Editorial

Migration and Aging: Policy and Community Practice Throughout the Globe

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1. Background Context

Aging and immigration are two global forces that have been profoundly changing demographic dimensions of society and have already produced enormous challenges to existing systems of employment, healthcare, care and social service. While traditional immigration theories and empirical studies note that immigrants are predominantly young and of working age, the old-age immigrant population has been growing steadily. Traditional immigrant countries including the United States, Canada and Australia, as well as the European Union are experiencing the ongoing trend of aging and immigration, although specific situations vary across countries.

Associated with this demographic trend, unique challenges have emerged. In the field of healthcare, despite the well-recognized health disparity between ethnicities in later life, the aging process leads to a rapid deterioration of health for older immigrants due to migration related risk factors, and particularly among those who are less acculturated (Wong, et al., 2013). Meanwhile, the health immigration effect does not apply to recent old-age immigrants. Immigrants who enter a country at an older age have poorer overall health than natives (Gee, et al., 2004), and are much more likely to experience health difficulties than either natives or immigrants who migrated at a younger age (Borjas, 2012). In addition, given accumulated stress associated with migration and acculturation over life course, older immigrants suffer increased risks of mental illness compared with natives (Jimenez, et al., 2010). Consequently, studies suggest that older immigrants could need to consume more resources than their native counterparts (Solé-Auró, et al., 2008).

In the field of elderly care and social services, traditional and cultural practice of elderly care has become either unpractical or unpopular for many immigrant families. However,

mainstream elderly care remains relatively inaccessible for older migrants due to language difficulties and a series of cultural barriers for both the elderly and their caregivers, financial constraints as older immigrants are poorer than the natives, and the lack of knowledge of elderly care systems, particularly institutional services (Ahaddour, et al., 2015). For community dwelling older immigrants, their needs in care and culture are still by and large met by family members, not the elderly care social services (Verhagen, et al., 2013).

Across the globe, governments and communities are responding to the growing older immigrant populations. Policies and initiatives are to address such issues as eligibility of national healthcare insurances, accessibility to preventive care, culturally appropriated practice, community education programs, collaborations with ethnic organizations, client-centered care mechanisms, and many community level innovations for elderly health and care. However, previous and existing efforts have been experiencing a devastating effect in the current context of policy austerity and political anti-establishment. A recent article in the *Financial Times* states that the UK National Health Service (NHS) is under increasing financial pressure, and that this pressure has been caused by deepening social care cuts; the article notes:

> Underlining the pressures that managers are facing from an ageing population, Paul Mears, chief executive of Yeovil district hospital, told the FT that that a patient aged 103 was recently admitted from a sheltered housing complex, along with others in their nineties. What had changed most in recent years, he added, was "the complexity of the patients we're dealing with...with two, three or four long-term conditions and often very elderly as well".
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> (Neville and Allen, 2017, p. 2)

2. Structure of the Issue

In general, research and empirical evidence to document older immigrants' health status, needs in health and care, and policy and program discussions clearly fall behind. This special issue brings an international and comparative perspective to examine the interaction between migration and aging. Moreover, as will be seen in the four papers, the authors emphasize the policy and community responses to the challenges in healthcare, elderly care and social services. The first paper, written by Jacob Kendall and Philip Anglewicz, explores the contemporary debates on the determinants of migration for the elderly in rural Malawi. As their research will show, there are different complexities that the elderly experience within the context of socio demographic variables, namely religion, health, marital status and family structure. The second paper provides a fascinating insight into the current, complex, reflective human behavior of Asian Immigrant Elders living in the United States of America. In this paper the authors, Othelia E. Lee and Seungah Ryu, have discovered that in the three groups of older Asian American immigrants (Chinese Americans, Indian Americans, and Korean Americans), there is a sense of regret and pride in terms of life experiences, such as education, marriage, economic and social status. The third paper, written by Younus Khan, Elizabeth

Caldwell and Jamie Halsall, which uses the case study of Britain, examines the current social, economic and political debates of Black and Minority Ethnic (BME) older migrants and examines the support from the state and the charity sector. The authors of the paper argue that key influential parties, specifically politicians and social policy makers, are required to refocus on the demanding challenges that are faced in the BME community. The final paper, written by the editors of this special issue, brings the entire volume together by examining the effect that the Global Financial Crisis of 2008 has had on state's elderly health care system and the social and economic pressures from the recent refugee/migrant crisis. As will be demonstrated, for a number of years governments across the world have been forced to inflict austerity measures to reduce debt, thus causing extra pressure on the elderly health care system.

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