

The Health and Health Care of Canada's Ethnocultural Minority Older Adults: Challenges and Results of a Systematic Scoping Review

Scoping Review

- 1 year project funded by Canadian Institutes of Health Research
- Goal: To review both published and grey literature regarding the health and healthcare of ethnocultural older adults in Canada and related countries
- Approx 3000 source documents reviewed; 816 met the eligibility criteria; 183 were Canadian
- A scoping review doesn't yield 'evidence' but helps us to understand the 'lay of the land':
 - where is the research being conducted?
 - in what formats or specific journals are they publishing?
 - who and what is being researched?



Eligibility Criteria

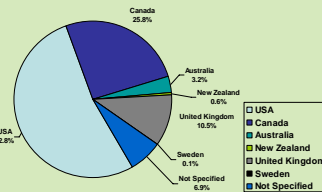
- Topic:** Health, health care, health promotion
- Research design:** Research studies, reviews, evaluations and program implementation reports
- Format:** Published articles, books, chapters, unpublished reports, graduate theses/dissertations, conference proceedings
- Location:**
 - Tier 1 – Canadian data:**
 - Tier 2 – data on comparable immigrant populations from countries with similar health service delivery systems to Canada (e.g. U.K., Australia, New Zealand, Sweden);
 - Tier 3 – data on comparable immigrant populations from countries with different health service delivery systems to Canada (e.g. 'Asian' immigrants in the U.S.).
- Population:**
 - Included: older adults from ethnocultural minorities (i.e. distinct from the majority ethnocultural group, and typically 1st-3rd generation immigrants).
 - Excluded: Black and Hispanic populations in the U.S.; Aboriginal populations
- Language:** English or French
- Publication date:** 1980-2010

Journals & Article Distribution

- 791 articles distributed across 192 journals
- Top 3 journals:
 - Journal of Cross Cultural Gerontology (25 articles)
 - Journal of the American Geriatrics Society (17 articles)
 - Journal of Gerontological Social Work (16 articles)

# of articles per journal	# of journals	% of total
1 article	109	56.8%
2 articles	33	17.2%

Article distribution by country



Search challenges: Who is Asian?

Ethnocultural Group	Canada	USA	UK	Australia
Chinese	Chinese	Asian	Chinese	NESB
Japanese	Japanese	Asian	Other	NESB
Korean	Korean	Asian	Other	NESB
Filipino	Filipino	Asian	Other	NESB
Cambodian, Hmong, Vietnamese, Thai	Southeast Asian	Asian	Other	NESB
Indian, Pakistani, Bangladeshi, Sri Lankan, Tamil	South Asian	Asian	Asian	NESB
Afghani, Persian	West Asian	Asian	Other	NESB

NESB = Non-English speaking background

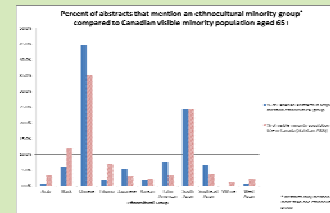
These categories reflect the histories of colonialism and immigration and policies of citizenship and multiculturalism unique to each of these countries.



Coding abstracts

Abstracts/executive summaries, etc. of all sources that met our inclusion criteria were imported into Atlas.ti 5.0 and coded inductively along multiple dimensions, including age, ethnicity, country (of research), interventions and disease categories.

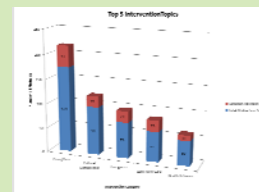
Representation of Canada's ethnic groups



Why so many Chinese?

- Large enough numbers allow for comparison and statistical significance
- Included in Canadian Community Health Survey and other large population databases
- More researchers of Chinese origin (1 researcher produced 23% of Chinese articles)
- More Chinese organizations whose programs have been evaluated etc.
- Access issues for qualitative research
- How much is enough?**

What is researched? - Interventions

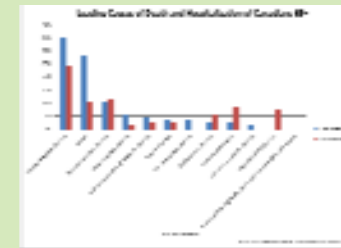


See handout for definitions and additional codes

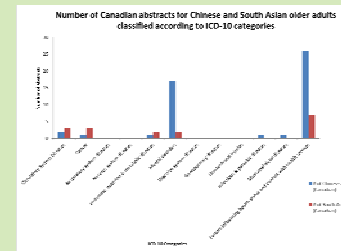
Focus on Canada



What is researched? - Disease categories



The ICD 10 is a well-established framework with which to 'explore' health conditions relevant to older Canadians in the general population vis-à-vis the Canadian literature on ethnocultural minority older adults



Literature on Canada's two largest immigrant groups (since 1991)—the Chinese and South Asians—was represented in the highest proportions in the Canadian literature. The chart above nonetheless illustrates the considerable gaps in the literature on disease experience and prevalence. From the limited international literature on these topics we know that both can be quite different for older adults from these populations.

Also missing in the literature is a clear reflection of the diversity within ethnocultural groups. People migrate from many different countries, some directly, while others have previously settled—sometimes for many generations—in other countries as immigrants. They also differ in all of the determinants of health such as socioeconomic status and gender, as well as the length of time they have been in the country of settlement (some are Canadian-born whereas others have migrated late in life). They also arrive as different types of immigrants: a relatively small number are refugees, whereas the majority arrive as economic class or family class migrants.

Summary and Implications

Overall, the literature on ethnocultural minority older adults is **hard to access** for several reasons:

- It is distributed widely across a diverse range of academic journals, theses and unpublished reports. In order to locate many of the Canadian references, we had to diverge from keyword searches of databases and 'get creative';
- The historical experiences of African-Americans and Hispanics in the United States bears little resemblance to the experiences of groups in Canada—hence our decision to screen these out of our search. However, searching for 'ethnocultural minority older adults' or 'ethnic seniors' in the U.S. literature results in an overwhelming number of articles referring to only these populations;
- Aggregation of people from different 'Asian' backgrounds is often necessary in quantitative studies for which available sample sizes of one group are often too small for meaningful comparison;
- Terms used to refer to different 'Asian' immigrant populations in the literature tend to reflect the immigration histories and philosophies of the countries in which they settle and therefore vary greatly. Searches therefore require considerable foreknowledge of these classificatory systems.
- Definitions of older adults or seniors fluctuate and are often not stipulated at all, resulting in both under- and over-inclusion of articles. Distinguishing young-old from old-old is often not possible.

The Canadian literature is replete with gaps:

- Many ethnic groups are under-represented relative to their proportions in the Canadian population. Among studies focusing on a single ethnic group, we found NONE on 'Arab', Filipino or Korean older adults.
- Research on Chinese and South Asians is more plentiful, but many topics remain unexplored. For example, very few studies evaluate specific health interventions or explore the impact of sponsorship status on health and health care access.
- Most strikingly, there is a negligible number of studies on or even including Chinese or South Asian older adults on any of the 3 leading causes of death and hospitalization for Canadians aged 65+, i.e. diseases of circulatory and respiratory systems and cancer.

THERE IS MUCH WORK TO BE DONE!

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