

# Immigrant Elders:

## What Can Maine Learn from Other States?

by Linda Silka

*Maine is not yet home to large numbers of immigrants, but that may soon change. Linda Silka presents lessons from elsewhere about elder immigrants and considers their implications for Maine. She suggests that attention to the topic of immigrant elders will help Maine to create policy and opportunity for all elders.*

The United States is changing demographically. Many more immigrants<sup>1</sup> now live in the United States than in the recent past, and immigrants are a major source of population growth and cultural change. From 1960 to 2005, immigrants and their descendants accounted for 51 percent of the increase in U.S. population; from 2005 to 2050, immigrants are projected to contribute 82 percent of the total increase of U.S. population (Passel and Cohn 2008).

Maine remains among the least ethnically diverse states in the country and is not yet home to significant numbers of immigrants. In Maine, only 3.4 percent of the population in 2013 was foreign born, compared to 13.1 percent nationally (Table 1). According to 2010 census figures, Cumberland County has the largest proportion of foreign-born residents (5.5 percent); Portland and the surrounding area are home to many

immigrants (Mattingly and Schaeffer 2012). The top country of origin for the foreign-born in the state overall is still Canada. However, the African-born population in Maine has been increasing, now making up 11.2 percent of the foreign-born population in the state, compared to 4.0 percent for the United States as a whole (Gambino, Trevelyan, and Fitzwater 2014).

In spite of relatively low absolute numbers, the foreign-born population in Maine is growing at a faster rate than the U.S.-born population, as is the case in the rest of the country. From 2000 to 2013, the foreign-born population in Maine grew by 21.8 percent compared with 3.7 percent for the U.S.-born population. Although immigrant population has increased, Maine has not yet had a major overall increase in immigrant numbers. This allows us time to plan for a future that will be more diverse than the past.

TABLE 1: **Foreign-born Population in Maine and United States, 2000 and 2013**

|                              | MAINE        |           |              |           | UNITED STATES |             |              |             |
|------------------------------|--------------|-----------|--------------|-----------|---------------|-------------|--------------|-------------|
|                              | 2013         |           | 2000         |           | 2013          |             | 2000         |             |
|                              | Foreign Born | U.S. Born | Foreign Born | U.S. Born | Foreign Born  | U.S. Born   | Foreign Born | U.S. Born   |
| Number                       | 44,687       | 1,283,615 | 36,691       | 1,238,232 | 41,348,066    | 274,780,773 | 31,107,890   | 250,314,016 |
| Percentage                   | 3.4          | 96.6      | 2.9          | 97.1      | 13.1          | 86.9        | 11.1         | 88.9        |
| Percentage change: 2000–2013 | 21.8         | 3.7       |              |           | 32.9          | 9.8         |              |             |

Foreign born refers to people residing in the United States at the time of the population survey who were not U.S. citizens at birth. The foreign-born population includes naturalized U.S. citizens, lawful permanent immigrants (or green-card holders), refugees and asylees, certain legal nonimmigrants (including those on student, work, or some other temporary visas), and persons residing in the country without authorization.

Source: U.S. Bureau of the Census' American Community Survey (ACS) and Decennial Census. 2013 data are from the one-year ACS file

Concerns are often raised about Maine's stagnating population: declining birth rates, out-migration, and lack of in-migration. Some Maine leaders have been encouraging the state to consider how Maine's economy might benefit from an increase in immigrants. The sense of urgency about Maine's future stems from the fact that older people make up an ever larger proportion of Maine's population. What will happen if there are fewer people to hold jobs, build businesses, and create families? Into this fraught conversation comes the immigrant question: What would it mean if the aging population included many more immigrants? What would be the opportunities and challenges?

**Until recently, most services for elders were based on largely unexamined assumptions about culture.**

What insights can we gain from examining the experiences that communities in other states have found to be successful? In this article I review lessons from elsewhere and consider their implications for Maine's future, using examples from Lowell, Massachusetts. Lowell has confronted many of the struggles faced by other New England communities: a declining economy and population loss. This has changed in recent years as the city has become diverse in its immigrant population, with residents from Africa, Central and South America, and Southeast Asia. What Lowell reflects is a commitment to innovative problem solving. Here, there has been an effort to use the challenges to enlarge understanding of how to support immigrant elders as a part of creating a lifetime community for all.

#### **AGING AND IMMIGRATION: INTERTWINED THEMES, INTERTWINED CONCERNS**

The many ways in which issues of aging and immigration are intertwined in the public eye is readily apparent in popular discussions. Immigration is seen as figuring in the future prosperity of the country; immigration is seen as an answer to demographic age shift; and immigrants themselves face challenges in aging in the

unfamiliar culture of the United States. These different themes speak to the complexity of the immigrant issue.

Some factors suggest that elder immigrant populations are likely to be vulnerable. Foreign-born elders often have less personal income than do their U.S.-born counterparts, and immigrants are more likely to live below the poverty line (PRB 2013). Immigrants often have limited English proficiency, little or no U.S. work experience, low educational levels, and weak ties to mainstream social institutions (PRB 2013). On the other hand, many aspects of the lives of immigrant elders could be sources of strength. Their social capital is often high. They often live in multigenerational households rather than alone and in communities surrounded by others from similar backgrounds. They also often have strong ties to ethnic organizations, and churches, temples, or synagogues that bring them into regular contact with their culture and community. Their lives may be organized around a series of daily features that add meaning, value, and structure.

#### **INNOVATION AND PROBLEM SOLVING: ILLUSTRATING THE ISSUES**

Until recently, most services for elders were based on largely unexamined assumptions about culture. Given the increasing diversity of the elder population, many communities are finding that they can no longer assume that practices that worked well in the past will succeed in the future. By examining how other communities have responded to the changing face of their elderly population, we can begin to envision how Maine communities can become places that support diverse elder populations.

##### *Health Beliefs*

Cultural beliefs about health may be a source of dissonance between some immigrants and some health care providers. As an example, diabetes is one of the major chronic illnesses to which many health care dollars for elders are devoted. In Lowell, it was assumed that everyone would agree that diabetes is a problem and that individuals should take preventative steps to reduce their likelihood of becoming diabetic. Immigrants, however, helped providers to see the complexities. Diabetes is associated with being overweight, and in countries with high rates of poverty, only the rare individual with plentiful access to food had the luxury of becoming overweight.

### *Culture*

Policymakers sometimes forget in pursuit of the goal of providing health care recommendations to all that it is important to understand individuals' past experiences. U.S. dietary guidelines emphasize reducing fat and meat intake and eating nutrient-rich whole grains such as brown rice rather than white rice. Providers in Lowell shared these guidelines with immigrants with seemingly little impact, and new immigrants were consuming a diet that was much heavier in meat and fat than the diet they ate in their home countries. It was only through working together at the community level that the cultural factors at work became clear. A high-fat, high-meat diet was in many ways an aspirational diet, one that was not possible to achieve in the poor country from which they came. The advice to change from white rice to brown, from the perspective of many immigrants, was as if they were being told to eat dirty food. In Lowell, the question then became one of how to draw on elder knowledge to create healthier, but still culturally appropriate, recipes.

### *Food Scarcity*

Immigrants from poor countries have sometimes gone through periods of intense and recurrent food insecurity. In Lowell, many of the new immigrants had experienced extreme periods of food scarcity. Indeed, many Cambodians had lived under near starvation conditions during the difficult Khmer Rouge years. Research has suggested that the impacts of extreme food deprivation last well beyond the period of actual food scarcity, with persons who faced starvation diets as young people likely to continue showing effects for decades. This knowledge has led to concerted efforts in Lowell to change the approaches of nutrition practitioners to focus on people's extended histories with food scarcity.

### *Prevention Practices*

In many immigrant homes, elders live with their adult children and grandchildren. These elders often have high status, which makes it culturally inappropriate for younger members of the family to determine what behaviors are allowable in the home. For example, although research has demonstrated the problems of second-hand smoke, in some cultures it is not appropriate for younger people to insist that their elders go outside to smoke. Providers in Lowell worked with the community to devise ways to combine the old and the new. Using widely attended classes in English as a

second language, the providers created a miniature model house to illustrate the healthy practices many immigrant families already followed, such as leaving shoes outside to avoid bringing in contaminants. The presentations were then developed to suggest that not smoking in the house was a similar practice.

### *Aging and Post-Traumatic Stress Disorder*

Providers are often faced with people with long-ago pasts that are unfamiliar to the providers. How can they prepare to meet those needs? To some extent this conundrum is true with regard to all elders, but it can be especially true for the immigrant elder. In Lowell, a puzzling problem started to appear among immigrants who had held jobs and been a part of the community for decades. Cambodian elders started showing symptoms of post-traumatic stress disorder after years of exhibiting no symptoms. In some cases, they were no longer able to hold down a job or function in their community. Social workers began revising their practices to meet the needs of these immigrant elders.

**Immigrants are far from alone in experiencing elder-onset problems such as post-traumatic stress.**

Immigrants are far from alone in experiencing elder-onset problems such as post-traumatic stress. The apparent reemergence of post-traumatic stress in older Americans who served in the military is of increasing concern. And it is not just the military. In advanced age, survivors of long-ago disasters may show post-traumatic stress. Examining these different traumatic experiences may help in the development of approaches to building resilience.

### *Well-Being, Exercise, and Walkability*

Some things are viewed as noncultural. Exercise is often framed as noncultural, as simply something everyone should do. For elders, it can be important for maintaining balance and physical strength, and exercise can be a way to increase one's social interactions with others. In Lowell, immigrant elders help us to see a much more complicated picture of exercise. As a part of a larger program to look at the best practices immigrants

bring from their home countries, focus groups were held in which immigrants were asked about how community characteristics (such as housing, businesses, and transportation) were organized in their home country. Immigrants repeatedly described that things were located closer together. The home was within walking distance of where one obtained food, shopped, or carried out other daily functions. People expressed surprise at resources being so segregated in American towns and surprise that one mostly had to drive to reach anything. In effect, they described a pattern of livability that is now being touted as new urbanism among community planners, a style of planning that puts an emphasis on increasing the walkability of communities.

Immigrants in Lowell missed the experience of walking to do their tasks; elders who were unable to drive expressed concern about their dependence on adult children to get around. Although the arrangement of houses and stores can't be changed without great cost, providers in Lowell began to look for other ways to build in exercise that is consistent with cultural practices. For example, since religion is central to many immigrant elders, Buddhist elders in Lowell began a program of walking meditation, connecting walking to an important faith practice. The emphasis was placed on exercise not as an isolated activity, but as linked to practices that reinforce cultural traditions.

### *Housing*

Housing issues loom large in elder considerations. What kind of housing will people need as their health fails or they are no longer able to drive? What would congregate housing need to be like to meet the needs of diverse elders? The immigrant experience brings different perspectives to these questions. Immigrants live with family in intergenerational arrangements more often than nonimmigrants do. Within many immigrant communities, families whose elders resort to congregate housing face stigma. And while isolation among homebound elders is a central concern, the various forms of isolation and possible solutions can take different directions in immigrant communities.

Immigrant communities are trying to innovate around these issues. For example, members of a Laotian Buddhist temple near Lowell were increasingly concerned that some of their elders were isolated and lonely. Temple members began to envision developing housing near the temple for elders. The temple brought in faculty from the nearby university to help them to

design a process that integrated American planning approaches with Buddhist values to create housing that would link elders back to the younger generations. They drew on models from Copenhagen, Denmark, and other places that have found ways to build elder housing adjacent to day care centers as a way to strengthen connections across generations.

## DISCUSSION

In considering the challenges and opportunities posed by aging in the immigrant population, policymakers need to consider multiple lenses through which issues may be viewed.

Culture infuses every part of daily life and long-term hopes and expectations. We can ask what cultural differences might be especially important to understand as we try to create practices that are effective across a range of cultures. Elder issues are deeply linked to family structures and dynamics. As policymakers consider the impact of families, it will be important to understand what family means in different cultures. What is the role of the elder? What are the expectations for family life? What can we learn when intergenerational relationships are especially valued or take unfamiliar forms? Such questions can serve as a beginning point in envisioning new policies.

Health is central to much thinking about aging, but the immigrant aging experience brings new issues to the forefront. How do we think about things such as exercise when cultural views of the acceptability of exercise vary widely? With an eye to immigrant experiences, how do we understand aging and mental health issues? What would it mean to take into account health problems in which aging could be linked to a reemergence of past trauma?

Food both divides and brings cultures together. Seeking to understand the elder immigrant experience through the lens of food will be instructive. Lowell policymakers saw repeatedly that the food available through food pantries and food-support systems often was not familiar to immigrant families. The food was sometimes inappropriate, for example, heavily emphasizing dairy products for populations with high rates of lactose intolerance. In addition, many immigrants were unfamiliar with programs such as Meals on Wheels. Family traditions might be at odds with U.S. practices of when and what to eat and who decides all this. Gender, family, and income issues all come into play with the issue of food.

For policymakers struggling with the many dilemmas of aging in place, the perspectives and experiences of immigrants can give new examples. Immigrants can help us to think in expanded ways about nursing homes, assisted living, intergenerational living, support structures, community supports, and the role of faith organizations. What form might aging in place take in various immigrant communities? What customs, strategies, and ideas have people adopted and which of these could these be adapted to Maine?

Issues of poverty underlie many of the examples mentioned here. Immigrants are more likely to live in poverty, particularly immigrant elders. Does poverty look different or take different forms when one has extended family networks or lives in communities that are enclaves of people of the same cultural background? What new approaches to poverty could be envisioned by understanding these experiences?

## CONCLUSION

At the outset of this article, I noted that there is limited work about elder immigrants in Maine. Attention to this topic, however, is important; it will help Maine to create policy and opportunity not just for immigrants but for all elders. At present, we often assume that certain approaches to elder issues will work for everyone. Immigrant elders are a reminder of the diverse histories and cultures that characterize the elder experience.

Maine is sometimes negatively described as a state with an illustrious past but not much of a future. It is sometimes seen as emptying out—as losing its population, its strategies for growth, and its way forward. Lowell likewise was described in this way: as having an eminent past as a birthplace of America's industrial revolution, but as having become an emptying, dying place. Multiple intertwined approaches led to the changes in Lowell—approaches Maine needs to consider also as we face an aging and increasingly diverse population.

Maine has the potential to be a leader in devising effective, innovative approaches to immigrant elder issues. Many other states have been so inundated that they are forced into a catch-up role. Maine has the luxury of learning from their experiences to set the groundwork for approaches based on Maine experiences, ethos, and resources, and that take into account our weather, economy, and dispersed populations.

Maine has a long tradition of welcoming newcomers. Although past newcomers came from different parts of

the world from where people now are coming, immigration remains an important part of our tradition and part of what has made Maine what it is today. Though others might see a large percentage of elders as a problem, we need to look for the opportunities in the years of knowledge elders carry, and the diversity of that knowledge when the elder population is diverse in its experience, outlook, skills, and traditions. 🐟

## ENDNOTE

1. As is common in much of the literature, the overarching term immigrants will be used here to include both refugees and immigrants.

## REFERENCES

- Gambino, Christine P., Edward N. Trevelyan, and John Thomas Fitzwater. 2014. The Foreign-Born Population From Africa: 2008–2012. American Community Survey Briefs, ACSBR/12-16. U.S. Census Bureau. <https://www.census.gov/content/dam/Census/library/publications/2014/acs/acsbr12-16.pdf>
- Mattingly, Marybeth, and Andrew Schaeffer. 2012. Report 1: A Demographic Profile of Maine, Highlighting the Distribution of Vulnerable Populations. Final Report to the John T. Gorman Foundation. Carsey Institute at the University of New Hampshire, Durham.
- Passel, Jeffrey S., and D'Vera Cohn. 2008. U.S. Population Projections: 2005–2050. Pew Research Center. <http://www.pewhispanic.org/2008/02/11/us-population-projections-2005-2050/>
- Population Reference Bureau (PRB). 2013. "Elderly Immigrants in the U.S." Today's Research on Aging 29(October).



**Linda Silka** is a social and community psychologist by training, with much of her work focusing on building community-university research partnerships. Silka was formerly director of the University of Maine's Margaret Chase Smith Policy Center and is now a senior fellow at the George

Mitchell Center for Sustainability Solutions. Before coming to UMaine, she was a faculty member at the University of Massachusetts Lowell.