Learning from *The Lived Experiences of Aging Immigrants*: Extending the Reach of Photovoice Using World Café Methods

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Abstract

This article reports on a series of Stakeholder Outreach Forums hosted in Canadian communities from 2018 to 2019. These forums built on a previous research project, *The Lived Experiences of Aging Immigrants*, which sought to amplify the voices of older immigrants through Photovoice and life course narratives analyzed through an intersectional life course perspective. The forums used World Café methods to encourage cumulative discussions among a broad range of stakeholders who work with or influence the lives of immigrant older adults. Participants viewed the previously created *Lived Experiences of Aging Immigrants* Photovoice exhibit, which provided a springboard for these discussions. The forums' aim was to increase the stakeholders' awareness of the experiences of immigrants in Canada as they age and to create space for the stakeholders to reflect upon and discuss the experiences of aging immigrants. Here we illustrate how the forums complement the narrative Photovoice research methodology and highlight the potential of Photovoice and targeted outreach strategies to extend academic research findings to relevant stakeholders. Across all forums, participants identified structural and systemic barriers that shape experiences of and responses to social exclusion in the daily lives of immigrant older adults. They further identified challenges and strengths in their own work specific to the issues of social inclusion, caregiving, housing, and transportation. Intersectoral solutions are needed to address the structural and systemic roots of exclusion at the public policy and organizational levels.

This article reports on a series of Stakeholder Outreach Forums hosted in Canadian communities from 2018 to 2019. The forums engaged a broad range of stakeholders who work with or influence the lives of immigrant older adults. Their aim was to increase the stakeholders' awareness of older immigrants' lived experiences and to create space for stakeholders to reflect upon and discuss the experiences of aging immigrants. The forums built on a previous narrative Photovoice research project, entitled *The Lived Experiences of Aging Immigrants,* which we describe in greater detail below (Brotman et al., 2017). In each forum, participants first viewed the previously created narrative Photovoice exhibit, then engaged in discussions about its content with diverse stakeholders in accordance with World Café methods (World Café Foundation, 2015). Our worked example illustrates the potential of Photovoice and targeted outreach strategies employing the World Café approach to extend the reach of academic research findings to relevant stakeholders.

Background: Aging Immigrants in Canada

In Canada's most recent census, immigrants were almost one-quarter of the population (Statistics Canada, 2022). Most immigrants come to Canada through economic programs during their core working age years (25–54). By the time they reach age 65, most of these immigrants have been living in Canada for at least 20 years. Immigrant older adults who have been living in Canada for less than 20 years have typically arrived through family sponsorship programs (Kei et al., 2019) that allow individuals to sponsor the immigration of specified family members to Canada (e.g., a child or grandchild can sponsor their parent or grandparent). The federal government requires that the family of sponsored parents and grandparents support them financially for a period of 20 years (in the past the requirement was 10 years), during which time the sponsored immigrant is ineligible for most government benefits and subsidies (Government of Canada, 2019). The policy has been shown to engender dependency of older adults on their sponsors, which exposes them to vulnerabilities such as diminished access to health and social care, housing insecurity, and even abuse (Koehn, 2022; Koehn et al., 2010; Matsuoka et al., 2013).

Canada also has a parent and grandparent super visa program to facilitate long-term family visits, allowing an individual to visit their child or grandchild for up to 5 years at a time (Government

of Canada, 2022). Older adults who arrive under the super visa program must be supported by their families and have private medical insurance since they are ineligible for Canadian health and social care services. Both sponsorship and super visa programs have been critiqued for transferring the responsibilities of the state, such as affordable child care, onto the shoulders of overburdened immigrants. This in turn "transform[s] dynamics of care for families from the Global South" and exposes many older adults to dependency and increased vulnerabilities (Ferrer, 2015, p. 253).

Although there is diversity among them, older immigrants are more likely than the broader population of older adults in Canada to be disadvantaged by the effects of lifelong intersections of economic and social discrimination rooted in racialization (Brotman, 2003a; Ferrer, 2017; Forbat, 2004). Recent and sponsored immigrants and refugees have been identified as especially vulnerable to inequities that negatively influence their access to health care and render them susceptible to financial precarity and marginalization in later life (Curtis & Lightman, 2017; Kei et al., 2019; Koehn et al., 2010; Salma & Salami, 2020a; Stewart et al., 2008). For example, eligibility for Old Age Security (OAS) and Guaranteed Income Supplement (GIS) requires a minimum 10 years' residence in Canada as a Landed Immigrant (an individual who has immigrated to Canada and been granted permanent resident status). Even then, full pension entitlements are only available after a period of 40 years.

Recent studies have also highlighted the inequities experienced by aging immigrants who arrived under various domestic worker programs and the parent and grandparent super visa (Ferrer, 2015, 2017). Evidence further points to gaps in the availability and suitability of support for marginalized older immigrants in areas such as health and elder care (Badger & Koehn, 2015; Brotman, 2003a; Koehn et al., 2018; Salma & Salami, 2020a; Wang et al., 2019), mental health (Guruge et al., 2015; Koehn et al., 2014), pensions and retirement security (Coloma & Pino, 2016; Curtis et al., 2017; Curtis & Lightman, 2017; Ferrer et al., 2022), and access to community services and social participation (Koehn et al., 2016; Koehn, Donahue, et al., 2022; Salami et al., 2019; Salma & Salami, 2020b). Health and social care providers must grapple with the complexities of providing "culturally competent" care (Choi, 2014; Levkoff et al., 2014) to diverse older adults, and the workforce is insufficiently prepared for this challenge. For example, only 5% of social workers undergo gerontological training, and sustained effort is needed to build capacity in this area (Rozario & Chadiha, 2014).

Furthermore, current programs and policies intended to serve older adults fall short of meeting the needs of the immigrants among them. Commonly identified barriers to health and social care services for immigrant older adults include culturally and linguistically incongruent organizations and services (Koehn, Donahue, et al., 2022; Stewart et al., 2011; Wang et al., 2019); language barriers that are exacerbated by a lack of resources for translation/interpretation services and language classes for immigrants (Koehn, Ferrer, & Brotman, 2022; Stewart et al., 2011; Wang et al., 2019); racism and discrimination by institutions and service providers (Stewart et al., 2011); mobility and transportation barriers that prevent access to needed services (Stewart et al., 2011; Wang et al., 2019); lack of accessible information about services (Koehn, Donahue, et al., 2022; Stewart et al., 2011); strict eligibility rules based on income, immigration status, and/or sponsorship status that limit access to public services and government benefits (Ferrer et al., 2017; Koehn et al., 2010; Stewart et al., 2011); and financial barriers that are exacerbated by government sponsorship, pension, and employment policies (Ferrer et al., 2017; Koehn et al., 2010; Stewart et al., 2011; Wang et al., 2019).

Guidance for policy-makers and practitioners in the academic literature is limited, however, because few studies account for the heterogeneity among older immigrants and refugees that arises from unique configurations of determinants of aging (Koehn et al., 2013). Attention to the type of immigration and effects of immigrant status is increasing in the gerontological literature, but other dimensions of identity such as ethnocultural background, country of origin, religion, language, income, timing of migration, gender, racialized status, and family and living arrangements are also important (Durst, 2010; Northcott & Northcott, 2010). Too often, the behaviors and health and social outcomes of immigrants are explained solely with reference to their culture. Inadvertently, such explanations shift the burden of responsibility for inequitable treatment to older adults and their families. Often they conflate the effects of culture with the effects of other factors, such as socioeconomic disadvantage and discrimination based on skin color or disability (Brotman, 2003b; Koehn, 2009; Torres, 2019).

Background: The Lived Experiences of Aging Immigrants

The Stakeholder Outreach Forums discussed in this article built upon *The Lived Experiences of Aging Immigrants*. This academic study was conducted between 2014 and 2017 by Brotman, Koehn, and Ferrer and gave rise to the Photovoice exhibit used as a springboard for our World Café forums. The study explored everyday stories of aging among diverse older adults in two culturally and geographically distinct Canadian provinces: British Columbia and Quebec. Brotman, Koehn, and Ferrer sought to understand the aging experiences of older immigrants and refugees situated at the intersections of multiple neglected identities. They aimed to address the urgent need for studies of the aging experience that explore the contributions of mutually compounding intersections between multiple identities and oppressions that accumulate over a lifetime (Koehn et al., 2013; Torres, 2019). The 19 participants in their study lived in the metropolitan regions of Vancouver and Montreal and represented underresearched groups, including immigrants and refugees from Afghanistan, Chile, Columbia, Guyana, North and South Korea, Nicaragua, Pakistan, the Philippines, and Trinidad and Tobago.

This work was guided by their development of the intersectional life course perspective (ILCP), reported elsewhere (Ferrer et al., 2017). Briefly, the ILCP examines the multiple and interlocking systems of domination that shape and structure people's lives through the interplay of categories of difference (such as age, race, gender, class, and citizenship) (Collins, 2015; Crenshaw, 1991). The life course perspective is integrated with intersectionality theory to explore how intersectionality operates across time and space and provides a holistic view of life (Grenier, 2012). The interrogation of structural inequality and intersectional oppression are central to the ILCP. Intersectional analyses across the life course can enable a richer and more nuanced examination of aging within racialized and (im)migrant communities by linking lived experiences to state and institutional policies and practices (e.g., within the health and social care, labor, retirement and immigration sectors) that shape these experiences (Ferrer et al., 2017). The approach further enables exploration of both resilience (strength in coping with exclusion and oppression) and resistance (pushing back against forces of exclusion and oppression; Hulko et al., 2019).

So far, the research team has applied the ILCP to study data in publications on social isolation (Koehn, Ferrer, & Brotman, 2022) and economic precarity (Ferrer et al., 2022). However, few health and social practitioners or policy-makers have access to such publications or the time to read them. Nor do they typically have opportunities to discuss their efforts to engage with or adapt services to older immigrants and their families or to share knowledge and strategies for action with other relevant stakeholders (Koehn, Donahue, et al., 2022; Manthorpe et al., 2010). Accordingly, the research design included a Photovoice component intended to compliment participants' rich narratives by providing a visual record of their day-to-day experiences of aging in Canada and a more accessible means of communicating these experiences to relevant stakeholders.

Data for the *Lived Experiences of Aging Immigrants* study were collected via life story narrative interviews and Photovoice. Brotman et al. (2020) argued that in combination, these two strategies operationalize theoretical tenets of the ILCP. Photovoice is a form of participatory action research that provides participants the opportunity to express themselves via photography. Arguably, it creates space for multiple ways of knowing and offers an alternative means of knowledge exchange capable of reaching audiences different than those traditionally reached by academic literature. The Photovoice exhibit was created from the interviews with and photographs by the diverse older immigrants and featured six dominant themes: (a) community engagement, (b) family and care, (c) housing and transportation, (d) precarious employment, (e) trauma of the past, and (f) resilience. It debuted simultaneously in Vancouver and Montreal in May 2017 in both English and French. The Vancouver exhibit was retained for an additional month in the community center venue and was subsequently exhibited at three seniors' centers in the Greater Vancouver region, on request of their administrators. The exhibits were hugely successful in reaching participants, their families, and the broader communities in which they lived. However, Photovoice has been recognized as an effective method for sharing experiences, learning, and advocating for change (Mysyuk & Huisman, 2020), and the research team felt strongly that the exhibits had more potential to engage targeted stakeholders who work with or influence the lives of immigrant older adults. Committed to expanded outreach, the *Lived Experiences of Aging Immigrants* research team secured additional funding (see

Acknowledgments) to host Stakeholder Outreach Forums. The research scope was expanded from Greater Vancouver and Greater Montreal to include Calgary and Quebec City. Additional academic and community members were also brought into the fold. In the next section, the methods used for the Stakeholder Outreach Forums are described.

Methods
Community-Engaged Research Approach
As a community-engaged research approach, Photovoice is "used to explore and address community needs, strengths and challenges, stimulate individual empowerment and create critical dialogue to advocate community change" (Mysyuk & Huisman, 2020, p. 2). Ahmed and Palermo (2010, p. 1383) define "[c]ommunity engagement in research [as] a process of inclusive participation that supports mutual respect of values, strategies, and actions for authentic partnership." History, relationship building, trust, respect, and transparency are key contextual factors that can influence the engagement process with community (Key et al., 2019). The Stakeholder Outreach Forums extended the community-engaged approach underlying the *Lived Experiences of Aging Immigrants* Photovoice exhibit by convening World Café discussions at community forums.

Participants in the forums were stakeholders from each local community. Stakeholders were defined as individuals who worked with older immigrants or who were in a position to otherwise influence the lives of immigrant older adults through their involvement in program development and delivery, advocacy, or policy-making. They included representatives (staff, volunteers, or seniors) from public sector services, immigrant-serving agencies, and seniors' and ethnocultural-specific community-based organizations. Community forums have been identified as an effective community engagement mechanism to identify and understand community needs, create common ground, and develop trust and relationships (Han et al., 2021). Based on their ability to bring together a range of voices and perspectives to address a given topic, community forums have been widely adopted by researchers to elicit stakeholder input on a range of health and social care issues pertaining to older adults (e.g., Heckman et al., 2022; Holroyd-Leduc et al., 2017; Hulko et al., 2021).

We adopted the World Café method (World Café Foundation, 2015) to elicit participants' perspectives at each of the forums. This community-engaged method is particularly appropriate "when the goal is the focused use of dialogue to foster productive relationships, collaborative learning, and collective insight" (Brown & Isaacs, 2005, p. 21). World Café encourages diverse groups to participate in iterative rounds of dialogue and knowledge cocreation through the enactment of seven key principles (Brown & Isaacs, 2005; World Café Foundation, 2015):

1. Set the context.
2. Create a hospitable space.
3. Explore questions that matter.
4. Encourage everyone's contribution.
5. Connect diverse perspectives.
6. Listen together for patterns and insights.
7. Share collective discoveries.

Key strengths of the World Café method include its ability to engage diverse groups of participants, create a welcoming environment for discussions, facilitate collective knowledge sharing, allow for reflections on the ideas of others, build relationships, and collect large amounts of data in a short period of time (Fouché & Light, 2011; Löhr et al., 2020). As with focus groups, the World Café method may not be appropriate for discussing sensitive topics and it does not usually allow for differentiation between subgroups in the data analysis (Löhr et al., 2020). To date, it has primarily been used within North American research contexts (Löhr et al., 2020). Within the aging field, the World Café method has been used to engage older adults and related stakeholders in discussions on topics such as falls prevention (Khong et al., 2017), technology development (Lund et al., 2021), and care delivery to LGBT+ older adults (Hafford-Letchfield et al., 2021).

Organizing the Forums
Ten Stakeholder Outreach Forums were held in Greater Montreal, Quebec City, Calgary, and Greater Vancouver between 2018 and 2019. At each forum, the *Lived Experiences of Aging Immigrants* Photovoice exhibit was used as a springboard for discussions about the experiences of aging immigrants in relation to key themes identified in the exhibit: (a) caregiving, family, and home care; (b) housing, disability, and transportation; and (c) social inclusion and community engagement. The Calgary and Greater Vancouver forums were conducted in English. The Greater Montreal and Quebec City forums were conducted in French.

Research leads at each site partnered with one or more local community organizations to host

the forums (details of partners and number of attendees can be found in the site-specific and final project reports on the project website). Community partners played pivotal roles in assisting with stakeholder participant recruitment, ensuring the agenda and approach reflected the needs of the local community, and organizing the forums. Partnerships with local organizations helped to establish the credibility and trustworthiness of the research teams. To align forum themes and organization with community priorities and the local context, each site was afforded some flexibility in its interpretation. Researchers balanced the need for community partners to share control of forum design with the need to maintain some level of consistency across sites.

For example, when community partners in Calgary wanted to focus discussions on elder abuse, an issue not originally identified as a major theme of the *Lived Experiences* study, the Calgary-based researchers identified connections between this topic and several study themes such as social exclusion and family care, thereby substantiating their focus as distinct from other sites. In Quebec City, where the proportion of older immigrants is lower than the national average (Statistics Canada, 2018), partners identified the relatively recent influx of immigrants of all ages as a reason for the limited attention on older immigrants in public sector service provision. Educating different sectors on the issues facing older immigrants was thus deemed necessary before intersectoral collaboration could be effective, and health and social care providers and immigrant-service providers were therefore invited to separate Quebec City events. In Greater Vancouver, two of the forums were held in the afternoon in order to draw participants from morning events hosted by a community partner, the United Way of the Lower Mainland. This strategy leveraged the partner's networks and access to space. In Montreal, the main project partner engaged additional organizations as event partners to reflect the distinct themes of each event as well as neighborhood and/or local service contexts, such as those related to housing or caregiving.

Site teams' ability to leverage their preexisting connections and relationships was critical to the forums' success. For example, at the Greater Vancouver site, a local immigrant-serving organization (MOSAIC) hosted one of the forums in its space free of charge based on its long-standing relationship with the lead investigator. In Montreal, the main partner (ACCÉSSS), an advocacy-based

organization working to redress inequities in health and social care services among Montreal's ethnocultural, immigrant, and racialized communities, leveraged its enduring trust-based relationships with the communities it serves to maximize outreach. Such alliances, combined with the research team's preexisting relationships with key service providers within public sector and municipal services, ensured that the intersectoral dialogue approach was successfully achieved.

Ethics approval for the *Lived Experiences of Aging Immigrants* project was obtained from McGill University and Simon Fraser University research ethics boards. The Stakeholder Outreach Forums were knowledge exchange events intended to (a) validate and explore the relevance of the *Lived Experiences of Aging Immigrants* project findings and (b) encourage the development of possible actions/responses on the part of stakeholder groups. As such, ethics approval was not required. Nonetheless, forum participants formally consented to being photographed and having their input in World Café tables included in reports, policy briefs, and publications and on the project website.

Engaging Participants

The Stakeholder Outreach Forums brought together a broad range of stakeholders, including municipal service providers, representatives of government and community service organizations, advocates, volunteers, older adults, and academics. Invitations were sent approximately 1 month in advance of each forum to stakeholders involved in domains relevant to the forum theme. Invited stakeholders were either engaged in working with immigrant older adults and their communities or were interested in doing so. Older adults were included as participants at all forums to ensure their voices were heard. Forum attendance ranged from 21 to 62 participants in each forum, comprising a total of 352 participants in the 10 forums. Forum locations were mindfully selected for their accessibility to all participants, including those with disabilities, and food was provided. The forums also provided a valuable opportunity for networking and colearning among participants.

Each forum followed a similar agenda: (a) an opening plenary by a guest speaker, (b) viewing of the *Lived Experiences of Aging Immigrants* Photovoice exhibit, (c) World Café style discussions, and (d) a final full-group report-back and discussion. The forums lasted about 3 hours. Guest speakers were representatives of local organizations, content

area experts, older adults, or other advocates. At one forum in Greater Vancouver, the BC Seniors Advocate agreed to speak. The guest presentations were approximately 15 minutes in length and were intended to encourage reflection among participants and provide information that would help frame the discussions.

Viewing the Photovoice exhibit was an important tool for stimulating discussion and provided all the participants (particularly those with limited experience working with immigrant older adults) with common ground for their conversations (See Figures 1 and 2).

At each World Café table, small groups of participants discussed insights from the Photovoice exhibit in relation to forum themes, action items, and the actors responsible for such actions. Participants were asked to provide their impressions about the forum theme or subthemes based on viewing the exhibit and potential solutions or actions that could be taken to remove barriers and/or build on strengths. The small groups were strategically developed to ensure that stakeholders from different sectors sat together (i.e., public services, governmental agencies, and community organizations). This intersectoral dialogue was key to the success of most events, with many participants noting that they had not previously had an opportunity to meet face-to-face with those from other sectors. Table notetakers (members of the research team or local community partner organizations) were present at each table to record the discussion and report back to the wider group in the wrap-up discussion. Site teams modified the World Café approach to align with the number of themes/subthemes and number of participants at their forums. At the Greater

Vancouver sites, participants rotated between different World Café tables, each featuring a single component of a theme (e.g., disability, housing, or transportation), until each participant had contributed to three subthemes. At the Quebec City, Greater Montreal, and Calgary forums, however, participants remained in the same group to discuss the questions, relying instead on the strategic cross-sectoral placement of participants at each table to fuel dynamic discussions. This adaptation of the World Café methodology was deemed necessary to ensure sustained dialogue among table participants. Most importantly, the organizers adhered to the seven key principles of the methodology.

A final full-group report-back and discussion was held at the end of each forum. The report-backs provided an opportunity for member-checking, as they highlighted the most salient points of the World Café discussions and invited feedback and discussion from the participants. Following the report-back, three questions guided the group discussion: (a) How do each of the table themes connect to the solutions? (b) Are there any gaps in understanding that preclude action right now? and (b) Who needs to be responsible for the action?

Data Analysis and Knowledge Dissemination

After the forums, the research team at each site reviewed the notes from the World Café and group discussions. The notes were compiled into site reports that were shared with the forum participants. All sites also developed at least one policy brief (Bradette et al., 2021; Brotman et al., 2021; Ferrer et al., 2021; Haig et al., 2020; Lonsdale & Koehn, 2020; Simard et al., 2021) that drew on the knowledge gained from the forums to

Figure 1. Viewing Exhibit

Figure 2. World Café Table Discussion

identify local issues and recommend actions to improve services and policies to better meet the needs of aging immigrants. A national report was developed through thematic analysis of the 10 site reports to identify overarching themes. All reports are housed on web pages dedicated to the project.

Thematic analysis is an approach to data analysis that seeks to systematically analyze data within a data set and link the data to broader concepts and collective issues through the identification of themes or "patterns of shared meaning underpinned or united by a core concept" (Braun & Clarke, 2019, p. 589). Kadowaki, a graduate trainee at the Vancouver site, used the qualitative data management program NVivo to code the site reports. Four main forum topics—social inclusion, caregiving, housing, transportation—were initially identified from the site reports, and the data related to each of these topics was coded. Coding focused on two types of themes: (a) topical themes related to the experiences and challenges of older immigrants and (b) recommendations and solutions proposed by participants. Kadowaki and other team members further identified three inductive themes that emerged from the data: structural and systemic barriers, financial precarity, and family and community as sources of resilience. These cross-cutting themes represented broad, higher-order concepts identified at all sites that influenced the lives of aging immigrants across all four topical domains.

Results
Cross-Cutting Themes (Across Topics and Sites)

Structural and Systemic Barriers. Structural and systemic barriers were key topics of discussion at the forums. Participants identified several challenges rooted in health care, long-term care, transportation, and social service systems that were poorly designed to meet the needs of aging immigrants. These systems were described as complex and difficult to navigate, lacking translation and interpretation services to address language barriers, deficient in cultural safety to curb racism and discrimination, short on education and outreach targeting immigrant older adults, and replete with inflexible and non-responsive policies and services.

Participants highlighted policies such as the parent and grandparent sponsorship and super visa programs, previously discussed, as formidable structural barriers for many immigrants. They identified the hardships endured by sponsored immigrants due to their long period of required dependency on family members (20 years, except in Quebec, where it remains 10 years). During this period, they are ineligible for certain health and social care services, with some local variation, and must pay for these out of pocket.

Participants further highlighted the lack of support available to newcomers and recent immigrants to help them overcome structural barriers. They emphasized the need for programs to improve the accessibility and delivery of language courses and to enhance "systems literacy" (knowledge of how to navigate government systems). Participants also described how structural barriers encountered by immigrants earlier in the life course (e.g., employment barriers, lack of recognition of educational and professional credentials) negatively impacted immigrants as they aged because their lower wages limited their ability to save for retirement and reduced access to pension entitlements.

Financial Precarity. Financial precarity emerged as a cross-cutting theme that could create challenges in many domains of life for aging immigrants. Participants identified it as a barrier to accessing essential services and supports such as suitable housing, long-term care services, community and social activities, and transportation.

Older immigrants' financial situations vary; consistent with the research literature, forum participants identified recent and sponsored immigrants as the most economically vulnerable. When they are ineligible for government benefits and subsidies, sponsored immigrants are often fully dependent on family for financial support. While some families can comfortably support aging parents/grandparents, many may themselves be experiencing financial insecurity. Participants related stories of older immigrants who are thus forced to continue working in later life, most often in the secondary labor market, to ensure their family's economic survival.

Family and Community as Sources of Resilience. Forum participants discussed the centrality of family in the lives of many older immigrants and identified how family can be an important source of resilience and social support. They indicated that sponsored and recent immigrants often live in multigenerational households with children and grandchildren who help support them in old age. Importantly, however, they noted that the provision of social support is usually bidirectional: Older immigrants' many contributions to their family's well-being (e.g., child care, financial support) are often overlooked

as a source of family solidarity and strength. Participants also cautioned against assuming that all immigrant older adults are being supported by family; for some, family members are nonexistent, incapable, or not physically or emotionally close enough to provide support. Participants identified financial and emotional mistreatment of older immigrants as a mostly invisible but pressing issue.

Faith and community were also identified as important sources of resilience, support, and information for older immigrants. Upon arrival in Canada, many immigrants seek companionship and support from local faith-based and ethnocultural minority community organizations, neighbors, and groups. Participants noted that peers are influential resources who share information, mentor new immigrants, and advocate for change. Opportunities for older immigrants to participate in community and access local services were viewed as key to reducing their isolation.

Topical Themes (Across Sites)

Social Inclusion. Having relinquished well-established community and social networks, older immigrants commonly experience culture shock upon arrival in Canada, although forum participants recognized that immigration pathways are diverse and experiences were varied. They identified late-in-life sponsored immigrants and refugees as typically facing the greatest challenges integrating into Canadian society. Most importantly, they emphasized that the supports provided to new immigrants are insufficient. Especially needed are flexible programs for language learning (e.g., not limited to immigrants' initial 5 years in Canada); programs targeted at hard-to-reach groups, especially those barriered by gendered cultural expectations of care work (e.g., older women, grandparents caring for grandchildren); support for educational and professional credentialing; and programs to assist with systems navigation and integration. Participants emphasized that opportunities to develop English and/or French language skills are particularly important, as linguistic isolation can contribute to social isolation, particularly among sponsored older immigrants and women.

Public institutions and local community organizations offer services that can assist older immigrants in many areas (e.g., housing, social activities, translation services). However, participants noted that some organizations and services may be ill-equipped to meet the needs of some immigrants because they are inaccessible, nonrepresentative, and/or not culturally safe or relevant. Experiences of racism and discrimination and mistrust of public institutions due to past negative experiences, particularly if the person immigrated from a country with an oppressive government, may also impede access. Participants identified faith-based, ethnocultural-specific, and immigrant-serving organizations as inclusive spaces that provided culturally and linguistically relevant programming for older immigrants. However, they cautioned that these organizations are often underfunded and may not be present in all communities.

Cultural barriers that intersect with gender norms and expected family roles to limit women's activities outside of the domestic sphere were identified as preventing some older immigrants from participating in the community. Older immigrant women are commonly the main providers of child care for grandchildren, and they often have limited time for social participation and social mobility.

Caregiving. At all sites, forum participants expressed concern about declining access to formal long-term care and home care services and the lack of supports for caregivers. These were recognized as systemic issues impacting all older adults; however, unique structural barriers further limit access for older immigrants. These include challenges with navigating unfamiliar and language-incongruent systems, the paucity of interpretation/translation services, and service providers' assumptions that immigrant families already provide care. Sponsored immigrants are further limited by their ineligibility to access formal services. Participants were concerned that the dependency on family engendered by sponsorship rules could amplify the vulnerability of older immigrants to elder abuse.

Participants remarked that there is an all-too-common assumption among health and social service providers and policy-makers that the families of immigrant older adults are both willing and financially, spatially, and relationally capable of caring for their aging relatives at home. Despite cultural norms that support this notion, migration has created intergenerational differences in care expectations. Immigrant family members can also be mobile and hence unavailable or subject to employment, economic, and/or housing precarity, which can also preclude their assumption of care responsibilities.

Forum participants agreed that formal services are often inappropriate for the needs of older immigrants and that health care providers

sometimes lack experience in providing culturally safe, immigrant-tailored care. The lack of culturally appropriate meals in most long-term care facilities is one such example. Positive examples of ethno-specific long-term care facilities and residences were acknowledged as solutions, but participants noted that the development of such facilities was a lengthy and arduous process. Stigma associated with accessing formal services can also be a barrier to access in some cases.

Participants observed that older immigrants who provide care for a spouse, a child/grandchild, or a friend can be especially isolated and vulnerable. Not only are they potentially disconnected from their extended family by migration but they are also often unaware of available support in Canada.

Housing. Forum participants underscored how older immigrants are especially vulnerable to the impacts of Canada's pervasive housing crisis. Although challenging for all older adults, navigation of the housing market for many older immigrants can be further complicated by their lack of knowledge about the Canadian housing market, lower literacy levels, linguistic barriers, and racial discrimination. Additionally, they may be unaware of their rights should a landlord discriminate against them, neglect the property, or attempt to unfairly evict them. Participants commented that organizations offering support for navigating the housing market are overworked and rarely offer services that meet the needs of immigrant older adults.

While older immigrants are diverse, collectively they are more likely to experience poverty and discrimination and to live in poor quality and/or overcrowded housing. Moreover, in Greater Vancouver and Greater Montreal, participants explained that gentrification was pushing immigrant communities out of traditional neighborhoods, such as Parc-Extension and East Vancouver, and thus disconnecting older immigrants from their ethnocultural communities.

Participants observed that older immigrants frequently live in multigenerational households, especially if they are sponsored and/or recent immigrants. Although multigenerational households can provide benefits to older adults such as social support, participants conceded that as sponsored and recent immigrants without eligibility for government benefits and subsidized housing, they usually have limited options if they desire more independence or if a conflict occurs in their family relationship.

Transportation. Late-in-life older immigrants often do not drive, and older women are less likely than men to have a driver's license. Forum participants were thus concerned by the lack of education and outreach directed toward older immigrants on how to use public transportation services. They noted that recent immigrants may also face administrative or financial barriers when attempting to access subsidized bus or subway passes.

Participants related that older immigrants typically live in suburban communities and often need to travel long distances to access cultural, religious, and linguistic resources (e.g., places of worship, cultural centers, volunteer services, ethnic foods). Stakeholders, including representatives from local transit services, acknowledged that public transportation routes may not service important destinations for older immigrants or the suburban communities in which they reside. Their ability to participate socially in ethnoculturally appropriate activities was observed to be strongly associated with the availability of transportation.

Recommended Actions to Address Barriers and Build on Strengths

Forum participants were asked to identify actions that should be taken to improve the lives of older immigrants and address barriers or build on strengths. Their recommendations are synthesized into eight themes, listed in Table 1.

Discussion

Forum participants confirmed the importance of the ILCP for understanding the lived experiences of immigrant older adults. They frequently emphasized the extent to which challenges were exacerbated by multiple and intersecting institutional structures and policies, and they identified challenges faced by older immigrants on a regular basis across each of the personal, familial, relational, communal, and structural levels. Time since immigration was identified as especially salient, with recent and sponsored immigrants facing the most significant challenges in old age. Intersections between age, ethnocultural identity, and gender were also highlighted in discussions of barriers to social participation.

Experiences of financial precarity were linked to structural barriers experienced earlier in the life course, discrimination, and sponsorship rules and policies restricting access to government benefits. These findings illustrate key concepts of the ILCP, including the enduring consequences

Table 1. Recommended Actions to Address Barriers and Build on Strengths

Theme	Recommended actions
Increasing access to needed services	• Engage in targeted education and outreach aimed at immigrant older adults • Communicate information that is tailored to meet cultural needs in multiple languages • Deliver information via appropriate means (e.g., written materials, radio, TV, peers) • Use peer mentors and system navigators to help immigrant older adults access needed services • Build bonds of trust with immigrant communities (e.g., outreach at places of worship, friendly visits)
Addressing linguistic barriers	• Ensure that language classes are available, flexible (e.g., no penalties for missed classes), and tailored to meet the learning needs of older adults • Provide more financial support for translation and interpretation services • Communicate information and offer programming in multiple languages
Addressing situations of financial precarity	• Reconsider eligibility requirements for OAS and other government benefits • Offer programs free of charge • Provide free or highly subsidized transit passes to all older adults, regardless of immigrant status
Ensuring culturally safe and relevant programs and policies	• Increase representation and diversity within organizations • Ensure health professionals and service providers receive training on providing culturally safe care • Recognize the value of lived experiences and the expertise of immigrant communities • Listen to immigrant communities and older adults to understand their unmet needs • Form partnerships between immigrant and senior-serving organizations
Recognizing the central role of family	• Use family-centered approaches for outreach, education, and programming • Promote intergenerational activities to support the inclusion of older adults who care for grandchildren
Building the capacity of community	• Provide funding to build the capacity of community organizations serving immigrant older adults • Build coalitions of community organizations and engage in collective advocacy • Provide opportunities for immigrant older adults to make contributions to community (e.g., volunteering)
Providing access to affordable and appropriate housing options	• Increase the available stock of social housing (including building larger units suitable for multigenerational families and accessible units suitable for people with disabilities) • Introduce policies that promote the development of affordable, accessible, and appropriate housing units for low-income older adults • Support the development of innovative housing models (e.g., ethnocultural-specific seniors' residences, multigenerational housing models)
Increasing the accessibility of public transportation services	• Consult with local communities about public transportation routes and ensure service to suburban areas and important community sites • Develop bus routes specifically for seniors • Provide education for immigrant older adults who are new transit users

of disadvantageous institutional structures and policies experienced earlier in life on the aging experiences of older immigrants. Stakeholders' input on the barriers posed by employment, financial, and sponsorship policies aligns with prior studies (Ferrer et al., 2017; Koehn et al., 2010; Stewart et al., 2011; Wang et al., 2019). Statistics Canada data (Kei et al., 2019) reveal that the financial well-being of older immigrants is closely related to their length of residency in Canada. About one-quarter of immigrants who have lived in Canada for 1 to 30 years are low-income compared to 11% of those who have resided in Canada for 40 or more years.

Sponsored immigrants and recent immigrants were clearly identified across forums as the most vulnerable to financial precarity. At one level, forum participants' observations are consistent with an analysis of Canadian census data by Curtis et al. (2017) that confirmed that length of residence in Canada (less than 20 years) and lack of proficiency in English or French are associated with lower uptake of OAS benefits. Through the lens of the ILCP, this outcome illustrates the compounding effects of sources of marginalization that include type of immigration, racialization, and increasing age (Ferrer et al., 2022). Moving forward, forum participants recommended that current eligibility requirements for OAS and other government benefits be revised. Statistics Canada data reveal that public pensions constitute only 8% of total income among sponsored older immigrants who have lived in Canada less than 10 years. This compares to 71% among older immigrants who have been living in Canada for 11 to 20 years (Kei et al., 2019), suggesting a heavy reliance on public pensions for financial security among them. Decreasing the number of years of residence required for government benefit eligibility—which can be interpreted, according to the ILCP, as institutional racism (Ferrer et al., 2017)—could make a positive difference in the lives of many older immigrants.

Among the structural and systemic barriers discussed by forum participants, the lack of culturally safe and culturally relevant long-term care services and policies predominated. The literature on older immigrants similarly illustrates that cultural incongruence can impede the utilization of formal services (Koehn et al., 2018; Koehn, Donahue, et al., 2022; Salma & Salami, 2020a). This area was highlighted as warranting further attention for future research and action.

The ILCP further emphasizes recognizing sources of resilience in the lives of aging immigrants: Family was highlighted at the forums as a central source of resilience for older immigrants. However, in accordance with the Lived Experience study findings (Koehn, Ferrer, & Brotman, 2022), forum participants also cautioned against idealizing multigenerational living and assuming all older immigrants have family support available. According to Statistics Canada (2017), multigenerational households are the fastest growing type of household and are most common in Indigenous and immigrant populations. Some research suggests that living with family positively impacts the well-being of older immigrants (Mahmood et al., 2011; Ng & Northcott, 2015). However, feelings of loneliness and social isolation occur even when older immigrants reside with family, sometimes more intensely so (Alvi & Zaidi, 2017; Cruz et al., 2001; Ip et al., 2007; King et al., 2014; Koehn, Ferrer, & Brotman, 2022; Seo & Mazumdar, 2011). Integration of older immigrants into the broader community is essential, as family alone cannot fully replace the social networks left behind in their home country (Cela & Fokkema, 2017; Kim, 2013; Oglak & Hussein, 2016).

Forum participants attributed older immigrants' social isolation in part to their linguistic isolation. This premise is supported by data from the Canadian General Social Survey indicating that older immigrants whose mother tongue is not English or French (de Jong Gierveld et al., 2015) and who have resided in Canada for fewer years (Wu & Penning, 2015) are more likely to report being lonely. These findings reinforce recommendations by forum participants that language training and civic participation support for newcomers and recent immigrants should be increased to include older adults within their scope. Overcoming such barriers is pivotal due to the valuable contributions that older immigrants can make to civil society (Wright-St Clair & Nayar, 2017). Forum participants further identified, in alignment with research findings (Koehn, Donahue, et al., 2022; Stewart et al., 2011; Wang et al., 2019), that language barriers can impede access to health and social care services. What is less apparent in the forum participants' accounts is the understanding, revealed by an ILCP analysis, of the ways in which "language barriers" mask the structural racism embedded in regulations that exclude older immigrants from language classes or job opportunities because their immigration

experiences did not fit the template according to which eligibility was determined (Ferrer et al., 2022; Koehn, Ferrer, & Brotman, 2022).

While forum participants acknowledged the important role played by local community organizations and nonprofits in supporting immigrant older adults, they also noted the lack of diversity and inclusivity in some organizations. Their observation of the need for greater inclusion of immigrants in community organizations and recreation spaces has also been reported in previous research, which underscores the effects of racism in this exclusion (Koehn et al., 2014; Salami et al., 2019; Stewart et al., 2011).

Transportation is recognized by forum participants and Lamanna et al. (2020) as essential for facilitating the social participation of older adults. Transportation is certainly mentioned in the literature as a barrier to accessing health and social services (Stewart et al., 2011; Wang et al., 2019) and social participation (Cela & Fokkema, 2017; King et al., 2014; Koehn, Ferrer, & Brotman, 2022; Wright-St Clair & Nayar, 2020; Yoon, 2009), but it has not been a key focus of these studies. One exception is Dabelko-Schoeny et al.'s (2021) study with older immigrants and refugees in the United States that identified similar transportation barriers to those highlighted in our forums. These included linguistic incongruity, lack of information, inconvenient service schedules, accessibility issues, lack of availability of public transportation options, and the built environment. To this, our participants added the importance of accessing culturally safe spaces and services provided in their own language when their children are not available to take them places, as is often the case. In the broader literature on transportation and older adults, findings emphasize the need to consult with older adults on transportation needs (Lamanna et al., 2020). The unique challenges and added importance of independent transportation, as highlighted by forum participants, Dabelko-Schoeny et al. (2021), and others, underscore the importance of including older immigrants and their advocates in those consultations.

Housing is a significant concern for many older Canadians. The Federal/Provincial/Territorial Committee of Ministers Responsible for Seniors (Canada; 2019) found that, in 2016, up to a quarter of older adults were living in a dwelling with an issue of adequacy (e.g., needed major repairs), suitability (e.g., not enough bedrooms), or affordability. Consistent with the ILCP (Ferrer et al., 2017; Koehn, Ferrer, & Brotman, 2022), forum participants identified the compounding effects of age and immigration on housing acquisition that included lower literacy levels, lack of knowledge on how to navigate the Canadian housing market, financial barriers, and dependence on children. Similar challenges were identified in a Photovoice research project with low-income immigrant and refugee older adults in Edmonton (Keenan, 2017). Both the published literature (Chaudhury et al., 2005; Keenan, 2017; Koehn, Ferrer, & Brotman, 2022; Ng et al., 2007) and our forum participants have established that the housing needs of older immigrants are closely intertwined with transportation needs, with older immigrants desiring locations with easy access to services and access to public transportation. Advocacy to address the underfunding of social housing, including the need for repairs to existing units, adaptations to improve accessibility for those with disabilities, and responses to increasing gentrification of low-income and ethnocultural minority immigrant neighborhoods, was high on the list of policy recommendations emerging from the forums.

Study Limitations

This study involved stakeholders from four diverse communities representing Canada's two official languages (English and French) and mid-size and large cities. However, we acknowledge that the findings may not reflect the heterogeneity of immigrant experiences in all communities (e.g., rural communities, northern communities). A second limitation of the study is that discussions among forum participants often focused on the experiences and challenges of recent immigrants—those that they viewed as most marginalized; these insights are not necessarily reflective of the experiences and realities of long-established immigrants.

Conclusion

The main goal of the Stakeholder Outreach Forums was to extend the reach of the *Lived Experiences of Aging Immigrants* Photovoice exhibit to stakeholders with the power to influence policy and practice in the domains that emerged as central in our life story narrative/Photovoice research. Moreover, we sought to create space for those stakeholders to discuss how they understood the issues raised by our research participants and Photovoice cocreators, both with the research team and with each other. Participants were intersectoral

by design. This strategy has the potential to increase uptake of research findings, deepen understanding of the most salient findings, and raise awareness and a willingness to act on current deficits in programming and policies.

The forums were one component of an integrated community-engaged research and knowledge exchange strategy that began with the research design—a combined life story narrative/Photovoice approach that employed the ILCP to give space for the emergence of diverse voices and pathways often not represented in the academic literature (see Brotman et al., 2020; Ferrer et al., 2017). Together, the ILCP and Photovoice situate the diverse lived experiences of older immigrants in Canada relative to the structural and systemic barriers underlying their struggles, while centering participants' emphasis on their resistance and resilience. This account underscores the importance of recognizing the ongoing and targeted efforts needed to reach different audiences. While the exhibits were initially successful in speaking to local geographic and cultural community members, extending our research findings to practitioners, decision-makers, and advocates engaged with specific issues (e.g., housing versus home care) across sectors required more purposeful planning to ensure that the right people could be in the right place at the right time. Community partnerships were key to this undertaking in all communities, as were the extensive networks of research team members.

The 352 stakeholders who engaged in World Café discussions across four sites, both Anglophone and Francophone across western Canada and Quebec, brought a wealth of knowledge and diverse intersectoral experience to the table. Their insights built on and expanded the material included in the Photovoice exhibit and, to a great extent, validated our interpretations of the life story narratives. Moreover, their observations and recommendations are congruent with more recent and critical international literature on the topic. As such, their reflections should be recognized as valuable data unto itself. This work has identified key priorities for change, one of which is the need for additional support for programs and policy initiatives that recognize and address the compounding challenges experienced at the intersection of old age and immigration. In sum, as one participant wrote in their event evaluation: "People and their stories need to be at the forefront of policy and practice. These stories need to be shared with the broader public, policy-makers, and funders."

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