

May 18, 2006 – Vancouver, British Columbia Summary of Presentations

The following information was received with great interest by the Council. This information will be integrated with input from the public, presentations at subsequent meetings, and background readings and research on the various topics, as the Council begins to develop recommendations for its final report.

The information presented here does not necessarily reflect the position of the Government of British Columbia or the Premier's Council on Aging and Seniors' Issues.

During their May 18 session in Vancouver, Council members were informed by a series of briefings that examined Aboriginal and multicultural perspectives on issues affecting older adults. Throughout the day, a series of involved community members, expert speakers and other panellists explored several aspects of this theme:

1. Demographic Trends & Population Projections: Canada and BC, 1981 – 2031

The presentations began with an overview of the “demographics of an aging population” in Canada – delivered by Alain Bélanger, the Coordinator of Research and Analysis in the Demography Division of Statistics Canada.

The presentation pointed out some of the demographic age differences between the overall population on one hand and visible minorities and First Nations' populations on the other. Some key points included:

- Compared to the rest of Canada, BC's population is faster growing and has relatively high immigration, relatively low fertility rate, the highest life expectancy, and a higher proportion of people over age 65.
- The ratio of working-age people to those over 65 will drop from five to two by 2021.
- By 2017, more than half the population of Vancouver and nearly one in three British Columbians will be visible “minorities”.

During the ensuing discussion, the following observations were made:

- Most immigrant populations are younger than average.
- Immigration into BC appears to vary with the economic cycles.
- Long-term predictions about immigration patterns are not an exact science.

2. Health Outcomes & Culturally-Appropriate Services

The Council then heard three presentations on the relationship between culturally-appropriate services and health outcomes, followed by a panel and further discussion and dialogue:

- **Karen Kobayashi**, Assistant Professor, Department of Sociology, University of Victoria
- **Suzanne Barclay**, Director, Provincial Language Service, Provincial Health Services Authority
- **Dr. Perry Kendall**, Provincial Health Officer

Although Dr. Kendall was scheduled to present, he was unable to attend, so Dr. Baird narrated his prepared Power Point slides. They showed statistical indicators of health in BC's First Nations population, with recommendations for improving the situation. Almost three-quarters of BC's First Nations population lives off-reserve, and, in general, has a lower standard of living and higher rates of chronic disease, accidents and early death compared to other British Columbians. In recent years, health statistics for First Nations people have begun to improve – especially infant mortality, which is now almost at the BC average.

Dr. Kendall recommends:

- Formal commitments to improve the health status of Aboriginals, and initiatives to improve the standard of living.

- Acknowledgement of the issues, challenges, and the need for recognition and respect.
- A more holistic approach, and support for self-determination and control.

Karen Kobayashi then reviewed data that provided some insight into the issues facing ethnocultural minorities in British Columbia – especially in those populations currently with large numbers of first-generation immigrants. She indicated that cultural issues have a strong influence on access to health care for ethnocultural older adults. She recommends:

- Policy and programs based on findings and reports from research programs on ethnocultural issues that are multidisciplinary and both population-based and anecdotal.
- Research, supported by foundations who are directed by government to put ethnocultural issues on the research agenda.
- That government advocate on behalf of ethnocultural health organizations and communities to the federal government.

Next, Suzanne Barclay described the Provincial Language Service, which is a program of the Provincial Health Services Authority, aimed at making health care accessible province-wide. It currently has more than 250 interpreters covering about 100 languages, is accessible through a single toll-free phone number, and provides translation and cross-cultural consultation and training services.

Ms. Barclay indicated that the main barrier to access to health care is language, which may lead to inappropriate use of the health system. Ethnic and Aboriginal seniors need equal access to relevant and meaningful information and services, and we must plan for increased life expectancy. She recommends:

- Collaboration with ethnocultural and Aboriginal organizations to develop culturally appropriate outreach-based models of services and peer support.
- That long term care facilities are culturally appropriate, and health care professionals have training in this area.
- That policies and funding support the use of professional interpreters to improve access to health and other services – including for private physician visits.
- Creation of culturally appropriate information and resources such as more accessible help lines, translation of key resources, the engagement of community members to provide input into the development of resources, and the dissemination of information through ethnic media.

During the ensuing discussion, the following observations were made:

- Outreach is needed to reduce the isolation of many older immigrant women.
- It is difficult to find qualified health care interpreters in some areas of the province.
- Health-related written translations should be based on a plain-language English version of the original.

3. Key issues for seniors in Aboriginal communities

The Council then heard three presentations on the key issues for seniors in Aboriginal communities by:

- **Paul Lacerte**, Executive Director, BC Association of Aboriginal Friendship Centres
- **Barney Williams, Jr.**, Tla-o-qui-aht First Nation
- **Donna Cole, General Manager**, First Nations Chiefs' Health Committee

Paul Lacerte described Aboriginal Friendship Centres, which serve off-reserve Aboriginal people. There are 24 Friendship centres across BC, which employ 700 staff and serve 1,000 people daily delivering services. He indicated that many elders do not have adequate housing within (or nearby) their own community, and Transportation, nutrition, and access to culturally sensitive health care are concerns. Mr. Lacerte recommends:

- The Premier read a statement to Elders in the Legislature as part of the “new relationship.”
- Establish a permanent Premier’s Advisory Council of Aboriginal Elders, and meet yearly.
- Include advocacy for Elders in the new provincial Children and Youth Office.

Barney Williams Jr. described some of the specific needs of elders from the perspective of small, isolated communities on the west coast of Vancouver Island – and shared some cultural observations that apply to First Nations people across British Columbia. Major barriers to appropriate services include distance, culture, language, and lack of funding. He indicated that many elders lack adequate housing, education or training, and live in communities where despair drives an extraordinarily high rate of suicide and attempted suicide.

Donna Cole described the work of the First Nations’ Chiefs Health Committee, which was originally established to support treaty negotiations on health-related issues, but is now setting up as an advocate on health issues. She indicated that key issues include services (cultural awareness), access, nutrition, physical activity, and chronic medical conditions. She recommends meeting needs by the following:

- First Nation Lodges in urban areas for those traveling to receive services.
- More home care workers on and off reserve, and long-term care facilities on reserve.
- Cultural education for health service providers, and Aboriginal hospital liaisons.
- Continued implementation of the New Relationship and the Transformative Change Accord.

During the ensuing discussion, the following observations were made:

- Some elders do not speak English.
- The Transformative Health Accord requires both federal and provincial co-operation.
- On-reserve groups need to work closely on strategy with their off-reserve partners.

4. Key issues for seniors in ethnocultural communities

The Council then heard three presentations on the key issues for seniors in ethnocultural communities by:

- **Charan Gill**, Executive Director, Progressive Intercultural Community Services Society
- **Sharon Koehn**, Centre for Healthy Aging, Providence Health Care
- **Eleanor Guerrero Campbell**, Executive Director, Multicultural Helping House Society

Charan Gill identified several issues affecting the lives of seniors in ethnocultural communities. Highlights of his presentation include the observation that members of ethnocultural minorities and First Nations face many similar issues, including racism and difficulty raising funds for positive initiatives for older people.

He also indicated that BC needs more emphasis on intercultural education, and ethnocultural seniors need more culturally-appropriate services, and this is not happening (e.g., food in institutional housing is often unappealing to people from ethnocultural communities). Extended families – even in ethnocultural communities – do not and cannot always provide for elders.

Sharon Koehn talked about her research on access to continuing care by ethnic minority seniors in three BC ethnic communities: Vietnamese, Punjabi-speaking and Spanish-speaking. She indicated that barriers to care in these communities occur more often in the most elderly, and many seniors in these communities endure isolation and vulnerability. The burden of care is shifting from families to external support systems, and guilt prevents older family members from moving into a facility, even when family cannot help. Ms. Koehn recommends:

- Working with health profession educators to attract more ethnic minority workers.
- Planning for cultural competency at all levels of health care provisions.

- Discussion with federal government about the cost of maintaining current sponsorship policies.

Eleanor Guerrero talked about the work of the Multicultural Helping House Society, which began as a crisis service for Filipino immigrants, and then broadened its mandate to include other cultural groups and other services. She noted family dynamics affect the well-being of seniors in ethnocultural communities, and presented the Premier's Council with several recommendations:

- Teaching how to use public transit enables older ethnic seniors to become more active in communities, which increases sense of independence and helps reduce family tensions.
- The community needs new models for intergenerational mediation with families and new housing options – where children can look after their parents. She also recommended a senior day care for the Filipino community.

During the ensuing discussion, the following observations were made:

- Demand for seniors' housing in BC's ethnocultural communities will not decline in future.
- There is a tension between the need for ethnic minorities to have access to "aging-in-place" housing, and the requirement for such housing to draw on a user-base large enough to create critical-mass.
- Over the decades, an increasingly higher proportion of seniors from ethnocultural communities will be more integrated into mainstream.

5. Looking to the future

The final two presentations of the day presented the council and assembled guests with two different but equally broad and optimistic visions for the future. The two closing speakers were:

- **Shawn Atleo (A-in-chut)**, British Columbia Regional Chief, Assembly of First Nations
- **Milton Wong**, Chairman, HSBC Asset Management Canada Ltd.

Shawn Atleo began his presentation with a quote from Sioux holy man Black Elk:

The chief proposition of the universe is relationality. A primary purpose in life is to create, maintain and uphold relationships

He continued:

- Conversations about elders and young people are not separate. Relationships are the key to the kind of transformative change needed in the Aboriginal community.
- The elders and the young in First Nations communities would benefit from connecting more closely. The growth in the population of elders is an opportunity to address this issue.
- British Columbia should support events like the annual gathering of elders in Port Alberni, and should establish a permanent Council of Elders.

Milton Wong shared a vision for a new kind of community-based, grassroots institution that would help seniors remain integrated in their communities and avoid being sidelined and inactive. He proposed a community centre in every neighbourhood with outreach to seniors:

- These centres would invite all ages to participate. Integrating seniors in these centres would make communities more vibrant – provide an opportunity for older people to transfer values to younger generations.
- Centres provide return on investment by teaching seniors more about self care, and by encouraging the socialization and mental activity necessary for good health.
- He also proposed a new model to encourage younger families to take in older parents:
 - Financial incentives (tax breaks) for families to build in-home suites for older relatives.
 - Caring for older family members at home saves government money.
 - Government still in equation – changed role.
 - This is a new vision in how generations interact.