

**“LIFE IS REALLY HARD HERE”:
THE LIVING CONDITIONS AND NEEDS OF
FILIPINO ELDERLIES IN THE GREATER TORONTO AREA**

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in collaboration with the Filipino Centre Toronto

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a research collaboration between
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EXECUTIVE SUMMARY

“Life is really hard here”:

The Living Conditions and Needs of Filipino Elderlies in the Greater Toronto Area

Roland Sintos Coloma, Fritz Luther Pino, Frank Villanueva,
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This two-year, mixed-method research study focuses on the living conditions and needs of Filipino elderlies in the Greater Toronto Area, one of the fastest growing elderly minority groups in the most racially diverse region of the country. It draws from a community-university partnership that is committed to joint decision-making, equitable distribution of expertise and labour, and public knowledge mobilization through mass-oriented dissemination of research findings.

The study included 250 participants who were of Filipino ancestry, at least 65 years of age, Canadian citizens or permanent residents, and living in the Greater Toronto Area (GTA). All 250 completed a survey questionnaire, and 20 were randomly selected for follow-up individual interviews. Participant outreach and recruitment were accomplished by word of mouth, attending meetings and events, working with ethnic media outlets, and contacting seniors, community and religious groups.

Our research demonstrates that four major conditions – finances, housing, health, and quality of life – substantially impact the overall wellbeing of Filipino elderlies in the Greater Toronto Area. These conditions are further elaborated by the following findings:

- Approximately 7 out of 10 Filipino elderlies in the GTA live in poverty.
- Economic vulnerability is more pronounced for those who migrated to Canada from 1991 onward and for female elderlies.
- Filipino elderlies primarily rely on government support for their economic security.
- The majority of Filipino elderlies live with family members and/or relatives.
- Housing cost is the largest expense for most Filipino elderlies, followed by food cost.
- A sizeable proportion of Filipino elderlies rely on free or low-cost health and medical services provided by ethno-racial, religious, and other community-based organizations.
- A large segment of Filipino elderlies have additional quality of life concerns, including food sufficiency, personal outside assistance, and emotional wellbeing.

Their living conditions are immensely impacted by deskilling and deprofessionalization as well as by a kin-based, collectivist orientation. Forwarded are ten recommendations for policy, program, and service development that are geared towards the government and community in order to promote and enhance the overall wellbeing of Filipino elderlies in the GTA and throughout Canada.

INTRODUCTION

This report addresses the living conditions and needs of Filipino elderlies in Canada, one of the fastest growing elderly racialized minority groups in the country. From 2001 to 2011, the **number of Filipino elderlies in Canada** who are at least 65 years old has **more than doubled** from 18,285 to 38,275. Within this decade, the number will more than double again because in 2011 there were 53,950 Filipinos between the ages of 55 to 64 years old. The numerical increase of Filipino elderlies corresponds to the tremendous growth of the overall Filipino population in the country. In 2001, there were 308,575 Filipinos in Canada; in 2006, there were 436,190; and in 2011, there were 662,600. According to Statistics Canada, the Philippines is the leading country of birth among people who immigrated to Canada between 2006 and 2011, and Filipinos constitute the fourth largest visible minority group in the country (Statistics Canada, 2003, 2008, 2013a).¹

This report also focuses on the Greater Toronto Area (GTA) for three reasons. First, the GTA is recognized as a major gateway for immigrants in Canada, and it is the most racially diverse region of the country with visible minorities comprising 49% of those living in Toronto and 38% of those living in the rest of the GTA (City of Toronto, 2013). Second, the Toronto census metropolitan area (CMA) has the largest concentration of Filipinos, with 37% of all Filipinos in Canada residing in this area (Statistics Canada, 2013a). In fact, the number of Filipino residents in Toronto is greater than the combined Filipino populations in Vancouver, Winnipeg, and Calgary, the next three top-ranked cities with sizable Filipino inhabitants. Third, the Toronto CMA also has the largest concentration of Filipino elderlies, with 44% of all Filipino elderlies in Canada residing in this area (Statistics Canada, 2013a). Due to its overall racial diversity and the local density of Filipino elderlies, the Greater Toronto Area is an important site to examine the living conditions and needs of a growing segment of the elderly racialized minority population.²

¹ We use the term “visible minority” in reference to the official category provided by the government. The Employment Equity Act (1995) defines “members of visible minorities” as “persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour.” However, we prefer to use the term “racialized minority” instead because, following Block and Galabuzi (2011), “racialized is used to acknowledge ‘race’ as a social construct and a way of describing a group of people. Racialization is the process through which groups come to be designated as different and on that basis subjected to differential and unequal treatment” (p. 19).

² The Greater Toronto Area consists of the city of Toronto and the four surrounding regional municipalities of Durham, Halton, Peel, and York. The Toronto census metropolitan area is smaller geographically in comparison to the GTA. It does not include parts of the Durham (Brock, Clarington, Oshawa, Scugog, and Whitby) and Halton (Burlington) Regions. But it includes parts of the Dufferin (Mono and Orangeville) and Simcoe (Bradford West Gwillimbury and New Tecumseth) Regions. Although the research and report focus on the GTA, we utilize statistics based on the Toronto CMA for data availability and consistency.

Yet very little is known about the elderly segment of the Filipino community even though the number of Filipinos in Canada has increased exponentially within the last decade. In order to address this gap in research and policy, our main objective is to answer the question: **What are the living conditions and needs of Filipino elderlies in the Greater Toronto Area?**

As the first comprehensive study of Filipino elderlies in Canada, our goal is to document their various experiences and perspectives and to identify their key needs for policies, programs, and services. Consequently, the report will establish the first major baseline data on Filipino elderlies in Canada. It will highlight the four themes of finances, housing, health, and quality of life as central components in the promotion and maintenance of their positive wellbeing. Ultimately, the report is targeted towards politicians and policy-makers, health and social service providers, as well as non-governmental and community-based organizations as they develop, enhance, compare, assess, and deliver culturally appropriate policies, programs, and services for Filipino elderlies and other elderly racialized minority groups.

COMMUNITY – UNIVERSITY PARTNERSHIP

The impetus to pursue a research project on the living conditions and needs of Filipino elderlies in the Greater Toronto Area came from the Filipino Centre Toronto (FCT), a non-profit, community-based organization founded in 2001 and located in the St. James Town area of downtown Toronto. Known as one of the most racially diverse and economically marginalized neighbourhoods in Toronto, St. James Town is home to a large number of Filipino newcomers and low-income residents. In response to local needs and concerns, FCT has developed a health and wellness program, which includes a free medical clinic, nutrition and illness prevention seminars, and social dance classes. It also provides Filipino senior support groups with free use of the Centre's facilities for their events and activities.

In the Summer of 2011, several FCT board members met with the founder and staff of the Yee Hong Centre for Geriatric Care, a non-profit care provider serving Chinese and other Asian seniors in the Greater Toronto Area. They were advised to conduct a needs assessment study in order to discern the experiences and concerns of Filipino elderlies and to determine key policy and program priorities for short-, medium-, and long-term goals (e.g., Tsang et al., 2013). The Yee Hong Centre became an inspiration for high quality and culturally appropriate care services that can facilitate the positive wellbeing of Filipino elderlies.

Subsequently FCT president Rosalinda Cerrudo-Javier and board member Frank Villanueva met with Dr. Roland Sintos Coloma, an associate professor in the Department of Humanities, Social Sciences, and Social Justice Education at University of Toronto, to form a community-university

partnership and conduct a needs assessment research study. A scholar of Philippine and Filipino diaspora studies, Coloma convened the first national symposium on Filipino Canadian studies in 2009, and is the lead editor of the groundbreaking book *Filipinos in Canada: Disturbing Invisibility*, published by the University of Toronto Press in 2012. For the research project, he received financial and in-kind support from the Social Sciences and Humanities Research Council, the Ontario Institute for Studies in Education of the University of Toronto, and the Filipino Centre Toronto. He hired Fritz Luther Pino, a Ph.D. student in his department with a master's degree in Social Work, as the project coordinator, and Karlo Franko Azores, a York University undergraduate in Health Studies, to assist with data management and interview transcription.

When Cerrudo-Javier, Villanueva, and Coloma formed the community-university partnership, we agreed to adopt a joint decision-making process, and approached the tasks of research formulation and implementation, participant outreach and recruitment, knowledge mobilization and public relations, as well as logistics and finance through a division of labour that utilized each organization's strengths and expertise. All parties also agreed that the research project's culminating report will be made available to any Filipino organization in the Greater Toronto Area and other interested groups, so that it can be utilized for resource advocacy and development to better serve Filipino elderlies.

RESEARCH METHODOLOGY

The two-year research study followed a four-phase process from Fall 2011 to Summer 2013 (see Table 1). The first phase, from Fall 2011 to Spring 2012, consisted of formulating the research objectives, protocols, and ethics review application; developing research instruments (survey and interview questions) and completing the pilot study; recruiting participants; soliciting financial and in-kind support; and working with the Research Advisory Board and training Research Assistants. The second phase, from Summer to Fall 2012, focused on data collection, initially with surveys and then followed by individual interviews. We began inputting and examining the survey data in this phase. During the third phase from Winter to Spring 2013, we finished inputting the survey responses, transcribed the interviews, and analyzed both quantitative and qualitative data. During the fourth and final phase in the Summer of 2013, we presented our preliminary findings to a few Filipino seniors organizations, and completed writing the report.

We aimed for a **representative sample** of Filipino elderlies in the Greater Toronto Area, and used four criteria for participant selection. Research participants must be (1) of Filipino ancestry; (2) at least 65 years old; (3) a Canadian citizen or permanent resident; and (4) living in the Greater Toronto Area. We also employed a **mixed method research design** of quantitative survey and qualitative interview approaches to obtain a comprehensive understanding of the breadth and depth of Filipino

elderly experiences and concerns. We targeted and were able to successfully collect 250 quantitative surveys and interview 20 individual participants.

Table 1. Research Timeline and Description

Phase	Timeline	Description
1	Fall 2011 - Spring 2012	Research Planning
2	Summer - Fall 2012	Data Collection and Input
3	Winter - Spring 2013	Data Input and Analysis
4	Summer 2013	Writing and Presentation

As a community-university partnership, we established a Research Advisory Board that consisted of FCT board members, officers of Filipino seniors organizations, healthcare providers, and community advocates (see Appendix A). The Advisory Board served an important role in the development of research objectives and timeline, survey and interview questions, and strategies for participant recruitment and public relations. We also worked with Research Assistants who received a three-hour training about the project's purpose and process, research ethics and confidentiality, and how to support elderlies when completing the survey (see Appendix B). These community volunteers, many of whom are fluent multi-lingually in English and in one or more Philippine languages, were instrumental in outreach, recruitment, and survey administration.

In order to attain our target goal of 250 participants, Villanueva coordinated our outreach campaign for participant recruitment in four ways: by word of mouth; by attending events; by working with Filipino media; and by contacting Filipino elderly, community, and religious organizations. We distributed publicity flyers at community events, such as Pistahan sa Toronto, and presented at the meetings of Filipino seniors groups. We sent press releases and received coverage in major Filipino newspaper, magazine, and radio outlets in the Greater Toronto Area. Lastly, Villanueva contacted close to 50 Filipino seniors, community, and religious groups in the GTA. We met with the 16 organizations that agreed to participate in the study (see Appendix C), and administered the survey to interested and qualified members at one of their meetings or at the end of their religious service.

The **quantitative survey** consisted of 84 questions that asked about the participants' demographic information, migration history, marital status and family, housing, employment and finances, food, health, medical and social services, and mobility and social networks.³ The questions were generated

³ The 22-page survey questionnaire is available upon request. To receive an electronic copy by email, contact Dr. Roland Sintos Coloma at roland.coloma@utoronto.ca.

based on our analysis of previous studies of elderly needs assessment and the scholarly literature on elderly racialized minorities in Canada (e.g., Billones & Wilson, 1990; Durst & MacLean, 2010; Ng, Lai, Rudner, & Orpana, 2012; Turcotte & Schellenberg, 2007). A preliminary version of the survey was piloted to 15 Filipino elderlies in order to determine the questions' relevance, effectiveness, and ease of understanding. The results of the initial pilot study were used to refine the final version of the survey, but were not included in the study's final data analysis. Most of the survey questions asked for "Yes" or "No" responses, or had a Likert Scale for possible options of answers. Out of the 84 questions, only seven needed open-ended yet brief written explanations. Due to Filipinos' general proficiency in English, the entire survey was written in English; however, participants were given the option to write their brief responses in English and/or in Filipino (Tagalog). For participants' ease and accessibility, we used a paper version of the survey with a large, easy-to-read font (14 point Times New Roman), and did not use or combine it with an electronic online version. Participants took from 40 to 90 minutes to complete the survey. They completed it individually in group meetings, church basements, food courts, community events, participants' homes, and the Filipino Centre Toronto, and submitted it directly to the research team. Research Assistants worked one-on-one with participants who needed personalized assistance to clarify the survey questions and answer options.

In the consent form for the survey, we asked participants if they would like to be interviewed for the research project. Out of those who agreed to be interviewed, we randomly selected 20 individuals (10 women and 10 men). The **qualitative interview** used a semi-structured format with 20 open-ended questions that addressed various topics, including their sense of comfort and security; their experiences with healthcare providers and social/community groups; and desired changes in their current situation (see Appendix D). We generated an initial set of interview questions based on other needs assessment studies and the extant scholarly literature, and then refined it to highlight specific aspects of finances, housing, health, and quality of life after our preliminary analysis of the survey data. We also asked follow-up questions and additional explanations on topics mentioned by the participants, such as financial hardships, family relations, emotional wellbeing, and experiences of inequity and unfair treatment. Each individual interview was audio-recorded, and took an hour to two hours to complete. Coloma, Pino, and/or Villanueva conducted the interviews in English and/or in Filipino (Tagalog) in a private or public setting selected by the participant.

Prior to starting data collection, Coloma applied for and received approval for research protocol involving human subjects from the University of Toronto Research Ethics Board. Pino and Azores inputted the survey data into MS Excel and transcribed the interviews into MS Word. The quantitative and qualitative data were processed using the statistical analysis software SPSS and the qualitative data analysis software NVivo respectively. All participants received a \$15 gift card for the survey, and those who were interviewed received an additional \$15 gift card. They also received a list of community resources in the GTA for elderly, immigrant, and racialized minority services.

Even though we launched an active outreach campaign to have a representative sample of Filipino elderlies in the Greater Toronto Area, our sample might be considered limited because it consisted primarily of those who were physically mobile, socially active, and involved in Filipino seniors, community, and religious organizations. Indeed, we had a few participants who were housebound or who lived in long-term care homes. However, we were not able to reach those who might be deemed socially isolated due to the geographical location, transportation access, family dynamics, immigration status, and other matters.

PARTICIPANT PROFILE

The profile of our research participants is fairly representative of the Filipino elderly population in the Greater Toronto Area.

- ✧ **Filipino elderlies live throughout the GTA, with large concentrations in the cities of Toronto (especially in Toronto Central, Scarborough, and North York), Brampton, and Mississauga.**

To determine the participants' residential locations, we asked for their postal codes in the survey, and marked them in relation to the cities and regional municipalities within the GTA (see Table 2). According to our data, seven out of ten participants (71.2%) live in the city of Toronto, while two out of ten participants (20.0%) live in the Peel Region cities of Brampton and Mississauga. Less than four percent (3.6%) reside in the York Region city of Markham and towns of Aurora and Richmond Hill. The same percentage (3.6%) live in the Halton Region town of Milton. Less than two percent (1.6%) of the participants call the Durham Region town of Ajax home.

The residential locations of our research participants coincided with the geographical distribution of the Filipino population, especially in the city of Toronto (see Table 3). We used the City of Toronto's 2006 Ward Profiles to obtain information about the number of Filipino inhabitants in each ward and their percentage in relation to the ward's total population (City of Toronto, n.d.).⁴ For instance, the Filipino Centre Toronto is located in the St. James Town neighbourhood, which is in Ward 28 Toronto Centre-Rosedale. In 2006 over four thousand Filipinos made up 6.9% of the ward's population, and were the ward's fourth largest visible minority group behind the Black, South Asian, and Chinese communities.

⁴ The 2006 City of Toronto Ward Profiles include a table for Total Visible Minority Population as well as three additional tables for Top Ten Mother Tongue Groups, Home Language Groups, and Ethnic Origin Groups. The 2011 City of Toronto Ward Profiles have the Top Ten Mother Tongue Languages and Home Languages, but do not have details for visible minority populations and ethnic origin groups.

Table 2. Geographical Distribution of Research Participants

Greater Toronto Area	Cities and Areas	Participants	Percentage
City of Toronto	Toronto Central	68	71.2%
	Scarborough	60	
	North York	33	
	Etobicoke	17	
Peel Region	Brampton	25	20.0%
	Mississauga	25	
York Region	Aurora	2	3.6%
	Markham	6	
	Richmond Hill	1	
Halton Region	Milton	9	3.6%
Durham Region	Ajax	4	1.6%

Table 3. City of Toronto Wards with Sizable Filipino Populations (2006 Census)

City of Toronto	Wards	Names	City Councillors as of August 2013	Filipino Residents	% of Ward Population
Toronto Central	21	St. Paul	Joe Mihevc	2,580	5.5%
	28	Toronto Centre-Rosedale	Pam McConnell	4,040	6.9%
Scarborough	35	Scarborough Southwest	Michelle Berardinetti	5,875	10.4%
	37	Scarborough Centre	Michael Thompson	5,400	8.7%
	38	Scarborough Centre	Glenn De Baeremaeker	5,260	8.3%
	42	Scarborough-Rouge River	Raymond Cho	7,390	10.0%
	43	Scarborough East	Paul Ainslie	2,820	5.3%
	44	Scarborough East	Ron Moeser	3,655	6.3%
North York	10	York Centre	James Pasternak	5,750	9.3%
	15	Eglinton-Lawrence	Josh Colle	6,080	10.0%
	26	Don Valley West	John Parker	3,290	5.4%
	33	Don Valley East	Shelley Carroll	2,750	4.8%
	34	Don Valley East	Denzil Minnan-Wong	2,460	4.3%
Etobicoke	6	Etobicoke-Lakeshore	Mark Grimes	2,310	4.1%

There was tremendous convergence when we compared our survey data of participants' postal codes with the City of Toronto data for Filipino residents. When we examined the 2006 Ward Profiles (City of Toronto, n.d.), we highlighted the areas where Filipinos consisted of at least 5.0% of the total ward population. A total of 11 wards had sizeable Filipino residents, ranging from 5.3% to 10.4% of the population. In fact, **Filipinos** were the **largest visible minority group** in two wards – **Ward 21 St. Paul** and **Ward 10 York Centre**. Since our study also had participants who lived in Wards 33 and 34 Don Valley East and Ward 6 Etobicoke-Lakeshore with considerable percentages of Filipino inhabitants, we included these wards in Table 3.

Moreover, the Peel Region has seen a dramatic surge in the Filipino population within the past decade. The city of **Brampton** had a **157% increase of Filipino residents**, from 6,965 Filipinos in 2001 to 17,905 Filipinos in 2011. The city of **Mississauga** saw a **62% increase**, from 24,615 Filipinos in 2001 to 39,800 Filipinos in 2011 (Social Planning Council of Peel, 2008a, 2008b; Statistics Canada, 2013d). The numerical rise of Filipino elderlies in both cities coincided with the Filipino community's overall growth in the region. Our study indicates that 20% of Filipino elderlies in the Greater Toronto Area live in Brampton and Mississauga.

The other regional municipalities in the Greater Toronto Area have small percentages of Filipino residents. In 2011 Filipinos consisted of 2.4% of the total population in York Region, 1.6% in Halton Region, and 2.0% in Durham Region (Statistics Canada, 2013d). Consequently, they had correspondingly small numbers of Filipino elderlies.

- ✧ **Today's Filipino elderlies can be categorized under two migration waves:** those who came **prior to 1991** and those who came from **1991 onward**. Each wave of Filipinos had different conditions of settlement in Canada, which have immensely impacted their overall wellbeing. Our study reveals that their current circumstances range from bad to worse.

Our research points to 1991 as a demarcating time period for the varying conditions of Filipino settlement in Canada (see Table 4). Today's Filipino elderlies who arrived prior to 1991 came primarily as independent immigrants. However, those who arrived from 1991 onward came mostly through the family sponsorship program. Filipino elderlies who came prior to 1991 migrated to Canada when they were considerably younger compared to those who arrived in later periods. Of those who migrated prior to 1991, the average age when they came to Canada ranged from 29 to 45 years old. However, of those who arrived from 1991 onward, their average age ranged from 60 to 67 years old.

We highlight specific migration programs and average ages of arrival because these two conditions play significant roles in the overall wellbeing of the today's elderly Filipinos. Most people might think that those who arrived prior to 1991 as independent immigrants were generally able to

integrate economically and socioculturally into Canada more effectively. Their work experiences and educational credentials from the Philippines were mostly recognized by Canadian employers and professional accrediting associations, which facilitated their entry and advancement in the labour market. Because they arrived during their peak working years between late-20s and mid-40s, they were able to become established in their lines of work, learn how to navigate Canada's medical, social service, and legal systems, and avail pension benefits for their retirement years. However, our study reveals that many Filipinos who migrated prior to 1991 also experience financial hardship in their elderly years, which negatively impacts their overall wellbeing.

A substantial number of participants also came to Canada prior to 1991 through the family sponsorship program. Due to their average age of arrival (from late-20s to mid-40s), many would have had opportunities for gainful employment, and their transition to the new country would have been generally productive. Unfortunately, similar to independent immigrants who came prior to 1991, many of them also confront economic vulnerability in their elderly years.

Table 4. Migration Programs and Ages of Research Participants

Migration to Canada	Number of Research Participants	Migration Programs				Ages⁵	
		Inde- pendent	Family Sponsor	Temporary Foreign Worker	Tourist Visa and Other	Average Age of Arrival	Current Average Age
Before 1971	51	37	7	3	4	29	75
1971 to 1980	65	25	33	6	1	35	73
1981 to 1990	45	15	13	14	3	45	71
1991 to 2000	56	9	45	1	1	60	77
2001 to 2005	18	3	12	0	3	62	71
2006 to 2012	14	0	14	0	0	67	73
Total	249	89	124	24	12	45	74

The circumstances of those who arrived from 1991 onward through the family sponsorship program are even more challenging. Our research indicates that they have become financially dependent on their sponsoring family member (daughter or son), a condition that often constrains their mobility, social networking, and integration. Due to their arrival past prime working years, they face limited to

⁵ The average age of arrival (45 years old) and the current average age (74 years old) of all research participants were generated based on the sums of 249 participants and not the sums of the average results per time period. One participant did not indicate the type of migration program that facilitated her entry into Canada.

no employment options, while some are relegated as caretakers of grandchildren at home. Without any pension from Canadian employers, they heavily rely on government support for their monthly income. However, since they migrated in their 60s, they have to wait for ten years to become eligible for Old Age Security and Guaranteed Income Supplement (Service Canada, 2013c).

Among the participants, 24 of them migrated as temporary foreign workers, primarily through the Live-in Caregiver program and other work programs (Pratt, 2012; Stasiulis & Bakan, 2005). Our study reveals that many continued to be employed in caregiving, manufacturing, or manual labour capacity, with constrained options for retirement saving and no company pension. Their situation most likely mirrors that of the 8 participants who arrived with Tourist Visa. Living under precarious conditions, they eventually obtained permanent residency or citizenship to remain in Canada.

It must be noted that the immigration time periods of our research participants closely resemble the immigration pattern of all Filipinos in Canada who are now 65 years old and above (Statistics Canada, 2013b), further validating the representativeness of our study (see Table 5).

Table 5. Migration Periods of Current Filipino Elderlies

Migration to Canada	Number of Research Participants	Percentage of Research Participants	All Filipino Elderlies in Canada
Before 1971	51	20.5%	15.6%
1971 to 1980	65	26.1%	26.4%
1981 to 1990	45	18.1%	17.0%
1991 to 2000	56	22.5%	25.1%
2001 to 2005	18	7.2%	7.9%
2006 to 2012	14	5.6%	8.0%

✧ **Other demographic characteristics of the research participants:**

- **Age:** The average age of the research participants is 74 years old when we administered the survey in Summer/Fall 2012, with the youngest participant at 65 years old and the oldest at 97 years old.
- **Gender:** Women far outnumber men.
- **Living Arrangement:** Most live in houses with their family members and/or relatives.
- **Marital Status:** About half of the participants are married or have common-law partners, while the other half are not involved in relationships.
- **Education:** The majority are university or college educated.

Out of the 250 research participants, 69.2% are women (173 respondents) and 30.8% are men (77). This ratio is fairly comparable to the gender breakdown of the Filipino elderly population in the GTA with 63.8% women (10,695) and 36.2% men (6,075) (Statistics Canada, 2013a).

Most of the research participants (72.0% of the sample or 180 respondents) live with their family and/or relatives. Another 5.6% reside with non-family members. However, 22.4% live by alone. This figure is a stark contrast to the general elderly population in Canada, 84% of whom live alone (Statistics Canada, 2012). In addition, most Filipino elderlies reside in a house (67.6% of the sample or 169 respondents), while the rest live in apartments (22.4%) or subsidized housing (8.0%). A very small proportion (2.0%) reside in retirement, work-related, or other housing.

Among the participants, about half (44.4% or 111 respondents) are married or have common-law partners, while the other half are widows/widowers (32.4%), separated (8.8%), or single/never married (14.4%). When the figures are disaggregated by gender, we find that most Filipino elderly women are widows, while most Filipino elderly men are married or have partners, a pattern that is consistent with the general elderly population in Canada (Statistics Canada, 2012).

The Filipino elderly population is a highly educated group. A quarter (24.8% or 62 respondents) of the research participants have a high school diploma or less, and 18.0% of them have some post-secondary education. The majority (56.8%) are university or college educated, with bachelor's and graduate degrees. In comparison, of the total elderly population in Canada, 55.9% have a high school diploma or less, 4.0% have some post-secondary education, and 40.1% have university degrees or college/trade certifications (Human Resources and Skills Development Canada, 2013).

RESULTS

Our research has identified four major conditions – finances, housing, health, and quality of life – that substantially impact the overall wellbeing of Filipino elderlies in the Greater Toronto Area.

FINANCES

- ✧ **Approximately 7 out of 10 Filipino elderlies in the Greater Toronto Area live in poverty.** This number is six times more than the most recent national statistic of 11.4% of all elderlies in Canada living in poverty (Statistics Canada, 2013e). It is three times more than the most recent figures of 17% to 23% of all elderlies in Toronto living in poverty (City of Toronto, 2011).

Although Canada has no official definition of low income or poverty, this report has adopted Statistics Canada's low income cut-offs (LICOs) as its indicator of economic vulnerability. LICOs are an income threshold below which families are likely to spend 20% more of their income on food, shelter and clothing in comparison to the average family, therefore leaving less income available for other expenses such as health, transportation, and recreation. LICOs are calculated for different family sizes and different population densities of the area of residence (Statistics Canada, 2013a, p. 6). In 2012, the LICO for a family unit of one person in Toronto is \$23,647, and the LICO for a family unit of four persons in Toronto is \$43,942 (Statistics Canada, 2013a, p. 27).⁶

Our research indicates that about one-quarter (26.2%) of Filipino elderlies in the Greater Toronto Area have individual yearly incomes of \$12,000 or less (see Table 6). Another one-third (33.3%) have individual yearly incomes between \$12,001 and \$18,000. About fifteen percent (14.6%) of Filipino elderlies have individual yearly incomes between \$18,000 and \$24,000, which are at the cusp of the low income cut-off for an individual in Toronto in 2012. Combined, 74.1% of Filipino elderlies in the GTA have individual yearly incomes of \$24,000 or less.

Our research also indicates that many Filipino elderlies in the GTA live in low income households (see Table 7). Close to half (47.3%) of Filipino elderlies are in households with combined yearly incomes of \$24,000 or less. About fourteen percent (13.6%) of Filipino elderlies live in households with incomes between \$24,001 and \$36,000. Another seventeen percent (17.1%) reside in households with incomes between \$36,001 and \$48,000, which are at the cusp of the low income cut-off for a family of four persons in Toronto in 2012. Combined, 78.0% of Filipino elderlies in the GTA are in households with combined yearly incomes of \$48,000 or less.

Economic vulnerability is much more pronounced for those who migrated to Canada from 1991 onward and for female elderlies. For those who migrated to Canada from 1991 onward, their median individual yearly income is between \$6,001 and \$12,000, and their median household yearly income is between \$12,001 and \$24,000. Those who migrated to Canada prior to 1991 fare relatively better financially: their median individual yearly income is between \$18,001 and \$24,000; and their median household yearly income is between \$24,001 and \$36,000. Nevertheless, for both groups – those who migrated from 1991 onward and prior to 1991, their median individual and household incomes still fall below the low income cut-off points.

⁶ Filipino family sizes in Canada vary; however, for this report, we use the family unit of four persons to designate a generic Filipino household. We selected a family unit of four because our study shows that, of those who do not live alone, 34.2% live with one 1 person, 51.3% live with 2-5 people, and 14.5% live with more than 5 people. This multi-generational household may consist of: (a) two parents, one grandparent, and a child; (b) one parent, two grandparents, and a child; (c) one parent, one grandparent, and two children; or (d) a married or partnered couple and one's elderly parents.

In terms of gender and economic vulnerability, our study indicates that both female and male Filipino elderlies have the same median individual yearly income of between \$12,001 and \$18,000, which is below the low income cut-off. However, there is a drastic difference in their respective household incomes. Female elderlies are in households with median combined yearly incomes of between \$12,001 and \$24,000, which is tremendously much lower than the LICO of \$43,942 for a family unit in Toronto. Male elderlies, on the other hand, live in households with median combined yearly incomes of between \$36,001 and \$48,000, which is at the cusp of the LICO point for a family unit in Toronto. Clearly, the colour of poverty is significantly gendered (Ng, 1996; Zaman, 2012).

Table 6. Individual Yearly Incomes

Individual Incomes	# Participants	%
\$6,000 or less	26	10.8%
\$6,001 to \$12,000	37	15.4%
\$12,001 to \$18,000	80	33.3%
\$18,001 to \$24,000	35	14.6%
\$24,001 to \$30,000	16	6.7%
\$30,001 to \$36,000	20	8.3%
\$36,001 to \$48,000	16	6.7%
\$48,001 or more	10	4.2%
Total	240	100%

Table 7. Household Yearly Incomes

Household Incomes	# Participants	%
\$12,000 or less	36	17.5%
\$12,001 to \$24,000	61	29.8%
\$24,001 to \$36,000	28	13.6%
\$36,001 to \$48,000	35	17.1%
\$48,001 to \$60,000	12	5.9%
\$60,001 to \$72,000	9	4.4%
\$72,001 to \$84,000	10	4.9%
\$84,001 or more	14	6.8%
Total	205	100%

✧ **Filipino elderlies primarily rely on government support for their economic security.**

Although their financial dependence on the government is consistent with the majority of elderlies in Canada (National Advisory Council on Aging, 2005), Filipinos also deal with three additional circumstances that make them more economically vulnerable. First, they have comparatively fewer private assets and pensions to draw from as monetary resources during their elderly years. Second, Filipino elderlies have ongoing financial responsibilities to their family members in Canada and in the Philippines. Third, elderlies who have recently immigrated to Canada need to wait for ten years before becoming eligible to receive Old Age Security benefits.

Most of the Filipino elderlies in the GTA (81.6% or 204 respondents) receive Old Age Security (OAS) and Guaranteed Income Supplement (GIS) benefits, which provide average incomes of \$516 and \$500 per month respectively (Service Canada, 2013b). Elderlies with low income receive the GIS in amounts that vary based on their marital status and income. Moreover, 70.4% of Filipino

elderlies (176 respondents) receive Canada Pension Plan (CPP) benefits, which provide an additional average income of \$597 per month (Service Canada, 2013a). CPP benefits derive from employee-employer contributions to a public fund during working years. Our research findings are consistent with Statistics Canada data, which indicate that OAS, GIS, and CPP are the main sources of income for over two-thirds of all elderlies in Canada (National Advisory Council on Aging, 2005, p. 12).

Based on our quantitative and qualitative data, our research reveals that the overwhelming majority of Filipino elderlies in the GTA do not have economic security. According to the Canadian Council on Social Development, **economic security** “refers to an assured and stable standard of living that provides individuals and families with a level of resources and benefits necessary to participate economically, politically, socially, culturally, and with dignity in their community’s activities. Security goes beyond mere physical survival to encompass a level of resources that promotes social inclusion” (in National Advisory Council on Aging, 2005, p. 7).

In the interviews, participants conveyed the tremendous challenge of making financial ends meet with their limited income:

I only get CPP and Old Age [Security]. Do you know what my income is now? Only \$1,200. You really have to budget properly. I worked for thirty-plus years, but no company pension. It was okay then, but now you realize [the impact of not having private pension]. And then your rent is \$550, so there’s hardly anything left. (Female, 72 years old)

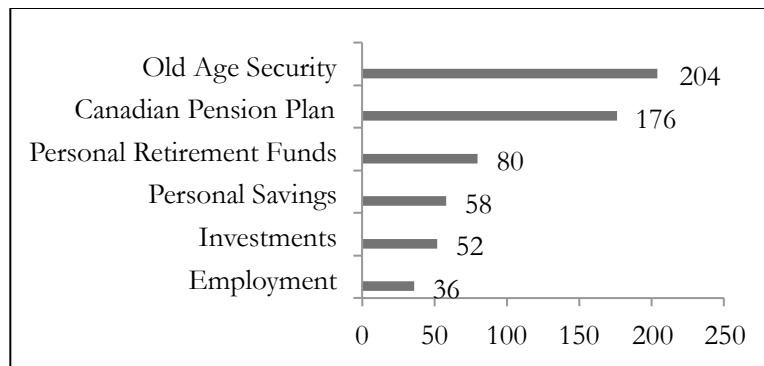
When you apply for OAS, there is nothing that explains to you what the implications are. This is the same amount that you're gonna get for the rest of your life. You thought that it's only partial and temporary and will gradually increase. Ayyy, stop! It's actually permanent. (Male, 71 years old)

Statistics Canada reports that one-half to two-thirds of elderlies in Canada have income from private pension plans and other personal assets (in National Advisory on Aging, 2005, p. 12). However, a much smaller proportion of Filipino elderlies in the GTA have these types of financial resources from which to draw for their daily living (see Figure 1). About one in three (32.0%) Filipino elderlies have private retirement accounts, about one in four (23.2%) utilize their personal savings, and about one in five (20.8%) tap into their investment incomes.

To augment their income, some Filipino elderlies continue to be employed outside of the home. Out of 250 participants, 36 responses (14.4%) indicate that they continue to work either on a part-time or on a full-time basis. Half of the 36 respondents work 20 hours or less per week. Fifteen of them work between 21 to 40 hours per week. Three Filipino elderlies work more than 40 hours per week.

From individual interviews, we learned that aside from working outside of the home, some also take on babysitting not only of their grandchildren but also of other children in the neighbourhood as additional yet meager source of income.

Figure 1. Top Sources of Income



The need of Filipino elderlies to continue working is directly connected to the limited financial support that they receive from the government and to their lack of private pension plans. One participant stated,

I don't get company pension. I was working for 18 years in the company.... So then, I have less than \$1,300 [from the government]. Then rent is \$900. That's why I'm doing part-time [work] still. (Female, 72 years old)

In addition, the elderlies' need to work is due to their ongoing financial responsibilities to their families and relatives in Canada and in the Philippines. Whereas most elderlies use their income exclusively for their own needs, many Filipino elderlies continue to contribute to the economic wellbeing of their children, grandchildren, and other relatives in need. As our data indicate, most Filipino elderlies live with their families and/or relatives in Canada. They give money to their children for the household pot of money to help pay for mortgage, rent, utilities, insurance, groceries, transportation, and other expenses. They also remit money to their families and relatives in the Philippines in order to help pay for educational tuition and fees, home construction or renovation, food and utilities, and other personal needs.

For instance, one participant indicated that her daughter's income is not sufficient for their household. As a result, she has taken on babysitting to help defray some of the household costs:

That's why my daughter works overtime. Because, take note, you pay \$1,400 for the apartment. Then you have food, plus insurance. She takes care of everything. All the payments come from her. There you go. It's been really difficult. That's why I babysit. That's one way [to earn money]. Life is really difficult here. (Female, 74 years old)

Another participant shared her situation about being an elderly newcomer in relation to the pension policy in Canada and her ongoing family responsibility in the Philippines:

I don't get OAS or CPP; only pension from [working in] the Philippines. I have to wait 10 years for the [Canadian] pension. And what I get from the Philippines, I share it with my son who's still in the Philippines. I send some [money] back to the Philippines for my son. Ahh but with my age, I'm already 80 years old. I wish I'd be given pension. I don't know how much I'll receive. (Female, 80 years old)

Canada requires a minimum of 10 years of residence in Canada after reaching age 18 in order to receive the Old Age Security pension in this country (Service Canada, 2013c). For many recent immigrant elderlies, this regulation poses significant challenges to their economic security and overall wellbeing. The current Filipino elderlies who migrated to Canada from 1991 onward arrived at the average age range of 60 to 67 years old (see Table 4). Consequently, many of them waited past the age of 65 to receive Old Age Security benefits. Our research demonstrates that, in relation to the Filipino community in Canada which is already economically marginalized (Coloma et al., 2012; Kelly et al., 2009), not receiving OAS and even GIS for 10 years relegates elderly newcomers completely dependent on their sponsoring family members, and immediately put them in a precarious living situation.

HOUSING

- ✧ **The majority of Filipino elderlies live with family members and/or relatives.** This living arrangement strongly contrasts with the norm among elderlies in Canada who live alone, with some preferring residences and health care facilities for senior citizens.

The overwhelming majority of Filipino elderlies in the GTA reside with family members and/or relatives (72.0%) or with non-family members (5.6%), usually in multi-generational households. However, a substantial proportion (22.4%) live alone. These residential arrangements are the opposite of the general pattern among elderlies in Canada, with 84% of them living alone (Statistics Canada, 2012). Filipinos also do not tend to reside in what is considered collective dwellings, such as residences for senior citizens or health care facilities. In our study, only two out of 250 participants

(0.8%) live in residences for senior citizens, compared to 7.9% of the elderly population in Canada (Statistics Canada, 2012, p. 1).

- ✧ **Housing is the largest expense for most Filipino elderlies.** Filipino elderlies generally live with other people to share household expenses and pool together financial resources, especially due to the high cost of living in the Greater Toronto Area.

Most Filipino elderlies have substantial housing costs. In our study, housing costs include rent, mortgage, property tax, utilities, and home insurance, but not food and transportation. Our data on housing indicate that 43.0% own or co-own their home and pay mortgage, while 35.3% pay rent. Among the 191 participants who indicated that they pay mortgage or rent (see Table 8), 34.0% pay \$500 or less for their housing expenses, and 37.7% pay between \$501 and \$1,000. In other words, 71.7% of Filipino elderlies pay \$1,000 or less each month for their housing costs. Another 17.3% pay between \$1,001 and \$1,500, while 11.0% pay over \$1,500 each month.

Table 8. Housing Costs Per Month

Housing Costs	Participants	%
\$500 or less	65	34.0%
\$501 to \$1,000	72	37.7%
\$1,001 to \$1,500	33	17.3%
\$1,501 or more	21	11.0%
Total	191	100%

Some may consider these housing costs quite reasonable for the Greater Toronto Area. However, three points must be kept in mind. First, most Filipino elderlies live with other people in order to share housing expenses. Hence, their contribution to housing costs may vary, ranging from a small portion to the majority, if not the entire amount. Second, housing costs largely correspond to particular types and quality of dwellings and neighbourhoods. Hence, lower income individuals and families tend to reside in places that may be deemed as average or less-than-average. A participant raised grave concerns not only about the continuous increases of her rent payment, but also about her apartment's deteriorating condition:

Before I just pay \$500. But now, oh my God, it's \$900. So expensive! How can I live like this, you know? And the pension we're receiving is not that much. Plus, everything – the wall, ceiling, everything is coming off. And it's not really good for

me 'cause I have asthma. It's not really good. That's why I said, if I only have money, I can move right away. So dirty. (Female, 72 years old, lives alone)

However, one's residence in a better-than-average location does not automatically guarantee a sense of welcome and belonging, as another participant confessed:

In my condo, all white community. In my building, I'm the only Filipino. And mostly young people. I only see two other elderlies. On my floor, all young people.... As you know, white people are not going to befriend me. Ay, what I mean is they will only befriend other high-end people. Especially when you're not of the same age. Of course they won't bother with the seniors. That's why I don't see my neighbours. As you know here, eh, "on his own." (Female, 73 years old, lives alone)

Third, housing costs take up a substantial portion of Filipino elderlies' monthly incomes. Bear in mind that 74% of Filipino elderlies have individual incomes of \$24,000 or less per year, or \$2,000 or less per month (see Table 6), and 78% of them reside in households with combined incomes of \$48,000 or less per year, or \$4,000 per month (see Table 7). These incomes are at the cusp of the low income cut-off points in urban places like Toronto. Therefore, paying \$500 or even \$1,000 for housing is arguably a considerable monthly expense for those with limited financial resources. Two participants shared their problems about the growing costs of housing in the GTA:

I have the highest rent for a one-bedroom [in my building]. I told the super, "Why do new renters pay only \$800 something? But me, I've lived here for a long time, 25 years, but I pay more than \$1,000." (Female, 75 years old, lives alone)

Yes, there's an increase. We started at \$1,100. Now it's \$1,300. Parking was \$50 before. Now it's \$75, not included in the rent. (Male, 69 years old, lives with wife)

✧ **Gender and time period of arrival in Canada are key factors in housing.**

When we examine housing based on gender, we find that among Filipino elderlies, more women than men live alone (25.4% vs. 15.6%) or live with non-family members (7.5% vs. 1.3%). A much higher proportion of men live with family and/or relatives in comparison to women (83.1% vs. 67.1%).

Moreover, there are differences in home ownership based on gender and time periods of arrival. With most research participants (67.6% or 169 respondents) living in a house, our data indicate that Filipino male elderlies and those who migrated prior to 1991 are more likely to own or co-own their home. Their counterparts – female elderlies and those who migrated 1991 onward – are less likely to

own or co-own their residence. They either live in rental properties, or reside with family members and/or relatives and contribute to the household.

Consequently, housing costs vary based on gender and time periods of arrival. The median housing cost for male elderlies is \$501 to \$750 each month, in comparison to female elderlies' median cost of \$251 to \$500 each month. For the current Filipino elderlies who migrated to Canada prior to 1991, their median housing cost is between \$751 and \$1,000 each month. For those who came in 1991 and after, their median housing cost is \$250 or less each month.

HEALTH

- ✧ **A sizeable proportion of Filipino elderlies in the Greater Toronto Area rely on free or low-cost health and medical services provided by ethno-racial, religious, and other community-based organizations.** This situation is due to their lack of knowledge of Community Care Access Centres and due to high health and medical costs.

Almost all Filipino elderlies (98.4%) in the GTA have Ontario Health Insurance Program (OHIP) coverage. However, the majority (72.7%) do not have private insurance for additional coverage on prescription, dental, vision, hospital, and physiotherapy. A sizeable proportion (14.5%) also utilize the free or low-cost health and medical services provided by ethno-racial, religious, and community-based organizations.

Community Care Access Centres (CCAC) are funded by the Ontario provincial government through the Ministry of Health and Long-Term Care to provide care at home and in the community so that residents can enjoy the best possible quality of life. Many Filipino elderlies (66.9%) indicated that they do not use CCAC because they do not need their services, especially since most of them live with their family or relatives. However, a large number do not use them because they either do not know about CCAC (15.9%) or do not know how to utilize them (17.2%). When we asked our research participants what CCAC could do to better serve them, their top responses were better information dissemination and better access and quality of care.

Most Filipino elderlies in the GTA have minimal costs for their health and medical care. Five out of ten (48.7%) Filipino elderlies pay \$50 or less each month for health and medical costs. Another three out of ten (31.4%) pay between \$51 and \$100 each month. However, there is a sizable number – two out of ten (19.9%) Filipino elderlies – who incur high health and medical costs. More specifically, 13.7% pay between \$101 and \$250 each month; 3.1% pay between \$251 and \$500 each month; and another 3.1% pay more than \$500 each month.

We have identified below some of the major health problems and physical difficulties of Filipino elderlies in the Greater Toronto Area (see Tables 9 and 10). Keep in mind that respondents can be experiencing one or a combination of these health problems.

Table 9. Top Five Health Problems

Health Problems	# Participants	%
High Blood Pressure	157	63%
Arthritis	110	44%
Diabetes	83	33%
Back Problem	76	30%
Allergies	61	24%

Table 10. Top Five Physical Difficulties

Physical Difficulties	# Participants	%
Vision	133	53%
Sleeping	77	31%
Hearing	64	26%
Memory	44	18%
Mobility	39	16%

Several participants shared their current and ongoing anxieties about their health:

Actually I knew a guy who's like me. He had a stroke and passed away, eh, three years ago. He showed me where his chest was cut open for the by-pass [surgery] and told me, "This illness is no joke. What happened to me was difficult, so you better be careful." I'm also afraid of this illness because it's a traitor. You don't know when it's going to strike. (Male, 65 years old)

I have a blood disorder. Every two months I go to the doctor to take out blood. There's medicine, but sometimes I don't have enough money. If there's no money, nothing could be done. Like, when there's no school, of course there's no babysitting. That's when I get worried because I don't have money at all. My doctor doesn't know my income situation. Even my children do not know. (Female, 74 years old)

QUALITY OF LIFE

- ✧ **A large segment of Filipino elderlies have additional quality of life concerns, including food sufficiency, personal outside assistance, and emotional wellbeing.**

Food Sufficiency

Next to housing cost, many Filipino elderlies indicate that food cost is generally their second highest expenditure. Two out of ten (22.4%) Filipino elderlies spend \$200 or less on food each month, while

four out of ten (40.7%) spend \$201 and \$400 on food each month. However, there is a very large proportion – roughly four out of ten (36.9%) Filipino elderlies – whose food expenses are high. More specifically, 20.8% spend between \$401 and \$600 each month; 8.1% pay between \$601 and \$800 each month; and another 8.0% pay more than \$800 each month. As these costs are calculated, bear in mind the monthly individual and household incomes of most Filipino elderlies in the GTA.

Table 11. Food Costs Per Month

Food Costs	Participants	%
\$200 or less	53	22.4
\$201 to \$400	96	40.7
\$401 to \$600	49	20.8
\$601 to \$800	19	8.1
\$801 to \$1,000	9	3.8
\$1,001 or more	10	4.2
Total	236	100%

As a result, many Filipino elderlies in the GTA indicate that they *sometimes* (24.3%) or *often* (1.6%) worry about not having enough food to eat. A corresponding set of the population also state that they *sometimes* (28.5%) or *never* (1.7%) have enough quality or variety of food to eat. One participant confessed that he and his wife skimp on food to make financial ends meet:

We don't eat as much. Very little. When we make rice, two cups. Sometimes that's for two days. We don't eat dinner. Unlike before, eh, we were stronger. (Male, 84 years old)

Outside Assistance

One-third (32.7%) of Filipino elderlies indicate that they use outside assistance to maintain their quality of life. In this report, the term “outside assistance” refers to individuals who do not live in the same residence but provide in-home and other assistance.

Within this group, slightly more than half of them (54.9%) use outside assistance for one to two hours each week, while a quarter of them (25.4%) use it for three to five hours each week. Although a small percentage (2.8%) use it for five to ten hours each week, a considerable percentage (16.9%) use outside assistance for more than ten hours each week.

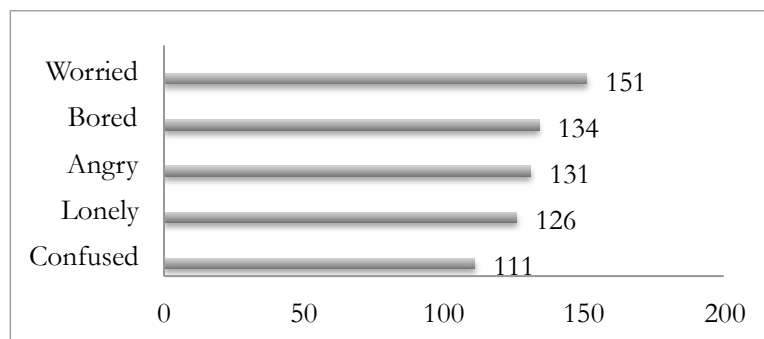
Many Filipino elderlies indicate that they need personal assistance on the following matters: household chores and household work (45.2%), errands (21.8%), banking (11.7%), meal preparation (9.0%), and personal care (5.9%). They also indicate that it is *somewhat difficult* (17.9%) or *very difficult* (2.5%) for them to travel to their appointments. For instance, one participant stated that she finds it difficult to travel for her medical appointments and has to rely on outside assistance:

I have HBP [high blood pressure], cholesterol, osteoporosis. When I get recommended to go to a specialist, it's in Oakville or in Mississauga. That's far for me, but I go on my own. Sometimes, my grandchild offers to drive me. But I have to spend. I have to pay for the gas. (Female, 73 years old)

Emotional Health

We have identified some of the major emotional considerations for Filipino elderlies in the Greater Toronto Area, such as feeling worried, bored, angry, lonely, and confused (see Figure 2).

Figure 2. Top Five Emotional Considerations



Participants shared various instances about their lives, families, and day to day interactions, which elicited strong emotions and reactions:

Worries about finances: But when it comes to income, it's really difficult. When you don't have money, there's nothing to do. You get sad. (Female, 74 years old)

Boredom at home: I retired from work one year ago. The building where I live hired me as assistant superintendent, so we deduct [part of my salary] from rent. I took [the job] because I wasn't doing anything. I was getting bored. It's hard when you're not doing anything, right? (Male, 65 years old)

Anger due to racism and social inequities: Like that one bus passenger, my friend and I were talking to each other in Filipino. He said, “Why are you speaking with your language we cannot understand?” Then the [bus] driver sided with him. So I said, “This is a free country. We can speak our own language.” Like, they just stared at me. I said, “This is not fair.” So my friend and I, we just kept quiet. So that [the situation] does not get big and there’s no trouble. (Female, 75 years old)

Loneliness of being alone: I’m already old. I’m alone here. I don’t have family here and I haven’t gone back to the Philippines for a long time. I’ve returned once since I arrived in Canada in 1992; that was 1998 when I went back. (Male, 75 years old)

Tension in family dynamics: My son-in-law is Scottish, [he’s] white. The wife is my daughter. Their traits are not the same as ours. Plus their food is different. When my daughter comes home, we speak in Filipino. He just goes upstairs. So he’s aloof with me. Our traits are not the same, our customs and traditions. So you have to consider and understand. When you take it to heart, you’ll get hurt. (Female, 80 years old)

With these intense dilemmas and emotions about one’s situation at home and in the society at large, a significant proportion (20.5%) of the participants indicate that they do not have someone whom they could confide with and draw comfort from. For example, when we asked one participant, “Whom do you run to when you need anything? Who do you call?”, he plainly said, “No one.”

DISCUSSION

Economic vulnerability is a fact of life for most Filipinos in Canada. Our study foregrounds the economic vulnerability of Filipinos in general and of Filipino elderlies in particular as the central condition of their marginalization in Canada. With seven out of ten Filipino elderlies living in poverty, their financial situation intensely impacts their basic needs, such as housing, food, and emotional security, as well as their sense of self in daily interactions. While they depend on the government for their monthly incomes like the rest of the elderly population in this country, they do not have the private capital of pensions, investments, and savings in comparison to other seniors. In addition, we presume that current elderlies who migrated to Canada prior to the 1990s would have had the employment opportunities and advancements to guarantee golden years after their retirement. However, our data reveal that many of them subsist around or slightly above the low income cut-off points for individuals and families residing in urban metropolis like the Greater Toronto Area. The current elderlies who arrived in Canada from the 1990s onward actually fare worse than the previous immigrants. Since they came to Canada later in life, they are faced with

limited to no gainful job prospects, have to wait for ten years to be eligible for Old Age Security benefits, and are heavily dependent on their sponsoring family members.

The realities of Filipino elderlies must not be separated from rest of the Filipino community in Canada. The deskilling and deprofessionalization of Filipinos – which have racial, gender, and class dimensions (Coloma et al., 2012; Kelly et al., 2009) – lead to downward mobility. For instance, engineers in the Philippines become machine operators in Canada; dentists become dental hygienists; university professors become supply school teachers; and nurses become live-in caregivers. Even though many immigrants from the Philippines fulfill Canada's point-system requirements for English language proficiency, educational attainment, and work experience, they confront a mismatch between their previous employment in the Philippines and what is made available to them in Canada. Their educational degrees and work experiences in the Philippines are usually not recognized as legitimately on par with normative standards by employers and accrediting associations in Canada. Consequently, many Filipinos take survival jobs to make ends meet. For these survival jobs, they receive downgraded pay with little to no fringe benefits. Many work overtime or take on additional part-time employment to earn more money. In their places of employment, they also confront the harsh realities of subjugation due to race, gender, and class.

Deskilling and deprofessionalization negatively impact both today's elderlies who have lived in Canada for decades and those who have arrived relatively recently. The oldtimer elderlies have limited financial capital to enjoy during their retirement years, and subsist on government/employer pension benefits and meager savings. The newcomer elderlies rely almost exclusively on their family. Since many Filipinos are relegated to downgraded positions, they receive comparably lower pay in relation to their educational attainment, work experience, and linguistic proficiency. Consequently, they have to work longer hours and/or take on additional employment. Elderlies support their working adult children by taking care of the grandchildren and by babysitting other children as a small but additional source of income and household contribution. The continuous struggle to make a living and to attain economic security seems to be the ongoing theme for Filipinos in Canada.

Lastly, Filipino elderlies must be understood within a kin-based and collectivist orientation. Whereas most elderlies in Canada tend to live alone, the majority of Filipino elderlies reside with other people and often in multi-generational households. Such an approach to living arrangements not only addresses the need to share housing and other personal expenditures, but also facilitates the pleasure of filial company in a new country. Their collectivist orientation can also be gleaned in their ongoing financial support of less fortunate family members and relatives in Canada and in the Philippines. They contribute to the household expenses in Canada, including mortgage, rent, groceries, utilities, insurance, and transportation. Simultaneously, they remit money to the Philippines to assist in the educational, housing, and other needs of their loved ones. Many research participants disclosed to us their myriad selfless sacrifices in order to help family members here and there. Some have scrimped

on food, medicine, entertainment, and travel so that they could send money. However, others have also learned to alleviate and secure their own situation first by lessening or stopping their financial support of others. What is particularly crucial in this collectivist ethic of caring is one's ability to fulfill commitments to others without disregarding and overly compromising one's wellbeing.

RECOMMENDATIONS

Like the rest of the population in Canada, Filipinos rely on the government for support in their elderly years. Through financial, medical, social service, and other forms of assistance, the Canadian government through its various agencies at the municipal, provincial and federal levels works to ensure that the living conditions and needs of its people are addressed and to promote and enhance their overall wellbeing. Filipinos also turn to their own families and community organizations to take care of various personal and sociocultural needs to facilitate a positive, healthy, and secure quality of life. Hence, the recommendations for this report will be directed towards the government and the community as partners for the enhancement of Filipino elderly lives in Canada.

1. A Task Force on Filipino Elderlies must be immediately established. This community-led and multi-sectoral task force will take charge of the overall policy direction, advocacy strategy, and program development for culturally appropriate services to Filipino elderlies in the Greater Toronto Area and beyond.
2. Filipino community groups, especially seniors groups, need to build and enhance their organizational capacity for political advocacy, grant writing and, when possible, service delivery in relation to the short- and long-term needs and overall wellbeing of Filipino elderlies.
3. Filipino community groups also need to look sideways to other ethno-racial organizations for potential collaborations and joint partnerships in relation to the shared interests of their elderly populations. For instance, working with the Yee Hong Centre for Geriatric Care and learning from its most recent needs assessment report (Tsang et al., 2013) is a potential next step.
4. Politicians with sizable Filipino constituencies as well as Filipinos in various municipal, provincial, and federal government positions need to take consistent leadership and coalition-building roles to advocate for the best interest of Filipino elderlies.
5. Government policies that promote a positive quality of life for all elderlies must be fully supported. In particular, the moves to mandate retirement and to extend the retirement age to 67 must be rejected. On the other hand, the call to improve the current design of Pooled Registered Pension Plans (PRPPs) and enhance the Canada Pension Plan (CPP) must be

endorsed. The shortening of the ten-year wait for elderly newcomers' eligibility for Old Age Security benefits needs to be thoroughly investigated.

6. Government policies that are committed to eradicating labour exploitation, especially in relation to women, immigrant, and racialized minority workers, need to be maintained and reinforced. The ongoing deskilling and deprofessionalization of Filipinos and many immigrants of colour needs to be redressed. The purposes, merits, and challenges of the Temporary Foreign Workers Program, including the Live-in Caregiver Program, must be openly discussed, especially its material, affective, and longitudinal impact on Filipinos both in Canada and in the Philippines.
7. The government needs to provide more subsidized housing in order to mitigate the long wait for available spaces. It also needs to create an Office of Housing Ombudsperson that will address complaints and grievances of renters, especially long-term and low-income elderly residents.
8. Better communication and dissemination of various elderly services and programs, especially for women, immigrants, and racialized minorities, is direly needed. This can start by creating a directory of relevant agencies, with particular attention to those with Filipino staff and services, and by developing a partnership with Community Care Access Centres and other relevant multi-service and healthcare providers.
9. The hiring, retention, and advancement of Filipino medical, social service, and mental health providers in government and community-based agencies must be a priority. They will serve as important institutional liaisons to the general Filipino community. Our research participants indicate that they prefer to discuss their needs and concerns with someone of their own ethno-racial group.
10. Filipino and other businesses ought to develop a discount program for elderlies. This win-win situation will enable elderlies, especially those with low income, to purchase familiar and necessary items from co-ethnic businesses, and will help entrepreneurs entice new buyers.

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APPENDICES

Appendix A: Research Advisory Committee

Ramon Andal	Suzette Crescencia	Priscila Kalevar
Mario Andres	Aida d' Orazio	Frank Villanueva
Perla Andres		

Appendix B: Research Assistants

Wendy Arena	Chinky P. del Mar	Leonida Nolido
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Evelyn Birondo	Bobby Gabat	Aurora Rodulfa
Rosenni T. Caboverde	Cecile Kolmagies	Madelon Salcedo
Ma. Corazon de Villa	Perla Lopez	Luna Vince
Angela Deocampo	Anna Maramba	

Appendix C: Community and Religious Organizations

Blessed John XXIII Parish (Don Mills)
Brampton Filipino Seniors Club
Circulo Ilonggo
Eglinton Square Walking Club (Scarborough)
Filipino Canadian Association
Filipino Centre Toronto
Filipino Parents Association
First Filipino Baptist Church Toronto
Knights of Columbus – San Lorenzo Ruiz 8808
Markham Federation of Filipino Canadians
Milton Filipino Seniors (Halton Multicultural Council)
Silayan Filipino Volunteer Seniors of Mississauga
St. Patrick's Parish (Toronto)
Tahanan Non-Profit Homes
The Pillars Association
True Davidson Acres Long-Term Care Centre

Appendix D: Interview Questions

Introductory

1. When did you arrive in Canada? In Toronto?
2. How old are you now?
3. What do you think are the major issues affecting Filipino seniors here?

Housing

4. Where do you currently live? How long have you lived there?
5. Who lives with you? Do you get along with them?
6. What do you like about your current housing situation? If there are things that you'd like to change about your housing, what are they? And why?

Income and Expense

7. What was the last job that you had? Do you receive pension?
8. What are your expenses or budget each month?
9. Do you feel that your monthly income is enough for your expenses? Why or why not?
10. What can improve your financial situation?

Inequity and Unfair Treatment

11. Have there been moments when you felt discriminated against or treated unfairly? Based on your race/ethnicity, skin colour, accent, gender, etc.?

Social Engagement and Mobility

12. What's your usual routine during a regular weekday/evening (Monday to Friday)? How about on weekends?
13. Do you belong to any social, community or religious group? What do you like about the group?
14. If you were given a chance to create or make your own activity/program for seniors, what would it be and why?
15. How do you get to the grocery store, to the mall, to your appointments, to social events? How easy or difficult is it for you to go to places?

Medical and Psychological Health

16. What do you do when you're bored or lonely? What makes you frustrated or angry?
17. What is your current health situation? Do you have medical issues that worry you? Where do you get information related to your health?
18. On a scale of 1-10 (10 being the highest), how would you rate your doctor or clinic? What can they do to make their services better?

Food and Diet

19. Do you usually cook, have take-out food, or eat in restaurants?
20. What do you think is a healthy (Filipino) meal? What types of food do you eat and not eat? Is avoiding certain types of food easy or difficult for you?

Wrap-up: Are there other information that you'd like to share with me?

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