

Coronavirus intensifies existing issues for older immigrants

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Even when there isn't a pandemic, America's growing population of senior immigrants faces health care challenges.



"Because of linguistic and cultural barriers, their needs are vast," said Dr. XinQi Dong, director of the Institute for Health, Health Care Policy and Aging Research at Rutgers University in New Brunswick, New Jersey. "And we really are not well-equipped as a society, and certainly as a health care system, to meet the challenges for their needs."

Now, the fight against COVID-19 has made problems worse for many, Dong said. "There's a multi-level set of barriers that may make the experience of elderly immigrants even more difficult."

Just communicating basic information about the virus can be difficult—especially for those who don't speak English well and are cut off from their families.

"What we're hearing about is—people are lonely," said Karen Grimsich, an administrator in the Aging and Family Services Division of the Human Services Department in Fremont, California.

In her city, which has a large and growing number of older immigrants, many have been asking for help getting food and medicine. Also, she said, "People are having a hard time with the technology. We had to send the police out to do a welfare check for someone to help her figure out how to answer her phone." The phone was new. "She wasn't sure how to answer it," and that's a serious issue in a time of isolation.

As of 2018 in the United States, 7.3 million people born in other countries were 65 years or older, according to the <u>U.S. Census Bureau</u>. That population is expected to reach 22 million by 2060. About 38% of older immigrants were from Latin America, 31% from Asia and 24% from Europe.

Older immigrants are diverse in other ways, too, said Steven P. Wallace, a professor of public health at the UCLA Center for Policy Research.



"It's important to keep in mind that there's two types of older immigrants," he said. "There are people who came here in their teens and 20s and became elderly while living here. Then, there's people who come maybe in their 50s, or even 60s, often" to help care for grandchildren.

Some are well-off; others are not. Proportionally, few are undocumented, he said. "That's largely because people who were here without papers in the mid-'80s were able to get them through the amnesty law that (President) Ronald Reagan signed."

They tend to live longer than native-born Americans. But many don't trust or can't access the U.S. health care system, Dong said.

Many also face discrimination. <u>Dong's research</u> shows discrimination can affect older immigrants' mental health and lead to suicidal thoughts.

Wallace said <u>immigrant</u> families tend to work together tightly. That means during the pandemic, grandparents are more likely to be sharing <u>family</u> stresses—whether it's concerns about having people in the home who are exposed to risk because they are essential workers or being a grandparent suddenly thrust into the role of home-school teacher.

"When you look at family living arrangements, immigrants are much more likely to live with extended family than U.S-born older adults. That's a plus and a minus. They're more embedded in their family networks, which is good—until you have an epidemic where being close to people increases your risk. And if you're low income, taking care of grandchildren in a two-bedroom house with five people, all of a sudden you've gone from a supportive family unit to a risky family unit."

But he and Dong said those same family units can help older immigrants cope. Families can provide practical and emotional support to the



elderly, even when in-person visits need to be limited.

For example, Wallace said, at his university, students from <u>immigrant</u> <u>families</u> have started gathering misinformation they've been hearing and reporting it to <u>a new website</u> that will attempt to debunk rumors in multiple languages.

In Fremont, part of the solution has included elderly immigrants themselves.

The city's <u>Community Ambassador Program for Seniors</u>—CAPS—uses volunteers from the city's many ethnic and <u>religious groups</u> to connect their communities to the city. CAPS has trained more than 250 people since 2007.

Right now, Grimsich said, volunteers are making thousands of wellness checks, asking questions such as, "How is staying home a challenge to you? Do you know your medicines? Do you have people to contact?" The ambassadors can connect their fellow older immigrants with social workers, counselors and more.

She said seeing senior immigrants help others is a reminder of how resilient they can be. Even before COVID-19, they have collectively and individually overcome many challenges.

"They are the answer," she said. "I believe in that for every older adult," and especially those older adults in culturally bonded groups.

"We have so much to learn from them," she said. "What's going to come out of this is the sense of strength and wisdom and everything that always comes out of them."



Provided by American Heart Association

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