparents are often responsible for the care of their grandchildren.
- Both men and women express feelings of isolation and homesickness for their own country and its ways. The customs of Canadian culture are foreign to them as is the language.
- It is a cultural norm that families take care of seniors, and elder care is typically the woman's responsibility. This is not always possible in Calgary, where both members of a couple often have to work to survive.
- It is felt that the availability of home care services would assist many young families to keep their elderly relatives at home.
- If the situation becomes acute, so that elderly parents need to be placed in a long term care facility, family members will go there regularly to provide care.
- Recreation and leisure activities often revolve around attending the temple, participation in daily prayers, and celebrating religious festivals. Food is an important component of these activities.
- A sense of humour and laughter are an important part of daily life and regular contact with family and peers provide opportunities to enjoy life.

### **Health Care and Medicine**

- Illness is typically perceived to be the result of imbalances in the body (particularly dietary imbalances), a perception arising from Ayurvedic medicine, the ancient Indian medical system. Treatment should therefore be directed at re-establishing the balance.
- Seniors often make health care decisions for family members.
- Herbal as well as Western medicines are used by seniors in Canada, although herbal medicines are often thought to be more natural, more effective, not as strong, and to have fewer side effects.
- It is generally thought that hospitals are a place of last resort - only to be used in a crisis for acute care and in emergency situations.
- In the hospital, a Sikh will not eat or drink out of any utensil previously used by anyone else and Sikhs prefer not to wear clothing previously worn by others.
- Sikhs will not eat a vegetarian meal if they have a concern that it was cooked in the same kitchen as meat, or if the meat was simply removed from the plate. Staff should always ask if they eat meat.
- When treating a Sikh patient, doctors and nurses should always ask if hair can be cut, the turban removed, a beard shaved off, a bracelet or underwear removed. The hair is kept covered, even at night.
- It is common for a large number of family and friends to visit a patient in hospital. Visits typically include food, discussion and laughter and are seen as a way of providing consolation and support to the patient.

### Health Care and Medicine

continued

- Prayers are said twice a day – the patient will have a copy of the sacred scripture. Sikhs should not be disturbed during their prayers.
- Sex is a taboo topic, especially with women. One should always ask before talking about it.
- Sikhs like to take their own baths and prefer not to let the nurses bathe them. However, if they cannot bathe alone, a care giver should ask if they can provide assistance.
- If surgery is accepted, the hair should not be cut or the religious symbols removed without permission.
- Women prefer another woman to be present during all medical procedures.

### Mental and Emotional Health

- Families sometimes hide the fact that a senior suffers from mental illness or dementia, so it can remain untreated until a crisis arises and emergency assistance is sought.
- Symptoms are typically presented in physical rather than psychological terms (for example, stomach aches or headaches, rather than anxiety or depression).
- Medicines are preferred to psychiatric help for treatment.
- Assistance from community agencies, provided informally and with respect, is often welcomed.

### Death and Dying

- When a death occurs, relatives and friends openly express grief. It is thought to be shameful and disrespectful not to do so.
- If a death occurs at a hospital, the body is viewed there.
- It is customary for family members to wash the body and prepare it for cremation.
- Autopsies and organ donations are typically rejected.
- Following cremation, the funeral takes the form of prayers for the person's soul at the Sikh temple.



# Cultural Cues

## Vietnamese Seniors

### Immigration Status and History

- In 2005, the Vietnamese community in Calgary numbers at least 12,000.
- There have been two major waves of immigration from Vietnam to Canada. The first was in 1975, right after the Vietnam War. Most of these newcomers were political refugees escaping the impact of the Communist takeover.
- The first wave consisted of mainly urban and well-educated people, with skills that enabled them to readily adapt to Canadian life.
- The second larger group who arrived in 1979-80, was mainly refugees fleeing the economic changes of the Communist regime and consisted of what was known as "the boat people." Many of these people spent time in refugee camps prior to being admitted to Canada or other countries.
- Immigration from Vietnam is ongoing with recent arrivals being relatives of earlier refugees who are being reunited with their families. Some of the recent immigrants are widows.
- In 2003, 21 (out of a total of 645) new immigrants over 55, arrived in Calgary from Vietnam.
- Most of the Vietnamese seniors in Calgary live in the NE and SE sectors, in Applewood, Whitehorn, Penbrooke Meadows and Monterey Park.

### Language and Literacy

- Many of the second wave immigrants, particularly women, can neither read nor write in Vietnamese. Therefore the translation of information will not increase the awareness of available services in Calgary.
- Some of the Vietnamese in Calgary are Chinese born, who had lived in Vietnam for years. They speak both Vietnamese and Cantonese. Others speak English or French, as well as Vietnamese.
- The elderly experience considerable difficulty learning English if they did not know it before their arrival here.

### Spiritual and Religious Beliefs

- In Vietnam, there are many different religions and people respect each other's beliefs. The elderly wish that people here would understand, or at the very least, respect their specific religion.
- Ancestor worship (a belief that the deceased can be called upon to assist the living) is common.

### **Most of the Vietnamese seniors in Calgary live in the NE and SE sectors, in Applewood, Whitehorn, Penbrooke Meadows and Monterey Park.**

#### **Spiritual and Religious Beliefs**

continued

- The Vietnamese in Calgary are typically Buddhist, Catholic, or Protestant.
- Buddhists attend the Vietnamese temple in the SE. Christians attend the relevant church in their neighbourhood.
- Many of the regular attendees are women.

#### **Family Values**

- The Vietnamese and Chinese cultures are similar in many ways. But traditionally, the elderly Chinese live with their oldest son and the elderly Vietnamese live with their youngest son.
- Arranged marriages were still common in Vietnam when Calgary's immigrant seniors were of marriageable age. Marital fidelity is still valued and marriages are maintained through negotiation and compromise. However, for the new generation of Vietnamese, arranged marriages no longer exist here or in Vietnam.
- Traditionally women have fewer rights than men.
- The father, the husband or the eldest son is typically the decision maker in the family.
- Women are traditionally responsible for the children and the care of sick family members. However, upon arrival in Canada, many women entered the work force out of necessity, resulting in a need for some readjustments to traditional practices, and a strain on some relationships.
- Family ties are strong, and there is strong loyalty to the family unit, which is typically an extended family. Ancestry is considered important.
- Aging parents are respected and traditionally cared for at home. Institutional care is generally frowned upon.

#### **Cultural Values and Customs**

- The Vietnamese have a strong sense of national pride that comes from years of struggle for independence in their homeland.
- Generosity is valued. Favours are always remembered and returned. Some seniors therefore resist asking for help because it is felt that reciprocation is required.
- Seniors in Calgary claim that as a cultural group, they are flexible and capable of adapting to new situations, environments, weather, and food.
- A sense of humour is valued.

# Vietnamese Seniors

## Section Two

### Cultural Values and Customs

continued

- Respect for elders, the show of appropriate manners by grandchildren, and respect for cultural values are common concerns of seniors.

### Communication Variations

- Politeness is valued as are formal greetings.
- People often nod or smile, to avoid confrontation or embarrassment to themselves or others. A smile can mean avoidance of a question, or a lack of understanding. It should not be interpreted as agreement.
- “Saving face” (loss of dignity or credibility) is considered important.
- Direct eye contact is avoided in favour of fleeting glances.
- It is considered rude to point the sole of your foot or shoe toward another person.

### Holidays and Celebrations

- Vietnamese seniors would like people to understand and respect the holidays that are important to them.
- The most important holiday is Tet, the Vietnamese New Year, which has been celebrated for over 4000 years. It is a festival to celebrate both the beginning of a new year on the lunar calendar and the beginning of spring. It is a time for performing acts that are known to bring good luck for the following year. Traditionally, it is also a time to remember and pay tribute to ancestors.
- Vietnamese seniors also like to celebrate the date of the first Emperor’s death. It is traditional to remember him and seniors wish that their children would carry on these traditions.
- Birthdays are important and large celebrations with extended family and friends are common.

### Food Habits

- Rice is a staple. Soy products and fresh green vegetables are regular foods. Fish is commonly eaten, as are chicken, pork and beef, especially in soups, in which noodles are often substituted for rice.
- The same kinds of foods are often eaten at all meals.
- Fruit is the favorite snack food.
- Ginseng is used for health and well-being.
- Many Vietnamese are lactose intolerant. Tea and warm water are the preferred beverages.
- Food is thought of as hot, cold or neutral, and balance is attempted to prevent illness. When ill, it is felt that warm, soft foods are best to promote healing.

### **Aging and Lifestyle Related Issues**

- The elderly expect family contact, respect and support as they age. Visiting friends and family is a valued part of the Vietnamese lifestyle. In fact, however, many seniors in Calgary are experiencing both family and community isolation.
- Many older women who cannot speak English, are either at home alone or looking after grandchildren, with no peer support or social contact. Many have expressed feelings of dependence and of being burdened with household chores. Men may have greater opportunities for contact with the outside world.
- With the lack of a social support network outside the home, the dependence on family can lead to situations of intergenerational conflict.
- Tai Chi and regular exercise are recreational activities practiced by Vietnamese seniors.

### **Health Care and Medicine**

- Doctors are highly respected and nurses are perceived to be a support to them. Therefore independent action taken by nurses is often puzzling to seniors and it should be explained that nurses here are trained to perform various procedures.
- The Vietnamese believe in 4 basic causes of illness: an imbalance in hot and cold; ill wind and poor water; supernatural forces; and heredity.
- Seniors typically try home remedies and herbal medicines prior to consulting a physician, sometimes resulting in delayed treatment and aggravated illness.
- Privacy about personal and family lives is valued, and questioning about these is resisted.
- Family members make treatment decisions for the patient, so any health issues should be discussed with them. However, since it is felt that talking too much about an illness will induce it, elaborate explanations are not desired.
- Some Vietnamese seniors are accustomed to receiving several medications from physicians in their homeland and expect the same here along with a rapid cure. Others feel that Western prescription drugs are too strong, and are not effective for the Vietnamese. In both cases, long-term medical treatment is rejected, if the benefits are not well explained.
- Surgery is often resisted because of a belief that the soul is connected to body parts and might escape if any parts are removed.
- Hospitalization is resisted because it is thought to be linked with death.

### **Mental and Emotional Health**

- The mental health of many Vietnamese immigrants and refugees has been influenced by their experiences - the conditions under which they left their own country, or arrived in Canada, and the separation from family members in the process.

# Vietnamese Seniors

## Section Two

**The Vietnamese believe in 4 basic causes of illness: an imbalance in hot and cold; ill wind and poor water; supernatural forces; and heredity.**

### **Mental and Emotional Health**

continued

- Supernatural forces or astrology are often used to explain mental illness.
- Family members are ashamed of mentally ill relatives, and it is felt that there is no cure for the illness. This has implications for the treatment of dementia in seniors.
- Treatment by a psychiatrist is resisted, as are prescription medicines, because they are thought to be ineffective.

### **Death and Dying**

- There is a strong sense that death should occur at peace, at home, surrounded by family.
- If death is imminent, the family wish to be kept informed about the patient's condition, but the patient should not be told.
- If death does occur in a hospital, the body should be moved home as soon as possible.
- Autopsies and organ donations are resisted and seen as causing further suffering to the dead.
- The death anniversary is celebrated annually.
- Funerals are never held during Tet (the New Year celebrations), and often not until a week later. People will not go to visit a family home where a death has occurred at this time, for fear it will bring them bad luck in the New Year.



## Section Three

# Strategies for improving Cultural Competency

When working with immigrant seniors, it is important to avoid patronizing and stereotyping, not only because of age, but also because of ethnocultural background, gender, and ability. One should always keep in mind that it is often easy to overlook or misinterpret a significant piece of information and that a lack of literacy in English does not imply that immigrants are illiterate or incompetent in their own language or culture.

**When working with immigrant seniors, it is important to avoid patronizing and stereotyping, not only because of age, but also because of ethnocultural background, gender, and ability.**

There is diversity within each of the ethnocultural groups, so the unique circumstances of the individual within the ethnocultural context always need to be taken into account. As individuals we each have a worldview - a philosophy of life that helps us to make sense out of our existence. It is a view based partially upon our own ethnocultural background, but also upon our environment and upbringing.

Because there is even diversity in an apparently homogeneous group, a common rule should be to treat everyone as though he or she comes from a different culture – in other words, discard our assumptions and stereotypes and try to treat all people as individuals.

**Treat everyone as though he or she comes from a different culture – in other words, discard your assumptions and stereotypes and treat people as individuals.**

One can begin to understand the individual within the context of the ethnocultural group, by soliciting from the senior directly (or through an interpreter), as much of the following information as is relevant to the specific service/s to be provided.

- Country of origin; rural region versus urban centre (beliefs and values can be different);
- Reason for migration and circumstances under which migration occurred (if they immigrated as a refugee for example, the experience may have resulted in mental and emotional as well as physical scars);
- Age at migration; and age now (younger immigrants adapt more quickly than older seniors, for example);
- Current immigration status (if sponsored by a family member, they are dependent upon the sponsor for at least ten years);
- Length of time in Canada, and whether they came here directly, or by way of another country (which adds to the disruption of a familiar life style);
- Literacy level (both in their native tongue, as well as in English – if they are illiterate in their own language for example, the written translation of information would be of little value);
- Education and socio-economic background (both are determinants of health and have an impact on lifestyle expectations);
- Religion or spirituality and its importance in their daily life (in some cases it is the defining factor for all values, beliefs and behaviour);
- Level of economic security (to make independent lifestyle decisions possible);
- Previous and current health and fitness status (physical, mental and emotional);
- Living arrangements - whether they live with family here and if they consider this to be a satisfactory arrangement (reportedly, an independent living arrangement nearby is often preferred);
- Nature of family (nuclear or extended) or did they leave most of their family members behind? If the latter, under what circumstances?

## Section Three

### Strategies for Improving Cultural Competency

**A lack of literacy in English does not imply that immigrants are illiterate or incompetent in their own language or culture.**

- Nature of friends and peer support network (if not, the resulting social isolation has been shown to affect mental, emotional, and physical health);
- Unique interests or skills (in an ideal world, what would they like to be doing?);
- Use of time (if most of the day is taken up with child care or household chores, there is little time left for self care and socialization);
- Participation in leisure activities and level of community involvement;
- Important holidays and celebrations and their dates (which may affect the timing, delivery and receptivity of services);
- Current concerns and perceived problems and any explanation for them;
- Wishes for themselves, both in the present and in the future.

For those who wish to conduct additional research regarding the ethnocultural groups covered in this project, or on other groups of interest, the list of resources at the end of this document provides some suggestions for websites to explore and publications to read.

# Section Four

# Conclusion



This Resource Guide has provided ethnocultural information on members of six visible minority groups in Calgary, with a focus on immigrants over 55 years of age. The information is intended to facilitate the planning and delivery of services to immigrant seniors and create a greater awareness of the growing need for cultural competency amongst service providers.

In order to both effectively and efficiently assist elderly immigrants to adapt to their new home, it is important to develop an understanding of their immigration circumstances, and of their values and customs. Services are accepted more readily if they are in harmony with traditional beliefs and practices.

The Cultural Cues provide just that – cues to types of information that facilitate the building of trust and un-

derstanding by both parties. The following general cues may provide the framework for this to happen:

- The maintenance of independence, respect, and dignity is the most important goal of all seniors.
- In the case of immigrant seniors, the loss of family, friends, familiar surroundings, customs and lifestyles not only creates sadness; but in conjunction with language barriers, social isolation and the need to learn new ways, life can be a daily struggle in a new country where everything is foreign.

As one immigrant senior so aptly put it: “In my own country, I easily go about my daily life. Here, I have to think and do.”

# Section Four

## Endnotes

### Endnotes

<sup>1</sup> City of Calgary. **2003 Annual Report**. Calgary AB: Seniors Services Division, Community and Neighbourhood Services. P. 3

<sup>2</sup> City of Calgary. **Facts about Calgary Immigrants**. Calgary AB: Community Strategies, Policy and Planning Division. P.1

<sup>3</sup> Ibid. P. 3 – 4

<sup>4</sup> Ibid. P. 5

<sup>5</sup> Ward, Veda, E. (2000). Immigrant Elders: Are we Missing Them? An Examination of Leisure Participation and Identity Among Immigrant Elders. **Journal of Aging and Identity 5 (4)**, P. 187 – 195.

## Resources

### Publications

City of Calgary. (2003). **Facts about Calgary Immigrants.** Calgary AB: Community Strategies, Policy and Planning Division.

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Lai, Daniel W. I., PhD. (May 2003). **Health and Well Being of Older Chinese in Canada.** Calgary, AB: University of Calgary, Faculty of Social Work.

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Waxler-Morrison, Nancy, Anderson, Joan and Richardson, Elizabeth. **Cross-Cultural Caring, A Handbook for Health Professionals in Western Canada.** Vancouver: University of British Columbia Press. 1990.

### Websites

- [www.helpage.org](http://www.helpage.org)
- [www.migrationinformation.org](http://www.migrationinformation.org)
- [www.ethnomed.org](http://www.ethnomed.org)
- [www.settlement.org](http://www.settlement.org)
- [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)
- [www.globalaging.org](http://www.globalaging.org)
- [www.stanford.edu/group/ethnoger/](http://www.stanford.edu/group/ethnoger/)
- [www.apmab.gov.au](http://www.apmab.gov.au)
- [www.xculture.org/resource](http://www.xculture.org/resource)
- [www.culturegrams.com](http://www.culturegrams.com)

# Section Four

## Resources

### Community Resources

#### 1. Services for Immigrant Seniors in Calgary

- The City of Calgary, Seniors Services Division – 974-3112
- Calgary Catholic Immigration Society (CCIS) – 262-2006
- Calgary Health Region - Calgary Health Link – 943-5465
- Calgary Immigrant Aid Society (CIAS) – 265-1120
- Calgary Immigrant Women's Association (CIWA) – 263-4414
- Calgary Mennonite Centre for Newcomers (CMCN) – 569-3325
- 211 Phone line for community and social services in Calgary (interpretation services available)
- Calgary Police Service, Cultural Resources Unit – 206-8150

#### 2. Ethnocultural Seniors Organizations in Calgary

##### Chinese Seniors

- Calgary Chinese Elderly Citizens' Association
- Our Lady of Perpetual Help Seniors Club
- Elder Friendly Communities Program

##### Filipino Seniors

- Once Young Seniors Association
- Philippine-Canadian Seniors Society
- Golden Generation Seniors Club
- Filipino Calgarian Seniors Club

##### Hispanic Seniors

- The Canadian Hispanic Seniors Services Society
- Latin American Seniors Society

##### Korean Seniors

- Calgary Korean Seniors Association
- Korean Veterans Association of Canada
- K'Vettes – Wives of Korea Veterans

##### Sikh Seniors

- Dash Mesh Culture Senior Citizen Society
- Indo-Canadian Association for Immigrant Seniors
- Indian Ex-Servicemen Immigrant Association
- Council of Sikh Organizations (COSO)

##### Vietnamese Seniors

- Calgary Vietnamese Canadian Senior Citizens Association



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