

# The Changing Needs

of Chinese Seniors in the Greater Toronto Area

**Circumstances, Transitions,  
and Interactions**

過渡  
互動

轉變  
過渡

身心健康  
轉變

境況 需要

人生 文化 選擇

中年 關係 服務

老年 照顧 關係

生活 質素

A research study commissioned by the  
Yee Hong Centre for Geriatric Care in partnership with the University of Toronto  
Factor-Inwentash Faculty of Social Work

## **THE CHANGING NEEDS OF CHINESE SENIORS IN THE GREATER TORONTO AREA –**

*A research study commissioned by the Yee Hong Centre for Geriatric Care  
in partnership with the University of Toronto Factor-Inwentash Faculty  
of Social Work*

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## Foreword

For almost two decades, the Yee Hong Centre for Geriatric Care (Yee Hong) has been serving the communities of the Greater Toronto Area (GTA) with conviction and perseverance. Today, while its four long-term care homes stand proud in the GTA and a comprehensive range of community support services are making impact on the lives of tens of thousands of seniors and their family members, Yee Hong's unwavering commitment to excellence, quality, and meeting community needs remains the same as our pioneers when they built the first Yee Hong Centre.

"Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction, and skillful execution; it represents the wise choice of many alternatives" (William A. Foster). Embracing the Provider of Choice vision, Yee Hong makes no compromise with the quality and relevance of our services to respond to the changing needs of the community, particularly at times of rapidly changing demographics and social structures. To this end, Yee Hong developed a specific strategic direction in our 2010-2015 Strategic Plan to understand the changing needs of Chinese seniors in the GTA.

We are privileged to leverage our partnership with the University of Toronto Factor-Inwentash Faculty of Social Work, under the leadership of Professor Ka Tat Tsang, in conducting the needs study of Chinese seniors. Guided by scientific rigor, the study investigates not only the personal needs of the seniors, but also their interaction with their environment, including family members, service providers, and public policies. The result is a comprehensive depiction of the seniors' needs not in isolation, but in complex and dynamic interface with their surroundings.

While the study permeates into many aspects of life, one theme has surfaced consistently—"a place like home". Regardless of whether they live in long-term care homes, on their own, or with families, nothing is more important than "a place like home" for the seniors. The challenge for all service providers and policy makers is how to instigate the sense of homeliness in all aspects of planning and delivery to meet our seniors' needs. I hope that while providing insights into the changing needs of Chinese seniors, the study will inspire others to pursue further studies to provide needed services to seniors of different communities.

Finally, on behalf of Yee Hong and the seniors we serve, I wish to express our deepest appreciation for the financial support of the Ontario Trillium Foundation to make this study possible. Such financial support serves as a critical catalyst to build and enhance the culture of evidence-informed decision-making in health care policy making, service planning, delivery, and evaluation.



Kaiyan Fu, CEO  
Yee Hong Centre for Geriatric Care

# The Changing Needs of Chinese Seniors in the Greater Toronto Area

## PART I EXECUTIVE SUMMARY

### INTRODUCTION

This study aims to identify the changing needs of Chinese seniors who live in the Greater Toronto Area (GTA; specifically Toronto, Markham, Richmond Hill, and Mississauga). Using a mixed methods approach, data were collected from 655 seniors and service providers, caregivers, and other informants at the Yee Hong Centre for Geriatric Care. First, our key findings report on the specific needs of these groups in order to achieve “well-being, quality of life, and life satisfaction” (Chappell, 2005, p. 69).

This study documents the common needs amongst Chinese seniors (seeking help with physical care, mental health issues, spiritual needs, and the final stage of life), giving special attention to (1) changes in circumstances such as demographics and social environment, (2) major transitions in life such as immigration, retirement, or onset of chronic conditions, and (3) needs that emerge as a result of the interaction between service users and the service system, as in cases when new service ideas and programs lead to awareness of needs and new demand for services.

The findings also cover the special needs of middle-aged adults and caregivers, the role of gender amongst caregivers as well as the unique needs of Mandarin-speaking seniors and middle-aged adults. Sensitive issues such as elder abuse, sexuality, and attitudes towards death and dying have also been explored. Recommendations are provided to inform further service planning and program development.

#### *Changing Needs Emerging from:*

1. *Changing circumstances: Demographics and social environment*
2. *Transitions in life: Immigration, retirement, children leaving home, loss of partner, onset of chronic conditions, etc.*
3. *Interaction with service system: Changes in policy, service philosophy, perspectives, conceptualization, and actual programs*

### NEEDS AND CHINESE SENIORS IN THE GTA

Seniors in Canada accounted for 14.8% of the national population in 2011. While the Canadian population as a whole increased by 5.9% between 2006 and 2011, the number of seniors aged 65 and over increased by 14.1% (Statistics Canada, 2012e). The aging population in Canada is expected to accelerate in the coming years as the first wave of middle-aged adults or “baby boomers” (born between 1946-1965) reached 65 years of age in 2011 (Statistics Canada, 2012d).

We recognize that “seniors” as a category is arbitrary and socially constructed. It is important to distinguish the terminology between *seniors* and *middle-aged adults*, and to recognize that definitions around aging are constantly changing due to culture and social circumstances. For example, the needs study conducted by the Yee Hong



Centre for Geriatric Care in partnership with the Faculty of Medicine at the University of Toronto in 1989 defined seniors as individuals aged 60 years and over. In the Budget 2012, the Government of Canada has gradually adjusted the age eligibility for the Old Age Security (OAS) pension and the Guaranteed Income Supplement (GIS) from 65 to 67 years of age. Even if the definition of aging is constantly changing, the fact that Canada's aging population growth will accelerate in the coming years remains unchanged. Statistics Canada estimated that the number of people aged 65 and over in Canada will reach 10.4 million by 2036. Approximately one in four Canadians is expected to be 65 years or over by 2051 (Statistics Canada, 2013b). According to Statistics Canada, factors that are related to Canada's aging population growth include low fertility rates, an increase in life expectancy, and the aging of those from the baby-boom generation. This trend in aging is an indicator for an ongoing need for sufficient and appropriate services to help seniors to maintain an adequate standard of life.

The definition of "senior" often implies not only the individual's physical and mental states and their interaction with the environment, but also their own perceptions around what it means to be part of this age classification. Emergence of needs is often the result of the interaction between the individual and the environment and, to a certain extent, it is a function of what is available. Certain needs are not easily expressed when there is an absence of relevant services. The presenting problem (expressed needs) is often only the starting point in addressing a long list of underlying needs. Service providers who are sensitive and responsive to the needs of clients should remain open to emerging needs and address them as resources allow, but they should also advocate for the implementation of new or increased resources when they see the needs arise.

Being sensitive to the unique needs of seniors by means of combining instrumental care with emotional care can help to provide the highest level of care for seniors. This could include transportation to medical appointments by someone familiar and trusted, which would decrease mobility and physical barriers and could ease stress and anxiety. It could also include a medication reminder phone call delivered in a gentle and caring tone, which would provide seniors with a sense of specialized care and attention with the management of health issues. Furthermore, establishing and nurturing trusting relationships between service providers and clients should be maintained as the hallmark of quality social service. Staff should remain open and sensitive to clients' changing needs and, similarly, ongoing assessments should ensure that these needs are considered in quality assurance and improvement. Finally, mechanisms for effective communication and knowledge access for both caregivers and seniors should be put into place.

Yee Hong's recent efforts have helped to develop an empowerment-based model of service delivery providing outreach to middle-aged adults and seniors alike. Thus, it is this very mission that makes Yee Hong a *provider of choice* amongst Chinese seniors in the GTA.

## PAST RESEARCH ON THE PROBLEM

In 1989, the Yee Hong Centre for Geriatric Care (previously called the Chinese Community Nursing Home for Greater Toronto) commissioned a needs study in partnership with the Faculty of Medicine at the University of Toronto. Subsequent to that study, the Yee Hong Centre developed its first culturally and linguistically appropriate nursing home for Chinese seniors with a community centre attached to it. Since then, it has expanded to four long-term care centres offering a wide spectrum of services for seniors with a diverse range of needs in terms of health, abilities, and assistance requirements. The Yee Hong Centre began servicing three areas in the GTA: Scarborough, York Region, and Mississauga. Moreover, these services included outreach support to help prepare younger seniors for healthy aging and to empower family caregivers for senior care at home.

The study in 1989, entitled "Health Care Needs of the Chinese Elderly Population: A Needs Assessment", collected data through archives and background research, personal interviews conducted with non-institutionalized seniors, and questionnaires completed by seniors and their family members (The Health Care Research Unit, 1989). We can see that some seniors' needs have remained unchanged, such as their need for dealing with mental health concerns (e.g. loneliness, isolation, and depression) and needs for home care and transportation services. However, it is clear that there have also been significant changes. In 1989, the majority of participants expressed their need and desire to use senior centres. However, participants in this 2012 study articulated a strong need for more varied services and activities. Another example of changing needs reflects more recent immigration trends as the Mandarin-speaking Chinese seniors in this study expressed their needs for services that have specific regional cultural sensitivity (e.g. the culture of Mandarin-speakers from Northern China). This was not an issue raised in the previous study. Furthermore, seniors' day care was not recognized as a significant need in the 1989 study but it is now widely regarded as a helpful resource for supporting seniors aging at home.

There were also linguistic changes since the previous study was conducted. In 1981, 60,275 of those living in the city of Toronto selected Chinese as their mother tongue compared to 420,000 in 2006. The number of Mandarin-speakers in the city of Toronto in 2011 had the fastest growth rate of 32% out of all ethnic language groups. Varying levels of education and competency in the English language are factors that can help explain this significant increase.

RATIONALE FOR STUDY

As part of the Yee Hong Centre’s strategic planning and in collaboration with the Factor-Inwentash Faculty of Social Work at the University of Toronto, a grant application to the Ontario Trillium Foundation was approved to conduct a study on the changing needs of Chinese seniors in the GTA. The study attempts to explore the changing demographics of Chinese seniors in the GTA and their health and social needs. It also attempts to provide knowledge to bridge the gaps in existing gerontological literature amongst this population. Its aim is to provide an account on the changing needs of Chinese seniors in the GTA to assist the Yee Hong Centre in facilitating service planning. Other service providers may also benefit from the findings in this report.

In Ontario, Chinese, not otherwise specified (N.O.S.), (1.6%) and Cantonese (1.5%) were the second and third most common mother tongues respectively in 2011. Of those who spoke Chinese regularly at home, 37% spoke Cantonese while 28% spoke Mandarin. In Toronto, Mandarin as a language spoken at home increased by 32% between 2006 and 2011 (the fastest growth rate amongst the top 15 non-English languages spoken at home in Toronto); Cantonese, on the other hand, decreased by 11% (City of Toronto, 2012a).

Chinese as an ethnic group are very diverse. Mandarin-speaking Chinese from the People’s Republic of China (PRC) are a rapidly growing population in Canada. This study found that Mandarin-speaking Chinese seniors are in need of services, programs, and activities that are culturally appropriate for them. Many Mandarin-speaking seniors did not find services and programs previously designed for Cantonese-speaking seniors relevant to their needs and preferences. Needs include dealing with frustrations due to family tension, managing disappointment with the change of social status during immigration (many expressed their need for social recognition), and facing discrimination in Canada or from the Cantonese-speaking community.

PURPOSE

The study aims to explore and better understand the changing needs of Chinese seniors and middle-aged adults in the GTA. In the study, focus groups and one-on-one interviews are used to explore the relationship between Chinese seniors and their caregivers while acknowledging intersecting groups within this population (e.g. gender, Mandarin- and Cantonese-speaking, age) and their social and physical environments as well as the needs (physical, psychosocial, and existential/spiritual) of this group.

RESEARCH QUESTIONS

This study consists of focus groups, one-on-one semi-structured interviews, and supplementary survey data. Topics that were explored include general opinions of needs and expectations of those needs, health, housing, home care, economic status, social aspects of life, service interaction, transitional planning (e.g. retirement), and personal life. Additionally, the needs of Mandarin-speaking seniors, caregivers, and middle-aged adults were explored (see Appendix I).

STUDY FINDINGS AND RECOMMENDATIONS

Our findings show that strategies for effective health management are required along with support around day-to-day responsibilities such as cooking and household duties. Seniors additionally need support around dealing with fear, frustration, and social isolation, complicated feelings towards family and friends, and their own changes in health. This study has identified that many seniors need assistance in maintaining their mental well-being, mostly to overcome loneliness, depression, and anxiety. Some Chinese seniors expressed a desire to live happier lives independent of their children. Interestingly, they viewed this as a Canadian way of life rather than a traditional Chinese way of life. The pursuit of better quality of life was related to positive attitudes towards aging.

COMMON NEEDS AMONGST CHINESE SENIORS

Our study revealed common needs shared amongst Chinese seniors who participated in this study. These include such topics as seeking help around mental health issues, spirituality, end of life, and sexuality and intimacy.

Seeking Help with Mental Health Issues

Barriers Chinese seniors are facing when they access mental health services include: lack of adequately trained mental health clinicians and services that provide ethno-culturally-specific care, language and information barriers, decline in individual self-worth, reliance on ethno-specific community agencies that are designed to provide formal mental health care, and fear of rejection and stigma (Khamisa and Koehn, 2010).

Some Chinese seniors are hesitant to seek professional help because they feel shame around mental health issues and diagnoses. Due to the stigmatization of mental health issues, increased culturally and language-specific psychoeducation, programs, and support would be beneficial for this community. Other seniors who are suffering from stressors of everyday life, such as dealing with anxiety, fear, and loneliness, are also in need of support. Appropriate supports and services can better be developed and planned if one is able to communicate one’s needs in a non-judgmental and safe environment.

## Spiritual Needs and the Final Stage of Life

Values, spirituality, and beliefs contribute to positive attitudes around the final stage of life. Many respondents in this study expressed the need to leave this world with dignity. Contrary to traditional Chinese practice, seniors were willing to discuss their own fears of death openly. When the opportunity to review information and arrangements regarding end of life arose, some seniors found themselves beginning to think, understand, and eventually accept the reality of death in accordance with their own life values.

## CHANGING CIRCUMSTANCES

Human needs emerge within specific environmental and social contexts. Macro level factors such as government policies and collective lifestyle changes can influence demographics, social environment, and cultural conventions. The seniors and middle-aged adults who participated in our study found themselves in an ever-changing social context in which they had to learn how to adapt and navigate. For instance, immigration patterns and housing market forces have worked together to produce a growing number of seniors living in suburban neighbourhoods around Toronto that are not served by public transportation provided by the Toronto Transit Commission (TTC). The more costly and less convenient service can have significant impact on the lives of the seniors in terms of increased isolation and helplessness, and therefore contribute to more unmet needs (for independent living, socializing, activity, and so on).

## TRANSITIONS IN LIFE

Individual and transitional needs include those during transitional stages in life (e.g. housing and living arrangements, relocation, settlement, etc.), personal experiences with elder abuse, and sexuality and intimacy.

Positive factors that contribute to overall life satisfaction for seniors include exploring sources of support, e.g. family, friends, and community, positive attitudes towards life and spirituality, providing recommendations to health care and social service practitioners, improving attitudes and knowledge around sexual and intimacy needs, exploring different service models, positive impacts of cultural identity, and the use of senior centres and nursing homes.

*"When I first arrived, I tried to make friends, mostly immigrants. We were helping each other, spending time together. The environment here was new to all of us. So we learnt new things together, like taking English lessons. Gaining more friendship, exchanging more information, and staying connected with society. I found my knowledge in many respects gradually expanded."*

## Transitional Needs

Current studies on the well-being of seniors focus on problem causes or categorical contributing factors, and researchers often overlook that aging itself is a dynamic transitional process. The satisfaction of individual seniors' lives is always contingent upon multiple and changing factors including the changing social circumstances (e.g. long settlement processes), life stages (e.g. children leaving home, down-sizing from a house to an apartment, loss of spouse, divorce, and remarriage), and their interaction with existing social forces, perspectives, and service options (e.g. openness in talking about taboo subjects). Not all changing needs will be discussed in this report but factors voiced by the participants of this study will be highlighted.

### *Mobility and Language Barriers*

For those who have immigrated to the GTA, mobility and language barriers can be a daily concern that can cause stress and anxiety amongst other challenges. Many Chinese immigrant seniors shared stories about their past struggles, joys, and successes in adjusting to their new lives in Canada. Many respondents expressed feelings of loss and regret after immigration due to different barriers they encountered in Canadian society. These barriers hinder seniors from performing everyday tasks such as running errands and navigating their social environment. For example, transportation service and interpreters are required when seniors make doctor visits.

Lack of transportation support is a contributing factor to the under-utilization of health services by older Chinese immigrants in Canada. Additionally, the ability to speak English is an important factor for effective access to health care services, especially for newcomers and immigrant seniors. Lack of communication skills in English (e.g. with the police, medical professionals, etc.) further increases the chance of experiencing mental distress and feelings of isolation, loneliness, anxiety, and insecurity, thus compromising their overall life satisfaction.

### *Residential Care*

Seniors require a living environment that is safe and favourable to their physical well-being and mental health, and more importantly, a residence that feels like home and allows certain degree of autonomy. Our findings show that cultural factors are better predictors of preferred living arrangements than health- and need-related factors. Many seniors prefer Yee Hong residential care mainly because of their need for a culturally familiar living environment. Such an environment includes Chinese food, familiar faces, local dialects, similar shared experiences from their home country, and more. Higher attachment to one's Chinese ethnic identity is also a significant predictor in applying to a long-term care (LTC) home.

*"When you enter the room, you smell the rice cooking. It is such a comforting feeling. It makes me feel like home."*



This study found that the deliberation process between seniors and their caregivers is a long one that includes contemplating adjustment and potential struggles around various living arrangements when considering residential care. During the transition to senior care homes, seniors anticipate many challenges and difficulties. For example, seniors who have just moved into assisted living residences often need to adjust to their smaller living spaces and may experience anxiety about relationships with neighbours. Soon after arriving, one may feel a sense of loss including loss of ownership of residence, separation from partner and familiar faces, loss of privacy, lack of choice, and loss of some degree of autonomy.

Meanwhile, caregivers are also required to deal with the separation and change in addition to a mixture of emotions during this transition. Although they recognize that their aging parents may have increased attentive care in their new homes, they may feel guilty about their inability to provide them with the care to age at home. Therefore, a longer period of psychological preparation and emotional support for both seniors and their caregivers is necessary. However, there were individuals who did perceive this transition in a positive way (e.g. safer environment, less social isolation). Lastly, participants expressed their frustration with long waiting periods for nursing homes, which is not surprising as demands for LTC beds in Ontario have increased dramatically in recent years.

### ***Aging at Home***

Seniors require a certain level of comfort while adjusting to new environments because they may be required to change homes temporarily or permanently and have interfaced with different levels of support. These are often based on health conditions and available family support. This study found that family members provide significant help and care for seniors aging at home.

Chinese seniors in Canada tend to live with children even when their partners are still living; their sons and daughters-in-law are often involved in caregiving. Even though more daughters are involved in providing care than daughters-in-law, family relation is not the most important factor in this role. It was found that caregiving is best provided by those whom the seniors trust and are comfortable with.

## **INTERACTION WITH THE SERVICE SYSTEM**

The expression of needs is often affected by whether the needs would be recognized or accepted by the service system. Certain needs, such as sex and protection from abuse, are not easy to talk about. Public education information (e.g. on elder abuse) can promote awareness while available service programs (e.g. those addressing sexuality or mental health issues) help to legitimize such needs, thus facilitating their articulation and expression.

Needs often emerge with new or improved service programs. Service providers who interact with clients on a daily basis are in a privileged position to observe such needs. A sound service system is one that can take full advantage of such information.

## **SPECIAL FINDINGS**

### **Unique Needs of Middle-Aged Adults**

The changing needs of seniors are often related to transitions during major life stages. Our findings show that the current group of middle-aged adults (those under the age of 65 years in 2012) generally have a greater capacity for self-fulfillment, higher levels of education, and higher expectations for the quality of care provided by social services. They also strive for more independence and prefer having more choices with regard to the services they use, and are generally more assertive about their needs. They expressed a need for building relationships with family, friends, and other social networks as well as being active participants in different interest groups, social circles, and religious organizations. Middle-aged adults appeared to use their own capacity for satisfying deeper needs, building identity, and gaining self-fulfillment and satisfaction in their lives. Some of these include acknowledging the need to feel pleasure, taking leadership roles, learning new things, volunteering, and so on.

Middle-aged adults voiced concerns over the need to deal with employment-related stress and pressures of unemployment, financial support, and the need for additional support from personal support workers (PSWs) and adult day programs when providing care for seniors at home. Additionally, they voiced a need for management strategies when dealing with chronic health issues. Furthermore, the majority of middle-aged adult respondents anticipated changes when transitioning to becoming seniors themselves. Many believed it would be a time to plan for the future, thus requiring information about senior welfare and senior housing applications. Middle-aged adults also generally have higher levels of education and service expectations than older people, revealing their capacity and self-efficacy to seek strategies to manage their health to achieve healthier lives later on. Therefore, they may benefit from increased opportunities to use these strengths when offering support to seniors.

*"You would be surprised that many of us [middle-aged adults] have so many professional skills and talents. We are looking for changes when we can contribute, and we can be valuable resources for serving seniors."*

*The husband said, "Those PSWs have long become my emotional support. When they came over, they talked to me and comforted my wife. They try to help me occasionally."*

## Unique Needs of Caregivers

### *Practical and Emotional Needs of Caregivers*

This study found that self-care is important to the caregiver's own physical and emotional well-being. Often, a senior can become a caregiver of another senior who has greater needs. Those senior caregivers often feel stressed and worried about their own physical condition, which may affect their capacity for caring for another senior. Caregivers can benefit from receiving emotional support through the care of social workers, other support staff, and social support networks.

*"I told myself: I cannot collapse; even if I don't take care of myself, I need to take care of my aging parents and my family."*

### *Role of Gender amongst Caregivers*

Our findings show that gender plays a role in the needs of seniors. Contrary to traditional stereotypes, middle-aged male participants in this study were relatively expressive in terms of their personal emotions, relationships, and sexuality and intimacy. Middle-aged male adults who were recently retired found it helpful to express negative emotions with regard to their previous career struggles in Canada. Male caregivers expressed embarrassment around having to touch their mother's body while bathing or changing their diapers. Some of them expressed the need for female PSWs to take over the more personal caring tasks.

Some female caregivers voiced concerns around the unfair gender division of labour. They were expected to be responsible for providing care to senior family members mainly because they were daughters or sisters.

## Unique Needs of Mandarin-Speaking Seniors and Middle-Aged Adults

Mandarin-speaking seniors appeared to have different needs. The most frequently indicated needs voiced by most Mandarin-speaking seniors in this study were the needs to (1) overcome mobility barriers, (2) increase physical activity, (3) increase coping with long-term health issues, (4) adjust to new social environments, and (5) manage and deal effectively with mental health issues. Another important need reported by most Mandarin-speaking middle-aged adults in our study was self-esteem. Other needs include getting along well with family members, feeling a strong sense of self-acceptance and efficacy, and participating in social networks and making friends.

## Elder Abuse

Another area of concern that has not been widely discussed publicly nor documented accurately in existing literature is the subject of elder abuse. Some seniors found it easier to talk about individual experiences when they learned that elder abuse not only includes physical abuse, but also psychological, emotional, verbal, and financial abuse. Although Chinese social norms largely inhibit any experiences of shame to be heard by others, in a relatively safe environment, seniors may be inclined to gradually reveal their experiences in their own indirect, subtle ways.

## RECOMMENDATIONS FOR SERVICE PLANNING AND DELIVERY

Findings from this study show that instrumental care and psychosocial care are not separate and independent of one another, but integrated. When seniors are provided with instrumental care such as being driven somewhere by someone they know and trust, it can also be experienced as a form of emotional care and psychosocial support, which may lead them to feel less isolated and helpless.

### Addressing Diversity and Settlement Issues

Immigrant seniors would find it beneficial to have effective ways to adapt to their new lives in Canada (e.g. connecting to the community, building social support networks, reconnecting to home cultures, and learning new social and occupational skills). Those who have been successful in settling in their new environments have experienced less stress and shorter adjustment periods. Chinese immigrant seniors need services to help them adjust to living in Canada. The needs for transportation and culturally and linguistically appropriate services have remained salient since 1989. Further information about social services and resources to assist in overcoming everyday barriers would be beneficial. Increased programs and services should be reconfigured to factor in diverse aspects of Chinese culture and its community in order to engage with a greater proportion of Mandarin-speaking Chinese seniors due to their growing numbers in the GTA.

### Recommendations for Addressing Life Transitions

Middle-aged adults are an age group with great capacity for self-efficacy. More activities that provide them with opportunities to participate and contribute to the community and society as a whole are required. Through this, they can achieve greater self-satisfaction and a stronger sense of identity. Besides the need for more activities, more information and educational opportunities are necessary to assist seniors in life planning. Volunteering can become a viable option that is mutually beneficial to the individual and organizations. Thus, leadership training and volunteer development are required. Promoting a positive aging attitude: "starting a new phase of life" (人生再启航), which is the current position adopted by Yee Hong rather than

“the end of life”, would be beneficial. For those middle-aged adults who have stronger consumer awareness and higher service expectations, there should be more choices consistent with Yee Hong’s aspiration to be a “provider of choice”. It also means that the next cohort of seniors will have higher service expectations and demands, and Yee Hong’s service programs will have to be enhanced and improved to meet them.

### Psychosocial Well-Being

Effective strategies are required for coping with declines in health and for empowerment with regard to seniors’ own health conditions. Thus, empowerment and capacity building approaches should be considered in program and service design. Yee Hong’s health education programs and Chronic Disease Self-management Program can help meet these needs.

For seniors aging at home, increased practical and emotional support for caregivers, especially senior caregivers, is vital. More caregiver education promoting assertiveness and self-care is needed. Yee Hong’s expanded Caregiver Support Services are anticipated to meet this need.

For older seniors living in assisted care settings, a strategic battery of care and services are required. This includes building a culturally appropriate living environment and transforming the collective residential environment into more home-like environment. For seniors and caregivers who experience a sense of loss during the seniors’ transition to residential care homes, a longer period of psychological preparation before and more support after the transition are necessary for positive adjustment.

## SUGGESTIONS FOR FURTHER INQUIRY

### Relevance for Other Growing Asian Populations in the GTA

The largest visible minority group in Canada was that of South Asians, representing 25% of the visible minority population in 2006; Chinese were the second largest group. There was a 51% increase of the population who reported speaking Mandarin. However, the second fastest growing language group in Canada was the Philippines-based language Tagalog, which had an increase of 64% (Statistics Canada, 2013c). Due to the changing diversity of the Canadian cultural and social landscapes, the Yee Hong Centre has already moved beyond the Chinese community in service provision plans and this information may be useful in planning future program development and implementation.

### Sexuality and Intimacy

Sexuality and intimacy needs of seniors are often regarded as a taboo in Chinese society. However, during the course of this study, it was realized that with open and non-judgmental spaces for dialogue, seniors were willing to indirectly or subtly express their need for physical comfort in efforts to rebuild intimacy in their marriages. In addition to securing a comfortable space with privacy, providing educational opportunities for both staff and community members around this area would help address and respond to concerns around the sexual and intimacy needs of seniors.

### Gender

Since gender plays a significant role in caregiving responsibilities, the Yee Hong Centre may wish to plan appropriate services for female caregivers and the transition between home and LTC for their aging parents or family members.

## CONCLUSION

This study attempts to highlight the needs of Chinese seniors and middle-aged adults as well as caregivers through narrative exploration and supportive findings in existing gerontological literature and supplementary survey data. Findings confirm the changing, fluid nature of the needs of seniors and middle-aged adults, contingent upon circumstances, transitions to different life stages, and interaction with the service system. They are the subjects of care and their needs are in constant dynamic interaction with current senior care services. It would be a disservice not to incorporate these unique and valuable experiences and interactions to guide the direction of future services. As the Yee Hong Centre for Geriatric Care continues to be a *provider of choice* and is committed to responding to those needs and aspirations of their service users, engaging with client needs amidst changing social and service landscapes shall remain a salient character.



## 摘要

### 緒論

本研究目的是辨析在大多倫多地區生活的華人長者轉變中的需要（特別在大多倫多、萬錦、烈治文山和密西沙加）。我們採用混合調查方法，向 655 位長者及服務提供者、關顧者，以及頤康中心其他資料提供者蒐集數據。首先，我們的主要調查結果報告這些組別的具體需要，以求獲得“身心健康、生活質素和人生滿足感” (Chappell, 2005, p. 69)。

本研究記錄華人長者普遍的需要（尋求身體護理、心理健康、心靈需要以及人生最後階段的幫助），特別注重 (1) 環境的轉變，例如人口結構和社會環境；(2) 人生階段的重大變遷，例如移民、退休或長期病患發病；以及 (3) 由於服務使用者與服務系統的互動而浮現的需要，例如新的服務概念和項目引發對需要的認知和對服務產生新的需求。研究結果也涵蓋中年人和關顧者的特別需要、關顧者的性別角色，以及講普通話（又稱國語）的中、老年人的獨特需要。敏感的議題，例如虐老、性，以及對死亡和臨終的態度，也是本研究探討的範圍。研究報告也提出影響未來服務計劃和發展的建議。

轉變中的需要來自：

1. 不斷轉變的環境：人口結構和社會環境。
2. 人生階段的重大變遷：移民、退休、孩子離家、失去伴侶、長期病患發病等。
3. 與服務系統的互動：政策、服務理念、觀點、概念的形成和實際服務的轉變。

### 大多倫多地區的華人長者與需要

在2011年，長者人口佔加拿大全國人口的14.8%。在2006年至2011年間，加拿大的整體人口增加了5.9%，而年滿65歲或以上的長者人口卻已增加了14.1% (Statistics Canada, 2012e)。隨著中年人或“嬰兒潮”（1946-1965 年間出生）的第一浪在2011年滿65歲，預料加拿大的老年人口將會在未來數年急劇增長 (Statistics Canada, 2012d)。

我們承認“長者”是一個由社會建構、沒有精確年齡界限的分類。重要的是要區分長者與中年人這兩個用語，並且承認老齡化的定義隨著文化和社會環境而不斷轉變。例如，在頤康中心與多倫多大學醫學院於1989年進行的需要研究中，把長者界定為年滿 60 歲或以上人士。而在2012 年的財政預算中，聯邦政府逐漸調整領取老人福利金 (OAS) 和長者收入補助金 (GIS) 的年齡資格，由 65 歲提升至 67 歲。即使老齡化的定義不斷變化，加拿大的老年人口在未來數年將會急劇增長卻是不變的事實。加拿大統計局 (Statistics Canada) 估計，到了 2036 年，在加拿大年滿65歲或以上的人數將會多達 1,040 萬。預料到了2051年，每四個加拿大老人之中，約有一個年滿65歲或以上 (Statistics Canada, 2013b)。根據加拿大統計局的分析，影響加拿大老年人口增長的因素包括：低生育率、壽命延長，以及嬰兒潮一代人口老化。這個老齡化的趨勢是一個指標，顯示社會上持續需要充分和適當的服務，幫助長者保持合理的生活質素。

“長者”的定義通常不僅包含個別人士的身體和心理狀態以及他們與環境的互動，也包含他們對自己屬於這個年齡分類的觀感和詮釋。需要的浮現往往是個人與環境互動的結果，某程度上

也是現有服務的一種功能。如果缺乏相關的服務，某些需要就不容易表達出來。表徵問題（表達出來的需要）通常只是處理許多潛在需要的起點。對於客戶的需要有敏銳的感覺和迅速回應的服務提供者處理正在浮現的需要時，應該保持開放的態度，並且在資源許可的情況下處理這些需要；當他們看見需要出現時，也應該倡導運用新的或已增加的資源。

體察長者獨特的需要，結合工具式照顧和情緒上的照顧，有助為長者提供最高質素的護理。這可能包括由長者熟悉和信任的人運送長者就診，這樣會減少交通運輸和身體上的障礙，並且可以減輕壓力和焦慮。也可能包括用溫柔、關懷的語調致電提醒長者服藥，讓長者在管理健康問題上感到自己獲得專有的照顧和注意。此外，應該保持服務提供者與客戶之間所建立和培養的信任關係，以此為高質素社會服務的標記。職員對於客戶轉變中的需要應該保持開放的態度和敏銳的感覺；同樣，在進行持續評估時，應確保這些需要在質素保證和改進的過程中獲得考慮。最後，應為關顧者和長者設立有效的溝通機制和獲取知識的機制。

頤康中心近年的努力有助發展一個以賦權為本的服務提供模式，向中、老年人提供外展服務。這個使命讓頤康成為大多倫多地區華人長者的首選服務機構。

### 過去對有關議題的研究

在1989年，頤康中心（前稱大多市華人護理安老院）委託多倫多大學醫學院進行一項需要研究。其後，頤康中心開設該機構首間護理院及附屬的社區中心，為華人長者提供切合語言文化需要的服務；逐漸擴展為四所長期護理中心，為不同健康狀況、能力和援助需要的長者提供多元化的服務。頤康中心開始在大多市三個區域提供服務：士嘉堡、約克區及密西沙加。這些服務包括外展支援服務，目的是幫助較年輕的長者準備健康地安享晚年，並且賦權在家中照顧年長家人的關顧者。

在1989年進行的研究名為“華裔老年人口的醫療保健需要：需要評估” (Health Care Needs of the Chinese Elderly Population: A Needs Assessment)，蒐集數據的方式包括檔案庫及背景資料蒐集、對非住院長者進行個人訪問，以及由長者及其家人填寫問卷 (The Health Care Research Unit, 1989)。我們可以見到部分長者需要至今不變，例如他們需要處理心理健康問題（如孤單、孤立和抑鬱），以及需要家居護理和交通運送服務。然而，我們也清楚看到長者的需要已出現重大的變化。

在1989年，大部分受訪者表示他們需要和渴望使用老人中心。可是，2012 年這個研究的受訪者則表示他們極需要更多元化的服務和活動。另一個轉變中的需要則反映近年的移民趨勢，因為在這個研究裡，講普通話的華人長者表示他們需要對特定區域文化具有敏感度的服務（例如來自中國北方講普通話的人的文化）。這個議題並沒有在前一個研究裡提出來。此外，長者日間服務在1989年的研究裡沒有被視為一個重要的需要，現在卻被廣泛視為支援居家安老的長者一個有用的資源。

自從進行前一個研究之後，語言方面也發生了變化。在 1981 年，多倫多居民之中有 60,275 人選擇中文為他們的母語；到了 2006 年，這個人數增至 420,000。在 2011 年，多倫多講普通話的人數增加了32%，是所有族裔語言群組中增長最快的。不同的教育程度和英語程度有助解釋這個顯著的增長。



## 研究的理論根據

本研究是頤康中心策略計劃的一部分；頤康中心與多倫多大學 Factor-Inwentash 社會工作學院合作，獲安省延齡草基金資助，就大多倫多地區華人長者轉變中的需要進行研究。本研究嘗試探討大多倫多地區華人長者轉變中的人口結構，以及他們在健康和社會方面的需要。本研究也嘗試提供知識，以填補現有關於這個人口的老年學文獻的缺口。本研究目的是就華人長者轉變中的需要提供敘述，協助頤康中心制訂服務計劃。而其他服務提供者也可以因這個報告的結果獲得裨益。

在安大略省，中文（沒有具體說明語種）（1.6%）和粵語（1.5%）分別是2011年第二和第三種最常用的母語。經常在家裡使用中文的人當中，有37% 講粵語，28% 講普通話。在大多倫多，家裡講普通話的人數在2006至2011年間增加了32%（在大多倫多最普遍的15 種家用非英語語言中增長最快）；而家裡講粵語的人數則減少了11%（City of Toronto, 2012a）。

華人是一個十分多元化的族群。來自中華人民共和國講普通話的華人口正在加拿大迅速增長。本研究發現講普通話的華人長者需要切合他們文化需要的服務和活動。許多講普通話的長者覺得從前為講粵語的長者設計的服務和活動並不切合他們的需要和愛好。他們的需要包括處理因家庭關係緊張而產生的沮喪感；管理在移民過程中因社會地位轉變而產生的失望感（許多人表示他們需要社會的肯定）；以及面對加拿大社會或粵語社群的歧視。

## 研究目的

本研究旨在探討和更深入地了解大多倫多地區華人中、老年人轉變中的需要。本研究採用焦點小組和一對一訪問，探討華人長者與他們的關顧者之間的關係，同時承認這個人口之中的相交組別（例如性別、講普通話及粵語、年齡等）和它們的社會和實質環境，以及這個群組的需要（身體、心理社會及存在/心靈需要）。

## 研究問題

本研究包括焦點小組、一對一半結構性訪問及補充調查數據。探討的主題包括對需要的一般意見和對這些需要的期望、健康、房屋、家居護理、經濟地位、生活的社會層面、服務的互動、過渡性的計劃（例如退休），以及個人生活。此外，本研究也探討講普通話的長者、關顧者和中年人的需要（參閱 Appendix I）。

## 研究結果及建議

研究結果顯示：有效的健康管理策略和日常生活責任上的支援，例如烹飪和家務，都是必需的。此外，長者也需要情緒上的支援，幫助他們處理恐懼、沮喪、社交上的孤立、對於親友的複雜感覺，以及自身健康上的轉變。本研究確定許多長者需要協助保持心理健康，主要是克服孤單、抑鬱和焦慮。部分華人長者表示他們渴望不依靠子女，更快樂地生活。有趣的是，他們視此為一種加拿大的生活方式而非傳統的華人生活方式。追求更好的生活質素與積極面對老年的態度有關。

## 華人長者的普遍需要

本研究顯示參與這個研究的華人長者的普遍需要，包括在心理健康問題、心靈需要、臨終以及性和親密關係方面尋求幫助。

## 在心理健康問題上尋求幫助

華人長者使用心理健康服務時面對的障礙包括：缺乏受過訓練、提供特定族裔文化服務的心理健康臨床醫生和服務；面對語言及資訊障礙；個人自我價值降低；倚賴為特定族裔提供正式心理健康服務的社區服務機構；以及恐懼被排斥和歧視（Khamisa and Koehn, 2010）。

部分華人長者遲疑不尋求專業幫助，因為他們對於心理健康問題和診斷感到羞恥。由於社會對心理健康問題的成見和歧視，增加特定文化和語言的心理健康教育、服務和支援，將會使這個社群受惠。其他在日常生活中承受壓力的長者也需要支援，他們的壓力源包括處理焦慮、恐懼和孤單感。如果長者能夠在一個非批判性和安全的環境下表達他們的需要，將有助發展和計劃適當的支援和服務。

## 心靈上的需要和人生的最後階段

價值觀、心靈狀態和信念有助長者以積極的態度面對人生的最後階段。本研究中多位受訪者表示他們需要有尊嚴地離開這個世界。與傳統中國習俗相反，長者們願意公開討論他們自己對死亡的恐懼。當他們有機會審閱有關臨終的資訊和安排時，部分長者發現他們開始根據自己的人生價值觀去思想、理解和最後接受死亡的現實。

## 不斷轉變的環境

人類的需要在特定的環境和社會處境中浮現。宏觀因素例如政府的政策和集體生活方式的轉變可能影響人口結構、社會環境以及文化習俗。參與本研究的長者和中年人發現自己置身於一個不斷轉變的社會處境中，必須學習如何適應和導航。例如：移民的模式和房屋市場力量結合，造成大量長者在大多倫多市郊居住。那些地區的交通服務並非由多倫多公車局提供，比較昂貴和不方便，可能對長者的生活產生重大影響，增加他們的孤立和無助感，也造成了更多未能滿足的需要（獨立生活、社交、活動等）。

## 人生階段的過渡

個別和過渡性的需要包括那些在人生階段過渡時期的需要（例如房屋和生活安排、遷徙、安頓定居等）、虐老的個人經歷，以及性和親密關係。

使長者對整體生活感到滿意的正面因素包括：探索支援的來源，例如家人、朋友和社群；對生命和靈性抱著積極的態度；向醫護人員及社會服務人員提出建議；改善對性和親密需要的態度和認識；探索不同的服務模式；文化身份的正面影響；以及使用老人中心和護理院。

## 過渡性的需要

目前有關長者身心健康的研究都集中於問題的原因或起作用的因素，研究人員往往忽略老齡化本身是一個動態的過渡過程。個別長者對生活的滿意度取決於多重和不斷轉變的因素，包括不斷轉變的社會環境（例如漫長的安頓定居過程）、人生階段（例如孩子離家，從獨立屋搬到較小的公寓，失去配偶，離婚和再婚），以及他們與現有的社會力量、觀點及服務選擇（例如公開地談論忌諱的話題）的互動。並非所有轉變中的需要都包括在這份報告之內，然而，本研究的參加者所表達的因素將會在報告中凸顯出來。

“剛來的時候，我嘗試結識朋友，大多是移民。我們互相幫助，經常聚會。這裡的環境對我們所有人都很陌生。因此，我們一起學習新的事物，例如上英文課。我建立了更多友誼，互相交換資訊，跟社會保持聯繫，我發現我在多方面的知識逐漸擴闊了。”

## ■ 交通運輸及語言障礙

對於已經移民大多倫多地區的長者來說，交通運輸和語言障礙可能是一個日常的憂慮，可以導致壓力、焦慮和其他挑戰。許多年長的華裔移民講述他們過去適應加拿大新生活時的掙扎、快樂和成功。也有許多受訪者表示移民之後，由於在加拿大社會遇到不同的障礙而感到失落和後悔。這些障礙妨礙長者進行日常工作，包括辦事和在他們的社會環境中活動。例如，長者就診時需要交通運送服務和傳譯員。

缺乏交通運輸支援是造成較年長的華裔移民在加拿大沒有充分使用醫療服務的因素。此外，講英語的能力也是有效地使用醫療服務的重要因素，尤其是對新移民和年長移民而言。缺乏英語溝通技巧（例如與警察、醫護人員等溝通）進一步增加長者經歷精神困擾和孤立、孤單、焦慮和不安全的感覺，以致損害了他們對整體生活的滿意度。

## ■ 住院護理

長者需要一個安全、有利於他們身體和心理健康的環境，更重要的是讓他們有家一般感覺和容許他們有某程度的自主權的住所。我們發現文化因素比與健康和需要相關的因素更能預示長者喜愛的生活安排。許多長者比較喜愛頤康的住院護理服務，主要是因為他們需要一個文化上熟悉的生活環境。這種環境包括了中式食品、熟悉的面孔、方言、來自祖國類似的共同經歷等等。對於華裔身份有較大依戀也是申請長期護理院時一個重要的預示指標。

“當你走進房間，聞到煮米飯的氣味，那種感覺很舒服，讓我感到好像在家裡一樣。”

本研究發現當長者和他們的照顧者考慮住院護理時，他們之間經過一個頗長的商議過程，包括考慮不同的生活安排涉及的適應和潛在的掙扎。在過渡到長者護理院期間，長者預期會面對許多挑戰和困難。例如，剛搬進支援性住所的長者往往需要適應較小的生活空間，並且可能為了他們與鄰居的關係感到焦慮。到達後不久，他們可能會產生失落感，包括失去住所的擁有權，離開伴侶和熟悉的面孔，失去隱私，缺乏選擇，以及失去某程度的自主權。

與此同時，照顧者也必須處理與長者分開的轉變，以及在這個過渡期一些複雜的情緒。雖然他們意識到他們年老的父母在新的住處可能獲得更悉心的照顧，可是，他們可能因自己不能照顧父母，讓父母在家中安老而感到內疚。因此，較長時間的心理準備，以及對長者及其照顧者提供情緒上的支援是必需的。然而，也有一些人用正面的角度來看這個過渡（例如較安全的環境、減低社交上的孤立）。最後，參加者表示他們因護理院漫長的輪候時間感到沮喪；這並不令人感到意外，因為安省長期護理床位的需求近年急劇增加。

## ■ 居家安老

長者適應新環境時需要某程度的舒適感，因為他們可能需要暫時或永久地轉換住處，並且接受不同層面的支援。這些支援通常是根據他們的健康狀況和家人的支援而定。本研究發現家人為了讓長者在家庭中安老而提供重要的幫助和照顧。

加拿大的華人長者即使伴侶健在，仍傾向與子女同住，而他們的兒子或媳婦往往負起照護他們的責任。即使照顧長者的女兒比媳婦多，家庭關係並非這個角色最重要的因素。研究發現：照護工作最好由長者信任和能夠相處的人提供。

## 與服務系統互動

需要的表達往往受到這些需要是否被服務系統承認或接受所影響。某些需要並不容易啓齒，例如性和受保護免遭虐待。公共教育資訊（例如虐老方面）可以提高社會的意識；而服務項目（例如處理性或心理健康問題的服務）則有助使需要合理化，因而更容易宣之於口和表達出來。

需要往往隨著新的服務或已改善的服務浮現。每天與客戶互動的服務提供者有特權去觀察這些需要。一個良好的服務系統能全面利用這方面的資訊。

## 特別發現

### 中年人的獨特需要

長者轉變中的需要往往與人生重要階段的過渡有關。研究結果顯示：目前的中年群組（在2012年未滿65歲的人）一般有較大能力追求自我實現，他們的教育水平較高，對於社會服務的質素也有較高的期望。他們也致力追求更加獨立，並且希望他們使用的服務有更多選擇；而且一般來說，他們對自己的需要比較堅定和自信。他們表示需要與家人、朋友和其他社交網絡建立關係，並且需要積極地參與不同的興趣小組、社交圈子和宗教組織。中年人顯示他們用自己的能力去滿足更深層的需要，建立身份和獲取自我實現及生活上的滿足感。這包括承認他們需要感到快樂，擔當領導角色，學習新事物和從事義務工作等。

丈夫說：“那些個人護理員長久以來已成為我情緒上的支持。她們來的時候跟我談話和安慰我太太。偶然，她們也嘗試幫助我。”

中年人表達的憂慮包括：需要處理與工作有關的壓力和失業的壓力、經濟上的支援，以及在家中照顧長者時需要個人護理員和長者日間服務的額外支援。此外，他們表示處理長期病患時需要管理策略。大多數中年受訪者預期當他們過渡成為長者時，將會面對轉變。多位受訪者認為那是為將來計劃的時間，因此需要有關老人福利和申請長者房屋的資訊。中年人一般比長者有較高的教育程度，對服務也有較高的期望，顯示他們有能力和自我效能去尋求管理健康的策略，以致日後有更健康的生活。因此，當他們為長者提供支援時，可能因為有更多機會運用這些力量而得到裨益。

### 照顧者的獨特需要

#### ■ 照顧者實際上和情緒上的需要

本研究發現自我照顧對於照顧者自己的身體和情緒健康十分重要。很多時候，長者可能需要照護另一位有較大需要的長者。這些年長的照顧者往往感到承受壓力，而且為自己的身體狀況感到擔憂，這樣可能會影響他們照顧另一位長者的能力。照顧者可以通過社會工作者、其他支援人員以及社會支援網絡獲得情緒上的支持。

“我告訴自己：我不能倒下來；即使我不照顧自己，也需要照顧我年老的父母和我的家人。”

#### ■ 照顧者的性別角色

本研究發現性別對於長者的需要有一定的影響。與傳統的刻板印象相反，本研究裡的中年男性參加者在他們的個人情緒、關係以及性和親密關係等議題上比較能表達自己。退休不久的中年男性覺得表達他們從前在加拿大與事業掙扎有關的負面情緒，對他們有幫助。男性照顧者表示他們替



母親洗澡或更換尿布時，會因觸摸母親的身體而感到尷尬。他們部分人表示需要女性個人護理員接手做比較個人的護理工作。

部分女性關顧者表示關注性別分工不公平。人們期望她們負起照顧年長家人的責任，主要是因為她們是女兒或姐妹。

**講普通話的中、老年人的獨特需要**

講普通話的長者表現出不同的需要。在本研究中，講普通話的長者最常表達的需要是：(1) 克服交通運輸障礙，(2) 增加運動，(3) 更多應付長期健康問題，(4) 適應新的社會環境，及 (5) 管理和有效地處理心理健康問題。他們在本研究中報告的另一個重要的需要是自尊。其他需要包括與家人融洽相處，有強烈的自我接受和自我效能感，以及參加社交網絡和結識朋友。

**虐老**

虐老是另一個受關注的議題。這個議題沒有經過廣泛的公開討論或準確地記錄在現有的文獻中。當部分長者認識到虐老不僅包括身體上的虐待，也包括心理、情緒、言語和經濟上的虐待之後，感到比較容易談論個人的經歷。雖然中國社會規範主張家醜不出外傳，然而，在一個相對安全的環境下，長者可能傾向於用他們自己間接、含蓄的方式逐漸透露他們的經歷。

**對服務計劃及服務提供的建議**

本研究的結果顯示：工具式照顧和心理社會照顧兩者並非分割和獨立的，而是融合為一的。當長者獲得工具式照顧，例如由一個他們認識和信任的人運送到某個地方，這種照顧也可以是一種情緒上的照顧和心理社會上的支持，可以讓他們減低孤立和無助感。

**應對多元化及安頓定居議題**

移民長者如能獲得有效的途徑去適應他們在加拿大的新生活，將會有所得益（例如與社區聯繫，建立社會支持網絡，與家鄉的文化再次聯繫，以及學習新的社交和職業技能）。在新環境成功安居的移民長者經歷較少壓力和較短的適應期。華裔移民長者需要幫助他們適應加拿大生活的服務。自從1989年以來，交通運送以及切合語言文化的服務一直是他們最顯著的需要。如獲得更多幫助他們克服日常障礙的社會服務資源的相關資訊，也會令他們受惠。由於大多倫多地區講普通話的華人長者不斷增加，新增的服務和活動應該重新安排，納入中華文化和華人社區的多元面貌為考慮，使更多講普通話的長者能使用這些服務。

**處理人生階段過渡的建議**

中年人是一個擁有極大自我效能的年齡群。他們需要更多活動，讓他們有機會參與及為社區和整體社會作出貢獻。藉此，他們可以獲得更大的自我滿足感和更強的身份認同感。除了需要更多活動之外，他們也需要更多資訊和教育機會，協助長者計劃人生。義務工作可以是一個切實可行的選擇，對於個人和機構都能互惠互利。因此，領袖訓練和義工培訓也是他們需要的。推廣積極面對老年的態度：“人生再啓航”而非“生命的終結”，將會使他們獲益；這正是頤康中心目前採取的立場。對於有較強用戶意識和較高服務期望的中年人，應該提供更多選擇，以配合頤康中心作為“首選服務機構”的抱負。這也意味著下一個群組的長者將會有較高的服務期望和要求，而頤康的服務也必須加強和改善。

**心理社會健康**

長者需要有效的策略應付日漸衰弱的健康狀況，以及被賦予權利和能力處理自己的健康狀況。因此，在服務和活動設計上，應考慮賦權和建立能力的方向。頤康中心的健康教育課程以及長期病患自我管理課程有助滿足這方面的需要。

對於在家中安老的長者而言，為關顧者，尤其是年長的關顧者增加實際和情緒上的支援十分重要。他們也需要更多推廣自信和自我照顧的關顧者教育。頤康預期已擴展的關顧者支援服務可以滿足這個需要。

對於住在支援性護理院的較高齡長者而言，需要提供一系列策略性的護理服務。這包括建立一個切合文化需要的生活環境，以及把集體住宿環境改造為更像家一般的環境。在長者過渡至護理院期間，部分長者和關顧者經歷失落感；他們在過渡前需要較長時間的心理準備，在過渡後則需要更多支援，使他們能作出正面的適應。

**進一步調查的建議**

**對大多倫多地區其他增長中的亞裔人口的適切性**

加拿大最大的有色少數族裔是南亞裔，在2006年佔有色少數族裔人口的25%；華人是第二最大的族群。報告講普通話的人口增加了51%。然而，加拿大第二個增長最快的語言群組是菲律賓的塔加路語，增長率為64% (Statistics Canada, 2013c)。由於加拿大的文化和社會面貌不斷轉變和多元化，頤康中心的服務提供計劃已不限於華人社區；上述資訊可能有助於計劃未來的服務發展和實施。

**性與親密關係**

在華人社會中，長者對性和親密關係的需要往往被視為禁忌。然而，本研究發現：長者在開放和不帶批判的對話空間之中，願意間接或含蓄地表達他們為了重建婚姻中的親密關係，而需要身體上的安慰。除了為長者提供舒適和隱私的空間之外，為職員和社區人士提供這方面的教育機會，將有助處理和回應對這個議題的關注。

**性別**

性別在照護的責任上扮演重要的角色；有鑒於此，頤康中心可以為女性關顧者計劃合適的服務，並且為她們年老的雙親或家人從家裡搬到長期護理院的過渡階段計劃適當的支援服務。

**結論**

本研究嘗試通過敘事探究以及從現有老人學文獻和補充調查數據所得的支持性結果，凸顯華人中、老年人以及關顧者的需要。研究結果確定了中、老年人的需要具有不斷轉變的性質，隨著環境、不同人生階段的過渡，以及與服務系統的互動而變化。他們是護理服務的對象，他們的需要不斷與現有的長者護理服務進行動態性的互動。計劃未來服務方向時，若不考慮這些獨特和寶貴的經驗和互動，將有損服務質素。當頤康中心繼續成為首選服務機構，承諾對服務使用者的需要和願望作出回應時，在不斷轉變的社會和服務狀況之下滿足客戶的需要，將繼續成為首要重任。

## 摘要

### 绪论

本研究目的是辨析在大多伦多地区生活的华裔老年人变化中的需要（特别在多伦多、万锦、烈治文山和密西沙加）。我们采用混合调查方法，向 655 位老年人及服务提供者、照护者，以及颐康中心其他资料提供者收集数据。首先，我们的主要调查结果报告这些组别的具体需要，以求获得“身心健康、生活质素和人生满足感”（Chappell, 2005, p. 69）。

本研究记录华裔老年人普遍的需要（寻求身体护理、心理健康、心灵的需要以及人生最后阶段的帮助），特别注重 (1) 环境的变化，例如人口结构和社会环境；(2) 人生阶段的重大变迁，例如移民、退休或长期病患发病；以及 (3) 由于服务使用者与服务系统的相互作用而浮现的需要，例如新的服务概念和项目引发对需要的认知和对服务产生新的需求。研究结果也涵盖中年人和照护者的特别需要、照护者的性别角色，以及讲普通话（又称国语）的中、老年人的独特需要。敏感的议题，例如虐老、性，以及对死亡和临终的态度，也是本研究探讨的范围。研究报告也提出影响未来服务计划和发展的建议。

### 大多伦多地区的华裔老年人与需要

在2011年，老年人口佔加拿大全国人口的14.8%。在2006年至2011年间，加拿大的整体人口增加了5.9%，而年满65岁或以上的老年人口卻已增加了14.1% (Statistics Canada, 2012e)。随着中年人或“婴儿潮”（1946-1965 年间出生）的第一浪在2011年满 65 岁，预料加拿大的老年人口将会在未来数年急剧增长 (Statistics Canada, 2012d)。

我们承认“老年人”是一个由社会建构、没有精确年龄界限的分类。重要的是要区分老年人与中年人这两个用语，并且承认老龄化的定义随着文化和社会环境而不断改变。例如，在颐康中心与多伦多大学医学院于1989年进行的需要研究中，把老年人界定为年满 60 岁或以上人士。而在 2012 年的财政预算中，联邦政府逐渐调整领取老人福利金 (OAS) 和老人收入补助金 (GIS) 的年龄资格，由65岁提升至67岁。即使老龄化的定义不断变化，加拿大的老年人口在未来数年将会急剧增长却是不变的事实。加拿大统计局 (Statistics Canada) 估计，到了2036年，在加拿大年满65岁或以上的人数将会多达1,040万。预料到了2051年，每四个加拿大老人之中，约有一个年满65岁或以上 (Statistics Canada, 2013b)。根据加拿大统计局的分析，影响加拿大老年人口增长的因素包括：低生育率、寿命延长，以及婴儿潮一代人口老化。这个老龄化的趋势是一个指标，显示社会上持续需要充分和适当的服务，帮助老年人保持合理的生活质素。

“老年人”的定义通常不仅包含个别人士的身体和心理状态以及他们与环境的相互作用，也包含他们对自己属于这个年龄分类的观感和诠释。需要的浮现往往是个人与环境互动的结果，某程度上也是现有服务的一种功能。如果缺乏相关的服务，某些需要就不容易表达出来。表征问题

变化中的需要来自：

1. 不断变化的环境：人口结构和社会环境。
2. 人生阶段的重大变迁：移民、退休、孩子离家、失去伴侣、长期病患发病等。
3. 与服务系统的相互作用：政策、服务理念、观点、概念的形成和实际服务的改变。

（表达出来的需要）通常只是处理许多潜在需要的起点。对于客户的需要有敏锐的感觉和迅速回应的服务提供者处理正在浮现的需要时，应该保持开放的态度，并且在资源许可的情况下处理这些需要；当他们看见需要出现时，也应该倡导运用新的或已增加的资源。

体察老年人独特的需要，结合工具式照顾和情绪上的照顾，有助于为老年人提供最高质素的护理。这可能包括由老人熟悉和信任的人运送老人就诊，这样会减少交通运输和身体上的障碍，并且可以减轻压力和焦虑。也可能包括用温柔、关怀的语调致电提醒老人服药，让老人在管理健康问题感到自己获得专有的照顾和注意。此外，应该保持服务提供者与客户之间所建立和培养的信任关系，以此为高质素社会服务的标记。职员对于客户变化中的需要应该保持开放的态度和敏锐的感觉；同样，在进行持续评估时，应确保这些需要在质素保证和改进的过程中获得考虑。最后，应为照护者和老年人设立有效的沟通机制和获取知识的机制。

颐康中心近年的努力有助发展一个以赋权为本的服务提供模式，向中、老年人提供外展服务。这个使命让颐康成为大多伦多地区华裔老年人的首选服务机构。

### 过去对有关议题的研究

在1989年，颐康中心（前称大多市华人护理安老院）委托多伦多大学医学院进行一项需要研究。其后，颐康中心开设该机构的首间护理安老院及附属的社区中心，为华裔老年人提供切合语言文化需要的服务；逐渐扩展为四所长期护理中心，为不同健康状况、能力和援助需要的老年人提供多元化的服务。颐康中心开始在大多市三个区域提供服务：士嘉堡、约克区及密西沙加。这些服务包括外展支援服务，目的是帮助较年轻的老年人准备健康地安享晚年，并且赋权在家中照顾老年家人的照护者。

在1989年进行的研究名为“华裔老年人口的医疗保健需要：需要评估” (Health Care Needs of the Chinese Elderly Population: A Needs Assessment)，收集数据的方式包括档案库及背景资料收集、对非住院老人进行个人访问，以及由老人及其家人填写问卷 (The Health Care Research Unit, 1989)。我们可以见到部分老人的需要至今不变，例如他们需要处理心理健康问题（如孤独、孤立和抑郁），以及需要家居护理和交通运送服务。然而，我们也清楚看到老年人的需要已出现重大的变化。在1989年，大部分受访者表示他们需要和渴望使用老人中心。可是，2012年这个研究的受访者则表示他们极需要更多元化的服务和活动。另一个变化中的需要则反映近年的移民趋势，因为在这个研究里，讲普通话的华裔老年人表示他们对特定区域文化具有敏感度的服务（例如来自中国北方讲普通话的人的文化）。这个议题并没有在前一个研究里提出来。此外，老人日间服务在1989年的研究里没有被视为一个重要的需要，现在却被广泛视为支援居家安老的老年人一个有用的资源。

自从进行前一个研究之后，语言方面也发生了变化。在1981年，多伦多居民之中有60,275 人选择中文为他们的母语；到了2006年，这个人数增至420,000。在2011年，多伦多讲普通话的人数增加了32%，是所有族裔语言群组中增长最快的。不同的教育程度和英语程度有助解释这个显著的增长。



## 研究的理论根据

本研究是颐康中心策略计划的一部分；颐康中心与多伦多大学 Factor-Inwentash 社会工作学院合作，获安省延龄草基金资助，就大多伦多地区华裔老年人变化中的需要进行研究。本研究尝试探讨大多伦多地区华裔老年人变化中的人口结构，以及他们在健康和社会方面的需要。本研究也尝试提供知识，以填补现有关于这个人口的老年学文献的缺口。本研究目的是就华裔老年人变化中的需要提供叙述，协助颐康中心制订服务计划。而其他服务提供者也可以因这个报告的结果获得裨益。

在安大略省，中文(没有具体说明语种) (1.6%) 和粤语(1.5%) 分别是2011年第二和第三种最常用的母语。经常在家里使用中文的人当中，有37% 讲粤语，28% 讲普通话。在多伦多，家里讲普通话的人数在2006至2011年间增加了32% (在多伦多最普遍的15种家用非英语语言中增长最快)；而家里讲粤语的人数则减少了11% (City of Toronto, 2012a)。

华人是一个十分多元化的族群。来自中华人民共和国讲普通话的华裔人口正在加拿大迅速增长。本研究发现讲普通话的华裔老年人需要切合他们文化需要的服务和活动。许多讲普通话的老年人觉得从前为讲粤语的老年人设计的服务和活动并不切合他们的需要和爱好。他们的需要包括处理因家庭关系紧张而产生的沮丧感；管理在移民过程中因社会地位改变而产生的失望感(许多人表示他们需要社会的肯定)；以及面对加拿大社会或粤语社群的歧视。

## 研究目的

本研究旨在探讨和更深入地了解大多伦多地区华裔中、老年人变化中的需要。本研究采用焦点小组和一对一访问，探讨华裔老年人与他们的照护者之间的关系，同时承认这个人口之中的相交组别(例如性别、讲普通话及粤语、年龄等) 和它们的社会和实质环境，以及这个群组的需要(身体、心理社会及存在/心灵的需要)。

## 研究问题

本研究包括焦点小组、一对一半结构性访问和补充调查数据。探讨的主题包括对需要的一般意见和对这些需要的期望、健康、住房、家居护理、经济地位、生活的社会层面、服务的相互作用、过渡性的计划(例如退休)，以及个人生活。此外，本研究也探讨讲普通话的老年人、照护者和中年人的需要(参阅 Appendix I)。

## 研究结果和建议

研究结果显示：有效的健康管理策略和日常生活责任上的支援，例如烹饪和家务，都是必需的。此外，老年人也需要情绪上的支援，帮助他们处理恐惧、沮丧、社交上的孤立、对于亲友的复杂感觉，以及自身健康上的变化。本研究确定许多老年人需要协助保持心理健康，主要是克服孤独感、抑郁和焦虑。部分华裔老年人表示他们渴望不依靠子女，更快乐地生活。有趣的是，他们视此作为一种加拿大的生活方式而非传统的华人生活方式。追求更好的生活质素与积极面对老年的态度有关。

## 华裔老年人的普遍需要

本研究显示参与这个研究的华裔老年人的普遍需要，包括在心理健康问题、心灵需要、临终以及性和亲密关系方面寻求帮助。

### 在心理健康问题上寻求帮助

华裔老年人使用心理健康服务时面对的障碍包括：缺乏受过训练、提供特定族裔文化服务的心理健康临床医生和服务；面对语言及信息障碍；个人自我价值降低；倚赖为特定族裔提供正式心理健康服务的社区服务机构；以及恐惧被排斥和歧视 (Khamisa and Koehn, 2010)。

部分华裔老年人迟疑不寻求专业帮助，因为他们对于心理健康问题和诊断感到羞耻。由于社会对心理健康问题的成见和歧视，增加特定文化和语言的心理健康教育、服务和支援，将会让这个社群受惠。其他在日常生活中承受压力的老年人也需要支援，他们的压力源包括处理焦虑、恐惧和孤独感。如果老年人能够在一个非批判性和安全的环境下表达他们的需要，将有助发展和计划适当的支援和服务。

### 心灵上的需要和人生的最后阶段

价值观、心灵状态和信念有助老年人以积极的态度面对人生的最后阶段。本研究中多位受访者表示他们需要有尊严地离开这个世界。与传统中国习俗相反，老年人愿意公开地讨论他们自己对死亡的恐惧。当他们有机会审阅有关临终的信息和安排时，部分老人发现他们开始根据自己的人生价值观去思想、理解和最后接受死亡的现实。

## 不断变化的环境

人类的需要在特定的环境和社会处境中浮现。宏观因素例如政府的政策和集体生活方式的改变可能会影响人口结构、社会环境和文化习俗。参与本研究的中、老年人发现自己置身于一个不断变化的社会处境中，必须学习如何适应和导航。例如：移民的模式和房屋市场力量结合，造成大量老年人在多伦多的市郊居住。那些地区的交通服务并非由多伦多公车局提供，比较昂贵和不方便，可能对老人的生活产生重大的影响，增加他们的孤立和无助感，也造成了更多未能满足的需要(独立生活、社交、活动等)。

## 人生阶段的过渡

个别和过渡性的需要包括那些在人生阶段过渡时期的需要(例如住房和生活安排、迁徙、安顿定居等)、虐老的个人经历，以及性和亲密关系。

使老年人对整体生活感到满意的正面因素包括：探索支援的来源，例如家人、朋友和社群；对生命和灵性抱着积极的态度；向医疗及社会服务从业者提出建议；改善对性和亲密需要的态度和认识；探索不同的服务模式；文化身份的正面影响；以及使用老人中心和安老院。

### 过渡性的需要

目前有关老年人身心健康的研究都集中于问题的原因或起作用的因素，研究员往往忽略老龄化本身是一个动态的过渡过程。个别老人对生活的满意度取决于多重和不断变化的因素，包括不断变化的社会环境(例如漫长的安顿定居过程)、人生阶段(例如孩子离家，从独立屋搬到较小的

“刚来的时候，我尝试结识朋友，大多是移民。我们互相帮助，经常聚会。这里的环境对我们所有人都很陌生。因此，我们一起学习新的事物，例如上英文课。我建立了更多的友谊，互相交换信息，跟社会保持联系，我发现我在多方面的知识逐渐增加了。”

公寓，失去配偶，离婚和再婚），以及他们与现有的社会力量、观点及服务选择（例如公开地谈论忌讳的话题）的相互作用。并非所有变化中的需要都包括在这份报告之内，然而，本研究的参加者所表达的因素将会在报告中凸显出来。

### ■ 交通运输及语言障碍

对于已经移民大多伦多地区的老年人来说，交通运输和语言障碍可能是一个日常的忧虑，可以导致压力、焦虑和其他挑战。许多老年华裔移民讲述他们过去适应加拿大新生活时的挣扎、快乐和成功。也有许多受访者表示移民之后，由于在加拿大社会遇到不同的障碍而感到失落和后悔。这些障碍妨碍老年人进行日常的工作，包括办事和在他们的社会环境中活动。例如，老人就诊时需要交通运送服务和传译员。

缺乏交通运输支援是造成较高龄的华裔移民在加拿大没有充分使用医疗服务的因素。此外，讲英语的能力也是有效地使用医疗服务的重要因素，尤其是对新移民和老年移民而言。缺乏英语沟通技巧（例如与警察、医护人员等沟通）进一步增加老年人经历精神困扰和孤立、孤独、焦虑和不安全的感觉，以致损害了他们对整体生活的满意度。

### ■ 住院护理

老年人需要一个安全、有利于他们身体和心理健康的生活环境，更重要的是让他们有家一般的感觉和容许他们有某程度的自主权的住所。我们发现文化因素比与健康 and 需要相关的因素更能预示老年人喜爱的生活安排。许多老人比较喜爱颐康的住院护理服务，主要是因为他们需要一个文化上熟悉的生活环境。这种环境包括了中式食品、熟悉的面孔、方言、来自祖国类似的共同经历等等。对于华裔身份有较大的依恋也是申请长期护理院时一个重要的预示指标。

“当你走进房间，闻到煮米饭的气味，那种感觉很舒服，让我感到好像在家里一样。”

本研究发 现当老年人和他们的照护者考虑住院护理时，他们之间经过一个颇长的商议过程，包括考虑不同的生活安排涉及的适应和潜在的挣扎。在过渡到安老院期间，老年人预期会面对许多挑战和困难。例如，刚搬进支援性住所的老人往往需要适应较小的生活空间，并且可能为了他们与邻居的关系感到焦虑。到达后不久，他们可能会产生失落感，包括失去住所的所有权，离开伴侣和熟悉的面孔，失去隐私，缺乏选择，以及失去某程度的自主权。

与此同时，照护者也必须处理与老人分开的变化，以及在这个过渡期一些复杂的情绪。虽然他们意识到他们年老的父母在新的住处可能获得更悉心的照顾，可是，他们可能因自己不能照顾父母，让父母在家中安老而感到内疚。因此，较长时间的心理准备，以及对老年人及其照护者提供情绪上的支援是必需的。然而，也有一些人用正面的角度来看这个过渡（例如较安全的环境、减低社交上的孤立）。最后，参加者表示他们因安老院漫长的轮候时间感到沮丧；这并不令人感到意外，因为安省长期护理床位的需求近年急剧增加。

### ■ 居家安老

老年人适应新环境时需要某程度的舒适感，因为他们可能需要暂时或永久地转换住处，并且接受不同层面的支援。这些支援通常是根据他们的健康状况和家人的支援而定。本研究发 现家人为了让老人在家中安老而提供重要的帮助和照顾。

加拿大的华裔老年人即使伴侣健在，仍倾向与子女同住，而他们的儿子或媳妇往往负起照护他们的责任。即使照顾老人的女儿比媳妇多，家庭关系并非这个角色最重要的因素。研究发现：照护工作最好由老人信任和能够相处的人提供。

### 与服务系统的相互作用

需要的表达往往受到这些需要是否被服务系统承认或接受所影响。某些需要并不容易启齿，例如性和受保护免遭虐待。公共教育信息（例如虐老方面）可以提高社会的意识；而服务项目（例如处理性或心理健康问题的服务）则有助使需要合理化，因而更容易宣之于口和表达出来。

需要往往随着新的服务或已改善的服务浮现。每天与客户互动的服务提供者有特权去观察这些需要。一个好的服务系统能全面利用这方面的信息。

### 特别发现

#### 中年人的独特需要

老年人变化中的需要往往与人生重要阶段的过渡有关。研究结果显示：目前的中年群组（在2012年未 满65岁的人）一般有较强的能力追求自我实现，他们的教育水平较高，对于社会服务的素质也有较高的期望。他们也致力追求更加独立，并且希望他们使用的服务有更多选择；而且一般来说，他们对自己的需要比较坚定和自信。他们表示需要与家人、朋友和其他社交网络建立关系，并且需要积极地参与不同的兴趣小组、社交圈子和宗教组织。中年人显示他们用自己的能力去满足更深层的需要，建立身份和获取自我实现及生活上的满足感。这包括承认他们需要感到快乐，担当领导角色，学习新事物和从事志愿工作等。

丈夫说：“那些个人护理工作者长久以来已成为我情绪上的支持。她们来的时候跟我谈话和安慰我太太。偶然，她们也尝试帮助我。”

中年人表达的忧虑包括：需要处理与工作有关的压力和失业的压力、经济上的支援，以及在家中照顾老人时需要个人护理工作者和老人日间服务的额外支援。此外，他们表示处理长期病患时需要管理策略。大多数中年受访者预期当他们过渡成为老年人时，将会面对改变。多位受访者认为那是为将来计划的时间，因此需要有关老人福利和申请老人房屋的信息。中年人一般比老年人有较高的教育程度，对服务也有较高的期望，显示他们有能力 and 自我效能去寻求管理健康的策略，以致日后有更健康的生活。因此，当他们为老年人提供支援时，可能因为有更多机会运用这些力量而得到裨益。

#### 照护者的独特需要

##### ■ 照护者实际上和情绪上的需要

本研究发 现自我照顾对于照护者自己的身体和情绪健康十分重要。很多时候，老年人可能需要照护另一位有较大需要的老人。这些年老的照护者往往感到承受压力，而且为自己的身体状况感到担忧，这样可能会影响他们照顾另一个老人的能力。照护者可以通过社会工作者、其他支援人员以及社会支援网络获得情绪上的支持。

“我告诉自己：我不能倒下来；即使我不照顾自己，也需要照顾我年老的父母和我的家人。”



■ *照护者的性别角色*

本研究发现性别对于老年人的需要有一定的影响。与传统的刻板印象相反，本研究里的中年男性参加者在他们的个人情绪、关系以及性和亲密关系等议题上比较能表达自己。退休不久的中年男性觉得表达他们从前在加拿大与事业挣扎有关的负面情绪，对他们有帮助。男性照护者表示他们替母亲洗澡或更换尿布时，会因触摸母亲的身体而感到尴尬。他们部分人表示需要女性个人护理工作接手做比较个人的护理工作。

部分女性照护者表示关注性别分工不公平。人们期望她们负起照顾年老家人的责任，主要是因为她们是女儿或姐妹。

*讲普通话的中、老年人的独特需要*

讲普通话的老年人表现出不同的需要。在本研究中，讲普通话的老年人最常表达的需要是：(1) 克服交通运输障碍，(2) 增加运动，(3) 更多应付长期健康问题，(4) 适应新的社会环境，及(5) 管理和有效地处理心理健康问题。他们在本研究中报告的另一个重要的需要是自尊。其他需要包括与家人融洽相处，有强烈的自我接受和自我效能感，以及参加社交网络和结识朋友。

*虐老*

虐老是另一个受关注的议题。这个议题没有经过广泛的公开讨论或准确地记录在现有的文献中。当部分老人认识到虐老不仅包括身体上的虐待，也包括心理、情绪、言语和经济上的虐待之后，感到比较容易谈论个人的经历。虽然中国社会规范主张家丑不可外扬，然而，在一个相对安全的环境下，老人可能倾向于用他们自己间接的、含蓄的方式逐渐透露他们的经历。

*对服务计划及服务提供的建议*

本研究的结果显示：工具式照顾和心理社会照顾两者并非分割和独立的，而是融合为一的。当老年人获得工具式照顾，例如由一个他们认识和信任的人运送到某个地方，这种照顾也可以是一种情绪上的照顾和心理社会上的支持，可以让他们减低孤立和无助感。

*应对多元化及安顿定居议题*

老年移民如能获得有效的途径去适应他们在加拿大的新生活，将会有所得益（例如与社区联系，建立社会支持网络，与家乡的文化再次联系，以及学习新的社交和职业技能）。在新环境成功安居的老年移民经历较少的压力和较短的适应期。老年华裔移民需要帮助他们适应加拿大生活的服务。自从1989年以来，交通运送以及切合语言文化的服务一直是他们最显著的需要。如获得更多帮助他们克服日常障碍的社会服务资源的相关信息，也会令他们受惠。由于大多伦多地区讲普通话的华裔老人不断增加，新增的服务和活动应该重新安排，纳入中华文化和华人社区的多元面貌为考虑，使更多讲普通话的老人能使用这些服务。

*处理人生阶段过渡的建议*

中年人是一个拥有极大自我效能的年龄群。他们需要更多活动，让他们有机会参与及为社区和整体社会作出贡献。借此，他们可以获得更大的自我满足感和更强的身份认同感。除了需要更多活动之外，他们也需要更多信息和教育机会，协助老年人计划人生。志愿工作可以是一个切实可行的选择，对于个人和机构都能互惠互利。因此，领袖训练和志愿者培训也是他们需要的。推广积极面对老年的态度：“人生再启航”而非“生命的终结”，将会使他们获益；这正是颐康中心目前采取的立场。对于有较强用户意识和较高服务期望的中年人，应该提供更多选择，以配合颐康

中心作为“首选服务机构”的抱负。这也意味着下一个群组的老年人将会有较高的服务期望和要求，而颐康的服务也必须加强和改善。

*心理社会健康*

老年人需要有效的策略应付日渐衰弱的健康状况，以及被赋予权利和能力处理自己的健康状况。因此，在服务和活动设计上，应考虑赋权和建立能力的方向。颐康中心的健康教育课程以及长期病患自我管理课程有助满足这方面的需要。

对于在家中安老的老年人而言，为照护者，尤其是老年照护者增加实际和情绪上的支援十分重要。他们也需要更多推广自信和自我照顾的照护者教育。颐康预期已扩展的照护者支援服务可以满足这个需要。

对于住在支援性安老院的较高龄老人而言，需要提供一系列策略性的护理服务。这包括建立一个切合文化需要的生活环境，以及把集体住宿环境改造为更像家一般的环境。在老人过渡至安老院期间，部分老人和照护者经历失落感；他们在过渡前需要较长时间的心理准备，在过渡后则需要更多支援，使他们能作出正面的适应。

*进一步调查的建议*

*对大多伦多地区其他增长中的亚裔人口的适切性*

加拿大最大的有色少数族裔是南亚裔，在2006年占有色少数族裔人口的25%；华人是第二最大的族群。报告讲普通话的人口增加了51%。然而，加拿大第二个增长最快的语言群组是菲律宾的塔加路语，增长率为64% (Statistics Canada, 2013c)。由于加拿大的文化和社会面貌不断变化和多元化，颐康中心的服务提供计划已不限于华人社区；上述信息可能有助于计划未来的服务发展和实施。

*性与亲密关系*

在华人社会中，老年人对性和亲密关系的需要往往被视为禁忌。然而，本研究发现：老年人在开放和不带批判的对话空间之下，愿意间接或含蓄地表达他们为了重建婚姻中的亲密关系，而需要身体上的安慰。除了为老人提供舒适和隐私的空间之外，为职员和社区人士提供这方面的教育机会，将有助处理和回应对这个议题的关注。

*性别*

性别在照护的责任上扮演重要的角色；有鉴于此，颐康中心可以为女性照护者计划合适的服务，并且为她们年老的双亲或家人从家里搬到长期护理院的过渡阶段计划适当的支援服务。

结论

本研究尝试通过叙事探究以及从现有老人学文献和补充调查数据所得的支持性结果，凸显华裔中、老年人以及照护者的需要。研究结果确定了中、老年人的需要具有不断改变的性质，随着环境、不同人生阶段的过渡，以及与服务系统的相互作用而变化。他们是护理服务的对象，他们的需要不断与现有的老人护理服务进行动态性的互动。计划未来服务方向时，若不考虑这些独特和宝贵的经验和相互作用，将有损服务质素。当颐康中心继续成为*首选服务机构*，承诺对服务使用者的需要和愿望作出回应时，在不断变化的社会和服务状况之下满足客户的需要，将继续成为首要的重任。

# The Changing Needs of Chinese Seniors in the Greater Toronto Area

## PART II REPORT

### 1. INTRODUCTION

This study aims to identify the changing needs of Chinese seniors who live in the Greater Toronto Area (GTA; specifically Toronto, Markham, Richmond Hill, and Mississauga). Using a mixed methods approach, data were collected from 655 seniors and service providers, caregivers, and other informants at the Yee Hong Centre for Geriatric Care. First, our key findings report on the specific needs of these groups in order to achieve “well-being, quality of life, and life satisfaction” (Chappell, 2005, p. 69).

This study documents the common needs amongst Chinese seniors (seeking help with physical care, mental health issues, spiritual needs, and the final stage of life), giving special attention to (1) changes in circumstances such as demographics and social environment, (2) major transitions in life such as immigration, retirement, or onset of chronic conditions, and (3) needs that emerge as a result of the interaction between service users and the service system, as in cases when new service ideas and programs lead to awareness of needs and new demand for services.

The findings also cover the special needs of middle-aged adults and caregivers, the role of gender amongst caregivers as well as the unique needs of Mandarin-speaking seniors and middle-aged adults. Sensitive issues such as elder abuse, sexuality, and attitudes towards death and dying have also been explored. Recommendations are provided to inform further service planning and program development.

#### Changing Needs Emerging from:

1. *Changing circumstances: Demographics and social environment*
2. *Transitions in life: Immigration, retirement, children leaving home, loss of partner, onset of chronic conditions, etc.*
3. *Interaction with service system: Changes in policy, service philosophy, perspectives, conceptualization, and actual programs*

### NEEDS AND CHINESE SENIORS IN THE GTA

Seniors in Canada accounted for 14.8% of the national population in 2011. While the Canadian population as a whole increased by 5.9% between 2006 and 2011, the number of seniors aged 65 and over increased by 14.1% (Statistics Canada, 2012e). The aging population in Canada is expected to accelerate in the coming years as the first wave of middle-aged adults or “baby boomers” (born between 1946-1965) reached 65 years of age in 2011 (Statistics Canada, 2012d).

We recognize that “seniors” as a category is arbitrary and socially constructed. It is important to distinguish the terminology between *seniors* and *middle-aged adults*, and to recognize that definitions around aging are constantly changing due to culture



and social circumstances. For example, the needs study conducted by the Yee Hong Centre for Geriatric Care in partnership with the Faculty of Medicine at the University of Toronto in 1989 defined seniors as individuals aged 60 years and over. In the Budget 2012, the Government of Canada has gradually adjusted the age eligibility for the Old Age Security (OAS) pension and the Guaranteed Income Supplement (GIS) from 65 to 67 years of age. Even if the definition of aging is constantly changing, the fact that Canada's aging population growth will accelerate in the coming years remains unchanged. Statistics Canada estimated that the number of people aged 65 and over in Canada will reach 10.4 million by 2036. Approximately one in four Canadians is expected to be 65 years or over by 2051 (Statistics Canada, 2013b). According to Statistics Canada, factors that are related to Canada's aging population growth include low fertility rates, an increase in life expectancy, and the aging of those from the baby-boom generation. This trend in aging is an indicator for an ongoing need for sufficient and appropriate services to help seniors to maintain an adequate standard of life.

The definition of "senior" often implies not only the individual's physical and mental states and their interaction with the environment, but also their own perceptions around what it means to be part of this age classification. Emergence of needs is often the result of the interaction between the individual and the environment and, to a certain extent, it is a function of what is available. Certain needs are not easily expressed when there is an absence of relevant services. The presenting problem (expressed needs) is often only the starting point in addressing a long list of underlying needs. Service providers who are sensitive and responsive to the needs of clients should remain open to emerging needs and address them as resources allow, but they should also advocate for the implementation of new or increased resources when they see the needs arise.

Being sensitive to the unique needs of seniors by means of combining instrumental care with emotional care can help to provide the highest level of care for seniors. This could include transportation to medical appointments by someone familiar and trusted, which would decrease mobility and physical barriers and could ease stress and anxiety. It could also include a medication reminder phone call delivered in a gentle and caring tone, which would provide seniors with a sense of specialized care and attention with the management of health issues. Furthermore, establishing and nurturing trusting relationships between service providers and clients should be maintained as the hallmark of quality social service. Staff should remain open and sensitive to clients' changing needs and, similarly, ongoing assessments should ensure that these needs are considered in quality assurance and improvement. Finally, mechanisms for effective communication and knowledge access for both caregivers and seniors should be put into place.

Yee Hong's recent efforts have helped to develop an empowerment-based model of service delivery providing outreach to middle-aged adults and seniors alike. Thus, it is this very mission that makes Yee Hong a *provider of choice* amongst Chinese seniors in the GTA.

## PAST RESEARCH ON THE PROBLEM

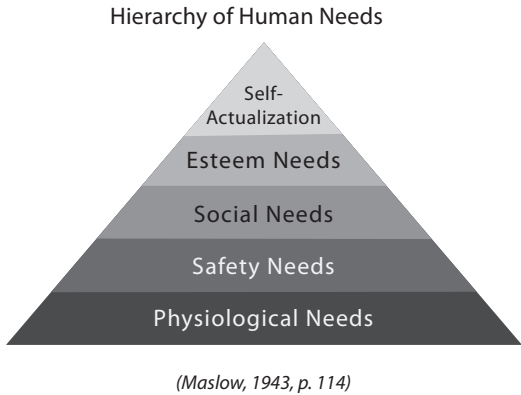
In 1989, the Yee Hong Centre for Geriatric Care (previously called the Chinese Community Nursing Home for Greater Toronto) commissioned a needs study in partnership with the Faculty of Medicine at the University of Toronto. Subsequent to that study, the Yee Hong Centre developed its first culturally and linguistically appropriate nursing home for Chinese seniors with a community centre attached to it. Since then, it has expanded to four long-term care centres offering a wide spectrum of services for seniors with a diverse range of needs in terms of health, abilities, and assistance requirements. The Yee Hong Centre began servicing three areas in the GTA: Scarborough, York Region, and Mississauga. Moreover, these services included outreach support to help prepare younger seniors for healthy aging and to empower family caregivers for senior care at home.

The study in 1989, entitled "Health Care Needs of the Chinese Elderly Population: A Needs Assessment", collected data through archives and background research, personal interviews conducted with non-institutionalized seniors, and questionnaires completed by seniors and their family members (The Health Care Research Unit, 1989). We can see that some seniors' needs have remained unchanged, such as their need for dealing with mental health concerns (e.g. loneliness, isolation, and depression) and needs for home care and transportation services. However, it is clear that there have also been significant changes. In 1989, the majority of participants expressed their need and desire to use senior centres. However, participants in this 2012 study articulated a strong need for more varied services and activities. Another example of changing needs reflects more recent immigration trends as the Mandarin-speaking Chinese seniors in this study expressed their needs for services that have specific regional cultural sensitivity (e.g. the culture of Mandarin-speakers from Northern China). This was not an issue raised in the previous study. Furthermore, seniors' day care was not recognized as a significant need in the 1989 study but it is now widely regarded as a helpful resource for supporting seniors aging at home.

There were also linguistic changes since the previous study was conducted. In 1981, 60,275 of those living in the city of Toronto selected Chinese as their mother tongue compared to 420,000 in 2006. The number of Mandarin-speakers in the city of Toronto in 2011 had the fastest growth rate of 32% out of all ethnic language groups. Varying levels of education and competency in the English language are factors that can help explain this significant increase.

THE CONCEPT OF NEED

This study recognizes that human beings experience complex needs and that needs are knowable (Maslow, 1943). First, the meeting of different needs is interrelated because meeting one set of needs may leave a person open to experience another set of more complex needs, as psychologist Abraham Maslow’s (1954) Hierarchy of Human Needs suggests.



Second, when human beings experience needs that are not met, they will be motivated to do something to address those needs. This motivation is understood as drives (Argyle, 1967). The ability to effectively meet those needs is related to a sense of well-being.

Third, individuals’ needs are closely related to the values one has, ideas about what is good, right, and desirable, one’s personal background, and social location (McKillip, 1987).

Fourth, needs are not always simply what one feels (felt needs) or what one says one needs (expressed needs); the construction of needs can emerge when compared to others who do not share those same needs (comparative needs) or it can be the result of a dynamic interaction between personal perspectives and social norms (normative needs) (Bradshaw, 1972).

Fifth, not every need is equally accepted by society. For instance, seniors’ needs for food and shelters are rarely questioned but their need for privacy in nursing homes can be controversial because balancing respect for privacy and safety could be challenging in some cases. Powerful social forces can shape our understanding of different needs and the pursuit of satisfaction of needs can be seen as a larger “social problem” or “political process” (York, 1982).

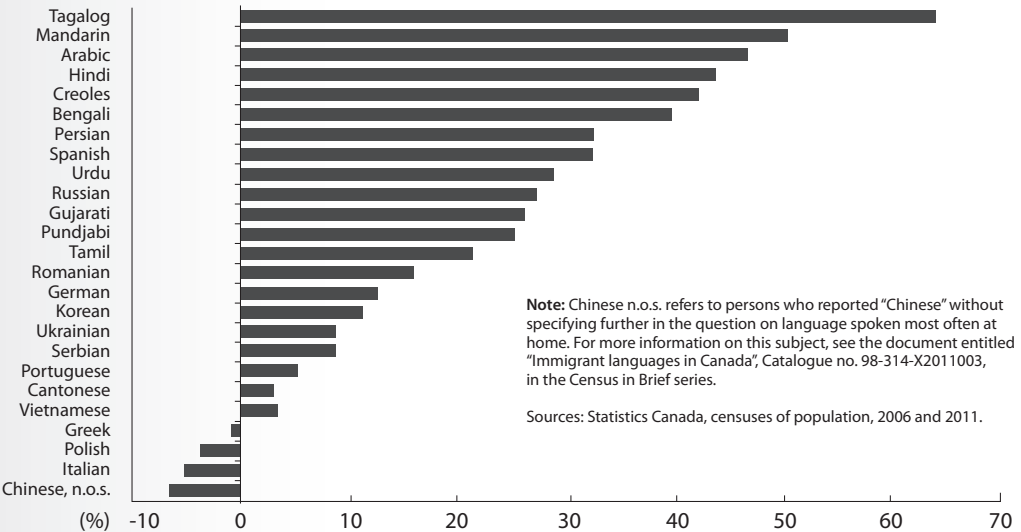
Finally, our study recognizes that people can experience similar needs but that each individual’s needs are personalized and contingent upon his/her unique circumstances.

RATIONALE FOR STUDY

As part of the Yee Hong Centre’s strategic planning and in collaboration with the Factor-Inwentash Faculty of Social Work at the University of Toronto, a grant application to the Ontario Trillium Foundation was approved to conduct a study on the changing needs of Chinese seniors in the GTA. The study attempts to explore the changing demographics of Chinese seniors in the GTA and their health and social needs. It also attempts to provide knowledge to bridge the gaps in existing gerontological literature amongst this population. Its aim is to provide an account on the changing needs of Chinese seniors in the GTA to assist the Yee Hong Centre in facilitating service planning. Other service providers may also benefit from the findings in this report.

In Ontario, Chinese, not otherwise specified (N.O.S.), (1.6%) and Cantonese (1.5%) were the second and third most common mother tongues respectively in 2011. Of those who spoke Chinese regularly at home, 37% spoke Cantonese while 28% spoke Mandarin. In Toronto, Mandarin as a language spoken at home increased by 32% between 2006 and 2011 (the fastest growth rate amongst the top 15 non-English languages spoken at home in Toronto); Cantonese, on the other hand, decreased by 11% (City of Toronto, 2012a).

Top 25 immigrant languages spoken most often at home in Canada – showing population growth in percent, 2006 to 2011 (Statistics Canada, 2013c)



Chinese as an ethnic group are very diverse. Mandarin-speaking Chinese from the People’s Republic of China (PRC) are a rapidly growing population in Canada. This study found that Mandarin-speaking Chinese seniors are in need of services,

programs, and activities that are culturally appropriate for them. Many Mandarin-speaking seniors did not find services and programs previously designed for Cantonese-speaking seniors relevant to their needs and preferences. Needs include dealing with frustrations due to family tension, managing disappointment with the change of social status during immigration (many expressed their need for social recognition), and facing discrimination in Canada or from the Cantonese-speaking community.

Findings from a needs assessment of Mandarin-speaking newcomers conducted by George, Tsang, Man, & Da (2000) are consistent with the findings of this study that include, for example, settlement challenges including linguistic and communication barriers (especially with health care providers), family conflicts, psychological adjustment problems, and isolation (especially for senior men). Recommendations also include increasing services and community programs for Mandarin-speaking seniors, which would provide more opportunities for interactions with friends and day-time activities to alleviate isolation (George, Tsang, Man, & Da, 2000).

## 2. PURPOSE

The study aims to explore and better understand the changing needs of Chinese seniors and middle-aged adults in the GTA. In the study, focus groups and one-on-one interviews are used to explore the relationship between Chinese seniors and their caregivers while acknowledging intersecting groups within this population (e.g. gender, Mandarin- and Cantonese-speaking, age) and their social and physical environments as well as the needs (physical, psychosocial, and existential/spiritual) of this group. Supplementary survey data are used to support these findings. The reason for combining both qualitative and quantitative data is to better understand this research problem by synthesizing both qualitative and quantitative data and to advocate for change for this population.

While some needs remain unchanged after almost 25 years, due to changes in demographics, immigration, and general shifts in social environment and culture, it is necessary to take another look at the needs of Chinese seniors in the GTA for the effective planning and refinement of services offered by the Yee Hong Centre.

## RESEARCH QUESTIONS

This study consists of focus groups, one-on-one semi-structured interviews, and supplementary survey data. Topics that were explored include general opinions of needs and expectations of those needs, health, housing, home care, economic status, social aspects of life, service interaction, transitional planning (e.g. retirement), and personal life. Additionally, the needs of Mandarin-speaking seniors, caregivers, and middle-aged adults were explored (see Appendix I).

3. LITERATURE REVIEW

QUALITY OF LIFE

Multiple factors influence the health and wellness of seniors in Canada. Canada’s newcomers, including seniors, are subject to health disparities and inequities in health care (Beiser & Stewart, 2005; Villeneuve, 2002). A national study has shown that older Chinese Canadians reported better physical health than older adults overall but that women were less healthy than men (Khamisa & Koehn, 2010). Lai, Tsang, Chappell, Lai, and Chau (2007) found that having a stronger level of identification with traditional Chinese health beliefs is significant in predicting physical health, number of illnesses, and limitations on instrumental activities of daily living. Other cultural variables include religion, country of origin, and length of residence in Canada. Such results call for health interventions that enhance the cultural compatibility between Chinese seniors, health, and social services delivery systems. Lai (2005b) found that the prevalence of depressive symptoms in older Taiwanese immigrants in Canada, for example, was higher than that reported by older adults in the general Canadian population.

Culture influences ideas around health and illness, symptoms of distress, and help-seeking behaviour (Ivanov & Buck 2002; Kirmayer & Looper, 2006). Higher levels of Chinese ethnic identity are a significant predictor of seeking long-term care (LTC; Lai, 2004). Additionally, older Chinese Canadians who had stronger ethnic attachment had a poorer assessment of their lives, their social supports, and their health than their counterparts who identified less as Chinese, and this is more so for women (Gee, 1999; Min, 2002).

DEMOGRAPHICS AND DIVERSITY

Toronto is the most diverse city in Canada with the highest proportion of visible minorities (63%) as opposed to Vancouver (59%) and Montreal (31%) (Statistics Canada, 2011a). Chinese made up the second largest visible minority group in Canada after South Asians (Statistics Canada, 2011b). The 2006 Census reported 3,398,725 foreign-born individuals in Ontario<sup>1</sup>, which counted for 28.3% of the total population. A significant proportion (77.1%) of recent immigrants who arrived in Ontario chose to settle in Toronto, which made up 8.8% of Toronto’s total population in 2006. One-third of these newcomers were from India (77,800 Indian immigrants or 17.4% of all Toronto’s newcomers) and China (67,000 Chinese immigrants or 15% of the total).

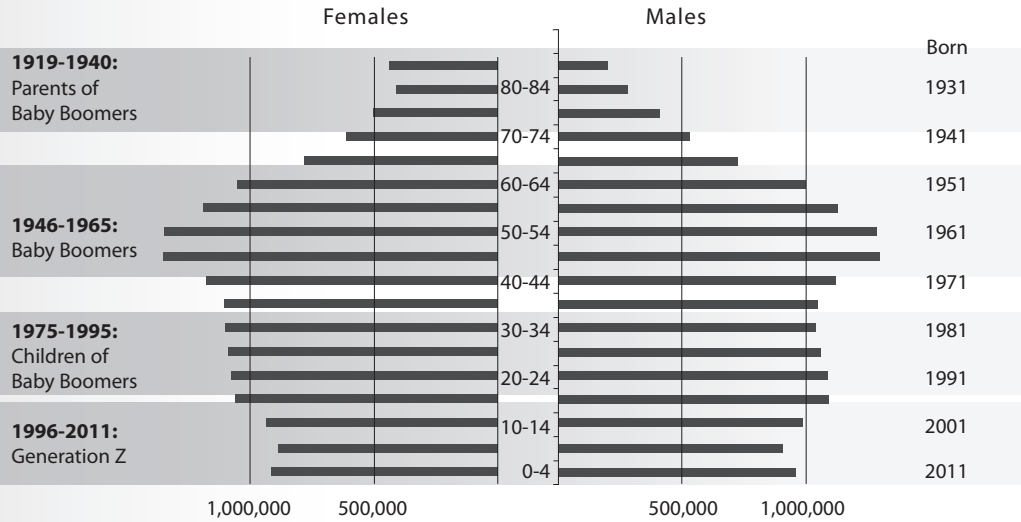
The City of Toronto has the largest number of foreign-born people amongst all municipalities in Ontario and 56.5% of Markham residents were foreign-born. This

<sup>1</sup> 2011 Census data about foreign-born population and immigrants had not been released at the time when this report was written.

proportion was the highest in Ontario and the second highest in Canada. The highest proportion (57.4%) of foreign-born people over Canadian-born in Canada was found in Richmond, BC. Mississauga (51.6%), Richmond Hill (51.5%), Toronto (50%), and Brampton (47.8%) were other municipalities with high proportions of foreign-born people (Ontario Ministry of Finance, 2013). The growth rate of Ontario’s foreign-born individuals was 12.2%, nearly three times faster than the growth of Ontario’s Canadian-born population (4.3%).

Despite the fact that Ontario received approximately 96,000 fewer immigrants than that of the 2001 to 2006 period, the province continued to attract 52.3% of all newcomers (total number of newcomers was 1.1 million). In that time frame, 580,740 immigrants came to Ontario and counted for 17.1% of the foreign-born population (4.8% of the total population). Amongst this group of newcomers, the largest proportion (64.6%) of immigrants were born in Asia, an increase of 61% between 1996 and 2001).

Population Pyramid for Canada, 2011



(Ottawa, 2013)

LANGUAGE

Command of English is an important factor for effective access to health care services, especially for newcomers and immigrant seniors (Flores, 2006; Harari & Heisler, 2008; Wayland, 2006). Many older immigrants in Canada are excluded from social security programs as there is a 10-year waiting period for program eligibility, and such income insecurity significantly impacts health (Alternative Planning Group, 2009; McLeod et al., 2003).



## ECONOMIC STATUS

Income is a well-established predictor of health (McLeod, John, Lavis, Mustard, & Stoddart, 2003). Many older immigrants in Canada are excluded from social security programs as there is a 10-year waiting period for program eligibility as mentioned above (Alternative Planning Group, 2009). Lai (2005b) found that low income is a predicting factor for depressive symptoms amongst older Taiwanese immigrants in Canada. The probability of using home care services decreases with increased self-rated financial adequacy by Chinese immigrant seniors (Lai, 2004b).

## LIVING ARRANGEMENTS

Cultural factors are more important predictors of preferred living arrangements than factors related to health and need amongst Chinese seniors (Khamisa & Koehn, 2010). The national review by Khamisa and Koehn (2010) found that female Chinese seniors who lived alone experienced greater concerns with mental health and other indicators of quality of life compared to their male counterparts. Chinese seniors in Canada who preferred living with children reported a significantly higher level of dependency on others with regard to activities of daily living (Lai, 2005a). Those who did not prefer living with their children were likely to be married, living alone, and born in Canada, and have higher levels of education, lower levels of identification with traditional Chinese values, and a western religion (Lai, 2005a).

A national study of 1,537 Chinese immigrant seniors 65 years and over (with a mean age of 79.4) revealed that only 5.2% used home care services, which was significantly less than other Canadian seniors (Lai, 2004b). However, for those who did use such services, significant predictors include older age, post-secondary education, immigrating from Hong Kong or Southeast Asia, high attachment to Chinese beliefs around health, social support, physical health, and mental health. Personal support workers (PSWs) and adult day programs are also important sources of support in the community that aid in home care. However, fees incurred through these external services can become financially burdensome for seniors and their families. The probability of using home care services decreases with increased self-rated financial adequacy (Lai, 2004b). With regard to financial status and its relation to well-being, some studies found that there is a positive correlation to health (McLeod, John, Lavis, Mustard, & Stoddart, 2003) and that low income is a predictor of depressive symptoms (Lai, 2004b).

Housing plays an important role for Chinese Canadians in how they interact with the community (Hwang, 2008). A report released by the University of British Columbia in October 2011 claimed that there would be an overwhelming need for providing Chinese-language specific housing support amongst senior immigrants in Vancouver. Somerville, Wazeer, and Wetzel (2011) estimated that there would be up to 3,500

Chinese-speaking seniors requiring some level of assisted living in the Vancouver area in the next 15 years. The demand for additional housing was significant as wait-times at existing senior care homes could be up to five years. In the Peel Region of Ontario, Chinese immigrant seniors still experienced salient housing challenges. Many Chinese immigrants still lived in basement apartments and multi-generational households. The Region also needed to address the lack of affordable housing for newcomers, seniors, and families in crisis (Bau, Ling, So, & Qin, 2008).

Census 2011 counted 4,945,000 seniors 65 years and over in Canada. 92.1% of seniors lived in private households or dwellings (with a partner, alone, or with others) while 7.9% lived in collective dwellings (including health care facilities). Census 2011 data also revealed that (1) living with a partner was the most common living arrangement; (2) a decreasing number of women were living alone; (3) the proportion of seniors living in a single-detached house declined with age; (4) the proportion of seniors living in special care settings increased with age; and (5) living alone was the most common arrangement amongst seniors living in residences (Statistics Canada, 2013a).

### Living Arrangements by Gender

Most senior women lived in private households and many lived with a partner. In 2006, 46% of women and 76% of men aged 65 years and over lived with a partner (Statistics Canada, 2013d). The higher life expectancy as well as remarriage and other unions later in life may have contributed to these figures (Milan & Vézina, 2011). Even still, a large proportion also lived alone, especially amongst Canada's older seniors. 54% of women aged 80 years and over lived alone, compared to only 24% of men in that age group. Living alone during later senior years implies more reliance on formal or informal care, housing, and financial needs (Milan & Vézina, 2011).

Senior immigrants were more likely to live with relatives and this was especially the case for senior women. Close to 13% of senior immigrant women lived with relatives, whereas only 3.4% of senior immigrant men did. Amongst recent immigrant seniors who arrived between 2001 and 2006, 40% of women and 9.5% men lived with relatives (Milan & Vézina, 2011).

Having social support networks in the form of family and friends plays an important role in life satisfaction (Milan & Vézina, 2011). In the study by Milan and Vézina (2011), almost all women (98%) aged 65 years and over reported having at least one family member with whom they felt at ease and from whom they could ask for help.

## SERVICE MODELS OF CARE

Various senior service models have emerged to address the physical and psychosocial needs of seniors in Canada, particularly for those who have more pronounced ethno- or culture-specific needs. The role of health care professionals is important in realizing client-centred care for seniors, which would improve the level of care for seniors especially in long-term care settings (Fung, 2006).

### Balance of Care

Given many seniors' preference to age in "place" or in their own communities, the Balance of Care (BoC) model pioneered by Dr. David Challis and colleagues at the University of Manchester has been implemented in multiple Local Health Integration Networks (LHINs) across Ontario (Challis & Hughes, 2002). The BoC model assumes that the need for long-term care placement for seniors is determined by two factors: (1) the type of needs and (2) the availability of community-based health and social care required to meet such needs. By assessing the holistic needs of seniors at the margin of placement into long-term care settings and matching those needs to existing community services, the BoC model aims to identify at-risk seniors who could be safely maintained in the community with better outcomes and also identify priorities for care investment for the future (Challis & Hughes, 2002).

### Virtual Ward

The Virtual Ward model of care, pioneered by Geraint Lewis in the United Kingdom in 2004, aims to reduce hospital re-admission by providing short-term transitional care to high-risk, complex patients in the community who have recently been discharged from the hospitals. An admission criterion was based on the use of a mathematical model that predicts the risk of re-admission. A multidisciplinary team would provide home-based care to patients at their homes (Toronto Central Local Health Integration Network, 2010). Currently, such institutions as St. Michael's Hospital, Women's College Hospital, and the Toronto Central Community Care Access Centre are implementing the virtual ward service collaboratively.

### Eden Alternative

In British Columbia, the S.U.C.C.E.S.S. Simon K. Y. Lee Care Home adopted the Eden Alternative (a person-centred approach to long-term care) in the care for ethno-cultural seniors. In a small qualitative study conducted on this model, Fung (2006) found that: (1) the approach is relevant to the Chinese population; (2) the approach requires modifications to take into account Chinese's more collective sense of personhood; and (3) the Eden Alternative is a process regardless of culture.

The Eden Alternative has 10 core principles (as cited from Eden Alternative, 2009): (1) The three plagues of loneliness, helplessness, and boredom account for the bulk of suffering amongst seniors. (2) An elder-centred community commits to creating a human habitat where life revolves around close and continuing contact with plants, animals, and children. It is these relationships that provide the young and old alike with a pathway to a life worth living. (3) Loving companionship is the antidote to loneliness. Elders deserve easy access to human and animal companionship. (4) An elder-centred community creates opportunity to give as well as receive care. (5) An elder-centred community imbues daily life with variety and spontaneity by creating an environment in which unexpected and unpredictable interactions and happenings can take place. (6) Meaningless activity corrodes the human spirit. The opportunity to do things that we find meaningful is essential to human health. (7) Medical treatment should be the servant of genuine human caring, never its master. (8) An elder-centred community honours its elders by de-emphasizing top-down bureaucratic authority, seeking instead to place the maximum possible decision-making authority into the hands of the elders or into the hands of those closest to them. (9) Creating an elder-centred community is a never-ending process. Human growth must never be separated from human life. (10) Wise leadership is the lifeblood of any struggle against the three plagues (loneliness, helplessness, and boredom) (Eden Alternative, 2009).

## LONG-TERM CARE IN ONTARIO

The overall wait times for long-term care<sup>2</sup> (LTC) beds in Ontario have increased dramatically in recent years. Wait times for LTC increased by 129%, with the median wait time increasing from 45 days in 2003 to 103 days in 2009. Mental health issues are prevalent amongst those in long-term care settings in Canada. Recent studies have shown that 80% to 90% of LTC residents suffered from some form of mental disorder. Depression was present in approximately 50% of the residents, while 15% to 25% were severely impacted by major depression (Canadian Coalition for Seniors' Mental Health, 2006; 2009; Rover et al., 1990; The Standing Senate Committee on Social Affairs, 2006). According to the Ontario Long-Term Care Association (OLTCA), almost a quarter of residents who had depression showed signs of worsening over a three-month period (CMHA, Ontario, n.d.). Some residents did not experience an acute episode but were suffering from some form of chronic mental health issue such as major depression, other mood disorders, and dementia.

<sup>2</sup> Long-term care (LTC) homes (such as nursing homes, charitable homes, and municipal homes for the aged) provide care for people who are no longer able to live independently and safely in their own homes and who require 24-hour personal care, support, and/or supervision.

## Filial Piety amongst Caregivers

Regarding the use of long-term care services, a national survey of 339 Chinese-Canadian caregivers revealed that filial piety, caregiving responsibilities, individual seniors needing care, and health conditions are the most common motivating factors for home care support and long-term care services (Lai, 2008). Other predictors of long-term care usage by Chinese seniors include higher levels of dependence in *instrumental activities of daily living*<sup>3</sup>, living alone, higher levels of social support, and higher levels of ethnic attachment amongst Chinese (Khamisa & Koehn, 2010). Additionally, multiple factors influence the care that Chinese LTC residents receive. Chan and Kayser (2005) found that communication barriers, a dislike of Western food, and differing cultural beliefs and customs from the dominant culture pose further challenges in the care available for this population.

Chinese seniors in Canada tend to live with children even when their partners are still living; their sons or daughters-in-law are those involved in the care. However, the involvement of daughters is greater than the care provided by daughters-in-law (Khamisa & Koehn, 2010). Caregiving becomes particularly important to Chinese seniors' aging at home. Amongst Chinese providing care for seniors with dementia, feelings of obligation as well as feeling overwhelmed, anxious, and fearful of the future motivated applying to LTC homes for seniors. Interestingly, caregivers viewed this action as part of their filial obligation as well (Khamisa & Koehn, 2010).

## The Role of Gender in Caregiving

Studies have shown that women are more likely to be caregivers than men (Baines, Neysmith, & Evans, 1998). Caregiving by women takes place in both the public and private spheres. They often provide care to spouses, elderly, relatives, and children, but also through low-wage jobs providing care and services to others. They are exposed to inequalities in the labour market, influenced by social welfare policies and demographic trends including the aging population (Baines, et al., 1998).

## PHYSICAL WELL-BEING

There are multiple factors influencing the physical well-being of older Chinese in Canada (Khamisa & Koehn, 2010). Some of these include education, place of origin, use of medications, physical mobility, and perceived financial needs. Risk factors contributing to poorer health include being a woman and being socially isolated. Furthermore, Khamisa and Koehn (2010) found that the predictors of life satisfaction for Chinese elders in Vancouver, Hong Kong, and Shanghai include physical and

psychological health, social support, economic status, and a sense of personal control. Racial oppression, lack of family support, single marital status, length of residence, and lower education and economic status, along with poor general physical health, contribute to depressive symptoms (Khamisa & Koehn, 2010).

Chinese seniors' experiences with chronic disease are unique. For example, the Heart and Stroke Foundation of Ontario has identified low awareness of risk factors for heart disease and stroke in the Chinese community (Chow, Chu, Tu, & Moe, 2008; HSFO, 2009). In a national study, Lai (2004a) found that Chinese seniors experienced poorer mental health than Canadian-born seniors. In particular, senior Chinese immigrant women reported poorer mental health than their male counterparts (Lai, 2004a).

Another similar report has indicated that Chinese seniors experienced much higher rates of depressive symptoms than seniors in the general Canadian population. In particular, mild to moderate levels of depressive symptoms were found amongst 21% of older Chinese immigrants. Chinese immigrant seniors with lower income levels are at a higher risk for depression (Lai, 2004b). Interestingly, a lower level of identification with Chinese beliefs around health amongst the Taiwanese population is a predictor of depressive symptoms (Khamisa, & Koehn, 2010).

Access to health care significantly impacts the mental and physical well-being of Chinese seniors. In particular, Khamisa and Koehn (2010) documented the following barriers to accessing mental health services: lack of trained and competent mental health clinicians and services that can provide ethno-cultural, geriatric, and psychiatric care, limited awareness of mental health, language barriers, disturbance of family support structures, decline in individual self-worth, reliance on ethno-specific community agencies that are designed to provide formal mental health care, fear of rejection and stigma amongst seniors and families, and the lack of appropriate professional referral. The lack of familiarity with the Canadian model of primary care often leads to overall dissatisfaction with care (Liu, So, & Quan, 2007; Zhang & Verhoef, 2002). Furthermore, the lack of transportation support contributes to the under-utilization of health services by older Chinese immigrants in Canada (Aroian, Wu, & Tran, 2005).

## ELDER ABUSE

Abuse and neglect is an area that demonstrates the close relationship between physical and psychosocial well-being of Chinese seniors in Canada. Khamisa and Koehn (2010) noted factors that increase Chinese seniors' vulnerability to abuse, including social isolation, sponsorship laws that enforce dependency, and lack of knowledge or resources surrounding immigration laws and the Canadian social and health care systems.

<sup>3</sup> Instrumental activities of daily living (IADL) refer to a series of life functions necessary for maintaining an individual's immediate environment. IADL measure an individual's ability to live independently, including use of the telephone, shopping, food preparation, housekeeping, transportation, medication management, and financial management.



## Female Victims

Senior women are more likely to be victims of elder abuse than senior men. According to Public Health Agency of Canada (Public Health Agency of Canada, 2012), the rate of violence against older women was 22% higher than the rate of violence against older men. However, this could be influenced by disproportionate reporting by gender. In 2004, the police received 3,370 incidents of elder abuse for those aged 65 years and over, 29% of which were committed by a family member. In 1999, 9% of senior men and 6% of women reported being victims of emotional or financial abuse (related to stealing of household property) by adult offspring. There is not enough information and evidence about the risk factors causing elder abuse being related to ethnicity, race, and culture (Public Health Agency of Canada, 2012).

## PSYCHOSOCIAL WELL-BEING

Chinese seniors would benefit from having their service providers demonstrate cultural sensitivity in their professional practice, particularly around awareness of Chinese cultural constructions of the body, traditional Chinese medicine, and how these intersect with primary care in Canada as part of an overall disease management strategy (Lee, Rodin, Devins, & Weiss, 2001; Liang, Yuan, Mandelblatt, & Pasick, 2004; Liu, So, & Quan, 2007; Zhang & Verhoef, 2002). Other psychosocial factors also influence the health of Chinese seniors.

A network of family and friends can be a source of support and play an important role in seniors' feelings of satisfaction with life as a whole (Milan & Vézina, 2011). Seeking pleasure activities and leisure is also tied to psychosocial well-being. Yvonne Ng (2011) found that Chinese seniors (from both Mainland China and Hong Kong) valued leisure as an essential component of life and holistic health. The aspects of exploring leisure amongst Chinese seniors include: leisure influenced by the exposure to changing cultures, achieving and maintaining health, experiencing freedom and choice, cultural expression and learning, and feeling a sense of community through leisure activities (Ng, 2011).

## SEXUALITY AND INTIMACY

Seniors often maintain sexual interest and activities well into later years in life across the world (Goh, Tain, Tong, Mok, & Ng, 2004; Guan, 2004; Moreira, Glasser, & Gingell, 2005; Nusbaum, Singh, & Pyles, 2004). Currently, there is a lack of research in the area of sexuality in later life (Bauer, McAuliffe, & Nay, 2007; Nicolosi, Glasser, Kim, Marumo, Laumann, & GSSAB Investigators' Group, 2005). In Canada, Tsang, Fuller-Thomson, and Lai (2012) conducted a unique national survey using a random sample of 2,272 Chinese-Canadian seniors, which investigated the relationship between the socio-demographic and sexuality-related variables along with the respondents' self-reported health. The study revealed that sexuality does play a role in the health

of older Chinese-Canadians. Both sexual activity and subjective levels of satisfaction have a positive relationship with health amongst older men. For older women, only the latter has been shown to be significant to their overall health.

Seniors face multiple barriers in exploring their sexuality across settings. In long-term care facilities, researchers (e.g. Bauer et al., 2007; Edwards, 2003; Hubbard, Tester, & Downs, 2003; Kamel, 2001; Lemieux, Kaiser, Pereira, & Meadows, 2004) have pointed out that residents face multiple barriers in meeting their sexual needs, including the negative attitudes of sexuality in later life by staff and families, the lack of available or willing partners, lack of privacy and physical environment that discourages intimacy and privacy, physical or mental illness, adverse side effects of medications, poor self-image, and physiological challenges with aging.

Systematic barriers surrounding seniors and sex include stereotypes and discrimination in society, which portray older people as asexual, embarrassing or having sexual needs that are not validated, and as having a decline in sexual needs (Bauer et al., 2007; Gott, 2005; Hodson & Skeen, 1994). For example, older adults in rehabilitation and residential care facilities are unable to explore their sexuality because they are often seen as having behavioural problems by staff (Kamel, 2001; McCartney et al., 1987). Since the attitudes and knowledge levels of helping professionals significantly impact seniors' exploration of sexual needs (e.g. Bouman et al., 2006; Gott & Hinchliff, 2003; McAuliffe et al., 2007), extensive guidelines and ongoing professional activities on the issue of senior sexuality are required.

## SPIRITUALITY AND EXISTENTIALISM

In 2002, the Canadian Mental Health Association (CMHA) project, "Seniors' Mental Health and Home Care", reported factors influencing positive mental health of older adults in Canada, which include spirituality amongst others such as independence and control over one's life, a sense of dignity and purpose, physical health, and social interaction (as cited in MacCourt, 2008). Service providers and academics recognize the contribution of faith-based organizations in addressing the mental health needs of seniors in Canada. The CMHA Ontario Forum in 2012 recommended initiating educational and feedback opportunities for non-health, non-social service oriented groups (e.g. interfaith clergy) so that they may gain necessary information and resources to increase informed practice.

Lai (2005) revealed that more Chinese seniors who preferred living apart from their children practiced "western" religions (e.g. Christianity). In a random sample of 1,537 elderly Chinese immigrants in Canada, Lai (2006) found that 28.8% of the elderly Chinese immigrants reported using a senior centre within the past year. Significant predictors of usage include: religion, living alone, and having stronger ties to one's ethnicity and social support networks.

Attitudes towards End of Life and Positive Aging

Attitudes towards end of life and palliative care are mixed amongst North American Chinese seniors. Crain (1997) indicated that Chinese American seniors were not more fearful of death than others, and they freely discussed issues concerning death and dying. Many were willing to share personal stories along with strong beliefs and choices regarding end-of-life issues. However, other scholars found that the end-of-life decision-making of healthy older Chinese adults in Toronto is influenced by hope, suffering and burden, the future, emotional harmony, the life cycle, respect for doctors, and the family (Bowman & Singer, 2001). Such attitudes can be attributed to values from Buddhist, Confucian, and Taoist traditions. Bowman and Singer (2001) urged health care workers to achieve quality end-of-life care by addressing cultural differences as they arise, understanding the perspectives of patients and their families, and by continually striving for balance and communication at all stages of the caregiving process. Qiu (2005) found that simply addressing the limited understanding around end-of-life care through the translation of assessment tools, consent forms, and brochures amongst older Chinese adults would be beneficial.

BARRIERS TO ACCESSING CARE

Lack of appropriate information and access barriers can negatively impact seniors’ concepts around positive aging. Some of these include the lack of familiarity with the Canadian model of primary care, lack of awareness of existing services, potential overload of information especially for newcomers, inaccessibility of service outreach activities, and communication barriers (Liu, So, & Quan, 2007; TPH & Access Alliance, 2011; Zhang & Verhoef, 2002). Based on case studies of Chinese and South Asian seniors, Koehn, Spencer, and Hwang (2010) found that Canadian laws and policies have an important effect on intergenerational tension, senior status, social isolation as well as the risk of abuse and neglect or domestic and workplace exploitation. These factors can influence access to essential services such as housing and health care services.

4. RESEARCH METHODS

RESEARCH DESIGN

This mixed methods study aims at identifying the changing needs of Chinese seniors in the GTA. Qualitative data were collected through focus groups and semi-structured one-on-one interviews with Chinese seniors, middle-aged adults, and caregiver participants as well as key informant consultations with Yee Hong Centre staff. Supplementary quantitative data were collected through surveys that were administered amongst service users at the Yee Hong Centre. Research literature and archived data were also used to identify areas of major needs during the preliminary stage of planning.

Qualitative methods have been used in a range of social science disciplines and applied fields extending to needs assessments (Miles & Huberman, 1994; Reichardt & Rallis, 1994). They offer the opportunity to investigate an issue or question in depth, and to explore respondents’ views and perspectives based on their own terms and frameworks of understanding. As a result, it provides a greater open space to learn about and explore individual lives, stories, behaviours, organizational functioning, social movements, or interactional relationships (Strauss & Corbin, 1990). Individuals’ needs are related to particular life experiences. This method of research allows researchers to engage in an exploratory process that can provide narrative spaces for participants’ own ideas to emerge, meanwhile allowing them to also participate in the construction of meaning.

SAMPLE AND DATA COLLECTION

Due to limited financial resources, a non-probabilistic convenient sample was used instead of randomized household sampling. Therefore, the results of this study do not allow us to make statistical inferences about the Chinese population as a whole in the GTA. All participants were affiliated with Yee Hong services in some capacity. However, the data do provide us with a valuable preliminary overview of the types of needs and the scope of needs amongst Chinese seniors. This study recruited research participants aged 65 years and over (seniors) and caregivers over the age of 18 years.

Table : Percentage of Study Participants by Age

Age Group (years)	48-66	67-70	71-75	76-80	81-85	86-90	91-95	N/A
Participants (%)	35%	12%	18%	28%	18%	21%	2%	<1%

## QUALITATIVE DATA COLLECTION AND ANALYSIS

### Focus Groups and One-on-One Interviews

Theoretical sampling was used during qualitative data collection in the form of semi-structured focus groups. 23 focus groups were conducted with 264 Chinese Canadian seniors, their family members, and caregivers. Participants were loosely grouped by similar experiences, characteristics and/or background, and so on (e.g. Mandarin-, Cantonese-, or English-speaking seniors and middle-aged adults, gender, recently retired, Canadian work experience, seniors waiting for senior housing, religion, mental health, ability, living situation, economic status, Community and Social Services (CSS) clients, seniors who are living in the community and waiting for LTC and their caregivers, seniors in adult day programs, caregiver support groups, PSWs, and one group of non-Yee Hong service users). 25 individuals were selected for in-depth, one-on-one interviews that elaborated on living arrangements, health issues and life before and after, and immigration and settlement experiences.

## QUANTITATIVE DATA COLLECTION AND ANALYSIS

### Supplementary Survey Findings

Qualitative data collection was supplemented by a survey in which 347 Yee Hong service users participated. 20% were middle-aged adults under the age of 64 years. 71% were seniors aged 65 years and over (see table on page 51). More women (63%) than men (36%) participated in the study. The majority of participants spoke Cantonese (74%); some spoke both Cantonese and Mandarin (13%), and some only Mandarin (10%). There were a few participants who neither spoke Cantonese nor Mandarin (3%). The proportion of Cantonese speakers in the study may reflect the current reality of users at the Yee Hong Centre but it could also mean that more Cantonese-speaking users were more inclined to participate in the study for reasons unknown.

The quantitative data support qualitative findings as they both revealed the need for maintaining better family relations, mental health, and an overall sense of well-being (especially in relation to social interaction and recognition). Although Mandarin-speaking respondents varied slightly in their needs from Cantonese-speaking respondents, this may be due to the disproportionate representation in the sample.

Data from our survey show that seniors aged 65 years or over included needs that were health related (19%) or overall well-being related (17%), needs related to other services (e.g. PSWs) and supports for aging at home (17%), needs related to mental health and daily living (14%), and financial needs (14%). The top 5 needs prioritized by most seniors were: (1) the need for more physical activities, (2) feeling a sense of self-acceptance and efficacy, (3) feeling a sense of belonging in society, (4) feeling a strong sense of self-esteem, and (5) participating in social networks and making

friends. These quantitative findings somewhat support our qualitative findings that what seniors need most during their journey of aging is to deal effectively with their physical and mental health in addition to overcoming barriers in everyday lives.

Cantonese-speaking middle-aged adults provided a unique look at the influential factors on their quality of life. Increased physical activity was highlighted as a priority need. Other equally important needs involved satisfying sexual and intimacy needs, overcoming mobility barriers, affiliation with the community and society at large, and getting along with family members. Other needs revealed by the survey results include: overall sense of well-being (19%), daily living needs (18%), health (17%), financial (15%), other service needs (12%), mental health (11%), and support for aging at home (8%). There is a great amount of congruence between the quantitative and qualitative data regarding these needs.

The survey data revealed that 20% of Mandarin-speaking seniors' needs were health-related; 16% were related to an overall sense of well-being; 14% were related to mental health and day-to-day needs; and 12% were related to finances, aging at home, and other services such as having the need for PSWs.

## ETHICAL CONSIDERATIONS AND STUDY LIMITATIONS

Each study has its own ethical considerations and limitations. There are several factors to consider in this study as influencing the research findings: researcher and respondent bias, stigma around taboo subjects, and limitations in existing gerontological literature pertaining to this population. It should also be noted that this is a report requested by the Yee Hong Centre and thus, it focuses largely on informing practices from an agency perspective and may be biased towards service-related issues. The literature review is also guided by such a pragmatic purpose.

The expression of needs in research is another important process. People do not just answer straightforward questions about their needs. While some needs are more socially accepted and therefore easier to express, other needs are negatively valued or even stigmatized, making it difficult for the individual to admit and communicate them. For example, the needs for protection against abuse, sexual gratification, intimacy, or treatment for mental health conditions are not readily expressed by research participants. As a result, it is vital to create an atmosphere of trust and acceptance in order to give voice to these concerns. Even then, there is always a possibility of under-reporting of these issues.



### Potential Benefits to Study Participants

Needs are subjective and often, they can emerge through the interaction between the individual and the service provider. The availability of culturally appropriate senior care services such as those available through the Yee Hong Centre has led to a better understanding of the needs of Chinese seniors and it has also facilitated the expression of needs. During the data collection process, researchers explored the changing needs of seniors and, more specifically, those during life transitions. This subsequently encouraged respondents to review their lives. They were able to identify their own needs due to the interaction and involvement with this study, which we anticipate can be empowering. We found that seniors welcomed and enjoyed the opportunity to share their life stories whether they were of joy or hardship, and these stories were embedded with important values that made up each of their individual identities.

## 5. STUDY FINDINGS AND RECOMMENDATIONS

Our findings show that strategies for effective health management are required along with support around day-to-day responsibilities such as cooking and household duties. Seniors additionally need support around dealing with fear, frustration, and social isolation, complicated feelings towards family and friends, and their own changes in health. This study has identified that many seniors need assistance in maintaining their mental well-being, mostly to overcome loneliness, depression, and anxiety. Some Chinese seniors expressed a desire to live happier lives independent of their children. Interestingly, they viewed this as a Canadian way of life rather than a traditional Chinese way of life. The pursuit of better quality of life is related to positive attitudes towards aging.

It should be noted that the majority of respondents were Cantonese-speaking and female. However, there were unique themes and characteristics that emerged unique to the Mandarin-speaking participants and middle-aged caregivers, which will be further discussed in the upcoming sections.

### COMMON NEEDS AMONGST CHINESE SENIORS

Our study revealed common needs shared amongst Chinese seniors who participated in this study. These include such topics as seeking help around mental health issues, spirituality, end of life, and sexuality and intimacy.

#### Seeking Help with Mental Health Issues

Barriers Chinese seniors are facing when they access mental health services include: lack of adequately trained mental health clinicians and services that provide ethno-culturally-specific care, language and information barriers, decline in individual self-worth, reliance on ethno-specific community agencies that are designed to provide formal mental health care, and fear of rejection and stigma (Khamisa & Koehn, 2010).

Some Chinese seniors are hesitant to seek professional help because they feel shame around mental health issues and diagnoses. Due to the stigmatization of mental health issues, increased culturally and language-specific psychoeducation, programs, and support would be beneficial for this community. Other seniors who are suffering from stressors of everyday life such as dealing with anxiety, fear, and loneliness are also in need of support. Appropriate supports and services can better be developed and planned if one is able to communicate one's needs in a non-judgmental and safe environment.

## Spiritual Needs and the Final Stage of Life

Values, spirituality, and beliefs contribute to positive attitudes around the final stage of life. Many respondents in this study expressed the need to leave this world with dignity. Contrary to traditional Chinese practice, seniors were willing to discuss their own fears of death openly. When the opportunity to review information and arrangements regarding end of life arose, some seniors found themselves beginning to think, understand, and eventually accept the reality of death in accordance with their own life values.

## CHANGING CIRCUMSTANCES

Human needs emerge within specific environmental and social contexts. Macro level factors such as government policies and collective lifestyle changes can influence demographics, social environment, and cultural conventions. The seniors and middle-aged adults who participated in our study found themselves in an ever-changing social context in which they had to learn how to adapt and navigate. For instance, immigration patterns and housing market forces have worked together to produce a growing number of seniors living in suburban neighbourhoods around Toronto that are not served by public transportation provided by the Toronto Transit Commission (TTC). The more costly and less convenient service can have significant impact on the lives of the seniors in terms of increased isolation and helplessness, and therefore contribute to more unmet needs (for independent living, socializing, activity, and so on).

## TRANSITIONS IN LIFE

In this section, we will discuss the individual and transitional needs expressed by the participants in this study. These may include needs during transitional stages in life (e.g. housing and living arrangements, relocation, settlement, etc.), personal experiences with elder abuse, and sexuality and intimacy.

Positive factors that contribute to overall life satisfaction for seniors include exploring sources of support, e.g. family, friends, and community, positive attitudes towards life and spirituality, providing recommendations to health care and social service practitioners, improving attitudes and knowledge around sexual and intimacy needs, exploring different service models, positive impacts of cultural identity, and the use of senior centres and nursing homes.

*“When I first arrived, I tried to make friends, mostly immigrants. We were helping each other, spending time together. The environment here was new to all of us. So we learnt new things together, like taking English lessons. Gaining more friendship, exchanging more information, and staying connected with society. I found my knowledge in many respects gradually expanded.”*

## Transitional Needs

Current studies on the well-being of seniors focus on problem causes or categorical contributing factors, and researchers often overlook that aging itself is a transitional process. The satisfaction of individual seniors' lives is always contingent upon multiple and changing factors including the changing social circumstances (e.g. long settlement processes), life stages (e.g. children leaving home, downsizing from a house to an apartment, loss of spouse, divorce, and remarriage), and their interaction with existing social forces, perspectives, and service options (e.g. openness in talking about taboo subjects). Not all changing needs will be discussed in this report but factors voiced by the participants of this study will be highlighted.

### *Mobility and Language Barriers*

For those who have immigrated to the GTA, mobility and language barriers can be a daily concern that can cause stress and anxiety amongst other challenges. Many Chinese immigrant seniors shared stories about their past struggles, joys, and successes in adjusting to their new lives in Canada. Many respondents expressed feelings of loss and regret after immigration due to different barriers they encountered in Canadian society. These barriers hinder seniors from performing everyday tasks such as running errands and navigating their social environment. For example, transportation service and interpreters are required when seniors make doctor visits.

Other studies support our findings regarding the lack of transportation support as a contributing factor to the under-utilization of health services by older Chinese immigrants in Canada (Aroian, Wu, & Tran, 2005). Additionally, the ability to speak English is an important factor for effective access to health care services, especially for newcomers and immigrant seniors (Flores, 2006; Harari, Davis, & Heisler, 2008; Wayland, 2006). Lack of communication skills in English (e.g. with the police, medical professionals, etc.) further increases the chance of experiencing mental distress and feelings of isolation, loneliness, anxiety, and insecurity, thus compromising their overall life satisfaction.

### *Residential Care*

Seniors require a living environment that is safe and favourable to their physical well-being and mental health, and more importantly, a residence that feels like home and allows certain degree of autonomy. Our findings show that cultural factors are better predictors of preferred living arrangements than health- and need-related factors (Khamisa & Koehn, 2010). Many seniors prefer Yee Hong residential care mainly because of their need for a culturally familiar living environment. Such an environment includes

*“When you enter the room, you smell the rice cooking. It is such a comforting feeling. It makes me feel like home.”*

Chinese food, familiar faces, local dialects, similar shared experiences from their home country, and more. Higher attachment to one's Chinese ethnic identity is also a significant predictor in applying to a long-term care home (Lai, 2004).

This study found that the deliberation process between seniors and their caregivers is a long one that includes contemplating adjustment and potential struggles around various living arrangements when considering residential care. During the transition to senior care homes, seniors anticipate many challenges and difficulties. For example, seniors who have just moved into assisted living residences often need to adjust to their smaller living spaces and may experience anxiety about relationships with neighbours. Soon after arriving, one may feel a sense of loss including loss of ownership of residence, separation from partner and familiar faces, loss of privacy, lack of choice, and loss of some degree of autonomy.

Meanwhile, caregivers are also required to deal with the separation and change in addition to a mixture of emotions during this transition. Although they recognize that their aging parents may have increased attentive care in their new homes, they may feel guilty about their inability to provide them with the care to age at home. Therefore, a longer period of psychological preparation and emotional support for both seniors and their caregivers is necessary. However, there were individuals who did perceive this transition in a positive way (e.g. safer environment, less social isolation). Lastly, participants expressed their frustration with long waiting periods for nursing homes, which is not surprising as demands for LTC beds in Ontario have increased dramatically in recent years.

### ***Aging at Home***

Seniors require a certain level of comfort while adjusting to new environments because they may be required to change homes temporarily or permanently and have interfaced with different levels of support. These are often based on health conditions and available family support. This study found that family members provide significant help and care for seniors aging at home.

Chinese seniors in Canada tend to live with children even when their partners are still living; their sons or daughters-in-law are often involved in caregiving. However, the involvement of daughters is greater than the care provided by daughters-in-law (Khamisa & Koehn, 2010). In 2008, 98% of women aged 65 years and over reported having at least one family member with whom they felt at ease and from whom they could ask for help (Milan & Vézina, 2011). Another study conducted in 2007 also found that nearly 70% of care was provided by close family members. However, not only close family members provide care. Almost one-third of all caregivers were friends (14%), extended family (11%), and neighbours (5%) (Milan & Vézina, 2011). This is consistent with our observations that caregiving is best provided by those whom the seniors trust and are comfortable with.

## **INTERACTION WITH THE SERVICE SYSTEM**

The expression of needs is often affected by whether the needs would be recognized or accepted by the service system. Certain needs, such as sex and protection from abuse, are not easy to talk about. Public education information (e.g. on elder abuse) can promote awareness while available service programs (e.g. those addressing sexuality or mental health issues) help to legitimize such needs, thus facilitating their articulation and expression.

Needs often emerge with new or improved service programs. Service providers who interact with clients on a daily basis are in a privileged position to observe such needs. A sound service system is one that can take full advantage of such information. As a matter of fact, consultation with staff and service providers in the current study has enriched our understanding of the needs of seniors, middle-age adults, caregivers, and families. Beyond medical and physical care, more services are needed for supporting seniors in meeting a spectrum of psychosocial needs, including their needs related to spirituality, dignity (freedom from abuse and maltreatment), sexuality, intimacy, emotional and mental health, social participation, and so on. More programs that offer opportunities to strengthen positive attitudes towards aging and death, build self-confidence, and define individual lives and their meanings will set this process on a positive track.

## **SPECIAL FINDINGS**

### **Unique Needs of Middle-Aged Adults**

The changing needs of seniors are often related to transitions during major life stages. Our findings show that the current group of middle-aged adults (those under the age of 65 years in 2012) generally have a greater capacity for self-fulfillment, higher levels of education, and higher expectations for the quality of care provided by social services. They also strive for more independence and prefer having more choices with regard to the services they use, and are generally more assertive about their needs. They expressed a need for building relationships with family, friends, and other social networks as well as being active participants in different interest groups, social circles, and religious organizations. Studies have found that social support networks in the form of family and friends can be a source of support and play an important role in satisfaction with life as a whole (Milan & Vézina, 2011). Middle-aged adults appeared to use their own capacity for satisfying deeper needs, building identity, and gaining self-fulfillment

*"You would be surprised that many of us [middle-aged adults] have so many professional skills and talents. We are looking for changes when we can contribute, and we can be valuable resources for serving seniors."*



and satisfaction in their lives. Some of these include acknowledging the need to feel pleasure, taking leadership roles, learning new things, volunteering, and so on.

Middle-aged adults voiced concerns over the need to deal with employment-related stress and pressures of unemployment, financial support, and the need for additional support from PSWs and adult day programs when providing care for seniors at home. Additionally, they voiced a need for management strategies when dealing with chronic health issues. Furthermore, the results of this study show that the majority of middle-aged adult respondents anticipated changes when transitioning to becoming seniors themselves. Many believed it would be a time to plan for the future, thus requiring information about senior welfare and senior housing applications. Middle-aged adults also generally have higher levels of education and service expectations than older people, revealing their capacity and self-efficacy to seek strategies to manage their health to achieve healthier lives later on. Therefore, they may benefit from increased opportunities to use these strengths when offering support to seniors.

*The husband said, "Those PSWs have long become my emotional support. When they came over, they talked to me and comforted my wife. They try to help me occasionally."*

## Unique Needs of Caregivers

### *Practical and Emotional Needs of Caregivers*

This study found that self-care is important to the caregiver's own physical and emotional well-being. Often, a senior can become a caregiver of another senior who has greater needs. Those senior caregivers often feel stressed and worried about their own physical condition, which may affect their capacity for caring for another senior. Caregivers can benefit from receiving emotional support through the care of social workers, other support staff, and social support networks. Other studies confirm our findings about caregivers' needs for more emotional support. For example, caregivers felt providing care was obligatory. However, they still felt overwhelmed, anxious, and fearful of the future and thus had begun applying for long-term care homes to look after this responsibility (Khamisa & Koehn, 2010).

*"I told myself: I cannot collapse; even if I don't take care of myself, I need to take care of my aging parents and my family."*

### *Role of Gender amongst Caregivers*

Our findings show that gender plays a role in the needs of seniors. Contrary to traditional stereotypes, middle-aged male participants in this study were relatively expressive

in terms of their personal emotions, relationships, and sexuality and intimacy. Male middle-aged adults who were recently retired found it helpful to express negative emotions with regard to their previous career struggles in Canada. Male caregivers expressed embarrassment around having to touch their mother's body while bathing or changing their diapers. Some of them expressed the need for female PSWs to take over the more personal caring tasks.

Some female caregivers voiced concerns around the unfair gender division of labour. They were expected to be responsible for providing care to senior family members mainly because they were daughters or sisters.

## Unique Needs of Mandarin-Speaking Seniors and Middle-Aged Adults

Mandarin-speaking seniors appeared to have different needs. The most frequently indicated needs voiced by most Mandarin-speaking seniors in this study were the needs to (1) overcome mobility barriers, (2) increase physical activity, (3) increase coping with long-term health issues, (4) adjust to new social environments, and (5) manage and deal effectively with mental health issues. Another important need reported by most Mandarin-speaking middle-aged adults in our study was self-esteem. Other needs include getting along well with family members, feeling a strong sense of self-acceptance and efficacy, and participating in social networks and making friends.

## Elder Abuse

Another area of concern that has not been widely discussed publicly nor documented accurately in existing literature is the subject of elder abuse. Some seniors found it easier to talk about individual experiences when they learned that elder abuse not only includes physical abuse, but also psychological, emotional, verbal, and financial abuse. Although Chinese social norms largely inhibit any experiences of shame to be heard by others, in a relatively safe environment, seniors may be inclined to gradually reveal their experiences in their own indirect, subtle ways.

## RECOMMENDATIONS FOR SERVICE PLANNING AND DELIVERY

Findings from this study show that instrumental care and psychosocial care are not separate and independent of one another, but integrated. When seniors are provided with instrumental care such as being driven somewhere by someone they know and trust, it can also be experienced as a form of emotional care and psychosocial support, which may lead them to feel less isolated and helpless.

## Addressing Diversity and Settlement Issues

Immigrant seniors would find it beneficial to have effective ways to adapt to their new lives in Canada (e.g. connecting to the community, building social support

networks, reconnecting to home cultures, and learning new social and occupational skills). Those who have been successful in settling in their new environments have experienced less stress and shorter adjustment periods. Chinese immigrant seniors need services to help them adjust to living in Canada. The needs for transportation and culturally and linguistically appropriate services have been salient since 1989. Further information about social services and resources to assist in overcoming everyday barriers would be beneficial. Increased programs and services should be reconfigured to factor in diverse aspects of Chinese culture and its community in order to engage with a greater proportion of Mandarin-speaking Chinese seniors due to their growing numbers in the GTA.

### Recommendations for Addressing Life Transitions

Middle-aged adults are an age group with great capacity for self-efficacy. More activities that provide them with opportunities to participate and contribute to the community and society as a whole are required. Through this, they can achieve greater self-satisfaction and a stronger sense of identity. Besides the need for more activities, more information and educational opportunities are necessary to assist seniors in life planning. Volunteering can become a viable option that is mutually beneficial to the individual and organizations. Thus, leadership training and volunteer development are required. Promoting a positive aging attitude: “starting a new phase of life” (人生再啟航), which is the current position adopted by Yee Hong rather than “the end of life”, would be beneficial. For those middle-aged adults who have stronger consumer awareness and higher service expectations, there should be more choices consistent with Yee Hong’s aspiration to be a “provider of choice”. It also means that the next cohort of seniors will have higher service expectations and demands, and Yee Hong’s service programs will have to be enhanced and improved to meet them.

### Psychosocial Well-Being

Effective strategies are required for coping with declines in health and for empowerment with regard to seniors’ own health conditions. Thus, empowerment and capacity building approaches should be considered in program and service design. Yee Hong’s health education programs and Chronic Disease Self-management Program can help meet these needs.

For seniors aging at home, increased practical and emotional support for caregivers, especially senior caregivers, is vital. More caregiver education promoting assertiveness and self-care is needed. Yee Hong’s expanded Caregiver Support Services are anticipated to meet this need.

For older seniors living in assisted care settings, a strategic battery of care and services are required. This includes building a culturally appropriate living environment

and transforming the collective residential environment into more home-like environment. For seniors and caregivers who experience a sense of loss during the seniors’ transition to residential care homes, a longer period of psychological preparation before and more support after the transition are necessary for positive adjustment.

## SUGGESTIONS FOR FURTHER INQUIRY

### Relevance for Other Growing Asian Populations in the GTA

The largest visible minority group in Canada was that of South Asians, representing 25% of the visible minority population in 2006; Chinese were the second largest group. There was a 51% increase of the population who reported speaking Mandarin. However, the second fastest growing language group in Canada was the Philippines-based language Tagalog, which had an increase of 64% (Statistics Canada, 2013c). Due to the changing diversity of the Canadian cultural and social landscapes, the Yee Hong Centre has already moved beyond the Chinese community in service provision plans and this information may be useful in planning future program development and implementation.

### Sexuality and Intimacy

Sexuality and intimacy needs of seniors are often regarded as a taboo in Chinese society. However, during the course of this study, it was realized that with open and non-judgmental spaces for dialogue, seniors were willing to indirectly or subtly express their need for physical comfort in efforts to rebuild intimacy in their marriages. In addition to securing a comfortable space with privacy, providing educational opportunities for both staff and community members around this area would help address and respond to concerns around the sexual and intimacy needs of seniors.

### Gender

Since gender plays a significant role in caregiving responsibilities, the Yee Hong Centre may wish to plan appropriate services for female caregivers and the transition between home and LTC for their aging parents or family members.

## 6. CONCLUSION

This study attempts to highlight the needs of Chinese seniors and middle-aged adults as well as caregivers through narrative exploration and supportive findings in existing gerontological literature and supplementary survey data. Findings confirm the changing, fluid nature of the needs of seniors and middle-aged adults, contingent upon circumstances, transitions to different life stages, and interaction with the service system. They are the subjects of care and their needs are in constant dynamic interaction with current senior care services. It would be a disservice not to incorporate these unique and valuable experiences and interactions to guide the direction of future services. As the Yee Hong Centre for Geriatric Care continues to be a *provider of choice* and is committed to responding to those needs and aspirations of their service users, engaging with client needs amidst changing social and service landscapes shall remain a salient character.

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## APPENDIX I: THEMATIC FRAMEWORK FOR UNDERSTANDING THE QUALITY OF LIFE OF MIDDLE-AGED ADULTS AND SENIORS

Health	Mental health	Financial	Housing	Daily living	Well-being	Sources of support/ services
Chronic disease management	Senior abuse	Basic living	Aging at home	Performing everyday life tasks, e.g. grocery shopping	Sexuality & intimacy	For Caregiver
Pain management	Dementia	Financial support	Supportive housing		Family relationship	For middle-aged adults
Physical activities	Mental distress	Planning	Long-term care	Support from PSWs	Friendship	For Mandarin speakers
Communication with doctors	Expressing emotional needs	Senior welfare	On waiting list	Mobility	Social networks	Day care programs
Medical care	Professional help	Seniors' program fees		Language	Connected with home country	For immigrants
Medication compliance				Challenges for immigrants	Embracing original cultures	Facilities for seniors
				Special needs	Talent and capacity	Advance care planning
					Volunteering	Cultural appropriateness
					Enjoyable leisure time	
					Blend into society (belonging)	
					Self-acceptance and efficacy	
					Religion and spirituality	
					Values and positive aging	

## APPENDIX II: PERSONAL INTERVIEW GUIDE

### Research Project on the Changing Needs of Chinese Seniors in the Greater Toronto Area

#### Semi-Structured Interview Guide

- Venue:** Wherever is convenient for the participant, and allows sufficient privacy.
- Duration:** As long as it takes for the participants to complete their stories, although we try not to exceed an hour and a half. If the participant is tired, we let him or her take a break at any time. Use your discretion; if it is better to go back a second time to continue the interview, please do so.
- Purpose and focus of exploration:** The purpose of this interview is to assess the needs of Chinese seniors. The three foci of our exploration are: What needs? Whose needs? How can the needs be met? First, our approach is inherently integrative and holistic in embracing the wide range of factors when defining and assessing the needs of seniors in relation to their pursuit of well-being. Second, when identifying who and where the neediest are and what their deficiencies are, we will focus on how individual preferences are inextricably interwoven with learned social behaviours and cultural values. Finally, our study will ask what supportive action is required of the community service providers and what can be done by the people themselves, and so on. We will examine the overlapping needs shared by the vast majority of people; at the same time, our attention will also be paid to the individual differences that vary considerably according to age, sex, activities, geographic environment, personal value, socio-cultural scripts, and situation despite the similarity of needs shared by the vast majority of people.

To better ensure the usefulness of the findings, which will eventually lead to more seniors actually using the appropriate and accessible services that they need, we will gather information on the three types of variables suggested by some behavioural models. (1) Predisposing variables include demographic variables and individual beliefs, which result in a greater propensity to use services. (2) Enabling variables include resources such as income, insurance, transportation, handicap access, and informal support. (3) Need variables that are assessed in the study, which is a more subjective assessment of need. This information will enhance the usefulness of our study on postulating the level of service utilization.

The primary purpose of our study of Chinese seniors' needs is to identify and describe needs; however, the identification of needs is not our sole purpose. During the interview process, we can also achieve other secondary goals. These include promoting awareness around the needs of the target groups, providing



information on service availability to prospective clients, publicizing the agency's services and activities, and so on. Most importantly, the data acquired from the Chinese seniors' needs assessment will help organizations in making educated decisions on planning programs and allocating resources.

#### 4. Procedures:

##### a. Set Up

- i. Introduce yourself and the purpose of the interview; e.g. "I am a researcher working on a study about "The Changing Needs of Chinese Seniors in the GTA" conducted by Professor Ka Tat Tsang from the University of Toronto. The purpose of our research study is to explore their experiences in pursuing their wide range of needs for an adequate standard and quality of life..."
- ii. Explain the key content in the consent form (e.g. confidentiality and anonymity, the participant's right to withdraw and to delete data).
- iii. Explain the need for audio recording and obtain approval from the participant. [Remember to bring your recorder and to check it for proper functioning, including sufficient battery life and memory space for recording.]
- iv. Obtain written consent. If the participant can't read or write, seek the participant's approval to start recording, read out the consent form and provide explanation if necessary, then obtain the participant's verbal consent; make sure that you record the whole process.

##### b. Open Exploration

- i. Start the conversation with a brief prompt; e.g. you may repeat the purpose of the research and invite the participant to share his/her experience freely. The following are some examples of what you may want to say to the participant:

*Thank you for taking the time to do this interview with us. The main purpose of this interview is to explore how social service providers can better "meet your needs". We are most interested in your personal experiences. You can start with whatever you want to talk about first.*

##### ii. Open-Ended Questions

Only consider using these open-ended questions if the participants insist on asking what they should start with. Once they feel more comfortable to talk, we should not guide the conversation with any specific questions/direction.

###### • What Needs

*We want to hear your experience in pursuing your wide range of needs for a better quality of life.*

*Have you encountered any situations where reality does not meet your expectation?*

*Would you consider certain needs as more important to you and some as less important?*

###### • Whose Needs

*Why do you have this preference? Would it be related to any personal reasons? (If participants asked for more explicit directions: e.g. age, sex, activities, geographic environment, personal value, religious belief.)*

*Do you think what you have just mentioned about what you need is somehow affected by the fact that you are a Chinese Canadian living in the GTA?*

###### • How can the Needs be met?

*Do you feel certain things should be changed in order for your needs to be better met?*

*In your experience of using certain services and programs, can you think of anything that should be improved and how?*

*Do you have any crucial needs that are currently being met by using certain services and programs?*

*Do you have any needs that could be met by current services and programs, but you are unable or not willing to use them due to some other reasons? (If participants asked for more explicit directions: e.g. expensive fees, insurance issue, transportation problem, lack of handicap access or other informal support.)*

*Do you have any needs that cannot be met by any existing services and/or current programs? Can you provide some constructive suggestions for new programs or services that would help to meet these needs?*

*If these new services and/or new programs are provided to you, do you think you will really be able to use them? Can you think of any possible barriers that may prevent you from using these new services/programs?*

*Can you think of anything that you can do, or maybe anything that you can change in pursuing the satisfaction of your needs?*

- **Last Two Questions**

*We have gained a great deal of useful information and insightful suggestions from you in regard to seniors' needs today; do you think the satisfaction of these needs could allow you to attain a better quality of life? How would you describe "a better quality of life" for seniors in your own concrete terms?*

*If we asked you to provide your opinions to the service providers, the community, and the larger society about "how the needs of seniors can be better met", what would you say to each of them? ...What would you say to other seniors?*

- iii. The main purpose of this part of the interview is to allow the participants to express themselves as freely as possible. This can be achieved by keeping in mind that:
  - (1) The participant decides what is important to him/her, so let them talk about whatever they want to as much as possible. That means we DO NOT control the agenda rigidly, but try to allow maximum narrative space. You may also want to make sure that you do not interrupt the participant or cut her/him off.
  - (2) Each individual has his/her own idea of what is relevant to the research question. You should let them talk even though you may find what he/she says is irrelevant, unless the speech is obviously cyclical or incoherent (e.g. when we work with mentally-challenged populations). You may, however, repeat the research question at times to remind the interviewee.
  - (3) Respect the participant's language by using their expressions and their phrases as closely as possible. This will avoid unnecessary (mis)interpretation and narrative conditioning on our part.
  - (4) Try and use more prompts and invitations rather than questions; e.g. invite them to elaborate on or explain something, or provide them with examples for a topic or an experience that they have mentioned. A question-and-answer format tends to put the participant in a passive mode, and severely compromises the opportunity for the participant to volunteer information which is not on your list of questions, therefore defeating the very purpose of ethnographic or discovery-oriented

interviewing. If you need to ask questions, ask open-ended and not close-ended questions. Ask specific questions only when you have collected enough information on a topic and need to know the specific details.

- (5) By summarizing what the participant has said, you can let him/her know that you've been listening, and this helps to build a good rapport. This is also helpful when you want to shift the conversation to another topic — make a summary first, then smoothly transition to the next topic. Try to be brief with summaries, for long summaries might turn people off.
  - (6) The purpose of this interview is to explore and discover, NOT to solve problems, provide therapy/counseling, or offer help. If you think the participant is not receiving the service he/she needs, you can make necessary referrals after the completion of the interview (it is a good idea to familiarize yourself with counseling services available to the participants in your area).
  - (7) Pay attention to "free information" (content not required by your question or request, but given to you freely) the participant offers as he/she responds to your prompts and questions. These are often things that the participant wants to talk more about.
- iv. Please try to jot detailed notes during the interview. This will help you keep track of what has been said and to summarize. Please also note down your impressions and the participant's non-verbal behaviours whenever possible. These notes can be especially valuable in the unlikely event of recording failure.
  - v. When you think the open exploration part has been completed, try to summarize the main points of the conversation and ask the participant if he/she has anything more to add. If not, thank him/her for sharing. Then prepare them for the structured exploration part by saying something like, "In the remaining time, I am going to ask you some further questions."
- c. Structured Inquiry**
- i. The purpose of structured inquiry is to focus on specific areas or issues we are interested in, but have not yet been addressed by the participant in the Open Exploration section. These areas may include those that are potentially sensitive or embarrassing for the participant (e.g. elder abuse, sexuality, family conflicts, stigmatized conditions such as disability, cancer, mental illness, etc.). It is hoped that by this time, you would have established a good relationship with the participant and he/she might be more ready to talk about these topics.

- ii. Before we ask the questions, note if any of them have already been answered during the Open Exploration. Ask only those that have not been addressed. Asking the question again can make the participant feel that we have not been paying attention and/or listening carefully.
- iii. Topics for exploration:

#### ***Needs Related to Health Status***

1. Heart disease
2. Diabetes
3. Alzheimer's, Parkinson's, and other dementia
4. Pain management
5. Incontinence
6. Constipation
7. Post-stroke recovery
8. Other physical conditions
9. Elder abuse cases and prevention
10. Depression
11. Anxiety
12. Other mental health conditions
13. Medical care experience (e.g. clinic, hospital)
14. Healthy eating habit
15. Medication compliance
16. Post-surgery/incident care

#### ***Housing Needs***

- Housing with support services, e.g. life lease, retirement
- Nursing homes
- On waiting list for nursing homes

#### ***Home Care Needs***

- At-risk seniors aging at home
- Other service models assisting seniors aging at home
- Service gaps to support seniors in the community
- Needs for caregivers (family/spousal, unpaid care, hired, etc.)

#### ***Caregivers' Needs***

- Practical skills
- Emotional support
- Other support

#### ***Needs Related to Economic Status***

- On social assistance
- Economically dependent on family members
- Family members' economic situation

#### ***Baby Boomers' Special Needs***

#### ***Needs Related to Social Life***

- Overcoming different barriers in life
- Mobility
- Language barrier
- Immigration – old/new immigrants
- Immigrants dealing with different problems
- Newcomers blending into Canadian society
- Adjusting to cultural and other differences
- Connection with home countries

#### ***Service Needs***

- Yee Hong Services
- Community
- Government
- Meeting service access challenges

#### ***Needs Related to Planning***

- Retirement planning
- Issues and concerns about retirement
- Other legal arrangements
- Other pre-planning matters

#### ***Personal Life***

- Activities and hobbies
- Couples' relationship
- Generation gaps
- Intimacy and sexual needs
- Friends' support
- End-of-life care of Chinese seniors (attitudes, beliefs, and preferences)
- Spirituality and life values
- Creating narratives of the past
- Self-identity



- iv. It is important for you to prepare yourselves for translating the questions into the appropriate languages/dialects.
- v. You may want to follow up participant's responses with an invitation to providing additional information and/or comments.
- vi. When you have finished, thank the participant again and prepare him/her for the last part—the Face Sheet information collection.

**d. Demographic data—filling in the Face Sheet**

- i. The reason for not doing this at the beginning of the interview is that we do not want to set the participant into a passive, question-answer mode of response.
- ii. We do not need to know the name of the participant, so we'll leave it out to ensure confidentiality. We can invite the participant to create a pseudonym for him/herself, and a second choice in case the first one is already in use by someone else.
- iii. Most questions are self-explanatory. For some of the questions, you may already have obtained some of the information during the interview. In that case, summarize the participant's previous response, then focus on what you still need to find out. For example: "You have shared a lot of valuable experiences on how your professional role as a psychotherapist has impacted your personal life, but I'm also curious about how your personal life is affecting your professional practice as a psychotherapist."
- iv. We have only drafted these guidelines in English. If you are conducting interviews in other languages/dialects, please prepare yourself for translating the introduction, instructions and questions into the appropriate languages/dialects.
- v. Please send a copy of the Face Sheet to k.tsang@utoronto.ca for record and tracking purposes.

**Guidelines for transcription**

1. It is the best if the interviewer can also do the transcription, in the language that the interview was conducted in.
2. If you have any problem with transcribing, please email/call us and we'll seek out an alternative with you.
3. Remember to include the code no. and the participant's chosen pseudonym on the transcription documents.
4. Send in the whole package for each interview (including the audio files or tapes, the transcription documents, the Face Sheet, and your written notes) to the research coordinator as soon as possible.
5. Please save electronic files in rich text format (.rtf) and send them to us via email attachment. Do not use headers, footers, or page number on those files. Save files in password protected format; we will give you the password separately.

## APPENDIX III: SURVEY

### Research Project on the Changing Needs of Chinese Seniors in the Greater Toronto Area

#### Needs Assessment Survey

I would like to invite you to participate in our research project. Our aim is to examine the changing needs of Chinese seniors in the Greater Toronto Area. The study findings will provide applicable and constructive suggestions to the related social service providers to improve their overall services to better meet these needs. Your participation is completely voluntary. If there are any questions that make you uncomfortable, you have the right to refuse to answer them. To protect your privacy, this is an anonymous survey and you are not required to provide us with any self-identifying information. We really appreciate your input!

Gender: Male \_\_\_\_ Female \_\_\_\_ Age: \_\_\_\_  
Mother tongue: Mandarin \_\_\_\_ Cantonese \_\_\_\_

If applicable: Senior \_\_\_\_ Baby boomer: born between (1946-1964) \_\_\_\_  
Caregiver \_\_\_\_

In the following questionnaire, please indicate whether a given situation is or is not a problem for you:

	Not a problem	Sometimes a problem	Frequently a problem	Not Applicable
<b>1. Health</b>				
a. Dealing with long-term disease(s)				
b. Taking medicine appropriately on time				
c. Able to discuss health issues with your doctor				
d. Having enough physical activities				
<b>2. Mental health</b>				
a. In abusive relations				
b. Losing the control of your own money and property involuntarily				
c. Feeling some kinds of mental distress (e.g. depression, anxiety, anger)				

d. Able to discuss your feelings and issues with someone				
Please specify: ____ Family ____ Friend(s) ____ People from religious group(s) ____ People from social service providers / Professional Other: _____				
	Not a problem	Sometimes a problem	Frequently a problem	Not Applicable
<b>3. Financial</b>				
a. Able to pay for food, shelter, clothing, transportation, and other living expenses				
b. Able to pay for rent or payments related to housing, e.g. utility fees				
c. Have a good retirement plan				
d. Able to receive financial support from family				
e. When you have financial needs, able to receive social welfare				
<b>4. Aging at home</b>				
a. Obtaining care needed for aging at home				
b. Obtaining some kinds of supportive housing (e.g. life lease, nursing house)				
c. Having enough support while on a waiting list for nursing homes				
<b>5. Other service needs</b>				
a. Receiving enough support from caregivers				
Your caregiver is: ____ Family member ____ PSW ____ Volunteer Other: _____				
b. Having enough support which help immigrants				
c. Having enough spaces and facilities for senior activities				
d. Able to handle advance care planning				

	Not a problem	Sometimes a problem	Frequently a problem	Not Applicable
6. Life styles				
a. In an intimate relationship				
b. Satisfying your sexual needs				
c. Maintaining healthy eating habits				
d. Having a way to get to your doctor, shopping etc.				
7. Overall well-being				
a. Getting along well with family members				
b. Able to utilize your talent and capacity				
c. Able to enjoy your leisure time				
d. Able to participate in social networks and making friends				
e. Feeling able to blend into society				
f. Feeling a sense of self-acceptance and efficacy				
g. Feeling a strong sense of self-esteem				
h. Feeling a sense of inner peace				

Thank you for sharing your valuable opinions and participating in this survey!

## 多倫多大學 Factor-Inwentash 社會工作學院

### 研究專案：探討大多倫多地區華裔長者的需要

#### 問卷調查

謝謝您參與這項研究計劃，幫助我們進一步瞭解大多倫多地區“華裔長者的各種需要”。我們的目標是向長者服務機構提供具體的建議，為華裔長者們提供更適切的服務。這次參與完全屬於自願性質，遇到任何讓您感到不便回答的問題，您都有權拒絕回答。為了保護您的私隱，請不用填寫您的身份。

性別：男\_\_\_\_ 女\_\_\_\_ 年齡：\_\_\_\_

母語：普通話 / 國語\_\_\_\_ 廣東話\_\_\_\_

如適用：長者\_\_\_\_ 嬰兒潮一代（1946-1964年間出生）\_\_\_\_ 關顧者\_\_\_\_

以下的各方面是否曾對您造成某程度上的問題？請在適當的地方補充資料。

	沒有問題	偶然是問題	經常是問題	不適用
<b>1. 健康方面</b>				
a. 患有長期病，懂得照顧自己				
b. 有按時吃藥				
c. 能跟醫生說您的健康狀況				
d. 有足夠的運動				
<b>2. 精神方面</b>				
a. 精神 / 身體上受到虐待				
b. 被別人控制您的財產（不自願的）				
c. 有精神困擾：如沮喪、焦慮、暴躁等				
d. 能跟別人說您的精神困擾				
那人是您的： ____ 家人    ____ 朋友    ____ 宗教團體內的人 ____ 社會服務機構、專業人士    其他：____				
	沒有問題	偶然是問題	經常是問題	不適用
<b>3. 經濟方面</b>				
a. 夠錢買食物、衣服、付交通費等				
b. 夠錢交房租、水電費、電話費等開支				
c. 有好的退休計畫				
d. 家人在經濟上能幫助您				
e. 政府在經濟上能幫助您				



	沒有問題	偶然是問題	經常是問題	不適用
4. 居家安老				
a. 有足夠幫助，讓您可以在家中安老				
b. 能夠入住長者屋				
c. 輪候養老院時，得到足夠的幫助				
5. 其他服務方面				
a. 得到關顧者、護理人員的足夠幫助				
您的關顧者、護理人員是：____ 家人    ____ 個人護理員    ____ 義工    其他：_____				
b. 作為新移民，得到足夠的服務				
c. 有足夠的活動空間和設施				
d. 安排好臨終前的護理				
6. 生活方式方面				
a. 有滿意的親密關係				
b. 性需要得到滿足				
c. 有健康的飲食習慣				
d. 能夠出門去看醫生、購物等				
7. 整全的幸福				
a. 與家人相處融洽				
b. 能發揮您的才華和能力				
c. 享受您的休閒時間				
d. 有自己的朋友、社交圈子				
e. 能夠融入社會				
f. 自我感覺良好				
g. 有自信				
h. 內心感到平安				

謝謝您的參與!

多伦多大学 Factor-Inwentash 社会工作学院

研究项目：探讨大多伦多地区华裔老年人的需要

问卷调查

感谢您参与这项研究计划，帮助我们进一步了解大多伦多地区“华裔老年人的各种需要”。我们的目标是向老人服务机构提供具体的建议，为华裔老年人提供更适合的服务。这次参与完全属于自愿性质，遇到任何让您感到不便回答的问题，您都有权拒绝回答。为了保护您的隐私，请不用填写您的身份。

性别：男\_\_\_\_ 女\_\_\_\_ 年龄：\_\_\_\_

母语：普通话 / 国语\_\_\_\_ 广东话\_\_\_\_

如适用：老年人\_\_\_\_ 婴儿潮一代（1946-1964年间出生）\_\_\_\_ 照护者\_\_\_\_

以下的各方面是否曾对您造成某程度上的问题? 请在适当的地方补充资料。

	没有问题	偶然是问题	经常是问题	不适用
1. 健康方面				
a. 患有长期病，懂得照顾自己				
b. 有按时吃药				
c. 能跟医生说您的健康状况				
d. 有足够的运动				
2. 精神方面				
a. 精神 / 身体上受到虐待				
b. 被别人控制您的财产(不自愿的)				
c. 有精神困扰: 如沮丧、焦虑、暴躁等				
d. 能跟别人说您的精神困扰				
那人您的： ____家人 ____朋友 ____宗教团体内的人 ____社会服务机构、专业人士 其它：_____				
3. 经济方面				
a. 够钱买食物、衣服、付交通费等				
b. 够钱交房租、水电费、电话费等开支				
c. 有好的退休计划				
d. 家人在经济上能帮助您				
e. 政府在经济上能帮助您				

	没有问题	偶然是问题	经常是问题	不适用
<b>4. 居家安老</b>				
a. 有足够帮助，让您可以在家中安老				
b. 能够住进老人住房				
c. 轮候养老院时，得到足够的帮助				
<b>5. 其它服务方面</b>				
a. 得到照护者、护理人员的足够帮助				
您的照护者、护理人员是： ____ 家人    ____ 个人护理工作者    ____ 志愿者    其它： _____				
b. 作为新移民，得到足够的服务				
c. 有足够的活动空间和设施				
d. 安排好临终前的护理				
<b>6. 生活方式方面</b>				
a. 有满意的亲密关系				
b. 性需要得到满足				
c. 有健康的饮食习惯				
d. 能够出门去看医生、购物等				
<b>7. 整全的幸福</b>				
a. 与家人相处融洽				
b. 能发挥您的才华和能力				
c. 享受您的休闲时间				
d. 有自己的朋友、社交圈子				
e. 能够融入社会				
f. 自我感觉良好				
g. 有自信				
h. 内心感到平安				

感谢您的参与!

Ontario  
Trillium  
Foundation



Fondation  
Trillium  
de l'Ontario



**Yee Hong Centre  
For Geriatric Care**  
頤康中心



**FACTOR-INWENTASH**  
FACULTY OF SOCIAL WORK  
UNIVERSITY OF TORONTO