

Intersecting oppressions:



Preliminary results from the Immigrant Older Women: Care Accessibility Research and Empowerment (ICARE) team
~ Sharon Koehn, Ph.D.

- ➔ Who we are, who supports us
- ➔ Frameworks for understanding why and how this work needs to be done
- ➔ What we have done
- ➔ Where we are heading
 - Chronic disease self-management supports
 - Community mental health promotion

Who we are

➔ Investigators:

- ➔ Sharon Koehn (CHAP & UBC) – PI & co-lead MH & CD working groups
- ➔ Karen Kobayashi (UVic) – PI & co-lead CD working group
- ➔ Reva Adler (VCH & UBC)
- ➔ Joan Bottorff (UBC-Okanagan)
- ➔ Suki Grewal (Langara College)
- ➔ Satwinder Bains (University of the Fraser Valley)- co-lead MH working group
- ➔ Janet Kushner-Kow (PHC, VCH & UBC)
- ➔ Noreen Simmons (BC Family Hearing Resource Society)
- ➔ Settlement agencies: DIVERSEcity, MOSAIC, S.U.C.C.E.S.S.
- ➔ Affiliation of Multicultural Societies & Service Agencies (AMSSA)

Funding & other support

- ➔ Infrastructure team grant
 - Women's Health Research Institute
- ➔ Leveraged funds
 - B.C. Home & Community Care Research Network
 - Women's Health Research Network
- ➔ In-kind support
 - Centre for Healthy Aging at Providence
 - B.C. Network of Aging Research
- ➔ Funding for working groups
 - CIHR-IA – Meetings, Planning & Dissemination
 - Community Action Initiative – convening grant

Rationale & Frameworks

Why focus on EMOA?

- Small #s – insignificant? → neglect in research and policy
- Gendered analyses of ethnocultural minority older adults' health and health care experiences are rare
- Considerable health inequities experienced by this group, esp. women
- Cost to individuals, families and health care systems

Intersecting oppressions

➔ Aging and social losses are more frequently and acutely experienced when they intersect with

- ➔ Gender
- ➔ Visible minority status
- ➔ Immigrant status



Identity

How we see and present ourselves

Roles and Relations

How we interact with each other in different contexts (education, work, relationships, community, etc)

Institutionalization

How power is distributed along gender / age / colour / immigrant status lines

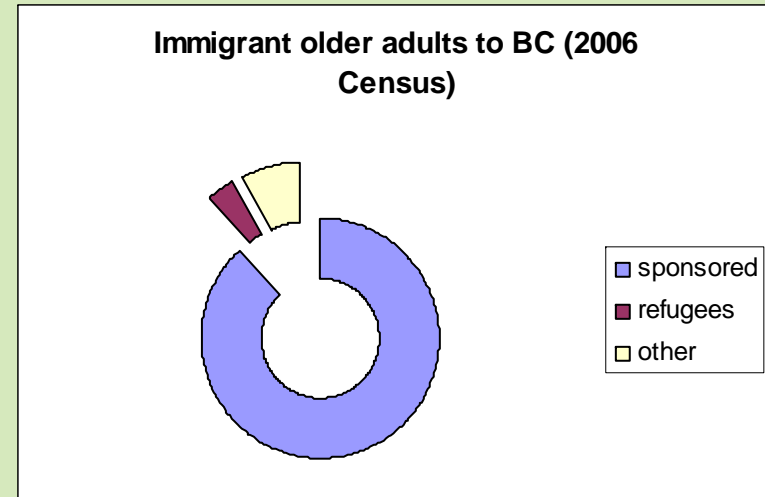




E.g.,

- Violence against women
- Lack of access to resources and opportunities
- Lack of decision-making power over one's own health

- ➔ **Health and ability to access care differ by class of immigration**
- ➔ Compared to immigrants overall, refugee and Family Class immigrant older adults have lower levels of education and English language ability, and poorer health

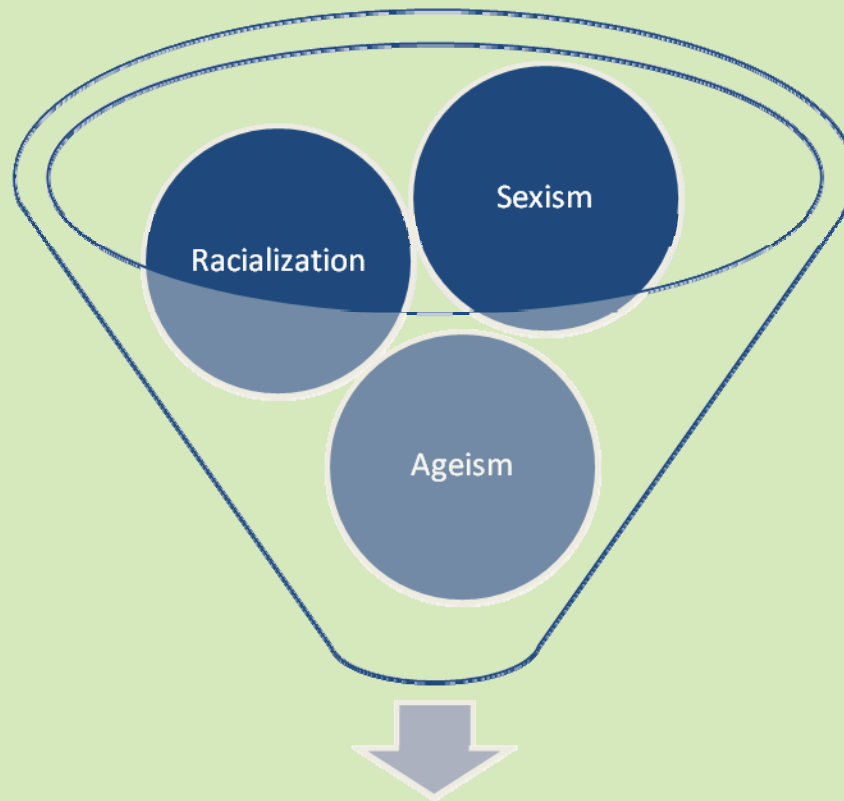


Sponsored parents are financially dependent for 10 years, ineligible for many services, and experience status and role reversals in the family

Social capital influenced by intersecting processes of

Affects health through systemic and individual-level occurrences of

- discrimination,
- marginalization
- susceptibility to poverty



OPPRESSION & OTHERING

Pre-migration

- Position in the family
- Access to resources
- Education, literacy
- Experience outside the home
- Experience of violence
- ...

Post-migration within community

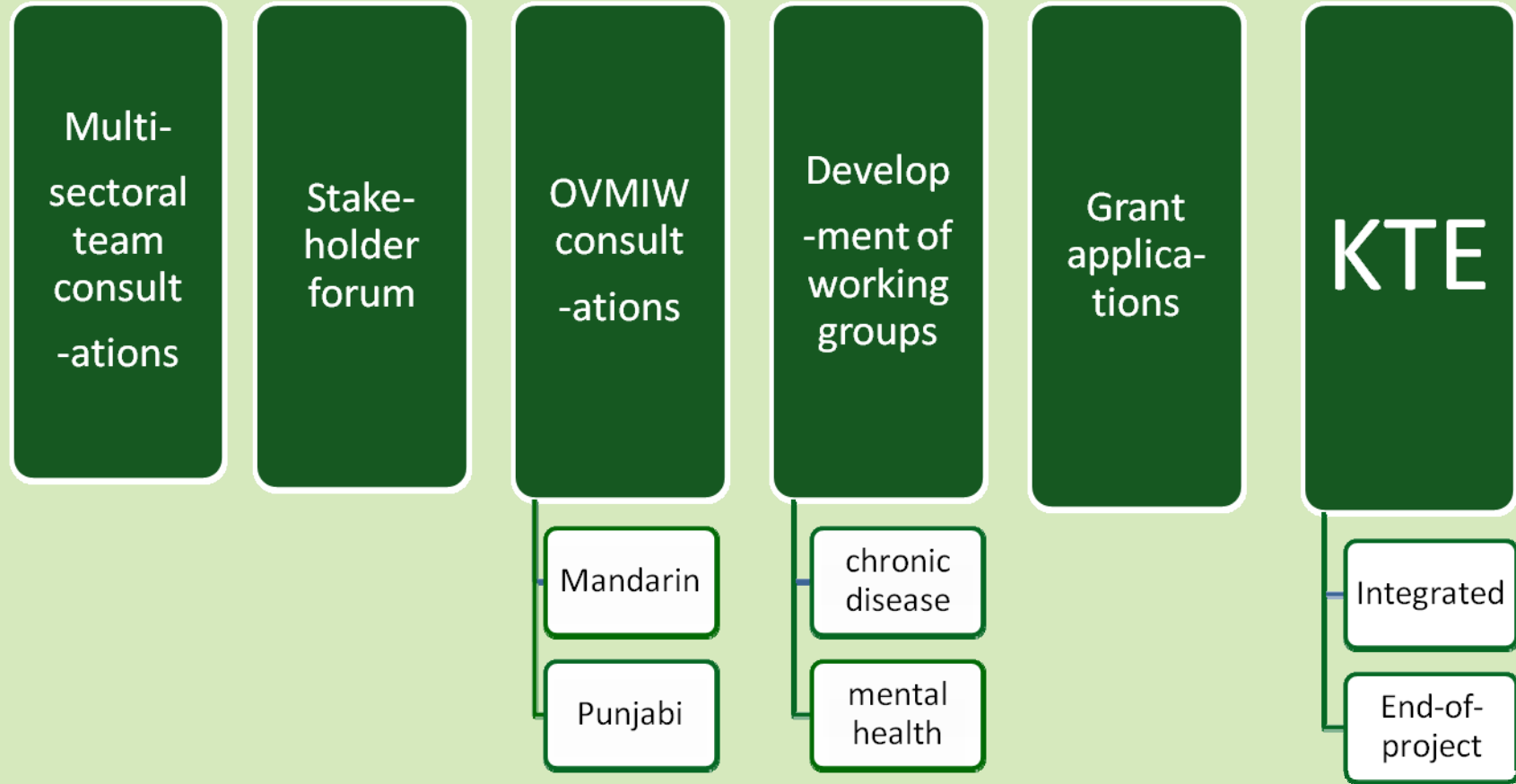
- Changes in roles, status and wellbeing relative to immigration status and experience and family dynamics

Post-migration – host community

- Racialization
- Knowledge of and interactions with systems:
 - Health
 - Transportation
 - Immigration
 - Social services
 - ...

What we have done

ICARE activities



➔ Annotated bibliography

Purpose: to identify literature re: chronic disease self-management support for ethnocultural minority older adults

➔ Available at

<http://www.hccrn.com/kt/documents/CDM-AnnBibFullFINAL.pdf>

- ➔ *Self-management support (SMS) literature:*
 - ➔ *SMS for marginalized or disadvantaged populations*
 - ➔ *SMS among older populations*
 - ➔ *SMS for ethnocultural minority groups*
 - ➔ *SMS for ethnocultural minority older adults (EMOA)*
 - ➔ *Health literacy and SMS*
 - ➔ *Complementary and Alternative Medicine, SMS & EMOA*
 - ➔ *Patient empowerment in self-management*

- ➔ Literature on SMS for EMOA is sparse and varied
- ➔ Chronic Disease Self-Management Program (Lorig et al) predominately appeals to *“white middle-class people with long-term conditions who already viewed themselves as effective self-managers.”**
- ➔ No viable alternative models for EMOA
 - Lit examines informal self-care practices of these populations

➔ Article in *Visions: BC's Mental Health & Addictions Journal*, vol.6 no.3, **2010**

➔ Available at

<http://www.heretohelp.bc.ca/visions>

- ➔ The risk of mental illness is higher among those who migrate after age 65
- ➔ In Canada, older immigrant women from Chinese-speaking and South Asian countries are especially prone to depression
- ➔ Mental health of EMOA is affected by common experiences of resettlement stress, poverty, racism, intergenerational conflict and family separation

Key factors

- dependency on sponsors
- role reversals
- loss of status

Shifting Identity



- unfamiliar env
- language
- transportation
- child-care
- intergen diffs

Loneliness & Isolation





- Limits employment

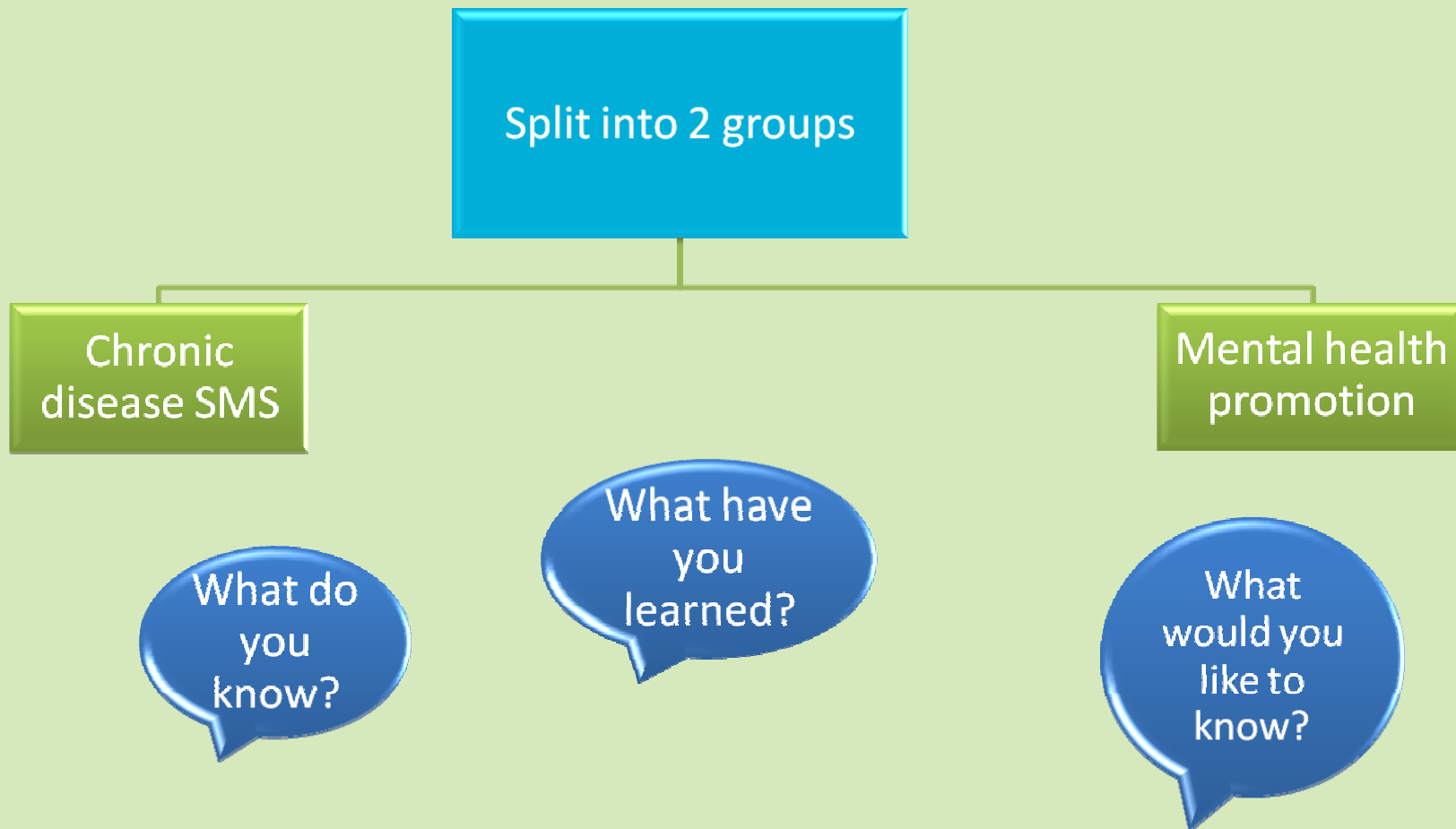
Discrimination



Where we are heading

- ➔ Feb 11, 2011: ‘Chronic disease self management supports for ethnocultural minority older adults’ multi-stakeholder workshop
 - ➔ Unite stakeholders involved with CDSMS with those involved with EMOA and health/HC access  research proposal; policy briefs
- ➔ Mar/Apr 2011: ‘Community mental health supports for older Punjabi-speaking immigrants in the Fraser Valley’ workshop (older Punjabis & service providers)
 - ➔ Coalition with Canadian Mental Health Association – South Fraser; BC Healthy Communities & Come Share Society
 - ➔ Inventory of community mental health supports from service providers  research/service innovation ppsl; evaluation study

How can you help?



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Slides available at:

<http://centreforhealthyaging.ca>