

# The Health of the Chinese Community in Dudley

## Executive Summary

ENGLISH

### A Report on A Health & Lifestyle Needs Assessment Carried Out In Autumn 2007

*On behalf of the Dudley Chinese Community Association*

在2007年秋季進行的  
健康及生活模式需要評估報告書

**A health and lifestyle needs assessment of the Chinese community in Dudley was undertaken on behalf of the Dudley Chinese Community Association (DCCA) by the Public Health Directorate of Dudley Primary Care Trust (DPCT), in partnership with staff from the Race Equality & Communication Service of Dudley Metropolitan Borough Council (DMBC) who supported the organisation. This Executive Summary gives an edited version of the main report.**

## **Background**

- The Chinese community are well established in Dudley Borough, constituting 0.22% of the total population of 305,155 (DMBC Census 2001 Publication No: 1) but there is very little local information available on their specific health related needs.
- The DCCA expressed a need for information about their community's health and lifestyle so that they could better understand and represent the needs of the community and hence access funds for future developments.
- The strong relationship built over the years between the health and social care workers and the local Chinese community identified this as a joint need and hence provided the opportunity to work together.

## **Project Aims**

- To develop a baseline of information on health and lifestyle issues related to the Chinese community in the borough of Dudley.
- To identify specific needs with regard to communication, access and information.

## **Method**

- A postal survey of the membership of the DCCA was carried out during November - December 2007, using a semi-structured, bi-lingual questionnaire, which was self-completing, or could be completed with support from an interpreter. The questionnaire was designed to accommodate responses written/spoken in Chinese which were re-translated back into English by the same interpreter to ensure consistency.
- 277 questionnaires were sent out and 124 returned giving a response rate of 45%.

## **Profile of Respondents**

- All respondents identified their ethnic group as Chinese.
- 59% were female compared to 41% men.
- Age-range was broad, with the majority between 24 – 64 years of age.
- 50% were in full or part-time employment, 23% were retired, 11% were in education, and 11% stayed at home to look after the family. 3% said they were not employed.
- Almost a quarter said they were limited in carrying out their daily activities due to long-term illness, health problem or disability.
- The main community languages spoken were Cantonese Chinese (92%), Hakka (43%), English (37%), and Mandarin Chinese (24%). Others identified were Fujian and Vietnamese.

## Main Findings

### Physical Activity

- 47% considered they were fit or very fit, 42% said their fitness level was average and 11% said they felt unfit.
- Only a quarter of respondents achieved the recommended level of activity for adults (30 minutes per day at a moderate pace for 5 days).
- Physical exercise was popular amongst men and housework ranked highest with females as their source of physical activity.
- Lack of opportunity, lack of time and cost of facilities were main reasons for not doing enough physical activity.
- More information about local facilities, information and guidance on what to do, and safer parks would help them to become more physically active.

In conclusion, the concept of physical activity was valued within both leisure and domestic environments by the community but there is a strong need for greater awareness of the recommended levels, and of the local facilities and opportunities available.

#### **Recommendations:**

- To develop targeted work with Chinese women to promote physical activity messages.
- To raise awareness of local facilities for physical activity and promote them in the community to encourage uptake.

### Healthy Eating

- 70% felt their diet was 'healthy' but only 11% said they ate the recommended 5 portions of fruit and vegetables per day.
- Access and cost were identified as reasons for not eating the recommended levels.
- Respondents reported low intake of full fat milk and cheese.
- 60% ate oily fish at the recommended level of 1-3 times per week.
- Adding salt to food at the table was low but 97% used soya sauce in cooking.

***"There is not much Chinese vegetables to select in the supermarket"***

***"Don't know how to count as 5 portions"***

In conclusion, although the perception was that they had a 'healthy diet' respondents did not practice the national healthy eating guidelines related to eating fruit and vegetables. The low fat intake and the consumption of the recommended amount of oily fish is good practice and to be commended but there needs to be awareness raised of a balanced diet overall. Food access was highlighted as a concern and needs to be considered amongst other social factors when promoting healthy eating messages.

#### **Recommendations:**

- To explore the cultural understanding of what a 'healthy diet' means to the Chinese community.
- To develop targeted work on raising awareness and promoting healthy eating/cooking messages (i.e. use of soya sauce and salt in cooking).
- To celebrate the positive healthy eating actions currently maintained by the community (i.e. low consumption of fats).
- To address the need around access to fruit and vegetables.

## Alcohol & Smoking

- 85% of females and 67% of males did not drink alcohol.
- Of those who drank alcohol, they were not very aware of harmful levels of drinking.
- 92% did not smoke any kind of tobacco.
- Of those who smoked, 6 people wanted to stop smoking but had not used any local services.

**“I don’t know which method is good for me to stop smoking. I don’t know how to stop smoking”**

In conclusion, although alcohol drinking and smoking tobacco do not appear to be major issues for the local Chinese community, there is need for specific support in raising awareness of levels of harmful drinking as a prevention tool and for promoting local services that support people wishing to give up smoking.

### **Recommendations:**

- To raise awareness of harmful levels of drinking alcohol amongst Chinese men.
- To raise awareness of local Quit Smoking Service and other sources of support.

## Emotional Health & Wellbeing

- Most people were satisfied with their life with regard to family life (87%), friendships and relationships (86%), time for leisure activities (64%), and their education (54%).
- 41% reported feeling calm and peaceful for most of the time in the previous month, but 24% had not.
- 43% had felt downhearted and depressed for some of the time and 7% said most or all of the time during that period.
- Main sources of help and support identified were friends (60%), spouses/partners (46%), children (40%) and relatives (35%). Only 17% sought help from public services and 6% from voluntary organisations.
- 32% did not feel connected to the wider community, especially women aged 33-48 years.

**“I totally rely on the community workers”**

**“Who can understand me?”**

In conclusion, the community reported high levels of life satisfaction and therefore indicate resilience. But there was identified need for personal development opportunities, for greater awareness of public services and the support available, and for developing work with women in their 30s and 40s to combat any potential for isolation.

### **Recommendations:**

- To develop learning and personal development opportunities for the Chinese community.
- To celebrate family life and achievements within the community and with others.
- To raise awareness of the public services and resources available to support mental health and wellbeing.
- To develop and establish social participation and networking opportunities for the community, especially women aged 30-50 years to combat isolation and enable greater contribution to the wider community.

## Access To Services

- 57% of respondents had not used any local health or social care services in the previous year.
- Of the 43% that did, almost two-thirds identified use of health related services.
- 53% said they needed an interpreter to access health and social care services and relied mostly on family members.
- Literacy levels were good with 84% able to read Cantonese Chinese. 43% were able to read English and 37% could speak it. Only 3% said they could not read any language.
- Other languages used by the community were Hakka, Mandarin, Fujian, Vietnamese and Malay.
- 83% preferred to receive information on looking after their health via written material such as leaflets, posters and newsletters.
- Written material was the preferred method for receiving translated information; group and one-to-one sessions were least preferred.

**“Need more interpreters, specially in GP surgeries...” (Male, age 83)**

**“I would like the council to employ more community workers/social workers to help the people who can't speak English....” (Female, age 61)**

**“Due to the working hours, sometimes unable to attend the event. Written information will be good” (Male, age 49)**

**“I wish there is a centre to provide all sorts of activity which will benefit the Chinese community” (Female, age 43)**

In conclusion, the survey findings reflected the key access issues identified by other studies, namely, under-use of services, language difficulties, need for interpreter to see a doctor and reliance on family members to meet that need. There was also a strong expressed wish for a community centre to support the needs of the local Chinese community.

### **Recommendations:**

- To raise awareness within the community of the local interpreting facilities available from services to support their health and social care needs, particularly for older people.
- To ensure that interpreting provision is considered from the outset in planning and developing health initiatives to prevent reliance on family members.
- To make available information in the appropriate written form of Chinese (i.e. Cantonese or Mandarin) in the format of leaflets, posters, or newsletters when promoting health messages to the community. But also to consider the need for specific dialects when arranging interpreting provision.
- For services to make good links with the Dudley Chinese Community Association and engage with the Chinese community.
- To support the establishment of a permanent centre or base for the Chinese community in Dudley.

### Summary of the key issues identified in national studies relevant to the Chinese Community:

- Experience of isolation
- Image of a 'quiet' or invisible community
- Strong traditional and social values
- Inter-generational conflict
- Cultural concepts and beliefs
- Stigma of mental illness
- Lack of awareness/knowledge of services
- Need for language support/bilingual workers
- Lack of cultural relevance in promoting health messages
- Need for training professionals

## Progress and Next Steps

- Health Improvement Programmes in Public Health aim to work with the Chinese community and take forward relevant recommendations.
- In October 2008, the piloting of a bi-lingual course for the Chinese community in Dudley organised by the Expert Patient Programme (EPP). The course evaluated very well and resulted in commissioning guidance for working with non-English speaking communities to ensure relevance and appropriateness in future EPP developments across diverse communities.
- In September 2009 the Tandrusti Service started physical activity classes in Lye which are very well attended and have resulted in socialising opportunities for the community.
- A Carer's Event was held in March 2010 in Brierley Hill to raise awareness of Carer's Rights. The event was supported and delivered by the Birmingham Chinese Community Centre.
- There is a commitment from frontline workers to work across sectors to raise awareness of the needs of the Chinese community and offer appropriate support.
- The Dudley Chinese Community Association will lead on disseminating the findings of the study in the community.

## Acknowledgements

We would like to sincerely thank everyone who participated in the survey for their time and valuable contribution. Particular thanks to the Dudley Chinese Community Association (DCCA) and colleagues from Dudley PCT and Dudley MBC for their help and support throughout the various stages of the survey process.

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