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## **Negotiating Access to Care: Ethnocultural Minority Older Adults in in Greater Vancouver**

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Shore, May 19 2009



- ❑ Why focus on barriers to access ethnic minority seniors?
- ❑ BACEMS study
- ❑ Navigating the health care system in BC



# Demographic Trends

	Canada	BC	Vancouver CMA
<b>Visible Minority 65+</b>	7.2 %	13.4 %	<b>25.9 %</b>
% Chinese	39.0	55.8	60.0
% South Asian	21.3	23.1	20.6
% Filipino	7.0	5.1	5.2
Total	67.3	84.0	<b>85.8</b>



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# The Many Faces of EMS



- Immigrant class – sponsored, refugees, economic ...
- Length of time in Canada
- Country of origin
- Resources
- Education
- English/French proficiency
- Etc.

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## Healthy Immigrant Effect?

- *Recent* immigrants use fewer health services; studies confirm that *overall* they are healthier
- Health status varies by immigrant class: older Family Class immigrants report lower than average health status
- Underutilization due to many factors that impact the relationship between individuals and the health system to create **barriers to access**



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## Existing Evidence

“There has not been a lot of research done in Canada on aging and ethnicity. ... More research on this population is required, as is new knowledge about the impact of ethnicity on the aging process, and its implications for health and well-being, the particular needs of ethnic minority seniors and the development of appropriate responses to these needs.”

Source: National Advisory Council on Aging (Canada) (2005). *Seniors on the margins: Seniors from ethnocultural minorities*. Ottawa.



- ❑ The **Barriers to Access to Care for Ethnic Minority Seniors Project (BACEMS)**
- ❑ 2003 - 2006
- ❑ Funded by a CADRE postdoctoral grant from CIHR & CHSRF
- ❑ Also received training and mentorship as a CIHR Strategic Training Fellow in Partnering in Community Health Research (PCHR)



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# Ethnic Minority Seniors

Population of  
interest: ethnic  
minority seniors from  
three groups

- \* Punjabi
- \* Vietnamese
- \* Hispanic





# Candidacy for Care

## Candidacy is

“...the ways in which people’s eligibility for medical attention and intervention is jointly negotiated between individuals and health services.”

“...a dynamic and contingent process, constantly being defined and redefined through interactions between individuals and professionals.”

Dixon-Woods et al. 2006



# Journey through the system

- ❑ **Culture: Who Cares?**
  - Identification of Candidacy
  - Offers and Refusals
- ❑ **Knocking on Doors**
  - Navigation
  - Appearances at Health Services
  - Adjudications
- ❑ **When is a Home Not a Home?**
  - Permeability of Services
  - Operating Conditions



# Culture: Who Cares?

- Constructions of the body, health and illness
- Filial piety as a barrier to seeking care
- Family dynamics and immigration status
- Decision-making within the family
- Complimentary and alternative medicines



# Identification of Candidacy

“The majority of us, ... we’re afraid sometimes to ask for help, because ... [our children] would say, ‘Okay, now you have to go to the hospital.’ ... In a nursing home, you have to struggle a lot. ... It’s not easy” (Latin American senior).

“If they’re isolated or they don’t have good communication with their family, ...especially the widows and widowers...they [may say] ‘oh, my kids are working.’ My observation is we get them in a **crisis**” (Health care provider).



## Offers and Resistance

“The care giving family...they have tried three times to place her and I’m saying, until you get over your guilt you’re not going to place her. ... I put in as much home support as the system allows but they can’t get over the guilt of letting go and putting her in a place because not one family member in this Vietnamese family can [stick to that decision], because of the culture values there...And so it’s a real big dilemma and it’s been going on for a year and a half. ...I will wait list her, but every time we get to that clinic it always breaks down and she’s back [with the family]” (health care provider).



# Knocking on Doors

- ❑ Knowledge of the health care system
- ❑ Language and interpretation
  - Communicating with health care providers
  - Accessing information – translation, literacy
  - Interpreters – ethical concerns when family
- ❑ Lack of resources
- ❑ Judgment calls
  - Cultural biases influence diagnosis



- ❑ EMS know very little about our health care system (“what is the health authority?”)
- ❑ Many health care positions here do not exist in home country (or are defined differently)
- ❑ Reliance on children for knowledge – dependency, conflict of interest ...
- ❑ Few resources in own language
- ❑ Few interpreters, transportation services



## Appearances – Language

- ❑ Language Barriers are higher for sponsored seniors
- ❑ Low levels of literacy from some countries (often gender-specific)
- ❑ Few ESL classes for seniors
- ❑ Minor language is often lost in old age
- ❑ Technical jargon hard to follow



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## Appearances-interpreters

“The major barrier that we come across is the language barrier. When we go to hospitals, see a professional or anything, they don’t speak Vietnamese, so therefore it stops us from actually speaking or expressing how we’re feeling or really telling them what our symptoms are because of the fact that there is a language barrier. Even [in] retirement homes or [in] any place, if there is no one that speaks our language, we get lonely and we get sad and we just want to go home, because we want to be around people who speak our language” (Vietnamese senior).



# Judgement Calls

“I have a heart problem, and also have high blood pressure. And I went to a specialist and the specialist said, well, I can’t do anything [for] you, because you’re too fat, so you better take these pills to lose weight. And a few days later I had a stroke” (Latin American senior).

- Chinese and South Asian physicians may be less likely to provide mental health diagnoses/referrals (Chen & Kazanjian 2005; Ineichen 1990)



## When is a Home not a Home?

- Long-term care
  - Language
  - Food
  - Religion
- Policy barriers
- Community health services



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## Emergent need for services

“Fifteen or twenty years ago, the people were thinking like this that their own family members would attend them when they’re sick, but with the passage of time, their views have changed because there are so many pressures on the family members. ...About thirty years ago, women were not going outside to work, but now most of the women are working outside the house, so how can they attend the family members if they are sick. So the circumstances have changed, and with the change of circumstances, our needs have also changed” (Punjabi service provider).



# Permeability of Services

- ❑ EMS want extended care homes that recognize their needs, especially re:
  - Language
  - Food
  - Religious practice
- ❑ Flexibility in existing homes is essential (staffing etc.)
- Targeted health promotion/chronic disease self-management programs have proven successful in many ways (e.g. Vietnamese Diabetes Project)



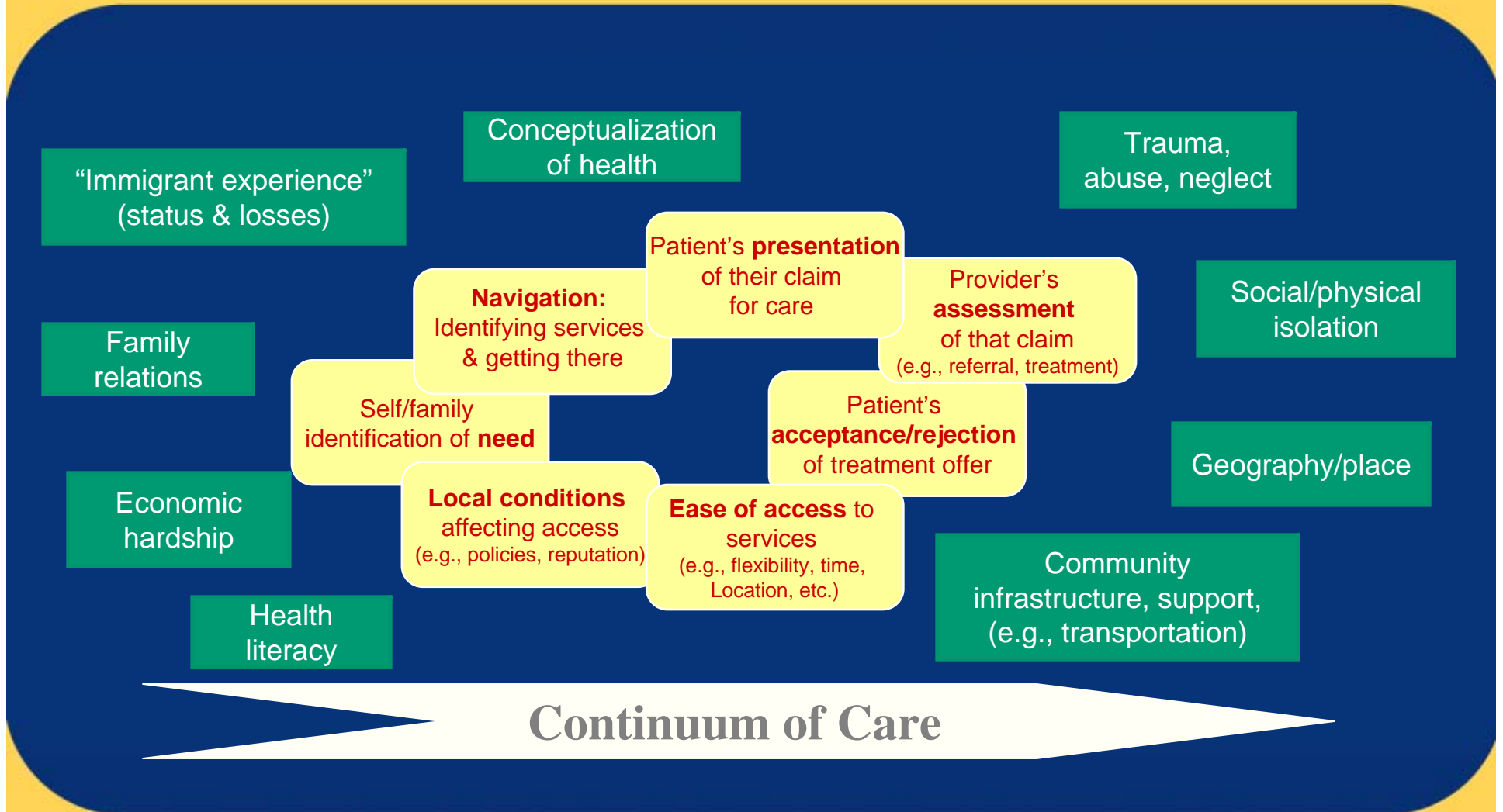
# Local Operating Conditions

- ❑ A paucity of Spanish-speaking GPs in Vancouver means that seniors tolerate physicians they do not like, travel considerable distances for doctor's visits, or consult GPs with whom they cannot communicate
- ❑ The “first available bed” or “priority access” policy causes disproportionate suffering for EMS who are placed in homes far from family who satisfy unmet food and language needs



- ❑ **Solutions lie at the individual, community, organizational and governmental levels**
  - **Individuals:** service providers and service consumers (seniors and families)
  - **Community:** geographic, cultural
  - **Organizations:** health, transportation, housing, continuing education...
  - **Government:** all levels

# Negotiating access to health care continuum





## Additional resources

- **Koehn, Sharon** (2009). Negotiating Candidacy: Access to Care for Ethnic Minority Seniors. *Ageing & Society* 29 (4): 585-608. Available at [http://journals.cambridge.org/repo\\_A54oN7Vz](http://journals.cambridge.org/repo_A54oN7Vz)
- **Koehn, Sharon D.**, Louisa Cameron and Susan Kehoe (2007). Proceedings of *Speaking to the Interface: A Symposium on Access to Care for Ethnic Minority Seniors*. Vancouver, BC: BC Home and Community Care Research Network. Available at <http://www.hccrn.com/kt/documents/SpeakingtotheInterface-Proceedings2007.pdf>.



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Contact me



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*Thank you!*

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