Chinese Community Voices in Health and Housing Issues

Submitted by: **The Calgary Chinese Elderly Citizens' Association**
The Calgary Chinese Community Service Association

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Introduction

In response to the upcoming Progressive Conservative party leader election, the Calgary Chinese Elderly Citizens' Association (CCECA) and the Calgary Chinese Community Service Association (CCCSA) jointly organized two public forums to provide opportunities for the Chinese community to talk about issues that they are facing on a daily basis. Two Chinese-speaking Members of the Legislative Assembly (MLAs), Teresa Woo-Paw and Jason Luan, were invited to provide an introduction to the services provided by the province and the role of an MLA. The forums were conducted in Mandarin and Cantonese, and were facilitated by Dr. Daniel Lai, Professor at the Faculty of Social Work at the University of Calgary. 100 participants attended the two forums, held on August 15 and 16, 2014 at the CCECA. Due to time constraints, we selected two key issues, health and housing, to be discussed during the forums.

The needs of immigrant communities are unique and complex, and responding to these needs is also a complex process. However, "advocacy efforts [play] a significant role in these processes, leading to increased community awareness and response to health needs of immigrant and ethno-cultural minority populations, including cultural and language considerations" (Lai, 2014). In this report, in addition to examining challenges facing Chinese immigrants, we share some recommendations that might be helpful in responding to these challenges.

Health-related barriers faced by individuals

Participants described a number of challenges associated with health services and health care, which impact their health system experiences as well as their health and wellness outcomes. These challenges were related to access and care, affordability, and service quality.

1. Language-related access and care challenges

Participants described barriers to accessing health services and to obtaining appropriate care or treatment, focusing primarily on language issues. These access challenges included system-level language barriers, as well as a lack of family doctors who can speak patients' first language.

System-level language barriers

Language barriers represent the central challenge to health service access for Chinese community members. Face-to-face interpretation services were cut in 2013, and this has created communication difficulties between Chinese patients and doctors or other health service providers. Patients cannot clearly communicate to health professionals their needs, concerns, and symptoms. As one participant, said, "*Doctors do not understand me!"* Other participants explained their concerns about language gaps:

> "*The telephone interpretation service cannot capture my emotional feelings and non-verbal expressions to convey to the doctor, so I choose not to share my feelings*."

"*The hospital asked me to bring an interpreter but I could not find one, I had to skip the medical appointment. As I do not speak English, what is the point of going to the session?*"

These communication barriers can lead to wrong diagnoses or overlooking patients' needs, or can prevent people from accessing services altogether until health needs are very severe. This will eventually lead to higher costs to the health system.

Lack of family doctors who can speak patients' first language

As family doctors play a very significant role in terms of health promotion, disease and injury prevention, chronic disease management, and health surveillance, clear communication with patients is of utmost importance. However, not only do patients have difficulties finding a family doctor, the situation is further complicated by a lack of family doctors who can speak their language.

When patients are treated by doctors who do not speak their language, this can result in serious miscommunication or misunderstandings. As one participant said,

"*I cannot find a family doctor who can speak Mandarin so I have to go to a doctor whose native tongue is Cantonese but with a little bit knowledge of Mandarin. However, since the doctor's Mandarin is not very authentic, I can hardly understand my own health condition. I felt a lump on my neck, the doctor told me it was a 'lymph node' using her Mandarin. However, the 'lymph node' keeps growing rapidly, which aroused my concern. Eventually, I found out that what the doctor really means is a tumor*."

Health promotion and information barriers

Language barriers affect access to information related to health promotion and available services. People may lack knowledge about the health system and how to get help, and may be discouraged when they try to seek help through using phone interpretation services. As one participant said,

"*I don't feel comfortable talking to an interpreter over the phone. I found the phone interpretation service is not reliable and discourage me to talk about my emotional problems*."

Communication barriers between immigrant parents and their adult children can also affect access to health information and services. As one immigrant parent participant explained,

"*There is no effective channel for immigrant parents and their adult children to communicate. I feel lonely as there is little support in first language. I have conflict regarding how to educate the younger generation, but there is no appropriate channel for me to seek help that is culturally appropriate*. "

2. Affordability

Some medications or medical equipment are not covered by the provincial health care system, and those who cannot afford these additional costs have to compromise their health and wellness. As one participant explained,

> "*After chemotherapy, I found my ear have some problems. After many consultations, I realized that it is the side effect of the chemo treatment; my nerves had been damaged… The only way is to get a hearing aid but I cannot afford the device*."

3. Quality of services

Participants described challenges related to service quality, focusing on delays in diagnosis and treatment, lack of respect for patients' rights, and quality of home care services.

Delays in diagnosis and treatment

Patients are looking for more efficient diagnostic and treatment processes. For example, patients have to go through family doctors to book an ultrasound to screen for cancer, and the waiting periods between referrals, testing, and diagnosis can be quite long. This can cause significant worry and distress for patients. As one participant stated, "*I have to wait several months to see the specialist; my issue will get worse for sure*."

Some participants compared to Canadian system to the Chinese system. As one participant said, "*It is too slow here. Compared to the medical system in China, patients can get blood test, ultrasound, all types of tests within one day*." Another participant described challenges and concerns related to delays in the Canadian system:

> "*My family members have stomach cancer, and I had severe stomach ache for a long period of time. However, my family doctor refused to give me referral, he said there is no special concern. I went to emergency in hospital, but still they did not want to give me the check. The last time I went to ER, I cried, saying that my dad died from stomach cancer, I seriously needed gastroscopy. Finally the hospital agreed to send her for gastroscopy. I could not wait, so I bought a ticket to fly back to China to do the checkup. Right after I landed in China's airport, I got a call from Canada, telling me that I was diagnosed with stomach cancer, and they asked me to come back for a surgery as soon as possible*."

Rights of patients not respected

Participants described concerns about health care practitioners' lack of respect for patients' rights, related to inadequate explanations of health issues, concerns with treatment and medication recommendations, and management of health records. For example, when sharing test results, doctors briefly tell patients that their results are normal, but many doctors do not want to provide more detailed explanations when requested by patients. As one participant said, "*Doctors do not understand my needs and they do not care about my fear and worries*."

Doctors may be reluctant to provide detailed explanations or to explain alternative treatment or medication options. One participant explained that,

> "*My family doctor did not know the real issue of my foot problem. He suggested a replacement surgery but he did not explain fully to help me understand the risk involved. The doctor then told me to take painkillers if I am not taking the surgery. I think there can be other ways to deal with my foot problem, I think my doctor does not want to help me explore other options nor refer me to a more knowledgeable specialist*. "

Similarly, another participant stated that,

> "*My doctor asked me to try a new drug and I did not feel comfortable with the suggestion. He did not want to see me again; I had to find another family doctor. I did not feel my doctor has any compassion for his patients*."

Finally, there may be concerns with how patients' records are managed or taken care of. For example, one participant was concerned that his medical records had been lost:

> "*I have not seen a doctor for two years. When I decided to go to the doctor again for some of my concerns, I was told that my file had been removed. However, I was never notified. I have to look for another family doctor*."

Quality of home care services

Older adults often rely on home care services for health care as well as maintaining independence on the home. In August 2013, AHS signed new contracts for home care services in Calgary, intended to support patients to remain safely and independently in their own homes. However, participants described significant problems related to the quality of home care services, related to the lack of monitoring on home care service providers.

One participant described a care in which a senior had fallen and broken his two arms. He was entitled to help with bathing, tooth brushing, house cleaning, and so on. However, during the six weeks of recovery, he was never helped to brush his teeth, and although he was meant to receive weekly house cleaning help, he only received cleaning help twice in six weeks. The home care worker was multi-booked, and as a result the assigned tasks were not completed. The patient said that he did not get the assistance he needed and had to struggle during the course of recovery, and described those few weeks as unbearable. Some seniors dare not complain for fear that their services will be cut.

Health service recommendations

Participants identified a number of recommendations to improve health service and health care provision for immigrant communities. They suggested that the government should demonstrate accountability to immigrant communities by addressing their needs in the following ways:

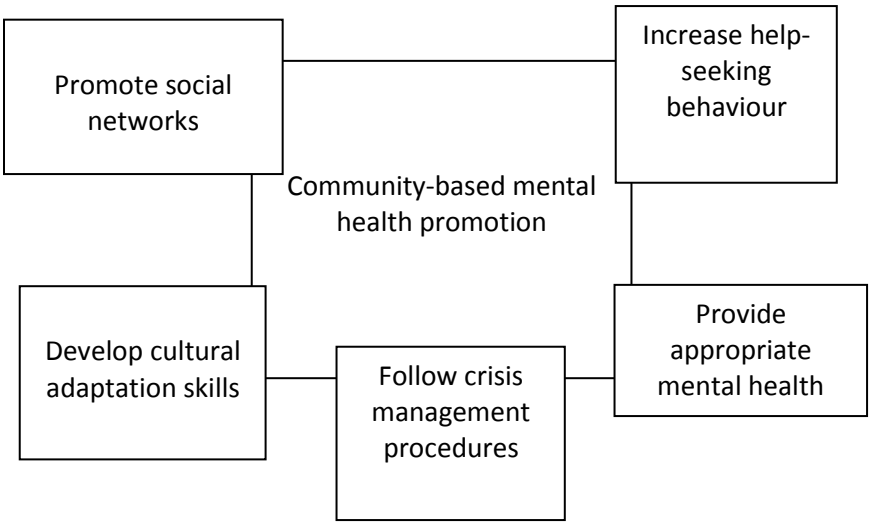
1. **Reduce health disparities and improve access to health services for ethno-cultural minorities and immigrants** by:
    - Reinstating face-to-face interpretation services

- Provide funding to NGO/community organizations to help with interpretation services, as these organizations have been taking requests for interpretation but are not funded

2. **Ensure that the health care system develops the professional capacity to adequately and appropriately serve ethno-cultural minorities and immigrants** by:
   - Having health promotion and education materials in Chinese, especially for mental health promotion
   - Increasing the number of Chinese-speaking health professionals and mental health practitioners who can provide culturally and linguistically appropriate services
   - Recognize traditional Chinese medicine and alternative treatment options

3. **Develop a long-term immigrant-specific health strategy to address ethno-specific mental and physical health needs. This involves promoting immigrant mental health using a comprehensive community-based approach that includes:**
   a. **Reducing stigma associated with mental and physical illnesses**
   b. **Increasing help-seeking behaviour**
   c. **Facilitating service coordination across all relevant policy areas, such as health, immigration, employment, housing, and transportation.**

The following model is proposed:



- **Increase help-seeking behaviour:** Increase people's awareness about mental health, understand their own mental state, and know where to seek help. Information materials and workshops should be available in first languages.
- **Provide language- and culturally-appropriate mental health services:** Facilitates access to required services to address people's needs. Brokers can link people to appropriate services.
- **Follow crisis management procedures:** Target people with mental illness and related suicidal or violent behaviours, to enable risk assessment and management
- **Develop skills to adapt to new Canadian culture**
- **Promote social networks**: Reduce social isolation and build stronger networks for

members of immigrant communities

4. **Establish better monitoring mechanism in order to improve patient care,** which will:
    - Increase quality of services
    - Emphasize the value of compassion for patients
    - Recognize and advocate for patients' right to information on diagnosis, treatment options, and possible complications and risks in their first language
    - Ensure that patient access to affordable care
    - Reduce waiting time for diagnostic examination and treatment
    - Monitor contracted service provider such as home care to ensure that they are following through on commitments to client support

5. **Consider private medical practice** to alleviate long waiting lists

Housing-related barriers faced by individuals

Participants described a number of challenges associated with access to affordable housing, related availability, application and assessment processes, and monitoring and regulation of housing.

Access to affordable housing

Inadequate supply of affordable housing

Participants described concerns related to the supply of affordable units, including the number of available units as well as waiting times to access affordable housing. As one participant said, "*When I submit my senior apartment application to the management, I was told the waiting time may be as long as 30 months*." Another participant explained that,

> "*The number of affordable housing units in my community is diminishing because one operator sold their property to a private developer and evict all the subsidized tenants. The other was found mastering a plan to charge all tenants with market rent after they pay off their CMHC mortgage in next spring*."

Unfair and non-transparent application and assessment processes

Participants were concerned with application and assessment processes, as some did not understand the processes and how decisions were made, and others felt that the processes were unfair. As one participant stated,

> "*I have no idea how the affordable housing agency do their tenant application assessment. They never disclose their standard and policy and just want to keep the applicant in the dark so that no one can challenge their decision*."

Two other participants expressed their frustration with application and assessment decisions:

> "*I am a senior living on government benefit. I want to move to a subsidized senior apartment. I submitted my application and wait patiently for my turn. I am very upset*

when I notice the person behind me whose situation is same as mine bypassed me and took the first available vacancy."

"*I live in a non-subsidized unit of a affordable housing and the rent eats up more than 50% of my monthly income. I want to transfer to a subsidized unit. Despite of my repeated applications, every time the management turn me down with difference excuse*."

Insufficient monitoring and regulation of housing

Concerns were also expressed regarding other aspects of housing management, including financial issues and public housing grants. With respect to financial management issues, one participant explained that, "*The management never disclose their operational financial statement and we have no idea how they spend our rent and government subsidy*." Another participant reported that, "*The management wasted a lot of money on unnecessary renovations and never bother to consult the tenants*." As a third participant said,

"*The management charged some subsidized tenants with a rent more than 30% of their household income. Such practice is in contrary with government guidelines but no one take action to stop it*."

Other participants were concerned about the monitoring and regulation of public housing grants and the implications for tenants. One participant explained that.

"*I don't understand how an affordable housing in our community which was built on government grant can forced all the subsidized tenants out and sold the property to a private developer just after two years operation. It seems the government just let it happen*."

Housing recommendations

Participants identified a number of recommendations to improve housing for immigrant communities. They suggested that the government should:

1. **Explore additional public and private sector resources to invest in affordable housing markets.**

2. **Divide existing units into a two-tier system in order to efficiently accommodate applicants' needs and expedite the processing time**. The admission of the first level should use a points-based system to assess the urgency of the applicant's need and the severity of the crisis. The second level should be based on a "first come first serve" principle.

3. **Introduce more stringent legislation to monitor and regulate affordable housing management bodies**, such as mandatory disclosure of operating financial statements to the public, limited venture for the board members, and enabling tenants to attend agency general meetings and to elect housing officials.

4. **Set conditions for the redevelopment of existing affordable housing properties, to ensure that existing tenants can be relocated within the same community.**

5. **Establish a one-stop reporting system to handle complaints of abuse or mismanagement of public funding.**

6. **Re-instate the Ministry of Seniors and Community Supports to better serve the elderly population.**

Conclusion

The two public forums proved to be an effective tool to engage members of the Chinese community to voice their concerns to government officials. As stated in a report by Lai (2014):

> "*Service organizations could implement strategies to facilitate the inclusion of immigrant and ethno-cultural minority communities' voices in decision making and program development and evaluation processes, to ensure that programs and services are responding to the needs and preferences of diverse populations. As suggested by certain participants, practice strategies might include focus groups and advisory committee with immigrant and ethno-cultural minority populations*."

Since CCECA and CCCSA are key stakeholders that have a particular expertise and involvement with the Chinese population, we are always open to facilitating and participating in discussions ahead of any planned or proposed government or policy change. Similarly, if you or your fellow MLA wishes to acquire additional information on any of the concerns or recommendations identified in the report, or to discuss future possibilities for discussion or collaboration, please know that we are open to consult and discuss at any time. Our contact information is as follows:

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Reference

Lai, D. (June 2014). *Roles and challenges of immigrant and ethno-specific organizations in the health system*. Calgary, Alberta: Mount Royal University Institute for Non-Profit Studies (http://www.mtroyal.ca/cs/groups/public/documents/pdf/ins_dlprofile.pdf)