



Envejeciendo con dignidad
Aging with Dignity

ASOCIACION DE SENIORS DE HABLA HISPANA DEL GRAN TORONTO
ASSOCIATION OF SPANISH SPEAKING SENIORS OF THE GTA

HISPANIC SENIORS NEEDS ASSESSMENT

2007



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Acknowledgements

The Association of Hispanic Seniors of the Greater Toronto Area (ASHTOR) was founded in 1993. ASHTOR is committed to remove barriers that prevent Hispanic seniors from accessing adequate services, and as a senior's organization, is interested in identifying the skills and interests of its members to promote community and civic engagement among them. This study comes about in response of these two main responsibilities of ASHTOR.

We are proud to present here this valuable resource that will assist policy-makers, community seniors services, the Hispanic community and ASHTOR itself with information and solid recommendations for the planning and implementation of future programs.

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I.- Introduction	7
II Executive Summary	8
II.- Objectives of the Study	11
III.- Definition of Relevant Terms	11
IV.- Methodology	14
V.- Demographic information	16
VI.- Language Barriers	23
VII. Housing and Living Arrangements	28
VII.- Income	31
IX Health and Well Being	35
XI Use of Community Services	44
XII Social Support	50
XIV Volunteering	57
Recommendations	58
APPENDIX A	60
APPENDIX B	61
APPENDIX C	62

I.- Introduction

Canada is a nation of immigrants. In the Metropolitan Area of Toronto, 50% of the current population was born outside Canada, as this population ages, the number of seniors of varied ethnic origins in the city increases. Immigrating as an adult, or in some cases as an elderly person, poses specific challenges in the process of adaptation. Due to a variety of circumstances, ranging from the need to work intensely in order to provide for their families to the nature of their immigration status, a subgroup of this population has been unable to fully master the English language. or to understand Canadian culture and the ways to navigate the system in order to obtain the benefits and services that are available to them. The lack of culturally -sensitive services for immigrant seniors is an issue that is frequently pointed out by both seniors and the community service providers that work with them. Even the seniors whose immigration status, educational or financial resources helped their integration in Canadian society, the need for culturally appropriate services surfaces in this stage of their lives. In this context, ethno-specific studies that explore the needs and levels of satisfaction of specific ethno-cultural groups are helpful for agencies and policy makers. This study is an exploration of the needs of Hispanic seniors in the Greater Toronto Area.

According to the 2001 census, there are approximately a quarter of a million people of Latin American origin living in Canada. 16.3 % of this population was, at the time, between the ages of 45 and 64. (Statistics Canada, 2001). From the perspective of community and health service providers, this means that the demand for services for seniors will increase in the short term, as the number of Hispanic seniors in the next few decades rises and this population will require available, affordable and accessible services that fulfill their needs.

The community of Hispanic seniors in Toronto is diverse in different ways. The seniors that participated in this study come from fourteen different countries. Although they all speak the same language, their educational levels and age ranges vary greatly. In spite of the diversity in areas such as age and education, this population has several needs in common. Policy analysts and decision-makers within municipal, provincial and federal governments, as well as social service providers at the local level need to consider this diversity within the community when designing programs that are inclusive for all Hispanic seniors.

II Executive Summary

The overall goal of the project was to assess the needs and strengths of the Hispanic seniors population in the Greater Toronto Area in order to inform policy making and program design for the betterment of their physical and mental well-being.

The outreach to volunteers is a significant component of this study because participation in volunteer work is associated with an increase in the sense of worth and well-being (Narushima, 2005). Encouraging seniors to participate in activities of their choice and providing them accessible spaces to do so will build on the community's capacity to strengthen their own health and well-being.

The following are the main findings of the study:

Health

A significant 44.6% of the participants reported their health was "excellent", "very good", or "good". By contrast, only 6.5% reported their health as being "poor". These responses are consistent with other studies that show self-reported health status of seniors as very positive. The most frequently reported ailments were arthritis and rheumatism (46.6%), high blood pressure (35.1%), back problems (24.45), osteoporosis (22%) and diabetes (14.3%).

The data suggests that there is a *possibility* of mental health problems for 17 percent of the older adults in the study. This percentage is significantly higher than that in other populations. The key informants spoke about mild depression symptoms amongst seniors. As one of them said, it would be useful for the Spanish speaking community to have a crisis phone line in Spanish. In this way, Hispanic seniors could have a resource to turn to in difficult times. There is a need to educate the population on the multilingual services provided by 211 line.

Language Barriers

Only 24% of the people in the sample assessed their English language skills as sufficient. Considering this, attention should be placed on the significant 76% of the respondents who require assistance in getting adequate services in the mainstream English world.

On the other hand, 14.9 % of the sample indicated they had taken ESL classes in the last six months, and 25% said they would like to have access to ESL classes. Ideally, ESL classes should be specifically tailored for seniors, since their learning processes are different from those of younger adults. Another important aspect is that being out of the workforce makes their motivations for learning English different from those of younger learners.

Financial Situation

Ninety-five people, or 56.5% of the sample reported having an income below the poverty line. Low levels of education, lack of English proficiency, lack of recognition of foreign credentials, and low-paid jobs, may all be factors at the bottom of this harsh reality.

Housing

Forty percent of the respondents live alone, while 35% of the respondents live with their grandchildren. The latter was an unexpected finding, which was explained by the fact that there was a younger generation of Hispanics that was

raised by their grandparents. As the children grew up, many of them invited their grandparents to live with them.

Apartments are by far the most common living arrangement amongst the seniors who participated in the study. A high percentage of the respondents live in subsidized housing. The second largest group, 26% of the sample rents unsubsidized housing. 43 participants or 25.9% of the sample live in unsubsidized housing. Out of those people 20, or 11.6% of the sample, have an income of less than \$14,999 a year. According to Statistics Canada, the low-income cut-off for a one-person household in 2005 was \$ 17,219. The level of income these seniors indicated makes it extremely hard to cover a monthly rent plus daily living expenses in the City of Toronto

Use of Community Services

The community services that the respondents would like to have more access to were:

- Computer training (18.5%)
- Community and recreation centres (14.9%)
- Legal services (8.3%)
- Libraries (7.1%)
- Home Care (6.5%)
- Mental health services (6%)
- Food bank (4.2%)

Social Support

Fifty percent of the respondents said their family is their main source of social support. The second highest percentage was the combination of friends and family with 23.8%. A vast majority of the respondents (72.6%) indicated they feel comfortable with their overall life in Canada. Interestingly, key informants described a different situation with regards to Hispanic seniors' isolation, mainly due to their lack of English language skills and the system in general.

II.- Objectives of the Study

The overall goal of the project was to assess the needs and strengths of the Hispanic seniors population in the Greater Toronto Area in order to inform policy making and program design for the betterment of their physical and mental well-being.

The outreach to volunteers is a significant component of this study because participation in volunteer work is associated with an increased sense of worth and well-being (Narushima, 2005). Encouraging seniors to participate in activities of their choice and providing them accessible spaces to do so will build on the community's capacity to strengthen their own health and well-being.

III.- Definition of Relevant Terms

“Senior”

For the purposes of the study, a senior is a person who is age 55 or older. Although this age does not match the government's definition of a senior starting at age 65, it is meant to reflect a recent trend in early retirement in Canada. In the year 2000, the early retirement rate in Canada was 40% (Statistics Canada, 2001). It is also consistent with ASHTOR's member admission criteria.

“Hispanic seniors”

A Hispanic senior is a person whose mother tongue is Spanish. This definition includes seniors that emigrated from Mexico, Central and South

America and Spain. The term “Hispanic” was chosen over “Latino” because it allows the inclusion of seniors born in Spain.

“Isolated seniors”

Isolated seniors were defined as seniors that do not participate in social networks such as seniors clubs or community centre programs. This lack of participation may be caused by health conditions, mobility difficulties, or lack of transportation among other obstacles.

From the beginning of the study, we were aware of the importance and the challenges implied in reaching this population. Isolated seniors are by definition, difficult to reach. In order to reach this population we took the following actions:

- I. An ad was posted in “El Popular” – a periodical published in Spanish in the Greater Toronto Area.
- II. Several radio announcements were made in *Voces Latinas* for seniors to learn about the study and to invite them to participate.
- III. Information about the project was posted on ASHTOR’s website. The idea behind this was to reach family members that could in turn, invite their parents, grandparents or other seniors they knew to participate in the project.

In spite of these efforts, we were only able to reach a small number of seniors who were not already part of a social network.

The following are some of the settings in which we were able to get information about isolated seniors:

- I. The Caregivers focus group. In this session people that take care of Hispanic seniors with Alzheimer’s or other types of dementias spoke about this population’s needs in nursing homes. They also spoke about the

- seniors with dementia that still live at home without the supports they require.
- II. Some of the isolated seniors that were interviewed were the interviewers' acquaintances.
 - III. The Community Mental Health Centre of the Toronto Western Hospital facilitated contact with some of the most isolated seniors.

In the end, most of the people who were interviewed were not isolated seniors. They were those who participate in clubs or in programs for seniors in the community. It is important to note that this is a limitation in our data analysis. The quantitative data in this study does not represent the needs of the isolated seniors in this community.

“Well-being”

For this study, the concept of well-being includes physical and mental health, as well as financial security, networks and social support, access to social services, non discrimination and personal security. A number of the questions in the survey were designed in order to measure these aspects of Hispanic seniors' lives.

“Abuse/Mistreatment”

There was much discussion around the topic of senior abuse during the preparatory stages of the Project. Although the team was aware that physical, financial, psychological and sexual abuse that exists in the community, it was decided not to probe these issues in the study.

There were several reasons for this decision. The sensitivity of the topic made it difficult to construct questions that would evoke a valid answer and that would therefore offer a real picture of elder abuse in the community.

The other challenge we found was the responsibility ASHTOR would have towards the research participants if trauma were evoked while administering the survey. ASHTOR does not offer counseling services; and the volunteer interviewers were not trained to conduct interventions in this kind of settings.

Instead, we gathered information about elder abuse through the key informant interviews. The service providers we interviewed described the ways in which children who sponsor their parents to come to Canada oftentimes abuse them financially or by demanding that they devote all of their time to take care of their children.

IV.- Methodology

The study has both a quantitative and a qualitative component. A survey was administered to 168 participants from different areas of the GTA. Due to resource limitations, it was not feasible to have a probabilistic sample; therefore, a purposive sample was generated.

A) Quantitative data collection.- The methodology followed a peer-to-peer approach. Fifteen volunteer seniors received training to administer the questionnaire. This group of seniors was instrumental in the data collection process, because they were known and trusted by the respondents. Through out the study, this group of seniors contributed their insights and first-hand experience with the participants.

The preliminary results from the data were presented and discussed in four focus groups with the following stakeholders:

- The project's Steering committee
- **ASHTOR's** Board of Directors
- The seniors interviewers
- A group of service providers

The study's recommendations were influenced by these groups' input.

B) Qualitative data collection.-seven focus groups were held with seniors and one with caregivers. For a detailed look at the questions posed in the focus groups and the key informant interviews, please refer to Appendices A and B in this report.

As part of the qualitative data collection, 22 key informants were interviewed. The key informants were professionals in different fields who, because of their work in the community, are highly familiar with the issues that Hispanic seniors face. Most of the key informant interviews took place over the phone, and the participants gave verbal consent prior to the interviews. In some cases, the questions were answered electronically. In these cases, a written consent form was used.

V.- Demographic information

Gender

	Frequency	Percent
Women	126	75.0
Men	41	24.4
Total	167	99.4
no response	1	.6
Total	168	100.0

75% of the study participants were female. Although a comparison with gender distribution patterns among Canadian population reveals a larger presence of females among seniors, the trend is accentuated in the sample.

Age Range	Gender		% in the general population*	
	Women	Men	women	men
55 to 59	11 (73.3%)	4 (26.7%)	51%	49%
60 to 64	25 (71.4%)	10(28.6)	51%	49%
65 to 69	30 (71.4 %)	12(28.6%)	52%	48%
70 to 74	24 (85.7%)	4 (14.3%)	53%	47%
75 to 79	23 (74.2%)	8 (25.8%)	56%	44%
80 to 84	7 (87.5%)	1(12.5%)	61%	39%
85 to 89	1	0	66%	34%
90 +	1	0	74%	26%
Total	122	39		

* Source: A Portrait of Seniors in Canada, Statistics Canada 2006

Previous studies explained the difference in percentages between males and females based on the fact that Canadians of Latin American origin often sponsor their mothers to help them take care of their children (Smith Castillo, 1989). This may be a partial explanation for the numbers obtained from the study. Another possibility is that, while selecting the sample, the most accessible participants were the members of the senior clubs, who are mostly women. In terms of methodology, it remains a challenge to establish communications with seniors that are not part of these groups. The prevalence of female participants in the seniors clubs can be partially explained in cultural terms. One of the key informants who host a program for seniors in a community centre said:

“Interestingly enough, although the group is for men and women, only women have attended, and they have requested that it remains that way because their husbands scold them and they argue, so I have not made any efforts to bring in males”.

There may be cultural components that affect Hispanic men’s participation in social activities for seniors. Social services providers must be aware of the fact that the work that is being done has not reached as many men as women within the Hispanic senior population in the Greater Toronto Area.

Age

There is a wide range of age differences amongst the participants that fit into the age criteria for participation in the study. The youngest participant was 55, while the oldest one was 93. One of the key informants explained that the community of Hispanic seniors includes three generations and that both young and old seniors make a contribution to the community:

“Younger seniors have been in the country longer and are more adapted to the system. They are more ready to access mainstream services and advocate for their needs. Older seniors have their “life stories” to share and this is of great value for the preservation of our culture here in Toronto”.

Marital Status

	Single	married/co mmon law	Separated	Divorced	Widowed	Total
55 to 59	0	8 (53.3%)	1(6.7%)	4(26.7%)	2 (13.3%)	15
60 to 64	3(8.3%)	16 (44.4%)	5 (13.9%)	6 (16.7%)	6 (16.7%)	36
65 to 69	6(14.3%)	24(57.1%)	3 (7.1)	5(11.9%)	4(9.5%)	42
70 to 74	3(10.7%)	10(35.7%)	3(10.7%)	2(7.1%)	10(35.7%)	28
75 to 79	2(6.4%)	8(25.8%)	0	6(19.3%)	15(48.4%)	31
80 to 84	1(12.5%)	0	2(25%)	1(12.5%)	4(50%)	8
85 to 89	0	0	0	0	1	1
90 +	0	0	0	0	1	1
Total	15	66	14	24	43	162

In 2001, 68% of the seniors between the ages of 65 and 74 in the general population were either married or in common-law unions (Statistics Canada, 2006), while the percentage of participants in the same age with a similar marital status is 48.5%. The current data do not offer information with which to explain

this significant difference in the number of people who are married or in a common-law relationship in the sample. The significant number of respondents without a partner is a fact to pay attention to, as partners/ spouses provide a significant amount of support in older age.

Countries of Origin

Amongst the participants in the study, there were people from 14 Latin American countries as well as two from Spain. The largest percentage of participants came from Chile, Ecuador, Colombia and Argentina, countries that represent the first waves of immigration to Canada. It appears that those who have been in the country for a longer period of time feel more comfortable participating in the community.

	Frequency	Percent
Chile	39	23.2
Ecuador	28	16.7
Colombia	20	11.9
Argentina	19	11.3
El Salvador	15	8.9
Peru	13	7.7
Guatemala	8	4.8
Mexico	7	4.2
Nicaragua	7	4.2
Uruguay	6	3.6
Honduras	2	1.2
Spain	2	1.2
Venezuela	1	.6
Bolivia	1	.6
Total	168	100.0

Year of arrival Canada

	Frequency	Percent
1954 to 1970	12	7.1
1971 to 1980	57	33.9
1981 to 1990	39	23.2
1991 to 2000	39	23.2
2001 to 2007	19	11.3
Total	166	98.8
Missing	2	1.2
Total	168	100.0

The highest percentage of participants in the study arrived in Canada between 1971 and 1980. This is the historical period of military coupes in South America, a situation that forced large numbers of people out of their countries. In the 1980s and 1990s, people fled civil wars in Nicaragua and El Salvador. The number of people who arrived in Canada during those decades is also high. It is possible to connect the political situation of the time with the increased number of arrivals to Canada from those countries. Approximately half of the participants have lived in Canada for at least 17 years. From the perspective of cultural adaptation and access to services, this is a group that has a certain degree of familiarity with the Canadian system and the language.

Age of arrival in Canada

	Frequency	Percent
12 to 24	9	5.4
25 to 35	38	22.6
36 to 46	45	26.8
47 to 57	27	16.1
58 to 68	32	19.0
69+	9	5.4
Total	160	95.2
Missing	8	4.8
Total	168	100.0

Almost half the seniors who participated in the sample arrived in Canada between the ages 25 and 46. This indicates that 57.5% of the sample arrived at a working age, which leads to better chances of connecting to work, studies and other activities away from home. This in turn increases the possibilities to use the language and learn the ways of the new society. Conversely, the 42.5% who arrived past age 47 encountered severe challenges getting into the labour force. As older workers, their lack or poor English skills led them to the lowest paid jobs or to being financially dependent on others. Seniors that arrived in Canada later in their lives have more difficulties learning the language and therefore, interacting and adapting to Canadian society.

Highest Level of Formal Schooling Completed

	Frequency	Percent
no schooling	10	6.0
some elementary (grades 0-8)	16	9.5
completed elementary (grade 8)	24	14.3
some high school (grades 9-12 or 13)	24	14.3
completed high school (grade 12 or 13)	25	14.9
some trade, technical, college, business school	14	8.3
completed diploma/certificate	19	11.3
some university	15	8.9
completed university degree	14	8.3
masters or doctorate	6	3.6
Missing	1	.6
Total	168	100.0

By comparison, in 2004 the percentage of Canadian men between the ages of 55 and 64 with a level of schooling lower than high school was 25.9%. The same trends were evident among women aged 65 or older (Statistics Canada, 2001). The percentage of sample participants with a level of education lower than high school is 44.3%. The sample included more women than men between the ages of 55 and 69 with an educational level lower than high school. A possible reason for this difference is the patriarchal approach families had towards schooling in Latin America.

A correlation between highest level of education completed and age range reveals a tendency among older seniors to have lower levels of schooling. This may be traced to the access to education in their societies of origin, as well as to an economy where lower levels of literacy were required in order to obtain employment. For service providers, this characteristic of the Hispanic senior population calls for the adaptation of recreational and education services to meet the specific needs of this segment of the population.

VI.- Language Barriers

The findings revealed differences amongst Hispanic seniors in terms of their English language skills. Upon arrival to Canada, the majority of them reported low levels of skill in English; almost half the sample spoke no English at the time of arrival:

Level of English before coming to Canada

	Frequency	Percent
excellent	4	2.4
good	10	6.0
average	37	22.0
poor	37	22.0
none	80	47.6
Total	168	100.0

By comparison, the table below shows that 24% of the participants described their English skills as “completely sufficient” for their needs today. However, there is still a 22.5% who described their English language skills as “totally insufficient” to cover their daily needs.

Current Level of English Language Skills

	Frequency	Percent
completely sufficient	40	23.8
somewhat sufficient	84	50
totally insufficient	36	21.4
Total	160	95.2
don't know	4	2.4
No response	4	2.4
Total	8	4.8
Total	168	100.0

The fact that the participants' English language skills were self-evaluated without an external source of validation is a limitation of the study. Several key informants, who were community workers that work with Hispanic seniors, mentioned that the percentage in the sample who self-rated their language skills as "completely sufficient" didn't seem realistic. They mentioned two possible reasons: 1) Based on their way of life, may be the seniors' interactions with "the mainstream" community is rather limited. The providers explained that in certain areas of the city, it is possible to use services such as a bank or local stores in Spanish. The experience would be quite different when interacting with "the mainstream", for example, while doing paperwork with government agencies. 2) Another reason for these higher than expected figures would be the seniors' reluctance to openly accept their limitation in this area, or further more, the perception that there has been improvement from the time of their arrival to Canada.

Considering that only 24% of the sample assessed their English language skills as sufficient, attention should be placed on the significant 76% of the respondents who require assistance in getting adequate services in the mainstream English world.

Number of Participants That Have Taken ESL Classes in the Last 6 Months

	Frequency	Percent
No	143	85.1
Yes	25	14.9
Total	168	100.0

Number of Participants Who Would like to Have Access to English Classes

	Frequency	Percent
No	126	75.0
Yes	42	25.0
Total	168	100.0

Only 14.9 % of the sample indicated they had taken ESL classes in the last six months, and 25% said they would like to have access to ESL classes. One of the key informants explained that the ideal situation would be to have ESL classes for seniors, where the contents of the classes are tailored to meet their specific needs. This is a valuable suggestion for two reasons: the fact that seniors' learning processes are different from those of younger adults, and also because being out of the workforce makes their motivations for learning English different from those of younger learners (Hubenthal, 2004).

English Language Skills Sufficiency by Age Range

Age Range	completely sufficient	somewhat sufficient	totally insufficient	Total
55 to 59	6 (40%)	9 (60%)	—	15
60 to 64	13 (38.3%)	13 (38.3%)	8 (23.5%)	34
65 to 69	8 (20%)	23 (57.5%)	9(22.5%)	40
70 to 74	9 (33.4%)	13(48.1%)	5 (18.5%)	27
75 to 79	2 (6.9%)	19 (65.5%)	8 (27.6%)	29
80 to 84	2 (25%)	3 (37.5%)	3(37.5%)	8
85 to 89	—	—	1	1
90 +	—	—	1	1
Total	40	80	35	155

Based on the seniors' self-classification of their language skills, there is a tendency to report higher functional levels of English amongst younger seniors. The reason is probably that younger seniors are more active and mobile, and it may be easier for them to interact with others and increase their language skills in this way. In the case of seniors who have had less interaction with the community, language barriers are combined with lack of knowledge of the culture. One of the key informants explained it in the following way:

“There are many barriers and vulnerabilities in the community. Language is one of the problems. This is a very different country. The laws are very different, the way things work here is very foreign for them. A lot of the seniors come from smaller places where things were easier.”

In order to interact efficiently with the community and service providers Hispanic seniors need more than merely technical language skills; they require a broader

understanding of the differences between the Canadian system and that of their country of origin.

The need for better language skills among seniors is the most evident when accessing medical services. Several of the key informants addressed this issue during their interviews:

“A lot of Hispanic seniors do not get the treatment they need in hospitals if there isn’t a relative that speaks English around. There are no Spanish-speaking nurses or Spanish-speaking workers in general. The seniors are forced to find an interpreter and there aren’t many. There need to be free interpretation services for seniors”.

Another key informant spoke about the need to translate into Spanish materials that are relevant for healthcare and prevention amongst seniors.

A third key informant pointed out that a crisis phone line with services in Spanish would be valuable for the community of Hispanic seniors, since even seniors who speak English fluently would need to speak Spanish during moments of crisis.

VII. Housing and Living Arrangements

Living Arrangement	Frequency	Percentage
Living alone	68	40.5%
With partner	65	38.7%
With children	5	3.0%
With grandchildren	59	35.1%
With roommate/friend	18	10.7
Other	1	.6%

The most unexpected fact in this section is the number of seniors that reported living with their grandchildren, but not their children. In the 2001 census, 20% of Hispanic seniors indicated that they lived with their children (Statistics Canada, 2001); while only 3% of the respondents in the sample said they lived with them.

The project interviewers explained that most of the interviewees referred to their adult grandchildren. A common situation among the seniors in the sample was that as grandparents, they were sponsored by their children to come to Canada to look after their grandchildren. Later on, a lot of grownup grandchildren invited their grandparents to live with them.

According to the 2001 census, the percentage of seniors in the general population between the ages of 65 and 74 living alone was 22%. In the sample, the percentage of seniors in the same age range living alone was 38.5%. It is necessary to consider that oftentimes. The fact that Hispanic seniors in this age range lack sufficient language skills makes their living arrangements more challenging than their English speaking counterparts.

For some of these seniors living alone may be a choice after a life- time of caring for children and grand children. For others, it may be a result of the departure or death of a spouse. These numbers indicate that the seniors are aging alone in their homes and as such are a population that will be or already is in need of community support services. For service providers, these numbers reflect the need to offer options that insure this population's needs for physical, mental and emotional well-being are properly met.

Types of Living Arrangement

	Frequency	Percent
apartment	103	61.3
house	60	35.7
retirement home	3	1.8
long term care / nursing home	1	0.6
other	1	0.6
Total	168	100.0

Apartments are by far the most common living arrangement amongst the seniors who participated in the study. A high percentage of the respondents live in subsidized housing. The second largest group, 26% of the sample rents unsubsidized housing. 43 participants or 25.9% of the sample live in unsubsidized housing. Out of those people 20, or 11.6% of the sample, have an income of less than \$14,999 a year. According to Statistics Canada, the low-income cut-off for a one-person household in 2005 was \$ 17,219. The level of income these seniors indicated makes it extremely hard to cover a monthly rent plus daily living expenses in the City of Toronto.

VII.- Income

In this sample, the percentage of people who reported incomes below the poverty line was significantly high. Low levels of education, lack of English proficiency, lack of recognition of foreign credentials, and low-paid jobs, may all be factors at the bottom of this harsh reality.

Employment Status and Age

Employment Status	56 to 65	66 to 75	76 to 85	86+	Total
full time	21(95.4%)	1(4.6%)	—	—	22
part time	3 (75%)	1(25%)	—	—	4
casual	—	2(100%)	—	—	2
self-employed	1	—	—	—	1
unemployed and looking	4(100%)	—	—	—	4
unemployed and not looking	7(26.9%)	8(30.8%)	9(34.6%)	2(7.7%)	26
unemployed /disability	10(6.2%)	4(66.6%)	2(33.2%)	—	16
retired	15(19.2%)	43(55.1%)	20(25.6%)	—	78
other	3	2	—	—	5
Total	64	61	31	2	158

Immigrant elders often work longer years than the general population (Dourst, 2005) among the people in the sample in the age range between 55 and 65, early retirement does not seem to be a frequent option. This tendency is visible in this sample, as shown by the 39% of the respondents in this age range who are still working.

Employment Status and Gender

Among those respondents that said they worked full-time, the distribution between genders is quite even, at 47.8% women and 52.2% men. In the categories of casual work and self-employment, all the respondents were women.

Seniors and Care-giving

Seniors in the Latin American community, especially women, are traditionally associated with care-giving within the family. From this perspective, the study showed gender-differentiated results; as only 15.7% of respondents reported doing care-giving without pay.

Care-giving without pay

	Frequency	Percent
yes	26	15.5
No	140	83.3
no response	2	1.2
Total	168	100.0

Care-giving without pay by gender

Care-giving without pay	Gender		Total
	Women	Men	
	22	4	26
	102	37	139
Total	124	41	165

Only 15.5% of respondents reported performing care giving tasks without pay. The number reflected in the study is fairly low, yet key informants reported extensive amounts of seniors helping seniors; the informal caregiving that takes place within the seniors groups. Also, oftentimes the seniors live in family arrangements where the grandchildren stay with them, and they receive money from their children that they use to pay for food and house expenses. Because the grandchildren are part of their family, the money received is not perceived as a salary for the children's care taking, therefore, they may not have described it as such.

Another possible reason for the low number of seniors that reported taking care of others would be the lack of formal credentials to do this work, which would inhibit some of them from openly stating that they do this kind of work.

Who Do They Take Care Of?

Amongst those that said they take care of others without pay, most of them explained they take care of children, although a few said they take care of older adults.

	Frequency	Percent
minors, less than 16	10	6.0
adults	3	1.8
older adults (55 years or older)	10	6.0
minors and seniors	1	.6
adults and seniors	1	.6
all of the above	1	.6
not applicable	141	83.9
no response	1	.6
Total	168	100.0

This information is relevant to community services providers, as it is always valuable to know about their clients' lifestyles in order to plan for events and services that take their needs into consideration. The following are the number of hours per week the seniors in the sample spend taking care of others:

Hours per week care-giving

	Frequency	Percent
25 hours or more	11	6.5
20 - 24 hours	3	1.8
15 - 19 hours	2	1.2
10 - 14 hours	3	1.8
5 - 9 hours	2	1.2
less than 5 hours	5	3.0
Total	26	15.5
not applicable	142	84.5
Total	168	100.0

Out of the 26 people that indicated they take care of others, 42% do so for 25 hours or more per week. For the purposes of the study, 24 hours of work or more per week was considered a full time job, therefore, for some of these seniors care-taking is equivalent to a full time job in their lives.

IX Health and Well Being

When asked about overall Health Status, the participants self-assessed their health as follows:

Overall health status	Frequency	Percent
excellent	10	6.0
very good	22	13.1
good	43	25.6
fair	82	48.8
poor	11	6.5
Total	168	100.0

44.6% of the participants reported their health was “excellent”, “very good”, or “good”. By contrast, only 6.5% reported their health as being “poor”. These responses are consistent with other studies that show self-reported health status of seniors as very positive.

From a perspective of preventive health care and physical well-being, the study considered three aspects: current stress level, diet and level of physical activity.

Current stress level

	Frequency	Percent
very stressful	26	15.5
stressful	38	22.6
a bit stressful	38	22.6
not very stressful	30	17.9
not at all stressful	36	21.4
Total	168	100.0

The social service providers complemented this information by pointing out that the overall stress indicators may not be notoriously high due to the fact that seniors in general do not have family responsibilities. For those that consider their lives to be stressful, some reasons may be a difficult family situation, emotional or financial abuse, or health related issues.

	Current stress level					Total
	very stressful	stressful	a bit stressful	not very stressful	not at all stressful	
55 to 59	5 (33.3%)	7(46.6%)	1(6.7%)	2(13.2%)	—	15
60 to 64	7(19.4%)	4(11.1%)	13(36.1%)	7(19.4%)	5(13.9%)	36
65 to 69	6(14.3%)	8(19%)	8(19%)	11(26.2%)	9(21.4%)	42
70 to 74	2(7.1%)	11(39.2%)	2(7.1%)	6(21.4%)	7(25%)	28
75 to 79	4(12.9%)	4(12.9%)	9(29%)	3(9.7%)	11(35.5%)	31
80 to 84	2(25%)	2(25%)	1(12.5%)	1(12.5%)	2(25%)	8
85 to 89	—	—	—	—	1(100%)	1
90 +	—	—	1(100%)	—	—	1
Total	26 (16%)	36(22.22%)	35(21.7%)	30(18.52%)	35(21.7%)	162

Forty four percent of respondents 75 years of age or older from the sample said their lives were “not stressful at all” or “not very stressful”. By comparison, in 2002, 63% of the general population in the same age range said the same thing.

In other words, the data indicate a higher level of stress among the Hispanic seniors population. Based on data summarized in other sections of this document, it would be possible to identify various stressors, ranging from problems related to immigration status, isolation or health issues, language barriers and financial limitations. Further research is desirable in order to explore connections between stress levels in the community of Hispanic seniors and their causes.

Hours of physical activity per week

	Frequency	Percent
7 or more hours	31	18.5
5 - 6 hours	25	14.9
3 - 4 hours	31	18.5
1 - 2 hours	40	23.8
30 minutes or less	34	20.2
Total	161	95.8
Don't know	6	3.6
not applicable	1	.6
Total	7	4.2
Total	168	100.0

23.8% of the respondents mentioned having 1-2 hours of physical activity per week. This low level of physical activity may have partially resulted out of the lack of clarification of the question, it appears that participants weren't clear that physical activity is not limited to fitness classes, but to daily activities such as doing errands or walking a pet. Other possible reasons for this low level of

physical exercise are the lack of places to go in winter, as well as lack of awareness with regards to the importance of physical exercise for their health. It is also important to mention that there is a cultural component that influences people's views on their bodies, as well as their attitudes towards preventive health care practices such as diet and physical activity (Dumas, 2005). Factors like social class and educational level also affect people's health habits.

Another obstacle towards increased physical activity among seniors is the lack of free spaces in municipal recreation centers where programs and spaces are often taken by more established seniors groups at the same time some of the physical activities offered are not reflected of the cultural mosaic of seniors in Toronto.

It is recommendable that seniors increase their levels of physical activity, since low physical activity may lead to chronic health conditions such as heart disease and diabetes, as well as memory loss (Singh Khalsa, 1998). It is interesting to note that , when asked about the community services that they would like to have more access to, fitness classes for seniors was the most common response. Recreational activists specialized in seniors' needs could be hired to cover this need.

Balanced diet

	Frequency	Percent
No	26	15.5
Yes	140	83.3
Total	166	98.8
don't know	2	1.2
Total	168	100.0

The majority of the study participants responded they had a balanced diet. However, a number of the key informants expressed that many seniors who declared having a healthy diet could be misinformed about healthy eating choices, since the habits that they have observed among Hispanic seniors are not necessarily healthy. This discrepancy in the data opens an opportunity for further research on Hispanic seniors eating habits.

A number of those that described their diet as unhealthy cited the following reasons:

Reason for lack of balanced diet

	Frequency	Percent
can't afford it	9	5.4
it is difficult for me to get out (leave the home)	1	.6
don't know how to prepare	2	1.2
can't prepare food due to physical limitations	3	1.8
other	6	3.6
Not applicable	140	83.3
No response	7	4.2
Total	168	100.0

The levels of income that the respondents reported suggests that a number of them could use food banks, since living in non-subsidized housing leaves little money to

spend in food. Despite this reality, few participants reported accessing food banks, possibly because of the social stigma involved in openly accepting the use of this service.

Most Common Chronic Illnesses

The following are the five most common chronic ailments amongst the participants in the sample:

Chronic Conditions	Frequency	Percentage
Arthritis/rheumatism	80	47.6
Blood pressure problems	59	35.1
Back problems	41	24.4
Osteoporosis	37	22.0
Diabetes	24	14.3

These numbers are closely linked to the percentages of chronic illnesses reported by the general population in Canada. In 2003, 44% of the population 65 or older had arthritis or rheumatism, and 40% of the people in that age bracket was diagnosed with high blood pressure problems (Statistics Canada, 2006). One of the key informants, a family doctor, commented on the high levels of diabetes in this community, yet, the results of the study do not support this comment.

Mental Health

The Mental Component Summary (MCS) of the SF-12 was used to assess the general mental health of respondents. The SF-12 is a widely used multipurpose short-form (SF) measure of physical and mental health status. The data suggests that there is a *possibility* of mental health problems for 17 percent of the older adults in the study (n=12).

In a 2005 national survey of self-rated mental health, 5.1 percent of adults age 55 to 64 reported their mental health as “fair or poor.” The percentage decreases to 4.1 % in the older group (65 to 74). Fewer adults age 65 to 74 perceived their mental health was “fair or poor” (4.1 percent), while more of the “older old” (age 75 and over) reported “fair or poor” mental health, at 5.9 percent (Statistics Canada, 2005).

Access to Health Care Services

19.2% of the sample reported having the need for some health service in the last six months and not having had access to it. The most common reasons cited were:

- **Cost.** 7.1% of the people in the sample said the cost of the health service they required kept them from accessing the service. Some of the health services that are not covered by OHIP include certain medications, physiotherapy, chiropractic treatments and naturopathic treatments.
- **Transportation.** 5.4% of the people that mentioned facing barriers to access health care cited transportation as the main reason. Some of the participants expressed the need for the Wheel Trans service to have

instructions in Spanish or Spanish speaking operators when making reservations or communicating with the drivers.

- **Waiting times.** 4.8% of the respondents said they had trouble accessing health services due to long waiting periods.
- **Language problems.** Of those that had difficulty accessing health services, 3% mentioned language as the main reason for lack of accessibility. Participants in focus groups often mentioned difficulties communicating with their doctors. Some of them also mentioned the frustration involved in being hospitalized and not being able to communicate with nurses about important issues related to their health, such as repeated doses of medication and other concerns that arise during hospitalization.

Level of Mobility/Independence

A vast majority of the seniors in the sample are highly independent in terms of their ability to perform basic self-care tasks on their own:

- 94.6% can prepare a meal.
- 94.6% can take a shower.
- 96.4% can do their personal grooming.
- 95.8% can get dressed by themselves.
- 97.6% can eat and drink.
- 95.8% have enough mobility to go from a bed to a chair.
- 97% can use a toilet without help.

While it is important to remember that in this sample there were very few frail participants or living in nursing homes, seniors who have mobility limitations that prevent them from basic self-care tasks are very much in need of culturally-

sensitive care to either improve their health when recovering from illness or simply as chronically frail seniors living independently .To this end, several of the key informants mentioned the need for culturally sensitive home-care and for Spanish-speaking sections in nursing homes.

For seniors who need some help but do not wish to move into a nursing home, the establishment of adult day programs and minimal assistance in their home, in which someone who speaks their language can help them with minimal chorus would be helpful. It is essential that these programs be culturally-sensitive, in order to preserve the seniors' sense of security and well-being at home.

XI Use of Community Services

The following are the percentages of utilization of community services, reported in descending order:

Community Service	Percentage
Public Transport	63.1%
Churches	57.1%
Municipal, community or recreation centre	56.0%
Library	33.3%
ESL	14.9%
Computer services	8.9%
Legal Assistance	8.3%
Food bank	7.7%
Immigrant services	4.2%
Mental health	3.0%
Advocacy	2.4%
Homecare	1.8%

The seniors in the study would like to have more access to the following:

English as a Second Language

Considering that only 24% of the sample assessed their English language skills as sufficient, attention should be placed on the significant 76% of the respondents who require assistance in getting adequate services in the mainstream English world.

Reason	Frequency	Percentage
Did not know where to go	17	41.4%
Not available at a time that works for me	11	26.8%
Transportation problems	8	19.5%
Not available in the area	8	19.5%

Computer Services

Thirty-one people in the sample, or 18.5% indicated they wished to access opportunities to learn basic computer training. The reasons for this lack of access were:

Reason	Frequency	Percentage
Did not know where to go	11	35.5%
Language barriers	11	35.5%
Not available in the area	10	32.25%

Community or Recreation Centres

14.9% said they wanted to have more access to community, municipal or recreation centres. The reasons cited for lack of access were the following:

Reason	Frequency	Percentages
Didn't know where to go	11	44%
Not available in the area	11	44%
Language problems	9	36%

The data indicate that lack of information about services provided is a frequent cause for lack of use. Service providers that work with Spanish speaking seniors may need to distribute information in Spanish as much as possible, as well as through the media more used by this population. Due to the high percentage of

attendance, churches may be good places to distribute information about available services.

Legal services

8.3% of the sample stated that they would like to have more access to legal services. The reasons mentioned for lack of access to these services were the following:

Reason	Frequency	Percentage
Language problems	8	57.1%
Didn't know where to go	7	50%
Not available in the area	5	35.7%
Cost	5	35.7%

Lack of information about services available appears as one of the main causes for the lack of use of these services.

Libraries

7.1% of the seniors in the sample expressed a need to have more access to libraries. The main reasons stated for lack of accessibility to this service were:

Reason	Frequency	Percentages
Language	5	60%
Transportation	3	25%
Not available in the area	2	16.7%

In the experience of one key informant there is a need for facilitators of seniors groups to familiarize them with the local library and assist them in getting a card and accessing books (in Spanish for many of them) as reading is an important contributor to a better health.

Home Care

6.5% of the interviewees reported the need to access home care. The main reasons claimed for lack of accessibility were:

Reason	Frequency	Percentage
Language problems	7	63.6
Didn't know where to go	5	45.4%
Cost/too expensive	5	45.4%

Food bank

4.2% of the people in the sample said they wanted more access to food banks.

The reasons for lack of access to this service were:

Reason	Frequency	Percentage
language	6	85.7%
Didn't know where to go	4	57.1%

Considering the high percentage of seniors who live under the poverty line, the use of food bank they reported is considerably low. Efforts need to be made to educate the community with regards to the use and contribution to food banks, in order to remove the existing social stigma around the use of this service.

Mental Health Services

Six percent of the seniors in the sample expressed an interest in having better access to mental health services. The main reasons cited for lack of access were:

Reason	Frequency	Percentage
Language problems	6	60%
Didn't know where to go	5	50%

Some of the key informants spoke about mild depression symptoms amongst seniors. As one of them said, it would be useful for the Spanish speaking community to have a crisis phone line in Spanish. In this way, Hispanic seniors could have a resource to turn to in difficult times. There is a need to educate the population on the multilingual services provided by 211 line.

XII Social Support

Of the 40% of the participants that reported living alone, half said they receive most of their support from *family*. The second highest percentage is the group that reported family and friends combined as their main source of support. Service providers did not appear to have a significant role as support providers for the seniors in the sample.

Who helps the most?

	Frequency	Percent
Family	85	50.6
Friend	21	12.5
both family and friend	40	23.8
service provider	11	6.5
other	4	2.4
Family, service provider and other	1	.6
Family, friends and service provider	2	1.2
friends and service provider	1	.6
Total	165	98.2
don't know	3	1.8
Total	168	100.0

For those who live alone, the family is still the main source of support, with the combination of family and friends as the second highest number.

Who helps the most?

	living alone		Total
	No	Yes	
Family	55	30	85
Friend	10	11	21
both family and friend	24	16	40
service provider	5	6	11
other	4	0	4
Family, service provider and other	1	0	1
Family, friends and service provider	0	2	2
friends and service provider	0	1	1
Total	99	66	165

How often do you feel comfortable in Canada?

	Frequency	Percent
hardly ever	5	3.0
some of the time	41	24.4
often	122	72.6
Total	168	100.0

Of those who live alone, a majority replied they often feel comfortable in Canada. This indicates that living alone does not equate isolation for these seniors.

		living alone		Total
		No	Yes	No
How often do you feel comfortable in Canada?	hardly ever	4	1	5
	some of the time	24	17	41
	often	72	50	122
Total		100	68	168

How often do you feel isolated?

	Frequency	Percent
hardly ever	101	60.1
some of the time	52	31.0
often	15	8.9
Total	168	100.0

Only 8.9% of the people said they frequently felt isolated in Canada. It is interesting to note that some of the key informants view the situation in a different manner. A Spanish-speaking psychiatrist said that isolation and lack of connection with the family are two related issues often experienced by seniors.

“children abuse their parents; they invite them to stay in Canada, but they file the immigration application independently so that they don’t have to support them directly. I have someone that has been here for eight years without completing their paperwork.

Immigration does not help them because they know their children live here. The government does not want seniors because they are not able to work. The children take advantage of them. “

This example describes a very limiting situation, in which seniors depend on others to complete documentation necessary to access services. Their lack of knowledge of the system and the language magnifies the problem when applying for immigration status through sponsorship or when adult children don't comply with their responsibilities to support their parents for ten years. Although considerations should be given to the fact that the Hispanic community is a poor community with 20% living under the poverty line compared with 10 % of the general population (source)

Another point that was mentioned by the key informants in regard to isolation was the long Canadian winter factor, many cannot afford traveling to their countries of origin during winter and those who stay, many are scare to leave their homes for fear of falling. The fact that the study did not reach many of these seniors is a limitation of this work, because we did not contact a considerable number of isolated Hispanic seniors.

XIII Financial Situation

The financial situation of seniors is a close indicator of their health and well-being (Statistics Canada, 2006). Following is the yearly household income reported that the seniors in the sample reported.

Annual Income per household	female	male	Total
less than 6,000	9	5	14
6 – 9999	18	2	20
10-11999	22	4	26
12-14999	19	5	24
15-19999	7	4	11
20-24999	7	5	12
25-29999	2	3	5
30-34999	4	0	4
40-44999	1	0	1
45-49999	1	0	1
50-59999	3	3	6
60-74999	0	2	2
75 +	2	1	3
don't know	30	6	36
Refused Response	1	1	2
Total	126	41	167

Household Income of Seniors Living Alone

	living alone		Total
	No	Yes	
less than 6,000	8	6	14
6 - 9999	12	8	20
10-11999	11	15	26
12-14999	12	12	24
15-19999	4	7	11
20-24999	9	3	12
25-29999	2	3	5
30-34999	2	2	4
40-44999	1	0	1
45-49999	1	0	1
50-59999	6	0	6
60-74999	2	0	2
75 +	3	0	3
don't know	26	11	37
Refused Response	1	1	2
Total	100	68	168

Out of the seniors in the sample who live alone, 41 people, or 70.1% live in households with an income of less than 15,000 a year. These seniors live with an income below the low- income cut-off for a one person household, which was of \$17,219 in 2005 (Statistics Canada, 2005) . While most seniors do not have family responsibilities, a lot of them live in non-subsidized housing or have to pay for medication and medical treatments that are not covered by OHIP.

XIV Volunteering

Volunteer community work is a way of increasing community participation, as well as to enhance the sense of self-esteem and well-being. In this sense volunteer work can be beneficial for immigrant seniors in general as well as Hispanic seniors. 32% of the respondents said they have done volunteer work in the past year. Although there are many possible reasons for the absence of a higher percentage of participation, it is important to consider that the concept of volunteer service is foreign to some cultures and efforts need to be done in order to develop volunteerism in those communities (Douglas, 2005).

Volunteer work in the past year

	Frequency	Percent
Yes	54	32.1
No	114	67.9
Total	168	100.0

Hours per week volunteering

	Frequency	Percent
7 or more hours	12	7.1
5 - 6 hours	6	3.6
3 - 4 hours	17	10.1
1 - 2 hours	12	7.1
less than 1 hour	8	4.8
Not applicable	113	67.3
Total	168	100.0

Recommendations

- I. The creation of more ESL classes designed specially for seniors that take into consideration their specific cognitive needs, as well as the reality of their lives and the contexts in which they need to use the language. There is a successful existing program at Dixon Hall, which could be emulated at other locations.
- II. Organize and disseminate a system of information including services from various community services, such as ESL, computer and legal services that effectively reaches Spanish-speaking seniors. Although some of these services already exist, such as computer classes offered through the Toronto District School Board, information should be circulated more efficiently and in formats that are accessible to Spanish-speaking seniors. A wider use of Spanish-speaking media including places that the seniors community visits often, such as Latin American stores, churches, etc. could be of help in order to achieve this goal.
- III. Increase the availability of interpretation services for all health related services. The lack of medical services in Spanish and the access to interpretation services in medical contexts was pointed out both by respondents and key informants.
- IV. Develop a program outline and educational materials about healthy diet and healthy lifestyle that can be used in seniors programs around the city.
- V. Programming of fitness classes specifically aimed at seniors.

- VI. Creation of an organic system to better coordinate volunteer work among Hispanic seniors, so that their willingness to share their skills can result into a specific community building exercise.

- VII. Advocacy.- With the advancing age of these Hispanic seniors community new needs are already emerging and the hispanic community has the responsibility to advocate on their behalf in many different fronts to make program planners aware of these emerging needs. Areas such as linguistic and culturally sensitive home-care programs and culturally appropriate institutions for those whose needs them are essential. On the financial front, there is a need to advocate to the federal level, perhaps in conjunction with other ethnic groups to reduce the sponsorship period for seniors from ten to five years, allowing Hispanic seniors to access income benefits such as OAS and GIS within a shorter period of time in Canada. This legal change would have a positive impact on the high poverty levels noted among the Hispanic seniors population and their families in the Greater Toronto Area.

- VIII. Since many of the older adults in the sample are “aging in place,” and the province has recently announced funding to support this concept , ASHTOR and other organizations serving the Hispanic community should advocate for the establishment of culturally appropriate home support programs for low-income Spanish-speaking seniors

APPENDIX A



**ASOCIACION DE SENIORS DE HABLA HISPANA DEL GRAN TORONTO
ASSOCIATION OF SPANISH SPEAKING SENIORS OF THE GTA**

Caregivers focus group

Discussion Generating Questions

1. What are the main barriers to access services that you have encountered?
2. How have these barriers impacted the quality of living of the frail & elderly?
3. How have these barriers impacted the quality of living of their caregivers of the elderly and their families?
4. How and where have you found support (of individuals or services) that helped you take care of senior or elderly people?
5. What are the necessary resources to eliminate barriers or deficiencies?
Where do you think this support should come from?

APPENDIX B



ASOCIACION DE SENIORS DE HABLA HISPANA DEL GRAN TORONTO
ASSOCIATION OF SPANISH SPEAKING SENIORS OF THE GTA

Key Informant Interview -
Needs & Assets Assessment of Spanish Speaking Seniors of the Greater
Toronto Area

Key Informant:

Organization:

Date:

1. Please describe the work you do with Hispanic seniors
2. In your experience, what are the strengths of the Spanish-speaking seniors with whom you work? (Their contributions to the community, resources, knowledge, characteristics or skills that could help them solve some of their problems).
3. In your experience, what are some of the challenges that this population faces?
4. What resources are needed in order to respond to these challenges?
6. Is there anything else that you would like to add?

APPENDIX C



ASOCIACION DE SENIORS DE HABLA HISPANA DEL GRAN TORONTO
ASSOCIATION OF SPANISH SPEAKING SENIORS OF THE GTA

CONSENT TO BE INTERVIEWED

Survey of Spanish Speaking Seniors 2007

I, the undersigned, voluntarily agree to participate in a survey facilitated by the Association of Spanish Speaking Seniors of the Greater Toronto Area (ASHTOR).

I understand that this survey seeks to:

1. Explore the needs of Hispanic seniors in Toronto
2. Identify the assets of the Hispanic seniors' population in Toronto

The results of this survey are to be used for research purposes.

I may refuse to answer any question asked of me and may stop the interview at any time, without repercussions to my relationship with ASHTOR.

I also understand that the information and opinions I share are confidential and anonymous. My name will not appear in any published report. The interview will last about an hour. There are no risks to my participation and I may have access to the final report if I wish.

Signed _____

Date _____

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Senior Volunteers Receiving Training

Figure 1 volunteer interviewers receiving training



Figure 2 Group of volunteer interviewers



