



Health Needs of the Chinese in Shropshire County and Telford & Wrekin

A report commissioned by Shropshire County Primary Care Trust

Lucy Tran
Chinese National Healthy Living Centre
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Executive Summary

Background

- In September 2005, Shropshire County Primary Care Trust (PCT) commissioned the Chinese National Healthy Living Centre to carry out a health needs assessment of the Chinese population in Shropshire. One of the key drivers for this assessment was the fact that Chinese were the largest single ethnic minority group residing in Shropshire County.
- Shropshire County PCT is responsible for primary and community care in the County and also runs community hospitals and mental health services. The PCT also provides services (e.g. mental health services) to people living in Telford & Wrekin. The Chinese population count was 737 in Shropshire County and 542 in Telford & Wrekin in the 2001 Census.
- This health needs assessment presents the qualitative views and experiences of Chinese residents of Shropshire County and Telford & Wrekin as users of health services.

Findings and recommendations

- Language and health beliefs are major determinants of the way in which Chinese people seek and use health care. Chinese view health as the 'absence of illness' and in this setting, use of health services is reactive and sought only when needed. With the additional constraint of language, Chinese people face inequities in access to peripheral and preventative services.
- The Translation and Interpretation Services provided by Shropshire County PCT and the Borough of Telford & Wrekin Council need to be more widely publicised, both within the Chinese community and among service providers. Interpretation must be available in both Cantonese and Mandarin.
- Access to services is inherently linked with access to information. For both new arrivals to the country, such as students, and established residents, it is apparent that information must be available in Chinese and widely accessible. Effective information distribution channels need to be identified. Flexible GP opening hours or Out-of-Hours services should be considered so that certain groups within the Chinese community are not excluded.
- The PCT needs to develop a long-standing dialogue with the Chinese community, as needs assessment is only useful if continually updated. Mechanisms must be developed to reach and engage with the community so that their needs are taken into account when planning and delivering services.
- A bilingual linkworker should be employed to develop and support local networks and to deliver health education and health promotion programmes. These programmes must take into account the nature and lifestyles of the local population and reach those who are most disadvantaged.
- The feasibility of expanding the geographical and functional remit of the Chinese Cultural Centre in Telford should be investigated. The Centre could assume a direct role in promoting better health by becoming a focal point for delivery of health information, providing

- i) a Chinese-language health resource library
- ii) health talks delivered in Chinese

Links with other Chinese organisations, e.g. Chinese National Healthy Living Centre should be built so that good practice in developing and supporting community health initiatives can be shared.

- Cultural awareness training is particularly important for providers of secondary care. As the population ages, this will become important for long term and palliative care. However, this study has also highlighted the importance of awareness of ethnic differences in risk factors, genetic susceptibility and epidemiology. Ethnic awareness should be promoted among primary care providers. They should also be aware that Chinese have a tendency to combine Chinese and Western medical systems.
- Cultural awareness in mental health care is also essential. Culturally- and linguistically-appropriate services should be made available. These services can be delivered by outside organisations but promotion and referral systems need to be established so that they can be accessed.
- Given the high proportion of Chinese students in Colleges, cultural awareness needs to be promoted among College authorities so that guidelines and policies can be put in place to accommodate culturally different health needs and behaviours.
- Ethnic monitoring must be introduced across the board so that equity of service provision in relation to needs and population dynamics is ensured.

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Contents

	Executive Summary	2
	Acknowledgments	3
	Contents	4
1.	Background	5
2.	Chinese in Britain	5
2.1	A timeline	5
2.2	Population characteristics	6
3.	Chinese in Shropshire and Telford & Wrekin	7
3.1	Shropshire County	7
3.1.1	Index of Multiple Deprivation	7
3.2	Borough of Telford & Wrekin	8
4.	Methodology	11
4.1	Focus group	11
4.2	Interviews	12
4.3	Questionnaire survey	12
4.4	Advantages and limitations of the sample	12
5.	Qualitative views of Chinese in Shropshire and Telford & Wrekin	14
5.1	Self-reported health and health beliefs	14
5.2	Language and cultural issues	14
5.3	GP registration	16
5.4	Access to information	16
5.5	Service provision	17
5.5.1	GP services	17
5.5.2	Other services	18
5.5.3	Social services	19
5.6	Attitudes, expectations and felt needs	19
5.7	Dependent children and young people	20
5.8	Overcrowding	20
5.9	Social support networks	21
5.10	Asylum seekers and irregular migrants	21
5.11	Traditional Chinese Medicine	21
5.12	Students in boarding colleges	22
5.12.1	Concord College	23
5.12.2	Ellesmere College	24
5.13	Disease patterns	24
6.	GP Survey	25
7.	Summary of recommendations	27
8.	References	28
	Appendix A	29
	Appendix B	40
	Appendix C	42
	Appendix D	60

1. Background

In September 2005, Shropshire County Primary Care Trust (PCT) commissioned the Chinese National Healthy Living Centre to carry out a health needs assessment of the Chinese population in Shropshire. One of the key drivers for this assessment was the fact that Chinese were the largest single ethnic minority group residing in Shropshire County, according to the 2001 Census.

Shropshire County PCT is responsible for primary and community care in the County and also runs community hospitals and mental health services. The PCT also provides services (e.g. mental health services) to people living in Telford & Wrekin. The Chinese population count was 737 in Shropshire County and 542 in Telford & Wrekin in the 2001 Census. This health needs assessment presents the qualitative views and experiences of Chinese residents of Shropshire County and Telford & Wrekin as users of health services.

Although it is acknowledged that many factors determine health, including education, housing, employment etc., this study focussed primarily on health care provision and should be described as a 'healthcare' needs assessment.

The main aim of the study was to develop a profile of the Chinese community in terms of health service use and health care needs. The key questions posed in addressing this aim were:

What are the experiences of local Chinese people as users of health services?
What do the local Chinese community perceive as being their main health needs?

A two-part approach was taken to gather the views of the Chinese population in both Shropshire and Telford & Wrekin. Firstly, a qualitative assessment was made through group discussion and semi-structured interviews in order to identify issues that were of particular concern. Secondly, a postal survey was conducted using a self-completion questionnaire.

As the gatekeepers to the health service and the first point of contact for most health service users, a short questionnaire was sent to all GP practices in Shropshire to survey their views on the health needs of Chinese patients.

The findings are reported here together with recommendations throughout for addressing the needs identified in the study.

2. Chinese in Britain

The first objective of this study was to construct a profile of the Chinese community using the information available. In order to better understand the nature of the Chinese community in Shropshire and Telford & Wrekin, the population needs to be considered in the context of the national Chinese population, both in its history and demographics.

2.1. A timeline

Late 19th century

The first Chinese to arrive in Britain were the seamen employed on British merchant ships in the late 1860s. By the late 19th century, they had settled in ports such as Limehouse in London and Liverpool.

1950s – 1960s

Land reforms and the collapse of the agricultural industry in Hong Kong resulted in a second wave of migration as farmers left to seek work in the UK. The 1948 British Nationality Act that gave New Commonwealth citizens the right to live and work in Britain made this

	possible. This Act also opened the door to arrivals from the former British colonies, such as Malaysia and Singapore, who brought with them specialist skills, such as nursing.
<u>1970s – 1980s</u>	The end of the Vietnam War marked another phase of Chinese immigration with ethnic Chinese forming nearly 80% of the Vietnamese refugee community in Britain.
<u>1990s – present</u>	The return of Hong Kong to China on 30 th June 1997 also led to further migration of Hong Kong Chinese to Britain while recent years have witnessed a rapid increase in the number of Mainland Chinese, especially from the Fujian province, seeking economic freedom in Britain.

2.2. Population characteristics

In 1991, the National Population Census recorded ethnicity for the first time and put the figure for ethnic Chinese in Britain at 164,667 (ethnic group data were not collected on the Northern Ireland Census). By 2001, this figure had climbed to 247,403, making ethnic Chinese the 6th largest non-white minority ethnic group in the UK and forming 0.4% of the total population. However, these figures are likely to be underestimates as the Census would not have included those who were illiterate, those who were in the process of applying for asylum or irregular migrants. Indeed, the most recent mid-year population estimates by the Office for National Statistics suggest that the number of ethnic Chinese in England stood at 284,600 in 2003. With estimated populations of 227,500 in 2001 and 258,600 in 2002, the Chinese community was the fastest growing ethnic minority group in England with an average annual growth rate of 11.9%. However, in absolute terms, the rises in Black African, Other White and Indian groups made the largest contributions to growth. The growth in the Chinese population is largely attributable to net international in-migration. Chinese community representatives believe that this growth is being led by students, with an estimated 90,000 Mainland Chinese students studying in the UK, and economic migrants from Mainland China¹. In 2001, students represented nearly a third of the Chinese population in England & Wales and 18.7% of the population was aged 18-24. Estimates suggest that as many as 80,000 work here illegally, with the pace of new arrivals largely explaining why more than 60% of the population cannot speak fluent English². China's rapid economic expansion is also predicted to have a sizeable impact on the UK Chinese population and its dynamics in the near future.

Geographically, the Chinese population is the most dispersed ethnic minority group in the UK. Although Chinese population density remains highest in the major urban areas, with 80,206 in London (Census 2001), there are significant numbers outside of these areas. This pattern of settlement has come about largely through the movement of restaurateurs and takeaway owners away from concentrations of Chinese people in order to reduce competition, resulting in social isolation, especially amongst the elderly. The catering trade remains the largest industry for Chinese people, although this is likely to change as second and third generation UK-born Chinese assimilate into mainstream society, taking up different roles. In the 2001 Census, there was approximately the same number of Chinese in managerial and professional occupations as there were small employers and own account workers (restaurant and takeaway owners; Appendix A: 3. NS-SeC). The number of 'high street' Chinese medicine shops is also growing rapidly and fast becoming the second largest industry for Chinese according to unofficial sources.

3. Chinese in Shropshire and Telford & Wrekin

3.1. Shropshire County

Shropshire is a large, predominantly rural county with a relatively small population (287,900 in 2003) and is one of the most sparsely populated counties in England. The local economy is based on tourism and agriculture and the County Council is the largest employer. Ethnic groups represent a very small percentage of the population, 1.2% compared to 9% nationally (Census 2001). The Chinese community represents 0.26% of the total population in Shropshire (Census 2001). The rural character and dispersed population of Shropshire makes it difficult to identify areas of need and to deliver services efficiently and effectively. This is even truer for the Chinese population for whom specialised services may be required. Although there is a high concentration of Chinese in Shrewsbury, the population is highly dispersed throughout the County (Table 1). This also makes it difficult to organise and establish community groups.

3.1.1. Index of Multiple Deprivation 2004

The Index of Multiple Deprivation 2004 (IMD 2004) was published by the Office of the Deputy Prime Minister and is a Super Output Area (SOA) level index that measures deprivation using indicators relating to income, employment, health and disability, education, skills and training, barriers to housing and services, crime and living environment. The relationship between deprivation and ill health is well documented. Overall, Shropshire County is a relatively affluent area. However, the IMD 2004 has identified a number of Super Output Areas where there is evidence of social exclusion, poor housing, low incomes and health inequalities. Three of Shropshire's 192 SOAs fall within the most deprived fifth of areas in England and they fall within the electoral wards of Harlescott and Meole Brace in Shrewsbury and Ludlow Henley in Ludlow. At district level, Oswestry and Shrewsbury & Atcham are the most deprived districts in the county. The distribution of Chinese in urban areas shows the highest numbers in Shrewsbury, Oswestry and Ludlow (Census 2001; Table 1). Although this is a broad correlation and the number of Chinese people in each area is relatively small, it may give an indication of the level of deprivation experienced by Chinese people.

In Shropshire, the 2001 population census provides the only source of up-to-date information on ethnic groups and can be used to paint a picture of the Chinese population in the County (Appendix A). In 2001, the Census recorded 737 Chinese people in the County. The age structure is much younger than the total population and this is reflective of the Chinese population in England & Wales (Figure 1). 42% of the Chinese population in Shropshire County were aged 16-24 and of these 97% were full-time students. Even excluding the 16-24 year olds, the age distribution in Shropshire County of the Chinese is skewed towards a younger population compared to that of the overall population, with only 2.4% aged over 64 and no people aged over 79 (in 2001).

By National Statistics Socio-economic Classification, small employers and own account workers were the second largest group after students. In Shropshire (and England & Wales), restaurant and takeaway owners are likely to account for the majority of small employers. Of all Chinese people aged 16-74 in employment the week before the Census, 51% were employed in the Hotels and restaurants industry. The number of students and people working in the catering trade is disproportionately high in Shropshire County compared to England & Wales. The large number of students is attributable to overseas Chinese students in boarding colleges while the Chinese takeaway trade is the dominant industry for Chinese residents. Indeed, 50% of dependent children were residing in households occupied in the catering trade.

Table 1. Urban area profile: distribution of Chinese in urban areas of Shropshire County (Census 2001). *The Chinese populations in these areas represent the largest minority ethnic group in the area.

Urban area	Total population	Number of Chinese	% of total population
Weston Rhyn	1776	13	0.7*
Oswestry	16663	81	0.5
Ludlow	9553	34	0.4*
Shrewsbury	67126	174	0.3*
Wem	5145	14	0.3
Bayston Hill	5247	10	0.2*
Bridgnorth	11889	29	0.2
Broseley	5514	12	0.2*
Church Stretton	3838	9	0.2*
Cleobury Mortimer	2272	4	0.2
Ellesmere	3223	6	0.2
Highley	3293	5	0.2
Market Drayton	10408	16	0.2
Much Wenlock	1958	3	0.2
Pontesbury	1675	3	0.2
Shawbury	2359	5	0.2
Tenbury Wells (Burford)	3319	5	0.2
Albrighton	7711	6	0.1
Gobowen	3235	3	0.1
Shifnal	5925	6	0.1
Whitchurch	8673	7	0.1
Alveley	1648	0	0.0
Bishop's Castle	1636	0	0.0
Craven Arms	2030	0	0.0
Pant	1791	0	0.0
St Martin's	2275	0	0.0

3.2. Borough of Telford & Wrekin

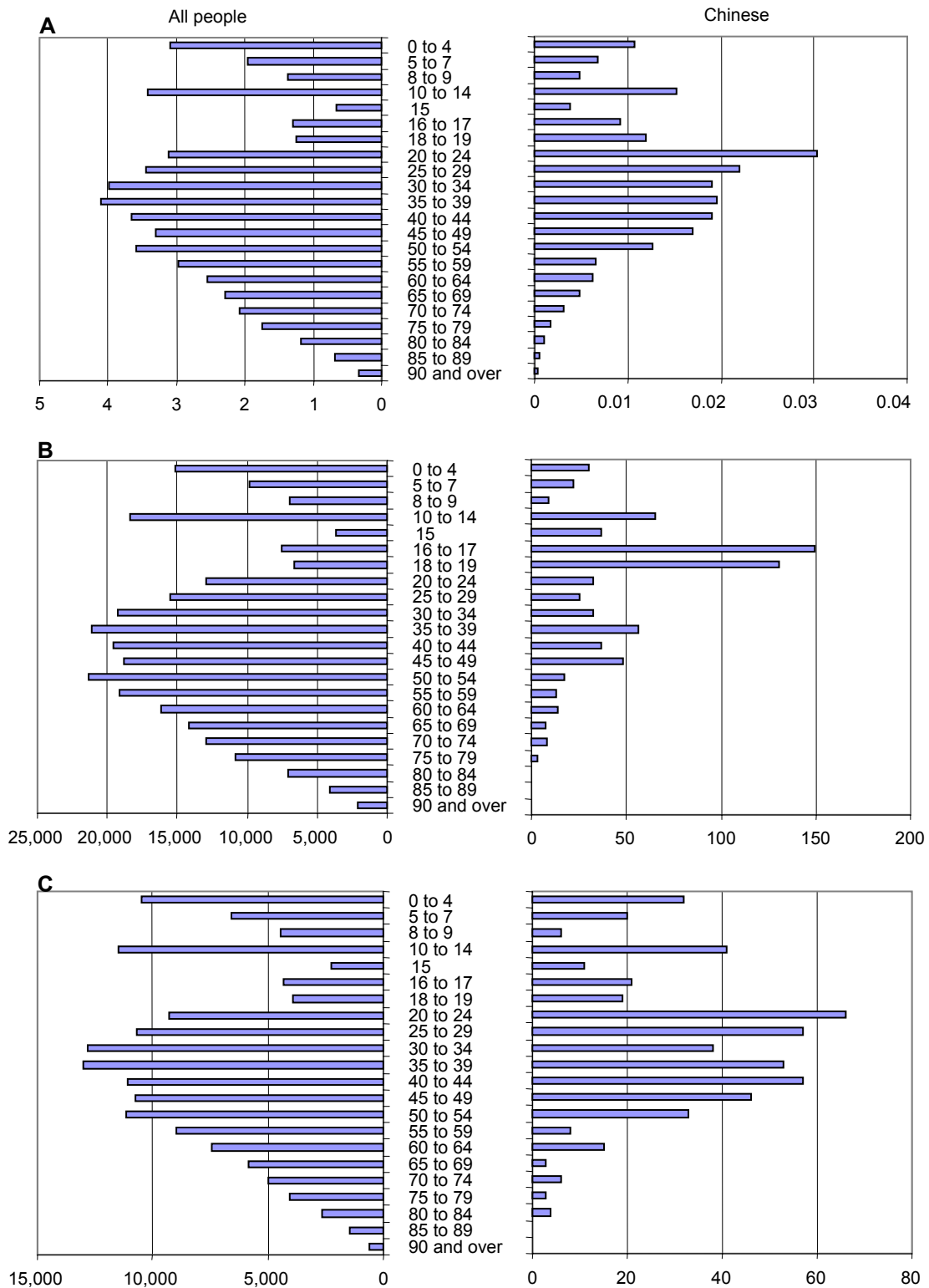
The population of Telford & Wrekin was 158,325 at the 2001 Census and had a larger black and minority ethnic population compared to Shropshire County (5.2% of the total population). There were 524 Chinese people, representing 0.34% of the total population. At less than one tenth of the area of Shropshire, the population density of Telford & Wrekin is 6 times that of Shropshire County. The 'New Town' of Telford accounts for only 27.4% of the area of the Borough but 84.3% of the population (Census 2001).

The economy is largely dependent on manufacturing, with a low skill and low pay culture³. In 2001, a quarter of all people in Telford & Wrekin were employed in the manufacturing industry. However, for Chinese people, the Hotels and restaurants industry remained the largest industry accounting for 39% of working Chinese people while manufacturing was the second largest industry (accounting for 15%). As in Shropshire, there were a high proportion of students (21%) although they were likely to be in non-boarding further or higher education institutions. While approximately 26% of people aged 0-19 in Shropshire were classified as dependent children, this figure was approximately 81% for Telford & Wrekin. The proportion of dependent children in households occupied in the catering trade was similarly high at 43%.

The Chinese population in Telford & Wrekin is thus not only denser but also larger in comparison to that of Shropshire if children in boarding colleges were not included. This would also give the impression of greater diversity in trades, with a larger number in manufacturing and other business activities compared to Shropshire.

While there are no Chinese community organisations in Shropshire, there is a Chinese Cultural Centre in Telford based at the University of Wolverhampton Telford Campus. The Cultural Centre is a learning centre for Chinese musical instruments and cultural exchange. Festivals and events are organised which are open to people of all ethnic backgrounds to encourage learning and integration. The Centre also provides Chinese language classes to Chinese children and is also known as the Chinese School.

Figure 1. Distribution of total and Chinese populations by age in England & Wales (A), Shropshire County (B) and Telford & Wrekin (C). Numbers in millions for England & Wales. (Source: Census 2001)



4. Methodology

The qualitative views of Chinese people in Shropshire County and Telford & Wrekin were collected using the following methods:

A focus group held in Telford (9 participants)

Semi-structured interviews conducted over the telephone and in person (13 interviewees)

A questionnaire survey of Chinese takeaways, Chinese medicine shops and parents of the Telford Chinese School (14 questionnaires returned)

A qualitative approach to the health needs assessment was adopted as lack of ethnic monitoring data in the health system meant that analysis of service usage could not be undertaken. Reaching into the dispersed community was also problematic and the number of people surveyed was too small for quantitative analysis. The views obtained using the methods described above (a total sample size of 36) were therefore pooled to produce a qualitative analysis.

4.1. Focus group

Participants of the focus group were recruited through the Telford Chinese School. The Chinese School provides Chinese language classes and one-to-one tuition to Chinese children learning Cantonese and Mandarin. The school is based at the Telford Campus of Wolverhampton University and currently has 20 Chinese students, 16 learning Cantonese and 4 learning Mandarin. 3 live in nearby Shrewsbury and the remainder are from Telford.

According to the head of the school, the families from Shrewsbury are Cantonese-speaking and own Chinese takeaways. At the participant recruitment stage, two focus groups were planned to accommodate the two main Chinese dialects – Cantonese and Mandarin. However, no participants were recruited for the Cantonese group and the most likely explanation put forward by the head of the school was that they were occupied in their takeaways. Therefore, only one focus group was convened and facilitated in Mandarin by a teacher of the school for Mandarin-speaking residents of Telford (Table 2).

Table 2. Focus group sample

Participant	Sex	Age	Languages spoken	Country of birth
A	M	48	Mandarin English	Singapore
B	F	51	Mandarin	Taiwan
C	F	24	Mandarin English German	Taiwan
D	F	45	Mandarin Japanese	Taiwan
E	F	24	Taiwanese Mandarin	Taiwan
F	F	42	Mandarin	Hong Kong
G	M	51	Mandarin	Hong Kong
H	F	23	Mandarin	China
I	F	37	Mandarin	China

4.2. Interviews

The lack of any Chinese community networks or organisations in Shropshire meant that bringing a group of people together to convene a focus group was not possible. Their views were therefore gathered by interviews and contacts were made through Chinese takeaways, Chinese medicine shops and colleges (Table 3). An interview with the head of the Chinese School is also included in this sample. Except for the head of the School and the Chinese medicine practitioner (who spoke Mandarin), all interviewees spoke Cantonese.

The same set of questions was asked in the focus group and interviews (see Appendix B).

Table 3. Interview sample

Interviewee	Sex	Age	Country of birth	Interview conducted in
Takeaway owner/worker, Bridgnorth	M	16-34	China	Cantonese
Takeaway owner/worker, Bishops Castle	M	16-34	China	Cantonese
Takeaway owner/worker, Ludlow	M	35-64	Hong Kong	Cantonese
Takeaway owner/worker, Oswestry	M	65-74	Hong Kong	Cantonese
Takeaway owner/worker, Oswestry	M	16-34	-	English
Takeaway owner/worker, Wem	M	35-64	Hong Kong	Cantonese
Takeaway owner/worker, Wem	F	35-64	Hong Kong	Cantonese
Takeaway owner/worker, Wem	F	16-34	UK	English
Chinese medicine practitioner, Shrewsbury	M	16-34	China	English
College student, Ludlow	F	16-34	Hong Kong	Cantonese
College student, Ludlow	F	16-34	Hong Kong	Cantonese
User of Social Services, Shropshire	M	35-64	Hong Kong	Cantonese
Telford Chinese School	F	35-64	Taiwan	English

4.3. Questionnaire survey

Questionnaires were posted to Chinese takeaways and Chinese medicine shops in Shropshire County and Telford & Wrekin. These were located through the Chinese Takeaway Association (UK) membership list, the Association of Traditional Chinese Medicine membership list and contacts, and Internet listings. They were also distributed to parents of the Telford Chinese School. Questionnaires were distributed in both English and Chinese (Appendix C). 14 out of 65 questionnaires distributed were returned (Table 4).

4.4. Advantages and limitations of the sample

Like any qualitative study, the views gathered from this sample may not be representative of the whole population, but they do provide evidence for the opinions expressed in this study. While the interview sample may appear to be dominated by the takeaway trade, this is perhaps reflective of the population. According to the Chinese Takeaway Association (UK), the association has 50 members in Shropshire County and Telford (34 in Shropshire and 16 in Telford) and there are many more who are not members. It also provides a targeted study of the most disadvantaged group of Chinese in the County. Indeed, there were Chinese who did not take part as they considered themselves 'British' and therefore inappropriate subjects for inclusion in the study. In order to broaden the scope of the study and to gather the views of Chinese people in public and health service provision roles approaches to Shropshire County Council and various hospitals were made. However, these failed to recruit any Chinese staff for interview.

Table 4. Questionnaire sample

	Source	Version	Sex	Age	Employment status	Country of birth	Language most comfortable with	Competency in English	Household composition	Residency in UK (years)
1	Telford Chinese School	English	M	16-34	Full-time student	China	Mandarin	Basic conversation	1 adult	1.5
2	Telford Chinese School	English	F	35-64	Part-time employed	Hong Kong	English	No problems	2 adults 2 children	20
3	Telford Chinese School	English	F	35-64	Self-employed	United Kingdom	English	No problems	4 adults 3 children	-
4	Telford Chinese School	Chinese	F	35-64	Self-employed (catering)	China	Cantonese	Basic exchanges	2 adults 1 child	22
5	Telford Chinese School	Chinese	F	35-64	Unemployed	Hong Kong	Cantonese	Basic conversation	2 adults 2 children	7
6	Telford Chinese School	Chinese	F	35-64	Full-time student	China	Mandarin	Basic conversation	1 adult	1.5
7	Shropshire takeaway	English	M	16-34	Self-employed (catering)	United Kingdom	English	No problems	7 adults	20+
8	Shropshire takeaway	English	M	35-64	Full-time employed	Hong Kong	English	No problems	3 adults 2 children	30
9	Shropshire takeaway	Chinese	M	35-64	Full-time employed	Hong Kong	Cantonese	Basic conversation	3 adults 4 children	39
10	Shropshire takeaway	Chinese	M	35-64	Full-time employed	Hong Kong	Cantonese	Basic exchanges	2 adults 2 children	20
11	Shropshire takeaway	Chinese	F	35-64	Part-time employed	China	Cantonese	No English	5 adults 1 child	20
12	Shropshire takeaway	Chinese	F	16-34	Full-time employed	China	Cantonese	Basic exchanges	7 adults	3
13	Shropshire takeaway	English	F	16-34	Full-time employed	United Kingdom	English	No problems	2 adults	32
14	Telford takeaway	Chinese	M	35-64	Full-time employed	Hong Kong	Cantonese	Basic exchanges	2 adults 2 children	20

5. Qualitative views of Chinese in Shropshire and Telford & Wrekin

This section summarises the views and opinions obtained from the focus group, interviews and questionnaires, a total sample size of 36. Participants of the focus group, interviewees, and questionnaire respondents are collectively referred to as 'participants' of the study.

5.1. Self-reported health and health beliefs

These factors were considered in the assessment as they are known to impact on the choices people make relating to health and health service use.

Universally amongst the sample, 'being healthy' was defined as the 'absence of illness', although a significant proportion did cite mental and emotional well being as important contributors to health, and this view was held irrespective of age. Indeed, after diet and exercise, stress from work was the third most frequently cited factor that affects health. Bad habits, such as smoking and drinking alcohol, and the weather were also mentioned. In terms of diet, all participants put forward a model for health of reduced intake of fatty, fried and deep fried foods and increased intake of fruit and vegetables. All felt that their diets complied with this model.

All participants said that they would visit their GP for physical ailments but not for mental health problems, unless it was serious. There were a number of reasons for this:

'No, he [GP] can't really help. I just find ways to relax – listen to music'.

Takeaway owner, male

'Mental health problems [depression and stress] aren't really health problems – you just deal with it'.

Focus group, male

'It's hard enough seeing your GP for physical problems, let alone mental health problems'

Focus group, female

Nearly all participants reported their current health status as 'OK' or 'healthy'. One participant (a takeaway owner, nearly 70) reported 'Not good, because I have heart disease. I am on medication'. However, two participants (a married couple working in a takeaway) who reported 'OK' health also reported work-related illnesses – occasional pain in arm and skin condition on feet (male) and pain in shoulder (female). These conditions had been presented to their GP.

5.2. Language and cultural issues

Ability to speak the English language varied among the sample, with most young people speaking fluently or competently and levels of competency varying among the older age groups from speaking none at all or little to fairly competently.

Nearly all people in the sample either required an interpreter when visiting their GP or acted as interpreter for a spouse or parent. However, language was not perceived to be a major barrier to visiting their GP although it could sometimes be problematic. For example, for this family:

'Language is a problem sometimes – for more serious things my children come with me to interpret'.

Father, late 40's

'Language is a problem – my daughter has to come with me each time... My eldest daughter came here when she was 5 and started interpreting for us almost straightaway'.

Mother, late 40's

Interviewer: How do you feel about interpreting for your parents?

Interviewee: I don't mind. My sister does most of it.

Interviewer: Have you ever experienced any difficulties when interpreting?

Interviewee: Yes, sometimes I have difficulty translating medical terms.

Interviewer: Have you been in situations where you've found it embarrassing?

Interviewee: Um, no, you get used to it.

Daughter, late teens

In the focus group:

Facilitator: Are there any obstacles that hinder or prevent you from visiting your GP?

Participant: (None were voiced)

Facilitator: How about language?

Participant: No, we solve these problems ourselves.

While one-off visits to the GP were considered acceptable for asking children to interpret, it would be a problem if frequent visits were required.

Interviewer: Do you think physiotherapy would help?

Interviewee: Yes, that would be good but there aren't any interpreters. I would have to take one of my children each time, I can't do that. It would be very troublesome.

Mother, late 40's

Language is therefore a barrier to accessing certain services, such as longer-term therapies and services that are perhaps considered 'non-essential', for example

Interviewer: Did you attend antenatal classes?

Interviewee: No, because I can't speak English and I had to work.

None of the sample knew whether or not their GP or hospital provided interpreters, despite the provision of Interpretation and Translation Services by Shropshire County PCT and the Borough of Telford & Wrekin Council. In the year 2004-05, Shropshire County PCT did not provide any interpretation services to Chinese and only 2 Chinese translation services. The Borough of Telford & Wrekin Council did not make figures available for this assessment.

Cultural conflict was identified as a problem in secondary care.

'...we went to see a Chinese lady in hospital because she was feeling lonely, she said nurses were very indifferent, she was very scared. But I thought the nurses were kind and friendly. Then I heard the lady say 'Can I have...' and 'I want...' Nurse immediately frozen her face, then I explained to the nurse that that's the Chinese way of saying things, we do not have 'please', 'may I' in our language.'

Chinese school, female

Language and health beliefs are major determinants of the way in which Chinese people seek and use health care. Chinese view health as the 'absence of illness' and in this setting, use of health services is reactive and sought only when needed. With the additional constraint of language, Chinese people face inequities in access to peripheral and preventative services.

Although the Chinese in the sample were able to use services through providing their own interpreters (friends and family members), this was often regarded as inadequate as they could not always translate medical terms.

The Interpretation Services provided by Shropshire County PCT and the Borough of Telford & Wrekin Council need to be more widely publicised, both within the Chinese community and among service providers. Interpretation must be available in both Cantonese and Mandarin. Information must be available in both Chinese and English and the Interpretation Services must be accessible. It is now common practice for healthcare providers to enquire if ethnic minority patients require an interpreter at the time of booking an appointment.

5.3. GP registration

All except one of the participants were registered with a GP. The participant who was not registered with a GP was a qualified Chinese medicine practitioner. Despite having been in the UK for over two years, he had never felt the need to register as he was in good health and could also treat himself. However, he was also unclear about the need for and benefits of registering.

Interviewer: Will you register [with a GP]?

Interviewee: I think I will, I am quite healthy you see... should I register?

One participant of the focus group, a student, experienced difficulty registering with a GP.

5.4. Access to information

Participants felt that information about services was lacking and more needed to be done in this area. The focus group generated several opinions and ideas.

'Information about services – this is an area where they haven't done so well – they need to publicise services more'.

'There's a booklet in Japanese, it explains everything you need to know for moving to the UK. They need to copy this booklet into Chinese'.

'There needs to be a Chinese person, a multi-lingual worker, working in the NHS – at least a physician in hospital who can speak Chinese – this is a need and a must as well'.

[Interpreters are available, why don't you use them?] 'That's the problem, we don't know what we need to do [to use them]'.

'Yes, there is a service there but it's not well known, we need to let people know there is a service there' [Facilitator]

'They should send information directly to Chinese people, work with the Council to find out where Chinese people live and send them the information they need'.

'Why are we discussing this? There's no point – nothing's going to be done about it. We want a solution'.

'You have to open a window in the NHS where people can interact with them'.

Among participants in Shropshire County, it was apparent that there was a lack of awareness of peripheral and preventative services, such as smoking cessation services. With regards to specific information about health and diseases, participants did not actively seek this information until it was necessary. Their first port of call was then their GP.

However, some respondents of the questionnaire survey did express a wish for 'more information about diseases', 'detailed explanations about diseases and medication' and 'information on healthy living'.

Most participants thought that leaflets and other visual resources such as videos would be useful and that convenient locations for finding these resources would be their GP surgery, the local library and other public service buildings. The Internet and Chinese media (TVBsE, a Chinese satellite channel and Chinese newspapers) were useful sources of health information for some.

Access to services is inherently linked with access to information. For both new arrivals to the country, such as students, and established residents, it is apparent that information must be available in Chinese and widely accessible. Effective information distribution channels need to be identified.

This information must explain how the NHS works, who is eligible to use the service, what services are available, when to use services and how to access services.

Specific information in Chinese, e.g. relating to diseases, must be available upon request.

The existing Translation and Interpretation Services could provide this, but awareness of this service must be promoted and put in place for it to be of any value.

5.5. Service provision

5.5.1. GP services

There was a general dissatisfaction with GP appointment systems and waiting times.

'There is a call-back system for seeing the GP. A nurse will call back to interview you. When you call to see the GP, sometimes they miss your call or they don't call you back'.

Focus group, male

'Normally you need to make an appointment – that's not a good system, how do you know when you are going to be ill?'

Takeaway, male

'Can't get an appointment on the day because the surgery is fully booked. The surgery does not allow us to book appointment in advance.'

Questionnaire, Chinese school, female

There was variation in the use of GPs for cold and flu. Some did not go to their GPs for these reasons but there was evidence that they resorted to other resources.

'For colds and flu, it's no good going to the GP, he doesn't give medicine. I go to see a private Chinese doctor in Birmingham for colds and flu. It's £30 each time. The medicine he prescribes is stronger than the medicine you get at the chemists.'

Takeaway, female

There was expectation for GPs to prescribe medicines and dissatisfaction with the GPs responses.

'For colds and flu, they just tell you to drink more water. You have to be very ill to see a doctor'.

Focus group, female

'Generally they just push you away'.

Focus group, female

Expectation for prescribed medicines has a cultural root as this is expected of practitioners in China and Hong Kong. There is a need for health education in this area.

5.5.2. Other services

All but two of the participants were registered with dentists. These two participants were students in Telford and their reasons for not registering were 'do not know how to register' (Questionnaires, Chinese school, male, female). Some of the sample expressed difficulty in finding a dentist and most found the cost of dental care too expensive.

In general, there was overall satisfaction with Accident & Emergency and ambulance services, although waiting times could be improved. However, one participant of the focus group cited having to pay for the use of an ambulance, 5 or 6 years ago.

Six people in the sample had stayed in hospital. Two of these expressed dissatisfaction with their experiences – there was lack of communication and understanding between themselves and the medical professionals and they had no confidence in the medical professionals providing their care (Questionnaires, Chinese school, females).

None of the sample had used mental health services. Under-representation of Chinese psychiatric patients in the NHS has been reported before, with lower rates of admission for less severe disorders compared to the host population⁴. Low uptake of mental health services has been attributed to 1) high stigmatisation of mental illness among Chinese causing many families to conceal the problem; 2) language difficulties and different cultural perceptions of mental illness. For example, symptoms recognised by Western professionals as potentially indicative of psychiatric malaise (e.g. sleeplessness, lack of energy, depression) are less likely to be medicalised by Chinese⁵. This was also found in this study sample (see 5.1). This has led to Chinese patients with mental health disorders to present with physical complaints rather than psychological complaints. Again, there was evidence of this in this study (see 6. GP Survey).

Women's screening services, health visitors and midwives all evoked positive feelings from the sample, with the care provided being informative, sensitive and caring. There was no apparent problem with uptake of screening services in the sample.

Childhood immunisations were much appreciated among the sample. Among the interview sample, users were satisfied that these were taken care of by the health authorities.

'They tell you when they're going to come again so you don't have to worry about when the next vaccination is due, we don't really know these things. '

Takeaway, male

In the focus group, there was demand for better information so that parents could have more control over the process.

'This is good, it should be done but there is not enough follow-up. After 5 years, nothing. You need to know when to ask for a booster. After such a long time, you forget. You need a record. They should tell you when you need the next booster. They should send letters. They need the same standards as Germany'.

Overall, there was no correlation between ability to speak English and the level of satisfaction with services.

5.5.3. Social services

There were 4 Chinese people in receipt of social care services (Table 5).

Table 5. Current service agreements open for Chinese people in Shropshire County (Source: Shropshire County Council)

Type of service	Number of people
Daycare	2
Equipment/Adaptation	1
Residential care	1

5.6. Attitudes, expectations and felt needs

Although most people were satisfied with health service provision and there was praise for some services, some people had strong views about the health system.

'Chinese people are law-abiding citizens and pay taxes, but they don't get an equal return from the health system when they need it. There's not a fair distribution of opportunity to use services. Some people don't pay for the service but abuse the system'

Focus group, male

'I haven't got any unmet needs. What I would like to say is firstly, prescriptions are too expensive. We pay so much tax but where does the money go? To fighting Iraq? They're going to close 3 hospitals and the PCT is millions of pounds in debt. And the other thing is GP opening times; it's been in the news too. The current times aren't really convenient for us; we have to close the shop to go see the GP.'

Takeaway, male

There was also low expectation that the NHS would provide specific services for Chinese.

'Sometimes you find leaflets in Chinese; they're the most cost-effective way really. Even better if you could have something visual, but I can't see the Government providing these; it's just not cost-effective, is it?'

Takeaway, male

In terms of healthcare needs, the most commonly expressed need was for regular health checks and examinations, especially for middle-aged and elderly people.

The PCT needs to develop a long-standing dialogue with the Chinese community as needs assessment is only useful if continually updated. Mechanisms must be developed to reach and engage with the community so that their needs are taken into account when planning and delivering services.

A bilingual linkworker should be employed to develop and support local networks and to deliver health education and health promotion programmes. These programmes must take into account the nature and lifestyles of the local population and reach those who are most disadvantaged.

Department of Health policy and guidance:

*Guidance on Developing Local Communication Support Services and Strategies,
Department of Health Equality and Human Rights Group, 20 April 2004*

5.7. Dependent children and young people

The needs of children were assessed using the views of parents and what they considered their children's needs were. There were no major concerns regarding current health status (all parents stating that their children were healthy) and there were no unmet health needs in their opinions. Parents did not consider smoking, excessive alcohol consumption, drug use or sexual relations as problems or potential problems for their children. In the focus group, this was attributed to cultural and family values that their children were brought up with.

'Chinese people drink very little – this is a habit. This is not a concern'

In relation to sex

'Chinese people have strong values in this area, it doesn't matter from what background you are. In 100 people, you may find 1 or 2 with problems. We are not worried about our children in this area.'

Lack of participation in physical activity was the only identified concern for some parents. Lower rates of participation in sports and exercise in Chinese children compared to the general population were reported in the Health Survey for England (1999)⁶.

When young people were interviewed (3 female students), their views regarding smoking, drinking, drugs and sex reflected those of Chinese parents.

'The [Chinese] people we know don't have these problems...Chinese people don't have these problems.'

Student, Ludlow

'The young Chinese people don't smoke – we don't know anyone who smokes. But the older generation do have this habit.'

Student, Ludlow

In the Health Survey for England (1999)⁶, Chinese children were less likely to report ever having smoked and respiratory symptoms were also less common in Chinese children compared to the general population.

The students expressed a need for greater flexibility in GP opening hours so that they did not have to miss lessons to see their GP. Apart from a need for interpreters for family/friends who spoke little or no English, there were no other issues of concern or need. A health needs assessment conducted in Leeds showed that the issues concerning young people from minority ethnic groups (including Chinese) were similar to those concerning young people generally⁷.

5.8. Overcrowding

Data from the 2001 Census suggest that a higher proportion of Chinese children were residing in overcrowded accommodation in Shropshire County and Telford & Wrekin. The percentage of Chinese children residing in overcrowded accommodation was nearly 3 times higher than that for the total population in Shropshire County and 1.5 times higher in Telford & Wrekin (unweighted; Appendix A: 5. Dependent children in households). Indeed, the questionnaire sample in this study might also suggest overcrowding, particularly in households working in the catering trade (Table 4; Household composition). The information drawn from the questionnaire sample might also present a truer picture of occupancy given the unofficial nature of the questionnaire.

5.9. Social support networks

In Shropshire County, there was evidence for a need for better social networks and contact with other Chinese people. In the main, this was fulfilled by travelling to Birmingham (where there is a high concentration of Chinese people) where they could purchase supplies from Chinese supermarkets, see private Chinese doctors, attend health talks at the Chinese community centre and had personal contacts or friends. Health talks were found to be

‘useful, you get to find out more because there are other people there who might have their own experiences’.

Takeaway, female

The lack of a Chinese community centre was mentioned by 2 interviewees. In major cities with large Chinese populations, Chinese community centres are known to play an integral role in combating social isolation experienced by elderly/retired Chinese. The dispersed nature of the population in a rural county such as Shropshire may pose a problem, not just for elderly Chinese but for those isolated by language and culture.

The feasibility of expanding the geographical and functional remit of the Chinese Cultural Centre in Telford should be investigated. Funding, organisational capacity and demand for services would be key questions.

The Centre currently provides services to residents of Telford and Shrewsbury. The geographical distance of other towns in Shropshire County may so far have excluded access to this facility – principally a Chinese language school for children.

While the Cultural Centre fulfils a role as a wider determinant of health, it could assume a direct role in promoting better health by becoming a focal point for delivery of health information, providing

- i) a Chinese-language health resource library
- ii) health talks delivered in Chinese

This additional role might widen its appeal to geographically distant families as well as a broader spectrum of Chinese people in Telford and Shrewsbury.

Links with other Chinese organisations, e.g. Chinese National Healthy Living Centre should be built so that good practice in developing and supporting community health initiatives can be shared.

5.10. Asylum seekers and irregular migrants

As providers of the interpreting service in Telford, staff of the Chinese School had provided interpretation services to asylum seekers who appeared to be a growing client group.

Although the size of this population is not known, it is important to recognise the presence of asylum seekers and irregular migrants so that i) health services can respond appropriately to their needs ii) healthcare providers are made aware of and kept up-to-date on how asylum status relates to healthcare entitlements iii) protocols are in place for healthcare providers to respond to emergencies when asylum status is unclear. Although Shropshire and Telford are not official asylum seeker dispersal sites, asylum seekers and irregular migrants are highly mobile populations and the number of Chinese entering the UK in the future is not predicted to slow down.

5.11. Traditional Chinese Medicine

There was evidence for use of Chinese herbal medicines. According to the head of the Telford Chinese School, these were procured from China, while very few Chinese people used the Chinese medicine shops in Telford.

'Although inconvenient but save us money, normally we will have medicine directly come from China, prescriptions from relatives in China. Buying medicines over there and send it over here still cheaper than going to a Chinese doctor here, although inconvenient. Most people do that here. We can't afford to pay [to see Chinese doctor here]. The older generation need that the most.'

She had strong belief in the efficacy of Chinese medicine and its suitability for Chinese people was not rooted in culture but a difference in 'physical' constitution.

'... This is one reason we hope we can have [Chinese medicine] on the NHS...[Choosing Chinese medicine] is not influenced by Chinese culture. It is one more option. Our physical condition we inherited from our ancestors, they are all accustomed to Chinese herb medicines. It's more 'natural' than the 'culture'.'

There was no evidence for use of Chinese medicine among the focus group participants or the interview sample. In the focus group, Chinese medicine was 'another option' but there was concern about the authenticity of some practitioners.

'But the doctors must be qualified. There must be regulation. There are lots of Chinese doctors doing acupuncture but they are not qualified.'

Focus group, male

A Chinese traditional Chinese medicine (TCM) practitioner was interviewed as both a user of health services and a provider of traditional Chinese medicine. Based on his observations, 20-30% of his patients were Chinese. Among Chinese patients, the common ailments that they presented with were *back pain, digestive system problems, depression, especially amongst women, and women's problems, such as heavy menstrual bleeding and menopause*. Depending on the problem, patients received acupuncture and/or herbal remedies.

Although this evidence is anecdotal, several points can be noted in relation to existing literature:

1. In relation to back pain: The Gateway clinic in London is the only NHS-funded TCM clinic in the UK. An audit of the clinic showed the most common complaint to be muscular/skeletal-related⁸.
2. There is an emphasis on women using TCM. There is ample research which shows that impoverished Chinese women in this country suffer from chronic ill health, underutilise mainstream NHS services and seek out Chinese medicine as a preferred "familiar" form of health care^{9, 10, 11}. In the main this literature has focused on the health needs of impoverished groups, those groups whereby the inability to communicate in English, suggests health inequalities in terms of access. It must also be noted that generally, across all cultures and all healthcare systems, women appear to experience more chronic ill health or morbidity factors than men throughout their life. This is related to patterns of employment, social support, child bearing and rearing etc and this is associated with greater contact time with health and social services.
3. Chinese medicine may also provide a 'substitute' for Western medicine in mental health care, given the earlier findings of this study that showed a disinclination to seek help from GPs for mental health problems¹². There is also evidence that even among those able to speak English, Chinese migrant women in England draw upon both Western and Chinese health care systems¹³.

5.12. Students in boarding colleges

According to the 2001 Census, there were 443 Chinese people aged 0-19 in Shropshire County. However, only 116 were classified as dependent children in households (aged 0-18). Given that there are no universities in the County, the remaining 327 young people aged 0-19 (44.4% of the total Chinese population) were likely to be residing in boarding colleges, accounting for the 45.3% of the Chinese population who were residing in non-medical and care communal establishments. If this assumption is true, the majority of students would have been older children aged 16-19 (Table 6). Both Concord College, Shrewsbury and Ellesmere College, North Shropshire were noted for their high intake of Chinese students.

Table 6. Estimated number of Chinese children in boarding colleges based on the difference between the total number of Chinese people aged 0-19 and the number of dependent children in households aged 0-18

All Chinese people		Dependent children in households		Discrepancy (number of children in boarding colleges)
Age	Number	Age	Number	
0-4	30	0-4	29	1
5-7	22	5-7	22	0
8-9	9	8-9	9	0
10-14	65	10-14	33	32
15	37	15	8	29
16-19	280	16-18	15	265
	443		116	327

5.12.1. Concord College

The College does not record ethnicity of its students but estimates that there are about 200 students of Chinese origin. By nationality, 52 students are from China and 32 are from Hong Kong. Many from Malaysia, Singapore and Indonesia are ethnically Chinese. The majority of students are aged 16-19 and most have come to the College to gain GCSE and 'A' level qualifications with the aim of attending British universities. A high proportion is successful at gaining entry. Demand from these countries, especially mainland China, for places at the College continues to grow.

There were two main health concerns regarding Chinese students.

1. Diet and low weight (low BMI), especially among female students

The College was already taking steps to address this concern and was in the process of investigating the possibility of ethnic differences in body mass index (BMI).

Indeed, there is a difference in what is considered a 'normal' BMI for Chinese adults compared to Western populations. The 'normal' range for Chinese is 18.5-23.9 with a BMI of 24 and over considered overweight and 28 and over considered obese. These cut-offs are ≥ 25 and ≥ 30 respectively in Western populations¹⁴. This has implications for detection and prevention of overweight, obesity and cardiovascular risk in Chinese people. For example, Indonesians, Singaporeans and Hong Kong Chinese have 5-7% higher body fat percentage compared with Caucasians with the same BMI. This higher body fat percentage coincides with higher relative risks for cardiovascular risk factors¹⁵.

BMI for children and teens (BMI-for-age) is based on gender- and age-specific charts and was developed by the International Obesity Task Force based on 6 countries. As for adults, the relationship between BMI and body fat percentage differs between Chinese and

Caucasian children and young infants¹⁶. There is a case for using ethnic-specific charts rather than ‘universal’ charts. However, it must be noted that even within the Chinese population, there appear to be differences between northern (Beijing) and southern (Hong Kong, Singapore) Chinese, with Beijing adults and children having body fat percentage/BMI relationships comparable with Caucasians.

If weight continues to be a concern after taking ethnic differences into account, steps to find the underlying causes would be recommended, in addition to providing nutritional supplements, which the College is also considering.

2. Self-medication

The College had concerns over the safety of Chinese medicines that students were bringing/receiving from home and using. This was prevalent among students from mainland China. No policies were in place to govern the possession or use of these medicines. While these concerns are valid, it is recommended that i) the cultural needs of the students are considered and ii) better understanding of the type, purpose and usage of the medicines is gained so that any policies or guidelines that are developed best accommodate the health needs and behaviours of the students.

5.12.2. Ellesmere College

There are fewer Chinese students at Ellesmere College compared with Concord College, 22 in total with most being aged 16-18. Again, there were concerns over students bringing herbal medicines from home.

5.13. Disease patterns

The lack of any epidemiological data relating to Chinese in the UK makes it difficult to identify health needs in terms of disease incidence or prevalence. While this sample (focus group, interviews and questionnaires) is too small to draw any conclusions, they give an indication of the prevalence of certain conditions. Table 7 shows the conditions and frequency at which they were found in the sample of 36 people.

Table 7. Conditions reported by the sample and their frequency, with some people reporting more than one condition.

Condition	Frequency in sample
Asthma	3
Coronary heart disease	1
Diabetes	1
Eczema	1
Hay fever	4
High blood pressure	1
Indigestion	2
Joint pain	2
‘Kidney disease’	1
‘Skin problem’	2

The views of a traditional Chinese medicine practitioner, who had been practicing in the UK for over 10 years, were also sought. Her testimony corroborates the indicative findings of this study and provide a good baseline for understanding the needs of a specific group within the Chinese community, namely those working in the catering industry, but by no means provide conclusive evidence. It should be noted that this testimony was given without any knowledge of the study sample or its findings.

'Most Chinese people work in the catering trade and I think most of their problems stem from their work environment and long working hours etc. I think most of their illnesses are occupational, mostly repetitive strain injury with back, arm and neck pain. The smoke in the kitchen is also not good for conditions like hay fever and asthma.

They also have poor dietary habits and this is a result of their background, they are less educated - they have less knowledge regarding healthy eating. They eat a lot of fried and fatty foods, high in cholesterol. This leads to hypertension, diabetes, heart disease.

Their main problem is their lack of knowledge of health, how to maintain good health and how to access health information.

This applies to the whole country, not just Shropshire.'

6. GP Survey

A survey of all GP surgeries in Shropshire County was undertaken. A short questionnaire that asked for the number of Chinese patients on the register and whether or not the surgery provides interpreters was sent to 45 practices. 15 questionnaires were returned. Of these, 2 reported that they did not record or did not have the facility to record ethnicity. 3 could not provide precise numbers and 4 reported nil Chinese patients. Only 2 said that the practice provides interpreters. Eight out of 9 practices who reported Chinese patients answered the GP questionnaire (Table 8).

Responses to the GP questionnaire are supplied in Appendix D and the main findings are summarised here.

There were no particular concerns regarding health, although language was a problem for 4 GPs. However, they thought that the interpreters, who were usually family members, were effective. Anxiety in elderly Chinese caused by language and cultural differences were a concern for one GP.

'Tendency for older Chinese patients, who do not speak much English, to somatize their anxiety'

No particular health needs were identified – nearly all the GPs stated that Chinese patients' health needs were the same as those of all other patients.

Common health problems were children's upper respiratory tract infections. Asthma, migraine, eczema and gastritis were also mentioned by one GP.

The GPs did not think that there were any cultural differences that might affect help-seeking behaviour although language and body language (and lack of this) were mentioned by one as a significant barrier.

Table 8. GP survey: Summary of response

Location	No. of Chinese patients on register	Does the Practice provide interpreters?	GP questionnaire answered?
Bishops Castle	Sorry – we do not have the facility to record ethnic origin with our current software.		
Bridgnorth	Do not record ethnicity.		
Church Stretton	Unknown	N	Y
Clive, Shrewsbury	0	-	-
Craven Arms	2	N	Y
Ditton Priors, Bridgnorth	0	-	-
Ellesmere (Ellesmere College)	-	N	Y
Knighton, Powys	0	N	-
Ludlow	25	Y	Y
Market Drayton	About 25-30	N	Y
Pontesbury	8	Y Available through PCT	N
Shifnal	40	N	Y
Shrewsbury	8	N	Y
Shrewsbury	We have not been notified of this by Shropshire County PCT and therefore will not be participating.		
Whitchurch	0	-	-

Cultural awareness training is particularly important for providers of secondary care. As the population ages, this will become important for long term and palliative care. However, this study has also highlighted the importance of awareness of ethnic differences in risk factors, genetic susceptibility and epidemiology. Ethnic awareness should be promoted among primary care providers. They should also be aware that Chinese have a tendency to combine Chinese and Western medical systems.

Cultural awareness in mental health care is also essential. Culturally- and linguistically-appropriate services should be made available. These services can be delivered by outside organisations but promotion and referral systems need to be established so that they can be accessed.

Given the high proportion of Chinese students in Colleges, cultural awareness needs to be promoted among College authorities so that guidelines and policies can be put in place to accommodate culturally different health needs and behaviours.

Students should also be made aware of the availability of and have access to interpreters should they require them.

Ethnic monitoring must be introduced across the board so that equity of service provision in relation to needs and population dynamics is ensured.

Department of Health policy and guidance:
A Practical Guide to Ethnic Monitoring in the NHS and Social Care, DH; Health and Social Care Information Centre; NHS Employers, 29 July 2005

7. Summary of recommendations

- The Interpretation Services provided by Shropshire County PCT and the Borough of Telford & Wrekin Council need to be more widely publicised, both within the Chinese community and among service providers. Interpretation must be available in both Cantonese and Mandarin.
Information must be available in both Chinese and English and the Interpretation Services must be accessible. It is now common practice for healthcare providers to enquire if ethnic minority patients require an interpreter at the time of booking an appointment.
- Information must be available in Chinese and widely accessible. Effective information distribution channels need to be identified. This information must explain how the NHS works, who is eligible to use the service, what services are available, when to use services and how to access services.
Specific information in Chinese, e.g. relating to diseases, must be available upon request. The existing Translation and Interpretation Services could provide this, but awareness of this service must be promoted and put in place for it to be of any value.
Flexible GP opening hours or Out-of-Hours services should be considered so that certain groups within the Chinese community are not excluded.
- The PCT needs to develop a long-standing dialogue with the Chinese community as needs assessment is only useful if continually updated. Mechanisms must be developed to reach and engage with the community so that their needs are taken into account when planning and delivering services.
A bilingual linkworker should be employed to develop and support local networks and to deliver health education and health promotion programmes. These programmes must take into account the nature and lifestyles of the local population and reach those who are most disadvantaged.
Department of Health policy and guidance:
Guidance on Developing Local Communication Support Services and Strategies, Department of Health Equality and Human Rights Group, 20 April 2004
- The feasibility of expanding the geographical and functional remit of the Chinese Cultural Centre in Telford should be investigated. Funding, organisational capacity and demand for services would be key questions.
The Centre could assume a direct role in promoting better health by becoming a focal point for delivery of health information, providing
 - iii) a Chinese-language health resource library
 - iv) health talks delivered in ChineseLinks with other Chinese organisations, e.g. Chinese National Healthy Living Centre should be built so that good practice in developing and supporting community health initiatives can be shared.
- Cultural awareness training is particularly important for providers of secondary care. As the population ages, this will become important for long term and palliative care. However, this study has also highlighted the importance of awareness of ethnic differences in risk factors, genetic susceptibility and epidemiology. Ethnic and cultural awareness should be promoted among primary care providers.
- Cultural awareness in mental health care is also essential. Culturally- and linguistically-appropriate services should be made available. These services can be delivered by outside organisations but promotion and referral systems need to be established so that they can be accessed.

- Given the high proportion of Chinese students in Colleges, cultural awareness needs to be promoted among College authorities so that guidelines and policies can be put in place to accommodate culturally different health needs and behaviours. Students should also be made aware of the availability of and have access to interpreters should they require them.
- Ethnic monitoring must be introduced across the board so that equity of service provision in relation to needs and population dynamics is ensured.
Department of Health policy and guidance:
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APPENDIX A: Key Statistics Derived from the National Population Census 2001 (Office for National Statistics)

1. ECONOMIC ACTIVITY

Population: All people aged 16 to 74

Chinese in Shropshire County

- Of all Chinese people:
77.5% were aged 16-74
22.5% were aged 15 and under or 75 and over
- Of all Chinese people aged 16-74:
54.6% were aged 16-24
45.4% were aged 25 and over

53.4% were male
46.6% were female
- Of all Chinese people aged 16-74:
37.3% were economically active
62.7% were economically inactive. Of these, 81.8% were students

51.3% were students (economically inactive)
16.6% were full-time employees
10.3% were full-time self-employed
5.6% were part-time employees
- Of all Chinese people aged 16-24:
92.9% were students (economically inactive)
3.8% were full-time students (economically active)
2.2% were full-time employees
1.0% were looking after home/family
- Of all Chinese people aged 25-74:
34.0% were full-time employees
22.8% were full-time self-employed
12.4% were part-time employees
9.3% were retired
9.3% were looking after home/family

Chinese in Telford & Wrekin

- Of all Chinese people:
76.8% were aged 16-74
23.2% were aged 15 and under or 75 and over
- Of all Chinese people aged 16-74:
24.6% were aged 16-24
75.4% were aged 25 and over

49.5% were male
50.5% were female

- Of all Chinese people aged 16-74:
58.0% were economically active
42.0% were economically inactive. Of these, 43.7% were students

32.1% were full-time employees
18.4% were students (economically inactive)
13.5% were full-time self-employed
12.3% were looking after home/family
- Of all Chinese people aged 16-24:
62.8% were students (economically inactive)
13.7% were full-time students (economically active)
11.8% were full-time employees
6.9% were looking after home/family
- Of all Chinese people aged 25-74:
38.8% were full-time employees
16.4% were full-time self-employed
14.1% were looking after home/family
8.7% were part-time employees

2. INDUSTRY

Population: All people aged 16 to 74 in employment the week before the Census

England & Wales

- For all people in England & Wales (23,627,758), the four largest industries were
Wholesale & Retail trade; Repair of Motor Vehicles (16.83%)
Manufacturing (14.96%)
Real Estate, Renting & Business Activities (12.97%)
Health & Social Work (10.81%)
- For all Chinese people in England & Wales (96,642), the four largest industries were
Hotels & Restaurants (34.18%)
Real Estate, Renting & Business Activities (14.56%)
Wholesale & Retail trade; Repair of Motor Vehicles (11.85%)
Health & Social Work (10.24%)
- A disproportionately large percentage of Chinese work in the Hotels & Restaurants industry (all people: 4.76%) and this is most likely to be accounted for by restaurant and takeaway workers.
- A representative proportion of Chinese work in the Health & Social Work industry.

Shropshire County

- For all people in Shropshire County (135,417), the four largest industries were
Wholesale & Retail trade; Repair of Motor Vehicles (17.15%)
Manufacturing (15.35%)
Health & Social Work (11.62%)
Real Estate, Renting & Business Activities (9.77%)
- For all Chinese people in Shropshire County (208), the four largest industries were
Hotels & Restaurants (51.44%)
Wholesale & Retail trade; Repair of Motor Vehicles (11.06%)
Real Estate, Renting & Business Activities (10.58%)
Manufacturing (9.13%)

- For all people in Shropshire County, occupational industry largely reflects that of all people in England & Wales. The main industries of work for Chinese people in Shropshire also reflects that of Chinese people in England & Wales, although over-representation in the Hotels & Restaurants industry is even more exaggerated and the Health & Social Work industry is replaced by the Manufacturing industry. At the time of writing, Shropshire County PCT, a major health employer in the County, reported no oriental employees.

Telford & Wrekin

- For all people in Telford & Wrekin (74,390), the four largest industries were
Manufacturing (25.44%)
Wholesale & Retail trade; Repair of Motor Vehicles (16.25%)
Real Estate, Renting & Business Activities (10.89%)
Public Administration & Defence Social Security (8.53%)
- For all Chinese people in Telford & Wrekin (238), the four largest industries were
Hotels & Restaurants (38.66%)
Manufacturing (15.13%)
Real Estate, Renting & Business Activities (14.29%)
Wholesale & Retail trade; Repair of Motor Vehicles (11.34%)
- As for England & Wales and Shropshire County, the Hotels & Restaurants industry is the major industry for Chinese in Telford & Wrekin. The proportion of Chinese in the industry is reflective of that for England & Wales but smaller than that for Shropshire County.
- Manufacturing is the second largest industry for Chinese in Telford & Wrekin but only accounts for 6.16% of Chinese in England & Wales.

Gender differences

- In all 3 populations (England & Wales, Shropshire County, Telford & Wrekin) the Hotels & Restaurants industry represents the largest industry for both Chinese men and Chinese women. When the total population is considered, women are highly represented in Health & Social Work and Wholesale & Retail, while men are highly represented in Manufacturing.
- In all 3 populations, Chinese women and Chinese men make up roughly equal proportions in the Hotels & Restaurants industry. In the total population, there are more women than men in the Hotels & Restaurants industry.
- With a high proportion of both Chinese women and men working long hours in the catering industry, the implications on family life and children are significant.
- The higher proportion of Chinese people in the Hotels & Restaurants industry in Shropshire County compared with Telford & Wrekin is consistent with local impressions that most Chinese in Shropshire County work in takeaways while most Chinese in Telford & Wrekin work in other 'business'.

3. NATIONAL STATISTICS SOCIO-ECONOMIC CLASSIFICATION (NS-SeC)

Population: All people aged 16 to 74

England & Wales

- For all people in England & Wales (37,607,438), the five largest groups by NS-SeC were
Lower managerial & professional occupations (18.59%)
Not classifiable for other reasons (17.90%)
Semi-routine occupations (11.68%)
Intermediate occupations (9.39%)
Routine occupations (9.07%)

- For all Chinese people in England & Wales (181,717), the five largest groups by NS-SeC were
 - Full-time students (28.74%)
 - Lower managerial & professional occupations (12.33%)
 - Small employers and own account workers (12.17%)
 - Higher professional occupations (9.43%)
 - Semi-routine occupations (9.36%)
- Nearly a third of the Chinese population are full-time students, compared to 7.04% of the total population in England & Wales.
- Small employers and own account workers are the third largest group in the Chinese population and the majority of these are likely to be restaurant and takeaway owners.
- The proportion of Chinese in higher professional occupations is higher than that of all people in England & Wales (5.03%).

Shropshire County

- For all people in Shropshire County (205,098), the five largest groups by NS-SeC were
 - Lower managerial & professional occupations (18.51%)
 - Not classifiable for other reasons (18.38%)
 - Semi-routine occupations (12.54%)
 - Small employers and own account workers (10.33%)
 - Routine occupations (9.12%)
- For all Chinese people in Shropshire County (573), the five largest groups by NS-SeC were
 - Full-time students (53.23%)
 - Small employers and own account workers (12.57%)
 - Semi-routine occupations (6.98%)
 - Not classifiable for other reasons (5.76%)
 - Higher professional occupations (5.58%)
- Over 50% of Chinese people in Shropshire County are classified as full-time students, nearly twice the proportion of Chinese classified as full-time students in England & Wales.

Telford & Wrekin

- For all people in Telford & Wrekin (114,214), the five largest groups by NS-SeC were
 - Lower managerial & professional occupations (17.41%)
 - Not classifiable for other reasons (15.99%)
 - Semi-routine occupations (14.24%)
 - Routine occupations (12.46%)
 - Lower supervisory and technical occupations (9.24%)
- For all Chinese people in Telford & Wrekin (422), the five largest groups by NS-SeC were
 - Full-time students (21.33%)
 - Small employers and own account workers (18.25%)
 - Semi-routine occupations (13.74%)
 - Lower managerial & professional occupations (12.09%)
 - Higher professional occupations (6.87%)
- Although the ranking for Telford & Wrekin is similar to that for Shropshire County, there is a fairer distribution among the top four groups for Chinese in Telford & Wrekin.

4. HIGHEST QUALIFICATION

Population: All people aged 16 to 74

No qualifications: No academic; vocational or professional qualifications.

Level 1: 1+ 'O' levels/CSE/GCSE (any grade); NVQ level 1; Foundation GNVQ.

Level 2: 5+ 'O' levels; 5+ CSEs (grade 1); 5+ GCSEs (grade A - C); School Certificate; 1+ A levels/AS levels; NVQ level 2; Intermediate GNVQ or equivalents.

Level 3: 2+ 'A' levels; 4+ AS levels; Higher School Certificate; NVQ level 3; Advanced GNVQ or equivalents.

Level 4/5: First degree; Higher Degree; NVQ levels 4 - 5; HNC; HND; Qualified Teacher Status; Qualified Medical Doctor; Qualified Dentist; Qualified Nurse; Midwife; Health Visitor or equivalents.

Other qualifications/level unknown: Other qualifications (e.g. City and Guilds; RSA/OCR; BTEC/Edexcel); Other Professional Qualifications.

Chinese in Shropshire County (564)

- 24.11% of all Chinese people had no qualifications. Of those aged 16-24, 15.65% had no qualifications. Of those aged 25-34, 15.79% had no qualifications.
- Among the 16-24 year olds, 64.86% held Level 2 qualifications. 16-19 year olds made up 89.46% of the 16-24 population and would have been studying for further qualifications at the time.
- Among the 25-34 year olds, 47.37% held a degree or higher qualification, while 22.81% held Level 2 qualifications.
- Among 35-49 year olds, 34.04% held a degree or higher qualification, while 35.46% held no qualifications and 12.06% held Level 2 qualifications.
- Among the older age groups, the majority of people held no qualifications.

Chinese in Telford & Wrekin (423)

- 31.68% of all Chinese people had no qualifications. Of those aged 16-24, 6.6% had no qualifications. Of those aged 25-34, 20% had no qualifications. Of those aged 25-34, 45.51% had no qualifications.
- Of those aged 16-24, 35.85% held a degree or higher qualification. Of those aged 25-34, 45.26% held a degree or higher qualification. Of those aged 35-49, 25.64% held a degree or higher qualification.
- As in Shropshire County, the majority of people from older age groups held no qualifications.
- Despite there being a high proportion of young people in education or with higher qualifications, there are a significant number of young people who hold no qualifications at all.

5. DEPENDENT CHILDREN IN HOUSEHOLDS

A dependent child is a person in a household aged 0 to 15 (whether or not in a family) or a person aged 16 to 18 who is a full time student in a family with parent(s).

Shropshire County

- There were a total of 68,150 people aged 0-19. 59,397 people aged 0-18 were classified as dependent children in households. Therefore, approximately 87% of all people aged 0-19 were dependent children in households.
- There were a total of 443 Chinese people aged 0-19. However, only 116 people aged 0-18 were classified as dependent children in households, approximately 26%.

- Age distribution

Age	All people		Chinese	
	Number	Percent of total	Number	Percent of total
0 to 2	8,731	14.70	16	13.79
3 to 4	6,455	10.87	13	11.21
5 to 7	9,874	16.62	22	18.97
8 to 9	6,860	11.55	9	7.76
10 to 11	7,264	12.23	14	12.07
12 to 14	10,442	17.58	19	16.38
15	3,382	5.69	8	6.90
16	2,857	4.81	8	6.90
17 to 18	3,537	5.95	7	6.03
	59402	100.00	116	100

- Economic status

Dependent children living in	All people		Chinese	
	Number	Percent	Number	Percent
unshared accommodation	59,369	99.95	116	100
households with occupancy rating of -1 or less	3166	5.33	18	15.52
married couple families	42,564	71.66	98	84.5
households with 2 or more adults in employment	34,323	57.79	82	70.7
households with 0 adults in employment	6,451	10.86	11	9.5
households where the household reference person was a small employer or own account worker	9,440	15.89	58	50
households where the household reference person was in managerial and professional occupation	23,067	38.84	21	18.1

Dependent children living in homes	All people		Chinese	
	Number	Percent	Number	Percent
owned outright	6,915	11.64	23	19.83
owned with a mortgage or loan	35,332	59.48	64	55.17
shared ownership	341	0.57	3	2.59
rented from council	6,912	11.64	0	0
other social rented	2,639	4.44	8	6.9
private rented	5,972	10.05	16	13.79
living rent free	1,293	2.18	3	2.59

- Health status

Dependent children who	All people		Chinese	
	Number	Percent	Number	Percent
were born in the UK	58,288	98.13	97	83.6
had a limiting long-term illness	2,279	3.84	4	3.4
Reported their general health as				
Good	54,665	92.03	97	83.6
Fairly good	4,097	6.9	17	14.7
Not good	638	1.07	3	2.6

Telford & Wrekin

- There were a total of 43,555 people aged 0-19. 38,971 people aged 0-18 were classified as dependent children in households. Therefore, approximately 89% of all people aged 0-19 were dependent children in households.
- There were a total of 150 Chinese people aged 0-19. 122 people aged 0-18 were classified as dependent children in households, approximately 81%.
- Age distribution

Age	All people		Chinese	
	Number	Percent of total	Number	Percent of total
0 to 2	6,085	15.61	18	14.75
3 to 4	4,416	11.33	14	11.48
5 to 7	6,582	16.89	19	15.57
8 to 9	4,468	11.46	8	6.56
10 to 11	4,632	11.89	12	9.84
12 to 14	6,810	17.47	23	18.85
15	2,200	5.65	8	6.56
16	1,787	4.59	9	7.38
17 to 18	1,991	5.11	11	9.02
	38971	100.00	122	100.00

- Economic status

Dependent children living in	All people		Chinese	
	Number	Percent	Number	Percent
unshared accommodation	38974	100.01	122	100.00
households with occupancy rating of -1 or less	3453	8.86	16	13.12
married couple families	24129	61.92	105	86.07
households with 2 or more adults in employment	19161	49.17	50	40.98
households with 0 adults in employment	7797	20.01	26	21.31
households where the household reference person was a small employer or own account worker	2998	7.69	53	43.44
households where the household reference person was in managerial and professional occupation	12722	32.64	31	25.41

Dependent children living in homes	All people		Chinese	
	Number	Percent	Number	Percent
owned outright	2,556	6.56	29	23.77
owned with a mortgage or loan	22,543	57.85	66	54.10
shared ownership	329	0.84	3	2.46
rented from council	4,731	12.14	0	0.00
other social rented	5,086	13.05	3	2.46
private rented	2,993	7.68	17	13.93
living rent free	741	1.90	5	4.10

- Health status

Dependent children who	All people		Chinese	
	Number	Percent	Number	Percent
were born in the UK	37989	97.48	91	74.59
had a limiting long-term illness	1786	4.58	4	3.28
Reported their general health as				
Good	35224	90.39	115	94.26
Fairly good	3306	8.48	7	5.74
Not good	441	1.13	0	0.00

- In Shropshire County and Telford & Wrekin, socio-economic indicators and self-assessed health do not indicate any areas of deprivation or disadvantage. However, the proportion of Chinese children experiencing overcrowding is higher than that for the total population, based on occupancy rating¹.

6. HEALTH STATUS

Self-reported general health

England & Wales

	All people		Chinese	
	Number	Percent	Number	Percent
Good health	35,676,210	68.55	172,207	75.88
Fairly good health	11,568,363	22.23	45,453	20.03
Not good health	4,797,343	9.22	9,288	4.09
	52041916	100.00	226948	100.00

Shropshire County

	All people		Chinese	
	Number	Percent	Number	Percent
Good health	196,429	69.37	588	79.78
Fairly good health	62,799	22.18	134	18.18
Not good health	23,947	8.46	15	2.04
	283175	100	737	100

Telford & Wrekin

	All people		Chinese	
	Number	Percent	Number	Percent
Good health	108,673	68.64	448	82.66
Fairly good health	34,860	22.02	86	15.87
Not good health	14,792	9.34	8	1.48
	158325	100.00	542	100.00

¹ The occupancy rating provides a measure of under-occupancy and overcrowding. For example a value of -1 implies that there is one room too few and that there is overcrowding in the household. The occupancy rating assumes that every household; including one person households; requires a minimum of two common rooms (excluding bathrooms).

- Consistent with the Chinese population in England & Wales, Chinese in Shropshire County and Telford & Wrekin were more likely to report good health compared to the general population (based on percentages, unweighted).

Limiting long-term illness and general health

Chinese in Shropshire County (729)

- Of all Chinese people in Shropshire County, 3.3% had a limiting long-term illness. Of these, 33.3% reported their general health as not good. 96.7% did not have a limiting long-term illness. Of these, 1.3% reported not good health.
- Of children aged 0-15, none had a limiting long-term illness and all reported good or fairly good health.
- Of people aged 16-49, 2.7% had a limiting long-term illness and all of these reported good or fairly good health. 97.3% did not have a limiting long-term illness and of these, 99.4% reported good or fairly good health. 0.6% (3) reported not good health and they were dependent children in households aged 16-18.
- Of people aged 50-64, 17.1% had a limiting long-term illness and 57.1% of these reported good or fairly good health. 82.9% did not have a limiting long-term illness and all of these reported good or fairly good health.
- Of people aged 65 and over, 15.8% had a limiting long-term illness and all reported not good health. 84.2% did not have a limiting long-term illness and 62.5% of these reported good or fairly good health.

Gender differences

- There were 13 women and 6 men aged 65 and over. None of the women reported having a limiting long-term illness and 76.9% of them reported good or fairly good health. 50% of men reported having a limiting long-term illness and all men, regardless of whether they had a limiting long-term illness, reported their general health as not good.

Chinese in Telford & Wrekin (545)

- Of all Chinese people in Shropshire County, 7.5% had a limiting long-term illness. Of these, 22.0% reported their general health as not good. 92.5% did not have a limiting long-term illness. Of these, 0.6% reported not good health.
- Of children aged 0-15, 2.7% had a limiting long-term illness and all reported good or fairly good health.
- Of people aged 16-49, 5.5% had a limiting long-term illness and 70% of these reported good or fairly good health. 94.5% did not have a limiting long-term illness and all of these reported good or fairly good health.
- Of people aged 50-64, 15.1% had a limiting long-term illness and all of these reported good or fairly good health. 84.9% did not have a limiting long-term illness and all of these reported good or fairly good health.
- Of people aged 65 and over, 50% had a limiting long-term illness and 70% of these reported good or fairly good health. 50% did not have a limiting long-term illness and 70% of these reported good or fairly good health.

Gender differences

- There were 13 women and 7 men aged 65 and over. 6 women reported having a limiting long-term illness and 3 of these reported good or fairly good health. 4 men reported having a limiting long-term illness and all of these reported good or fairly good health. The 3 men who did not report having a limiting long-term illness all reported not good health.

- As expected, the number having a limiting long-term illness increases with age, as does the number who report not good health.
- The number of Chinese people aged 65 and over in Shropshire County and Telford & Wrekin is small. There are twice as many women as there are men, perhaps related to the longer life expectancy of women compared to men. In this age group, men were also more likely to report having a limiting long-term illness and to report not good health.

APPENDIX B: Focus group and interview questions

1. What does 'being healthy' mean to you?
2. How would you describe your current health status?
3. What things, in your opinion, affect your health?
4. Are you registered with a GP?
5. Under what circumstances would you visit your GP?
(Do you only go to your GP when you are ill? MH/PH)
6. What obstacles, if any, hinder or prevent you from visiting your GP?
7. When was the last time you visited a medical health professional?
8. Do you know where your nearest hospital is?
9. Are interpreters available at your GP/ hospital?
10. If you need an interpreter, what do you do?
11. Where do you go to get your prescription? Is it far?
12. What do you think of the referral process?
13. Have you used the Accident & Emergency department before?
14. Have you used the Ambulance Service before?
15. Have you or anyone you know used mental health services before?
16. What were your experiences?
17. How could these services be improved?
18. Do you use the screening services that are available, e.g. breast screening?
19. What do you think about these services? If you wanted to use a particular service, what would you do? Do you find it difficult to access services?
20. If you wanted to find out more about a certain health problem/service, what would you do?
21. Are there any specific health problems/issues/services that you would like to know more about?
22. In what form would you find this information most useful?
23. Where would be a convenient location for this information?
24. What additional services would you like to see?
25. What improvements to current services would you like to see?
26. Are there any other health-related issues or concerns you would like to discuss here?
27. Do you know how to improve your health through adopting a healthier lifestyle? E.g. healthy eating, exercise, smoking cessation?
28. Have you used stop-smoking services before? Exercise classes?
29. Do you have any health needs that current services do not meet?

Parents

1. How many children do you have? How old are they? Where were they born?
2. Do you think they are healthy?
3. What are your concerns regarding your children's health?
4. Do you know what services are available for them?
5. What improvements to current services/additional services would you like to see?

Babies and young children

6. Did you attend ante-natal classes? What were your experiences?
7. Did you receive post-natal care? What were your experiences?
8. Were your children immunised? Did they have MMR or separate vaccinations? Do you know when they have to be immunised?
9. What were your experiences?
10. Did you receive visits from health visitors to check the health of your child?
11. What were your experiences?
12. Do you know how to keep your children healthy? Where did you get this information from? Would you like more information?

Pre-teens and teenagers

13. What do you think your children's concerns are regarding health? (sexual health, diet, drugs and alcohol, stress)
14. Do you know what services are available for them?
15. What do they do to relax? Sports, games?
16. Would you like more support on issues concerning your children?

Do your children have any views on health service provision?

Shropshire Chinese Health Survey

On behalf of **Shropshire County Primary Care Trust**, the Chinese National Healthy Living Centre is conducting a survey of the health needs of Chinese people in Shropshire County. We would be grateful if you could spend around 15 minutes to complete this questionnaire about your views on and use of NHS health services. **The information you give will help to shape the future of health services for you.** All information will be kept strictly confidential. Two copies, one in English and one in Chinese, have been enclosed. We would be grateful if two members of your household could fill in the questionnaire. If you would like further copies, or would like to discuss any matters relating to this health survey, please contact Lucy Tran on 0845 601 6030 (lo-call rate). If we have contacted you before for similar information, please ask a family member or friend to fill it in instead. Please return completed questionnaires to the Chinese National Healthy Living Centre before **Friday 3 February 2006**. A stamped, addressed envelope is enclosed for your convenience.

Please complete the questionnaire as fully as possible.

GP services		
1. Are you registered with a GP?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. If you are not registered with a GP, please state why. Please go to question 10.		
3. If you are registered with a GP, how long have you been registered?		
_____years _____months		
4. When was the last time you visited your GP?		
<input type="checkbox"/> Less than one week ago <input type="checkbox"/> Between six and twelve months ago		
<input type="checkbox"/> One week to one month ago <input type="checkbox"/> More than twelve months ago		
<input type="checkbox"/> Between one and two months ago <input type="checkbox"/> Never visited		
<input type="checkbox"/> Between two and six months ago		
5. For what reasons have you gone to see your GP in the past year? Please tick all that apply.		
<input type="checkbox"/> When you are unwell	<input type="checkbox"/> Regular visit for an existing medical condition	<input type="checkbox"/> To obtain test results
<input type="checkbox"/> Cold/flu	<input type="checkbox"/> Your GP has asked you to	<input type="checkbox"/> To obtain medical advice
<input type="checkbox"/> Feeling emotionally low	<input type="checkbox"/> Blood pressure check	<input type="checkbox"/> Other, please specify

6. What obstacles, if any, hinder or prevent you from visiting your GP?		
<input type="checkbox"/> There are none <input type="checkbox"/> I cannot always find an interpreter		
<input type="checkbox"/> I have difficulty getting to the GP surgery <input type="checkbox"/> I do not get on with the GP		
<input type="checkbox"/> The surgery is too far away <input type="checkbox"/> Other, please specify		
<input type="checkbox"/> I cannot communicate with the GP _____		

7. Do you need an interpreter when you go to see your GP?					
<input type="checkbox"/> Yes, on every visit	<input type="checkbox"/> Yes, sometimes	<input type="checkbox"/> No			
8. Who is your interpreter?					
<input type="checkbox"/> Spouse/partner	<input type="checkbox"/> Relative	<input type="checkbox"/> Interpreter provided by GP			
<input type="checkbox"/> Son/daughter	<input type="checkbox"/> Friend	<input type="checkbox"/> Paid interpreter			
<input type="checkbox"/> Other, please specify _____					
9. To what extent do you agree with the following statements? If you need an interpreter, please answer these questions as if your interpreter was present.					
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
It is easy to make an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The time I have to wait between needing to see my GP to actually seeing my GP is acceptable</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My GP is approachable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>My GP listens to my questions and concerns</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My GP understands my health problems and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>My GP explains my condition to me in detail</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand when my GP answers my questions and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I have confidence in my GP</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental services					
10. Are you registered with a dentist?					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know			
11. If you are not registered with a dentist, please state why. Please go to question 17.					
12. If yes, are you registered as an NHS patient?					
<input type="checkbox"/> Yes	<input type="checkbox"/> No				
13. If you are a private patient, what do you think about the cost of seeing your dentist?					
<input type="checkbox"/> Reasonable	<input type="checkbox"/> Expensive	<input type="checkbox"/> Too expensive			
14. When was the last time you visited your dentist?					
<input type="checkbox"/> Less than one week ago	<input type="checkbox"/> Between six and twelve months ago				
<input type="checkbox"/> One week to one month ago	<input type="checkbox"/> More than twelve months ago				
<input type="checkbox"/> Between one and two months ago	<input type="checkbox"/> Never visited				
<input type="checkbox"/> Between two and six months ago					
15. How frequently do you visit your dentist?					
<input type="checkbox"/> Every 6 months	<input type="checkbox"/> When I need to				
<input type="checkbox"/> Every year	<input type="checkbox"/> Never visited				
<input type="checkbox"/> Less than once a year	<input type="checkbox"/> Other, please specify				

16. To what extent do you agree with the following statements? If you need an interpreter, please answer these questions as if your interpreter was present.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
It is easy to make an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The time I have to wait between needing to see my dentist to actually seeing my dentist is acceptable</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My dentist is approachable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>My dentist listens to my questions and concerns</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My dentist understands my questions and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>My dentist explains my condition to me in detail</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand when my dentist answers my questions and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I have confidence in my dentist</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hospital services

Accident & Emergency

17. Have you used the Accident & Emergency department before, whether as a patient or accompanying a patient?

Yes No

18. If yes, to what extent would you agree with the following statements based on your last experience?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The process of getting to A&E and seeing a doctor was easy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The time I had to wait between arriving at A&E to being seen was acceptable</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The medical professionals were approachable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The medical professionals listened to my questions and concerns</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The medical professionals understood my questions and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The medical professionals explained my condition to me in detail</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understood the medical professionals' answers to my questions and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I had confidence in them</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ambulance service

19. Have you used an ambulance before, whether as a patient or accompanying a patient?
 Yes No

20. If yes, to what extent would you agree with the following statements based on your last experience?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Making the call for an ambulance was easy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The time I had to wait between calling to actually arriving at hospital was acceptable</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The paramedics were approachable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The paramedics listened to me</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The paramedics understood what I said	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The paramedics explained the situation to me</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understood what the paramedics said	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I had confidence in the paramedics</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Outpatient services – hospital services where you do not have to stay overnight

21. Have you used outpatient services before?
 Yes No

22. If yes, to what extent would you agree with the following statements based on your last experience?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The process of getting to the right department and seeing a doctor/nurse was easy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The time I had to wait between being referred to utilising the service was acceptable</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The medical professionals were approachable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The medical professionals listened to my questions and concerns</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The medical professionals understood my questions and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The medical professionals explained the situation to me in detail</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understood when the medical professionals answered my questions and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I had confidence in them</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inpatient services – overnight or longer stays

23. Have you or a family member used inpatient services before?

- Yes No

24. If yes, to what extent would you agree with the following statements based on your last experience?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The instructions for preparing for a stay in hospital were easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The waiting time between needing care/treatment to actually receiving care/treatment in hospital was acceptable</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The medical professionals were approachable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The medical professionals listened to my questions and concerns</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The medical professionals understood my questions and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The medical professionals explained my condition to me in detail</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understood when the medical professionals answered my questions and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I had confidence in them</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mental health services

25. Have you or a family member used Mental Health Services before?

- Yes No

26. If yes, to what extent would you agree with the following statements based on your last experience? If you need an interpreter, please answer these questions as if your interpreter was present.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The process of seeking help for my problem was easy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The time I had to wait between needing to see a mental health specialist to actually seeing one was acceptable</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The mental health professionals were approachable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The mental health professionals listened to my problems and concerns</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The mental health professionals understood my problems and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The mental health professionals explained my condition to me in detail</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understood the mental health professionals' answers to my questions and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I had confidence in them</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Screening services for women

27. Do you use the screening services that are available to you e.g. cervical smear test, breast screening?

- Yes No

28. If yes, to what extent would you agree with the following statements based on your last experience?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
It was easy to make an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The time I had to wait between making the appointment to actually being seen was acceptable</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The time I had to wait between having the test and receiving the result was acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The medical professionals were approachable</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The medical professionals listened to my questions and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The medical professionals understood my questions and concerns</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The medical professionals explained the procedure to me in detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>I understood the medical professionals' answers and explanations</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had confidence in them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Do you have any comments/suggestions about any of the services mentioned above or any other services that have not been mentioned?

30. Do you have any health needs that you feel are not provided for by the NHS?

Your health

31. Over the past year, would you say your health has on the whole been:

- Good? Fairly good? Not good?

32. Do you have any long-term illness or disability which limits your daily activities or the work you can do?

- Yes No

33. Do you suffer from or have you in the past year suffered from any of the following conditions?
- | | | |
|--|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma | <input type="checkbox"/> Depression/anxiety |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Hayfever | <input type="checkbox"/> Post-natal depression |
| <input type="checkbox"/> Cataract | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Rheumatoid/arthritis conditions | <input type="checkbox"/> Any form of anaemia |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Psoriasis |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Goitre | <input type="checkbox"/> Indigestion |
| <input type="checkbox"/> Gout | | <input type="checkbox"/> Other, please specify _____ |

34. If you have ticked any of the above boxes, did you receive/are you receiving medication or treatment for the condition?
- Yes No

35. Who provided/s this treatment?
- | | | |
|--|--|--|
| <input type="checkbox"/> NHS | <input type="checkbox"/> Private Western | <input type="checkbox"/> Private Traditional Chinese |
| <input type="checkbox"/> Private Traditional Chinese and NHS | <input type="checkbox"/> Private Western and NHS | <input type="checkbox"/> Other, please specify _____ |

36. Were/are you satisfied with the medication/ treatment you received/are receiving?
- | | | | | |
|---|------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Completely satisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Neither satisfied nor dissatisfied | <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Completely dissatisfied |
|---|------------------------------------|---|---------------------------------------|--|

37. Were/are you satisfied with the outcome of the treatment you received/are receiving?
- | | | | | |
|---|------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Completely satisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Neither satisfied nor dissatisfied | <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Completely dissatisfied |
|---|------------------------------------|---|---------------------------------------|--|

38. Do you have any comments about any aspects of your illness or the healthcare you have received?

Health information and prevention

39. How do you find information related to health and health services when you need it?
- | | |
|--|--|
| <input type="checkbox"/> Ask my GP | <input type="checkbox"/> Go to the library |
| <input type="checkbox"/> Ask friends/family | <input type="checkbox"/> Use the internet |
| <input type="checkbox"/> Use Chinese media like newspapers, Chinese satellite channels | <input type="checkbox"/> Other, please specify _____ |

40. Would you find the following resources/services useful? Please tick only 3 options.
- | | |
|--|--|
| <input type="checkbox"/> Leaflets written in Chinese | <input type="checkbox"/> Health talks given in Chinese |
| <input type="checkbox"/> Videos in Chinese | <input type="checkbox"/> Counselling in Chinese |
| <input type="checkbox"/> Audio tapes in Chinese | <input type="checkbox"/> Chinese-language helpline |
| <input type="checkbox"/> Health fairs/exhibitions | <input type="checkbox"/> Other, please specify _____ |
| <input type="checkbox"/> Chinese language website | |

41. Do you use or have you in the past year used any of the following health prevention measures?	
<input type="checkbox"/> NHS Smoking cessation service	<input type="checkbox"/> Over-the-counter stop-smoking remedies
<input type="checkbox"/> Attended exercise classes	<input type="checkbox"/> Taken part in regular exercise
<input type="checkbox"/> Changed your diet to make it more healthy	<input type="checkbox"/> No, I already live a healthy lifestyle
	<input type="checkbox"/> No, I do not have time
42. Would you like to find out more about living healthily?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what would you like to know more about?	
Personal details	
43. Are you	
<input type="checkbox"/> Male?	<input type="checkbox"/> Female?
44. Are you	
<input type="checkbox"/> 15 and under?	<input type="checkbox"/> 65-74?
<input type="checkbox"/> 16-34?	<input type="checkbox"/> 75 and over?
<input type="checkbox"/> 35-64?	
45. What is your employment status?	
<input type="checkbox"/> Full-time employed	<input type="checkbox"/> Retired
<input type="checkbox"/> Part-time employed	<input type="checkbox"/> Full-time student
<input type="checkbox"/> Self-employed	<input type="checkbox"/> Looking after home/family
If employed, please state occupation	<input type="checkbox"/> Permanently sick/disabled
_____	<input type="checkbox"/> Unemployed
46. What is your country of birth?	
47. What language do you feel most comfortable using?	
<input type="checkbox"/> English	<input type="checkbox"/> Mandarin
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Other, please specify _____
48. How would you describe your ability to communicate in English?	
<input type="checkbox"/> No problems at all	<input type="checkbox"/> I can understand some words but cannot speak any
<input type="checkbox"/> I can take part in a basic conversation	<input type="checkbox"/> I can neither understand nor speak any English
<input type="checkbox"/> I can manage basic exchanges like asking for directions, paying for shopping	
49. How many people, including yourself, reside in your household?	
_____ adults _____ children (15 years and under)	
50. How long have you been resident in the UK?	

End of questionnaire. Thanks for your time!

Please return completed questionnaires to:
Chinese National Healthy Living Centre
29-30 Soho Square
London W1D 3QS

Shropshire 郡基層護理信託(Primary Care Trust)委託全國華人保健中心進行一項有關居住於 Shropshire 郡華人的健康需求調查，籍此探討華人對國民保健服務(NHS)的意見，調查結果有助國民保健服務(NHS)制定日後發展方針。填寫此問卷大約需時十五分鐘，所有資料將絕對保密。希望閣下盡量回答以下問卷。

家庭醫生 (GP)

1. 你有沒有登記家庭醫生？
 - 有
 - 沒有，請列明原因：_____

(跳至第 9 題)
2. 你登記了現在的家庭醫生有多久？
_____年 _____月
3. 你上次見家庭醫生是在何時？
 - 少於一星期
 - 一星期至一個月
 - 一個月至兩個月
 - 兩個月至六個月
 - 六個月至十二個月
 - 多於十二個月
 - 從未見過家庭醫生
4. 如你上年曾見家庭醫生，請問是什麼原因？(可選擇多於一項)
 - 當身體不適時
 - 傷風／感冒
 - 定期檢查
 - 家庭醫生要求接見
 - 索取化驗報告
 - 諮詢醫療意見
 - 感到情緒低落
 - 測量血壓
 - 其他，請說明：_____

5. 有沒有因以下原因阻礙或影響你去見家庭醫生？

- 沒有阻礙
- 有，請指出是什麼原因？(可選擇多於一項)
 - 前往醫生診所過程有困難
 - 醫生診所地點太遠
 - 與家庭醫生溝通出現問題
 - 常常不能找到翻譯員
 - 與家庭醫生相處不愉快
 - 其他，請列明：

6. 當你去見醫生時，你是否需要翻譯員？

- 每次也需要
- 有時需要
- 不需要

7. 誰是你的翻譯員？

- 配偶／伴侶
- 子女
- 其他家庭成員
- 朋友
- 家庭醫生所安排的翻譯員
- 收費的翻譯員
- 其他，請列明： _____

8. 請指出你有多同意以下句子（若你去見家庭醫生時需要翻譯員，當回答以下問題時請假設你的翻譯員在場）。

	非常不同意	不同意	一般	同意	非常同意
預約見家庭醫生是容易的					
由有需要去見家庭醫生到被接見是在可接受的時間之內					
我的家庭醫生態度親切					
我的家庭醫生明白我的問題或擔憂					
我的家庭醫生有細心聆聽我的問題或擔憂					
我的家庭醫生有詳細解釋我的情況					
我能夠理解我的家庭醫生對我的提問或講解					
我對我的家庭醫生有信心					

牙醫服務

9. 你有沒有登記牙醫？

有

沒有，請列明原因：_____ (跳至第 16 題)

10. 如有登記牙醫，請問你是否經由國民保健服務(NHS) 登記？

是 (跳至第 12 題)

否

11. 如你登記的是私家牙醫，你認為你的牙醫收費如何？

合理

昂貴

非常昂貴

12. 你登記了現在的牙醫有多久？

_____年 _____月

13. 你上次見牙醫是在何時？

少於一個月

一個月至六個月

六個月至十二個月

多於十二個月

從未見過牙醫

14. 你通常隔多久見牙醫一次？

每六個月

每年

每二至三年或更多

有需要時才看

從未見過牙醫

其他，請說明：_____

15. 請指出你有多同意以下句子（若你去見牙醫時需要翻譯員，當回答以下問題時請假設你的翻譯員在場）。

	非常不同意	不同意	一般	同意	非常同意
預約見牙醫是容易的					
由有需去見牙醫到被接見是在可接受的時間之內					
我的牙醫態度親切					
我的牙醫明白我的問題或擔憂					
我的牙醫有細心聆聽我的問題或擔憂					
我能夠理解我的牙醫對我的提問或講解					
我的牙醫有詳細解釋我的情況					
我對我的牙醫有信心					

醫院服務

意外及緊急服務 (A&E)

16. 你本人或你有沒有陪同其他人使用過意外及緊急服務？
- 有
- 沒有 (跳至第 18 題)

17. 請根據你上次使用意外及緊急服務的經驗，指出你有多同意以下句子。

	非常不同意	不同意	一般	同意	非常同意
使用意外及緊急服務是容易的					
由到達意外及緊急服務到被接見是在可接受的時間之內					
醫護人員態度親切					
醫護人員明白我的問題或擔憂					
醫護人員有細心聆聽我的問題或擔憂					
醫護人員有詳細解釋我的情況					
我能夠理解醫護人員對我的提問或講解					
我對那些醫護人員有信心					

救護車服務

18. 你本人或你有沒有陪同其他人使用過救護車服務？

- 有
 沒有 (跳至第 20 題)

19. 請根據你上次使用救護車服務的經驗，指出你有多同意以下句子。

	非常不同意	不同意	一般	同意	非常同意
召喚救護車是容易的					
由召喚救護車到抵達醫院是在可接受的時間之內					
醫護人員態度親切					
醫護人員明白我的問題或擔憂					
醫護人員有細心聆聽我的問題或擔憂					
醫護人員有詳細解釋我的情況					
我能夠理解醫護人員對我的提問或講解					
我對那些醫護人員有信心					

門診服務 - 任何不用留院的醫院服務

20. 你有沒有使用過醫院的門診服務？

- 有
 沒有 (跳至第 22 題)

21. 請根據你上次使用醫院門診服務的經驗，指出你有多同意以下句子。

	非常不同意	不同意	一般	同意	非常同意
使用門診服務是容易的					
由需要去使用門診服務到被接見是在可接受的時間之內					
醫護人員態度親切					
醫護人員明白我的問題或擔憂					
醫護人員有細心聆聽我的問題或擔憂					
醫護人員有詳細解釋我的情況					
我能夠理解醫護人員對我的提問或講解					
我對那些醫護人員有信心					

住院服務

22. 你或你的家人有沒有留院？

- 有
- 沒有 (跳至第 24 題)

23. 請根據你上次留院的經驗，指出你有多同意以下句子。

	非常不同意	不同意	一般	同意	非常同意
有關準備入院的指引很清晰					
由有需要入院到正式住院是在可接受的時間之內					
醫護人員態度親切					
醫護人員明白我的問題或擔憂					
醫護人員有細心聆聽我的問題或擔憂					
醫護人員有詳細解釋我的情況					
我能夠理解醫護人員對我的提問或講解					
我對那些醫護人員有信心					

心理健康服務

24. 你或你的家人有沒有使用過心理健康服務？

- 有
- 沒有 (跳至第 26 題)

25. 請指出你有多同意以下句子（若你使用心理健康服務時需要翻譯員，當回答以下問題時請假設你的翻譯員在場）。

	非常不同意	不同意	一般	同意	非常同意
使用心理健康服務是容易的					
由有需要心理健康服務到被接見是在可接受的時間之內					
醫護人員態度親切					
醫護人員明白我的問題或擔憂					
醫護人員有細心聆聽我的問題或擔憂					
醫護人員有詳細解釋我的情況					
我能夠理解醫護人員對我的提問或講解					
我對那些醫護人員有信心					

女性檢查

26. 你有沒有進行過由你的家庭醫生安排的女性檢查（如子宮頸細胞檢查、乳房 X-光檢查）？
- 有
 - 沒有 (跳至第 28 題)

27. 請根據你上次接受檢查的經驗，指出你有多同意以下句子。

	非常不同意	不同意	一般	同意	非常同意
安排接受檢查是容易的					
由安排接受檢查到被接見是在可接受的時間之內					
由接受檢查到取回化驗結果是在可接受的時間之內					
醫護人員的態度親切					
醫護人員明白我的問題或擔憂					
醫護人員有細心聆聽我的問題或擔憂					
醫護人員有詳細解釋檢查的程序					
我能夠理解醫護人員對我的提問或講解					
我對那些醫護人員有信心					

28. 你有沒有其他有關上述服務或其他醫療服務的意見？

29. 你有沒有一些醫療需求被國民保健服務忽略？

你的健康狀況

30. 你認為過去一年內你的健康狀況如何？
- 非常好
 - 良好
 - 不良

31. 你有沒有患上任何長期疾病或殘障而影響你的日常生活？
- 有
 - 沒有
32. 你現在或過去一年有沒有患上以下疾病？(可選擇多於一項)
- 沒有
 - 有，請註明：

<input type="checkbox"/> 糖尿病	<input type="checkbox"/> 哮喘	<input type="checkbox"/> 癌症
<input type="checkbox"/> 青光眼	<input type="checkbox"/> 花粉症	<input type="checkbox"/> 消化不良
<input type="checkbox"/> 白內障	<input type="checkbox"/> 肺結核	<input type="checkbox"/> 抑鬱症
<input type="checkbox"/> 高血壓	<input type="checkbox"/> 風濕／關節炎	<input type="checkbox"/> 產後抑鬱症
<input type="checkbox"/> 心臟病	<input type="checkbox"/> 肝炎	<input type="checkbox"/> 癲癇
<input type="checkbox"/> 癱肥	<input type="checkbox"/> 愛滋病／HIV	<input type="checkbox"/> 癬
<input type="checkbox"/> 中風	<input type="checkbox"/> 甲狀腺腫脹	<input type="checkbox"/> 其他，請註明：
<input type="checkbox"/> 痛風	<input type="checkbox"/> 任何類型的貧血	

33. 若你有患上以上任何一種疾病，你有否接受治療？
- 有
 - 沒有
34. 你透過哪裏安排治療？
- 國民保健服務
 - 私家醫生
 - 私家中醫師
 - 國民保健服務及私家醫生
 - 國民保健服務及私家中醫師
 - 其他，請說明： _____
35. 你是否滿意治療的安排？
- 非常滿意
 - 滿意
 - 一般
 - 不滿意
 - 非常不滿意
36. 你是否滿意治療的成效？
- 非常滿意
 - 滿意
 - 一般
 - 不滿意
 - 非常不滿意

37. 就你的健康狀況或你曾經歷過的醫療服務，你還有沒有其他意見？

健康資訊及預防

38. 當有需要時，你會向哪些人得到更多有關健康、疾病或醫療的資料？(可選擇多於一項)

- 家庭醫生
- 家人／朋友
- 圖書館
- 互聯網
- 中文報紙、電視或電台
- 其他，請說明：_____

39. 以下有哪些健康資訊媒體或服務你會採用？(可選擇最多三項)

- 中文版資料單張
- 中文版錄影帶／影碟／光碟
- 中文版錄音帶
- 中文版健康展覽
- 中文版網頁
- 健康講座（廣東話／普通話）
- 輔導服務（廣東話／普通話）
- 諮詢熱線（廣東話／普通話）
- 其他，請說明：_____

40. 你有沒有用過或正在使用以下預防疾病的方法？

- 有，包括
 - 參與國民保健服務提供的戒煙服務
 - 在藥房購買的戒煙工具
 - 作適當持久的運動
 - 改善飲食習慣
- 沒有，因為
 - 我的生活習慣很健康
 - 我沒有時間

41. 你希望得到更多有關健康、疾病或醫療的資料嗎？

- 希望，請說明哪方面：_____
- 不希望

個人資料

42. 你的性別

- 男
- 女

43. 你的年齡
- 15 歲或以下
 - 16-34
 - 35-64
 - 65-74
 - 75 歲或以上
44. 你的就業狀況
- 全職就業，請註明職業類別：_____
 - 兼職就業，請註明職業類別：_____
 - 自僱，請註明職業類別：_____
 - 退休
 - 全職學生
 - 照料者／看護家人
 - 長期病患者／殘障
 - 無業
45. 你的出生地
- _____
46. 你的母語
- 英文
 - 廣東話
 - 普通話
 - 其他，請說明：_____
47. 你的英語程度
- 完全沒有問題
 - 能應付一般對話
 - 能應付一些對話，如問路、購物付款等
 - 能理解單字但不懂得以英語表達
 - 不能理解亦不能以英語表達
48. 你家中有多少位成員（包括你在內）？
- _____ 成人 _____ 兒童／青少年（15 歲或以下）
49. 你在英國居住了多久？
- _____ 年

問卷完畢

多謝你的寶貴時間

請於 2006 年 1 月 20 日（星期五）或之前把已填妥的問卷用隨函附上的信封寄回本中心

Chinese National Healthy Living Centre
29-30 Soho Square, London W1D 3QS

APPENDIX D: Responses to GP questionnaire

1. What are your main concerns regarding the patients' health?

Church Stretton:	Same as everyone else in the practice i.e. CHD, stroke etc
Craven Arms:	New patients so no PMH.
Ellesmere:	Yes – language problem
Ludlow:	Nil specific
Market Drayton:	Nil
Much Wenlock:	(Diet and low weight usually amongst female students)
Shifnal:	Same as everybody
Albert Road, Shrewsbury:	Tendency for older Chinese patients, who do not speak much English, to somatize their anxiety.

2. How often do they come to see you and what are the main or common health problems?

Church Stretton:	Infrequently. Mostly blood pressure.
Craven Arms:	Once each in last month.
Ellesmere:	Normal as and when required depending on age of patient.
Ludlow:	Children's upper respiratory tract infections
Market Drayton:	Usual range often related to cancer worries. Anxiety over child health.
Much Wenlock:	(Usually viral respiratory tract infections. Often a high expectation of antibiotic treatment)
Shifnal:	Same as all other patients. Diet and
Albert Road, Shrewsbury:	Variable . Children, the elderly more frequent attenders. Asthma/migraine/eczema/gastritis

3. What are their health needs?

Church Stretton:	Same as everyone else.
Craven Arms:	Discussion and information on Ischaemic Heart Disease
Ellesmere:	Same as everyone else.
Ludlow:	The usual
Market Drayton:	As normal
Much Wenlock:	(Many relate to pressure to achieve academically especially 'pressure' from home. 'Home sickness' is common in first few months.)
Shifnal:	Same as all other patients
Albert Road, Shrewsbury:	Same as everyone else. Higher incidence diabetes

4. How do they access information on diet, smoking, sexual health etc? Do they come to you for advice on these issues?

Church Stretton:	From GP and general Health Education like rest of population.
Craven Arms:	Too early to say. Awaiting cardiac rehab.
Ellesmere:	Yes
Ludlow:	Yes and no!
Market Drayton:	No, often attend Chinese herbalist
Much Wenlock:	(Usually through the nurse. Occasionally through myself)
Shifnal:	If English is good enough
Albert Road, Shrewsbury:	Unknown how they access. They do attend surgery for advice

5. Do you think there are any cultural influences that might affect their help-seeking behaviour?

Church Stretton:	No
Craven Arms:	Not known
Ellesmere:	Yes
Ludlow:	Not to my knowledge
Market Drayton:	No
Much Wenlock:	(Yes – expectation of antibiotic treatment)
Shifnal:	No
Albert Road, Shrewsbury:	Yes and see 1. Language a significant barrier as is body language (and lack of this)

7. Do you experience difficulties when trying to communicate with them, i.e. is language a barrier? If they bring interpreters, do you think the interpreters are effective?

Church Stretton:	No, most speak perfect English.
Craven Arms:	a) None so far. b) Appear to be
Ellesmere:	1) Yes 2) Yes
Ludlow:	No
Market Drayton:	1) Yes 2) Yes, usually a family member
Much Wenlock:	(-)
Shifnal:	Occasional
Albert Road, Shrewsbury:	Yes. Usually a family member (daughter) translates

6. Are there any other issues which you think are relevant that are not covered by the questions above, e.g. consultation times, compliance?

Church Stretton:	No
Craven Arms:	No
Ellesmere:	-
Ludlow:	-
Market Drayton:	No
Much Wenlock:	(No)
Shifnal:	Longer consultation times
Albert Road, Shrewsbury:	-

Main findings

No particular concerns regarding health, although language problem was mentioned by 2. Anxiety caused by language barrier may also have an adverse effect on health for elderly Chinese.

No particular health needs were identified – nearly all the GPs stated that Chinese patients' health needs were the same as those of all other patients.

The GPs did not think that there were any cultural differences that might affect help-seeking behaviour although language and body language were mentioned by one as a significant barrier. However, GPs who attended to overseas boarding college children did report cultural influences and one referred to expectation of antibiotic treatment.