

Effecting Changes in Elder Care Based on Identified Healthcare Needs of Ethnic Seniors

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What is the Seniors Resource Centre?

- A non-profit, charitable, voluntary organization in St. John's, Nfld & Lab.
- Administered by a Board of Directors, most of whom are seniors
- Provides both province wide and local programs and services for seniors

Mandate of the Seniors Resource Centre

- To promote the independence and well being of older adults through the provision of information, advocacy, and through various programs and services



We Open Doors For You!

Programs of the Seniors Resource Centre



- Information and Referral Line
 - connect callers with services and resources
 - answered by volunteer seniors (Peer Advocates)
 - toll-free across the province
 - questions include: how to access home support services, home repairs, dealing with government departments, elder abuse, etc.
 - the most commonly sought information has been compiled and circulated as the *Seniors Guide to Services and Programs in Nfld & Lab*
 - 1-800-563-5599; 709-737-2333

Programs of the Seniors Resource Centre



- Peer Advocate network
 - volunteer seniors in St. John's or living in other communities throughout the province
 - role is to pass on information to other seniors
 - have participated in information sharing sessions to prepare them for their role; eg. Aging changes and challenges, communication, problem solving
 - Centre ensures that Peer Advocates are kept up-to-date with new information

Programs of the Seniors Resource Centre



- Peer Advocate network groups outside St. John's
 - 1996-1997: Trepassey, Bell Island, Port au Port
 - 1998: Grand Falls-Windsor, Clarenville, Burin, Bay Roberts
 - 1999: Cape St. George, Bay Bulls-Bauline
 - 2001: Calvert-Ferryland
 - 2002: Bishop's Falls, Botwood, Bonavista, Fortune

Programs of the Seniors Resource Centre



- Other programs developed in the St. John's area to fill in gaps identified via the Information Line include:
 - Bereavement Support
 - Caregiver Support
 - Seniors' Grocery Bus Service
 - Friday Friendship Club
 - Mall Walkers Club
 - Elder Abuse Speakers Bureau
 - Lifelong Learners

Who are the ethnic seniors in St. John's?

- Often first generation immigrants
- Parents/grandparents of immigrant children
- May no longer have children living close by
- From diverse countries
- Often few in number and isolated

Seniors Bridging Cultures Club

- In 1988: National conference on Ethnicity and Aging led to a national Multiculturalism, Aging, and Seniors Coordinating Committee
- a grant from the Seniors Independence Program enabled two brainstorming workshops in St. John's in 1991 which resulted in some seniors forming the Club
 - for seniors from different cultures to meet once weekly to share friendship, experiences, interests, recipes, and hear presentations
 - supported by the SRC & later became part of the SRC
- led to the SRC's Volunteer Link program in 1999
- led to research into health care needs of ethnic seniors in 2001

How does the Seniors Resource Centre help ethnic seniors?

- Administers the Seniors Bridging Cultures Club
- Volunteer Link program
 - in 1997, has funding from Department of Canadian Heritage for a project titled *Building Bridges: Seniors in Multicultural Canada, Newfoundland and Labrador*. The three phases are:
 - Phase 1: initial contact with ethnic groups to identify needs of seniors in ethnic community
 - Phase 2: Family Fun Day in 1998 helped to bridge cultural, socioeconomic and generational gaps by bringing ethnic seniors and their families together
 - Phase 3: Volunteer Link program started Dec. 1999

How does the Seniors Resource Centre help ethnic seniors?

- Volunteer Link program
 - Volunteers from ethnic communities who speak English and other languages
 - Participated in information sessions including: communication, aging changes, elder abuse, confidentiality, cultural sensitivity and awareness, and their role as a Link Volunteer
 - Primary role is to bridge the gap across the language barrier for ethnic seniors, helping them to LINK to the SRC and avail of resources and services
 - Link volunteer's name, phone # and other languages spoken are listed on a *Multilingual Brochure*

Effecting changes in elder health care based on identified healthcare needs of ethnic seniors

- In 2001, Seniors Bridging Cultures Club decided to:
 - learn more about the health care needs of ethnic minority seniors (facilitated by Link Volunteers)
 - present the results to health care leaders in the St. John's area
 - funding support from Health Canada, Health and Community Services – St. John's Region, The Harold Crabtree Foundation, Department of Canadian Heritage, Canadian Race Relations Foundation

Formed an Advisory Committee

- Seniors Bridging Cultures Club
- Seniors Resource Centre
- Project Coordinator
- School of Pharmacy, Memorial University of Nfld
- Health and Community Services, St. John's region (public health and home care)
- St. John's Nursing Home Board (long-term care)
- Health Care Corporation of St. John's (acute care)
- Department of Canadian Heritage
- Association for New Canadians
- Chinese Association of Nfld & Labrador
- Multicultural Women's Organization of Nfld & Labrador
- Nfld & Labrador Health in Pluralistic Societies
- Sikh Society of Nfld & Labrador

Effecting changes in elder health care based on identified healthcare needs of ethnic seniors

- 1st project - Building Bridges: Healthcare for All
 - Identifying healthcare needs of ethnic "seniors" (50+)
 - Disseminating the information gathered & getting support for action
- Results led to 2nd project - Building Bridges: Collaborative Health Policy Development
 - Developing strategies to build on awareness raised in 1st project
 - Working with healthcare leaders to develop culturally appropriate healthcare policies

1st Project: Building Bridges: Healthcare for All

- Phase 1: Consultative meetings and training sessions on interviewing techniques and cultural sensitivity with 15 Link Volunteers
 - represented 8 ethnic minority communities and 19 language groups
- Phase 2: Questionnaire and focus groups to identify healthcare needs of ethnic minority 50+
 - information collected (via Link Volunteers as needed)
 - 70 people from 25 countries completed questionnaire
 - 43 people participated in the focus groups

1st Project: Building Bridges: Healthcare for All

- Phase 3: presentation of the findings from the study and focus groups to the leadership of the health care system at a conference in St. John's
 - questionnaire and focus group results disseminated and discussed
 - health care providers and policy makers interacted with 50-Plus ethnic minorities in small group gatherings to experience first hand the barriers to health care facing this sub-population
 - health care providers and policy makers were asked to pledge their support for change and action

Phase 1 Results: Consultations with Link Volunteers (n=15)

- 40% provided transportation to ethnic seniors, primarily for visits to doctors and health care facilities
- 33.3% provided information about medication, mainstream services and community resources
- 26.7% assisted in language interpretation, translation and cultural understanding within the mainstream institutions

Phase 1 Results: Consultations with Link Volunteers (n=15)

- 73.3% of Link Volunteers reported that the health care concerns that they *most frequently hear* from 50-Plus ethnic minorities are related to:
 - communicating with health care professionals and staff during hospital visits, medical procedures and while hospitalized

Phase 1: Link Volunteer Training

- Since questionnaires (Phase 2) were to be disseminated and administered (when needed) by Link Volunteers, they needed preparation.
- Training included sessions on:
 - confidentiality
 - informed consent
 - interview techniques
 - cultural sensitivity
 - review of questionnaire form

Phase 2: Study of Ethnic Seniors (50+)

- Written questionnaire used for data collection
- Study approved by the Human Investigations Committee (research ethnic board for MUN)
- Convenience sampling; target population recruited via SBC Club, Link Volunteers, Memorial University electronic newswire; community newsprint and electronic media; flyers left in hospitals, ethnic restaurants and stores, etc.

Phase 2: Questionnaire

- Designed by experienced members of the Advisory Committee and approved by HIC
- Had semi-structured and open-ended questions
- Collected data in 4 areas: General Information; Volunteer Link Program and Multilingual Brochure; Physical / Social Activities; and Health Care Needs of Ethnic Minorities 50 Years of Age and Older
- Pilot testing conducted in Oct 2001 to test the reliability and cultural appropriateness, as well as the length of time in completing the questionnaire

Phase 2: Data Collection

- Questionnaires were either self-administered or completed with the help of a trained Link Volunteer
- Each eligible participant informed of the voluntary and confidential nature of the study
- Opportunity given for each participant to ask questions or withdraw from the study at any time without any consequences
- Participant signed a Consent Form indicating that he or she understood the study and voluntarily agreed to be a participant

Phase 2: Data Analysis

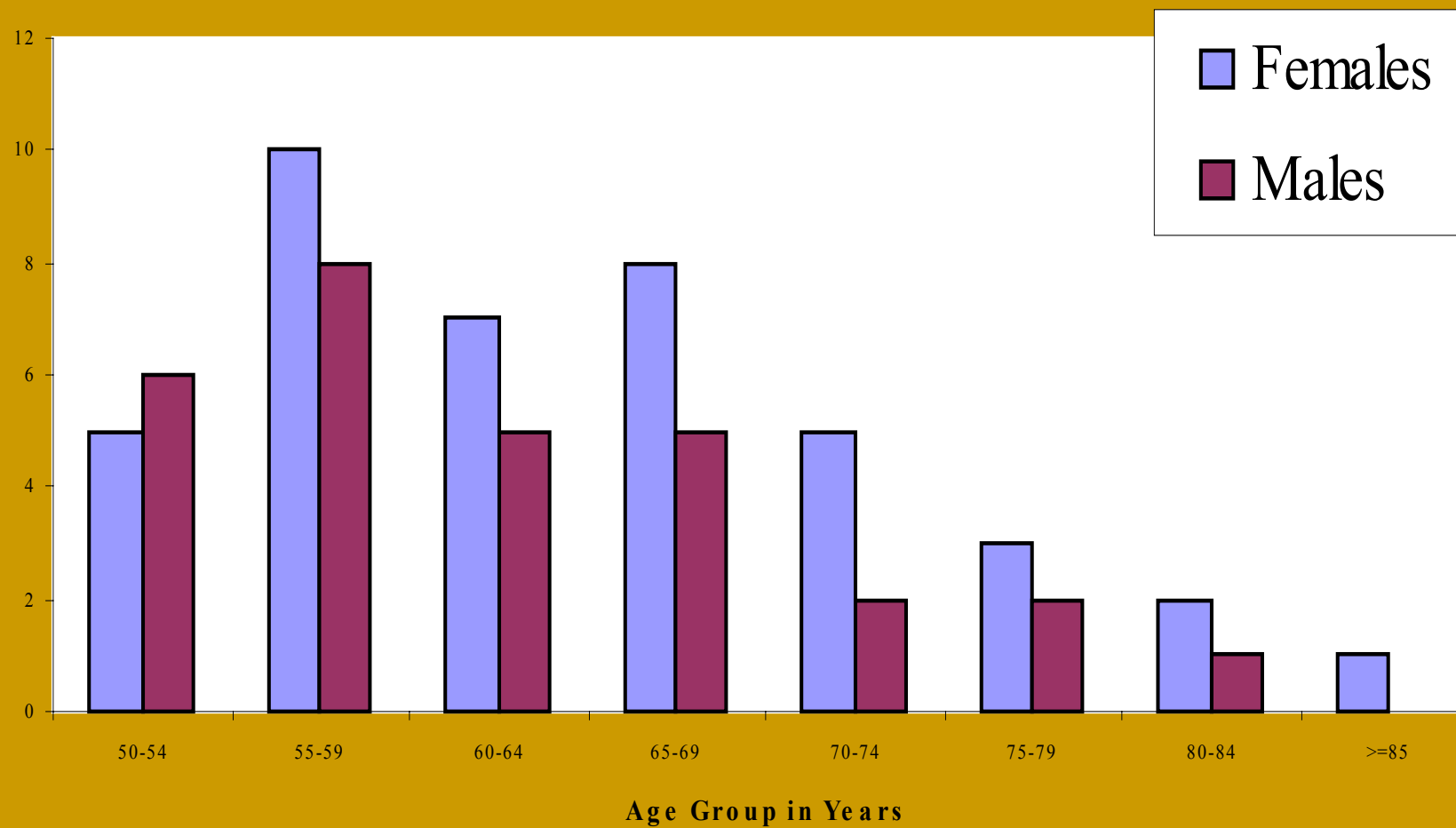
- Quantitative data: coded & results were recorded in frequency counts and percentages.
- Qualitative data: the constant comparative analysis was used to classify the responses. Each participant's view was a unit of data analysis. Two study investigators reviewed and noted the major, relevant responses and classified each unit into a major category. The categories were coded and ranked in order of frequency.
- Responses recorded using Microsoft Quattro Pro 8. The computer printout was rechecked with the completed questionnaires to ensure no mistakes or inconsistencies.

Phase 2 Results: Sample Size

- 70 participants (41 females and 29 males)
- 50 – 85 + years of age
- Of ethnic and racial minority backgrounds
- Reside in the St. John's Metro region
- With the exception of the 50-54 years of age category, there were more females than males (comparable to national data)

Phase 2: Age Distribution of Sample

Age Distribution by Gender

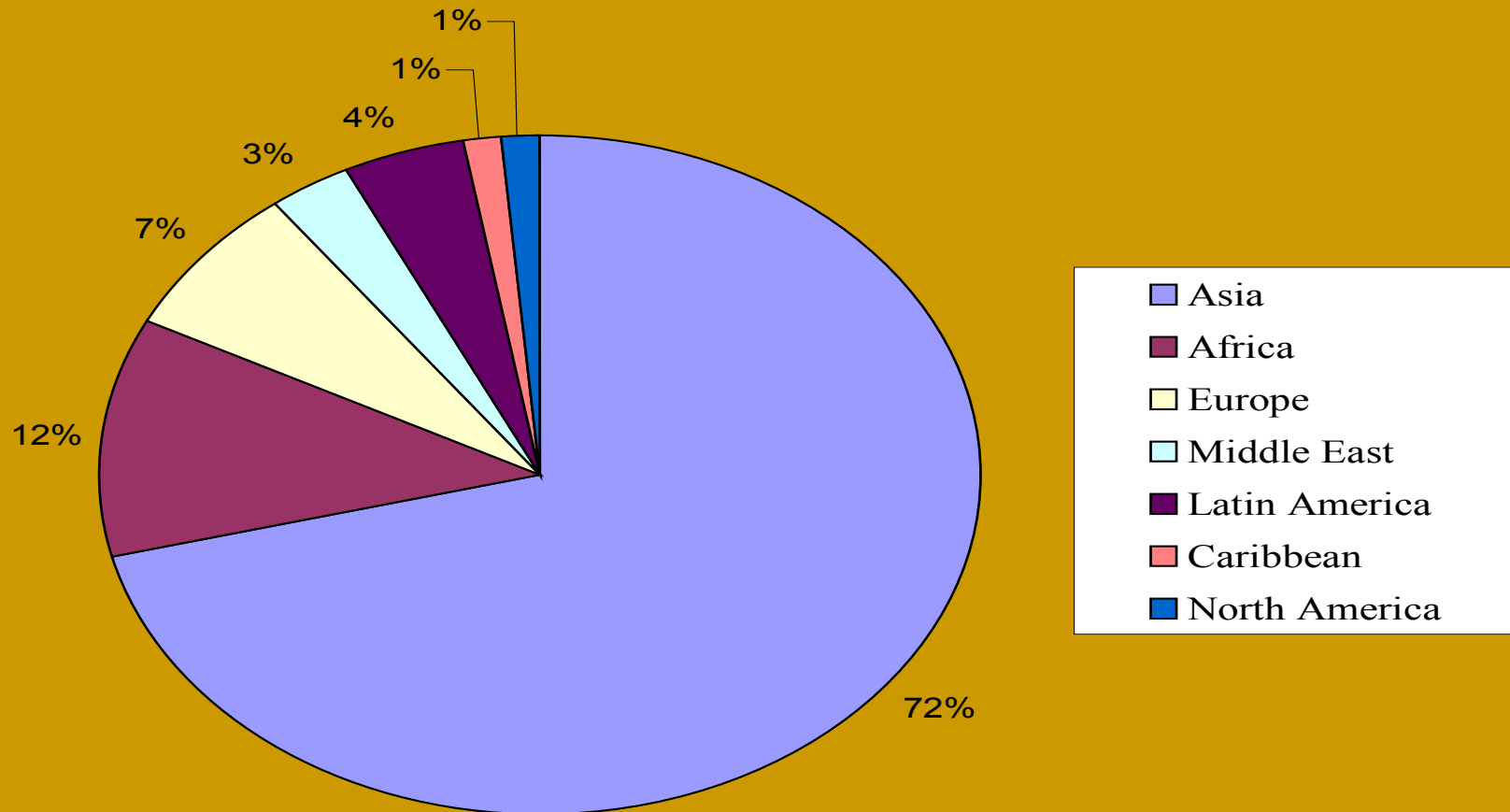


Phase 2: Countries of Birth for Study Participants

- 25 birth countries: Afghanistan, Bangladesh, Bulgaria, China, Cuba, Czech Republic, Egypt, El Salvador, France, Germany, Greece, Gujarat, India, Jamaica, Kenya, Kosovo, Lebanon, Liberia, Pakistan, Palestine, Philippines, Serbia, Sri Lanka, Syria, Vietnam
- Countries were collapsed into 7 main regions

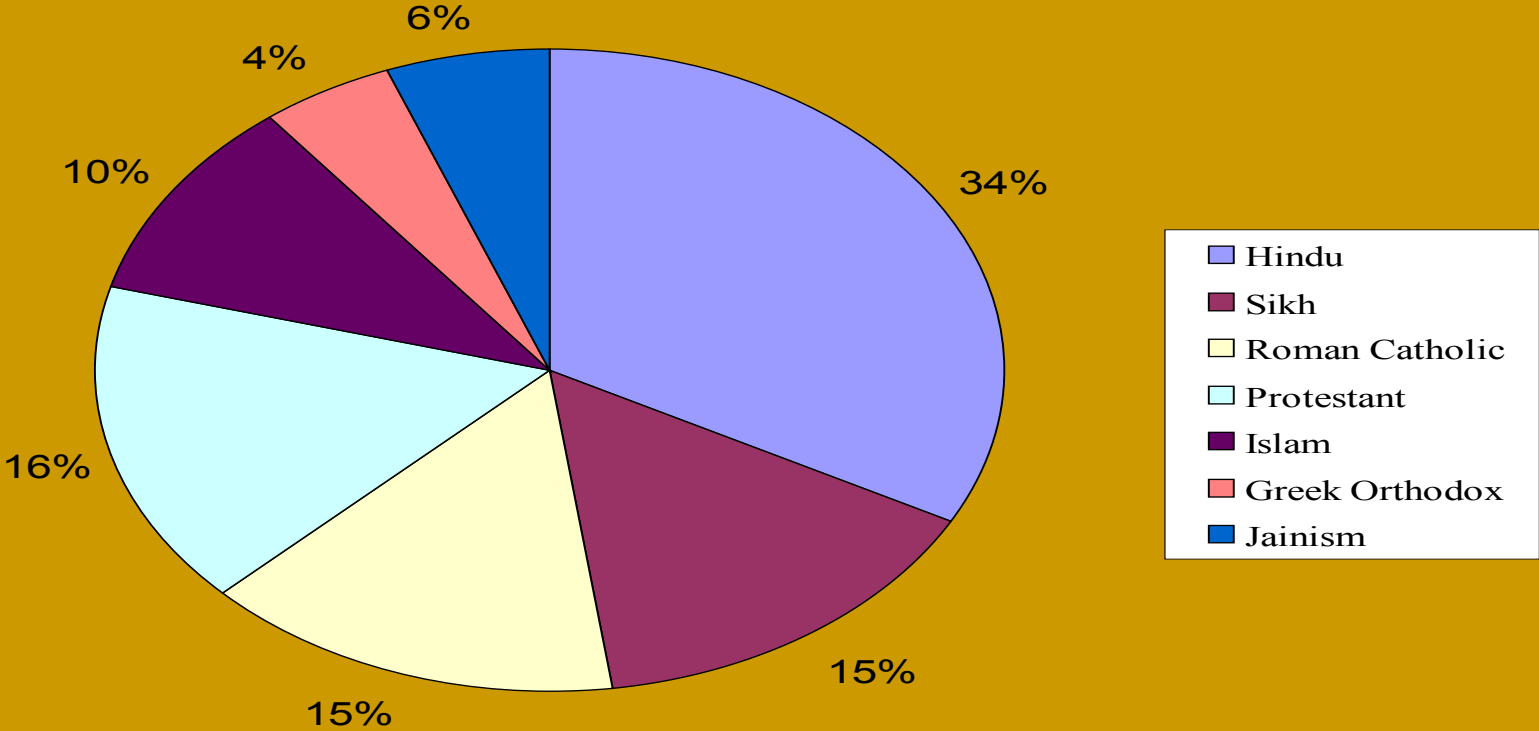
Phase 2: Sample Demographics

Place of Birth



Phase 2: Sample Demographics

Religious Background

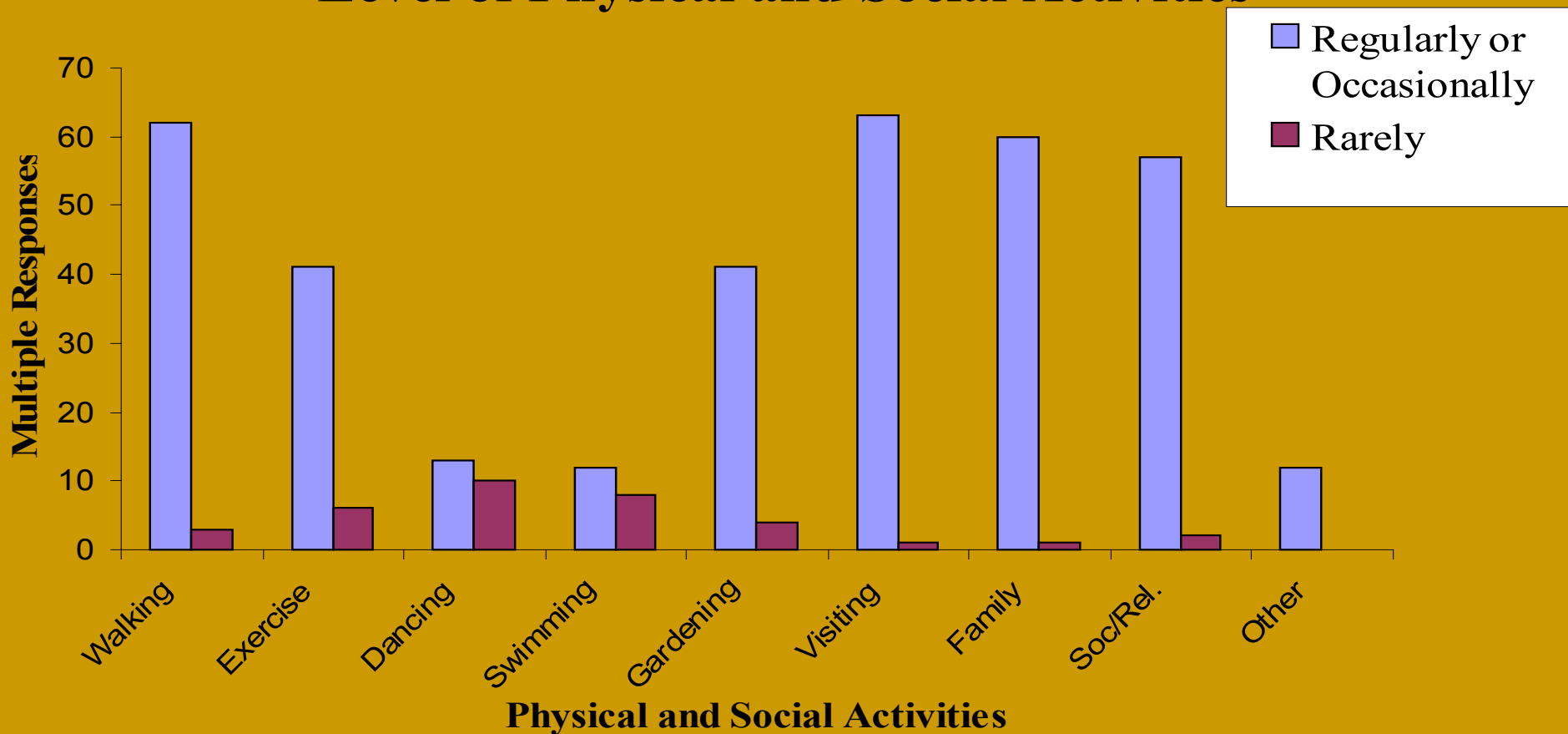


Phase 2 Results: Physical and Social Activities

- to assess lifestyle practices: participants asked if they participated in physical and social activities regularly, occasionally or rarely:
 - Numbers for regularly and occasionally were combined
 - Over 90% either walked, visited family and friends or took part in social / religious activities on a regular or occasional basis

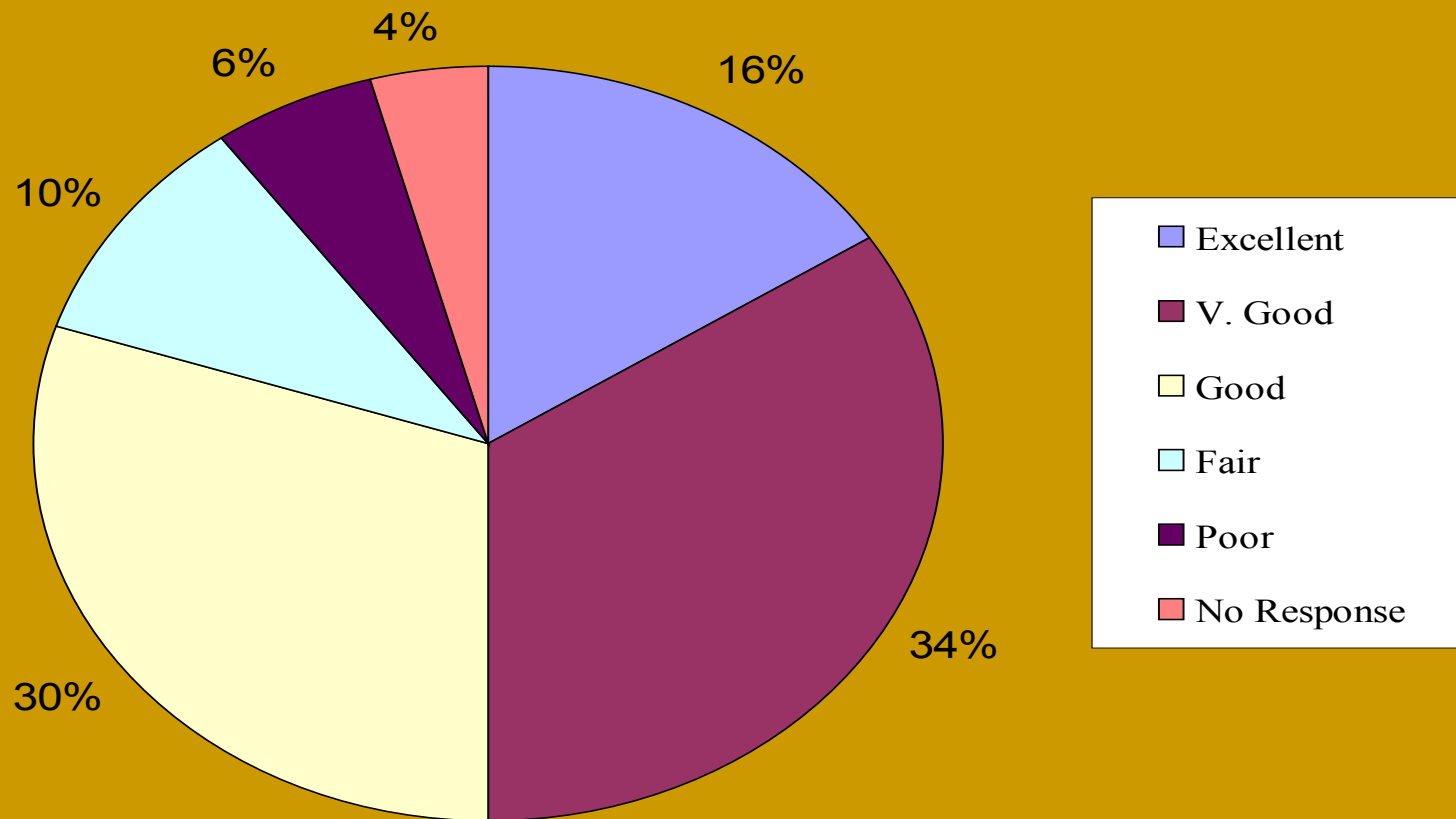
Phase 2 Results: Physical & Social Activities

Level of Physical and Social Activities



Phase 2 Results: Health Status

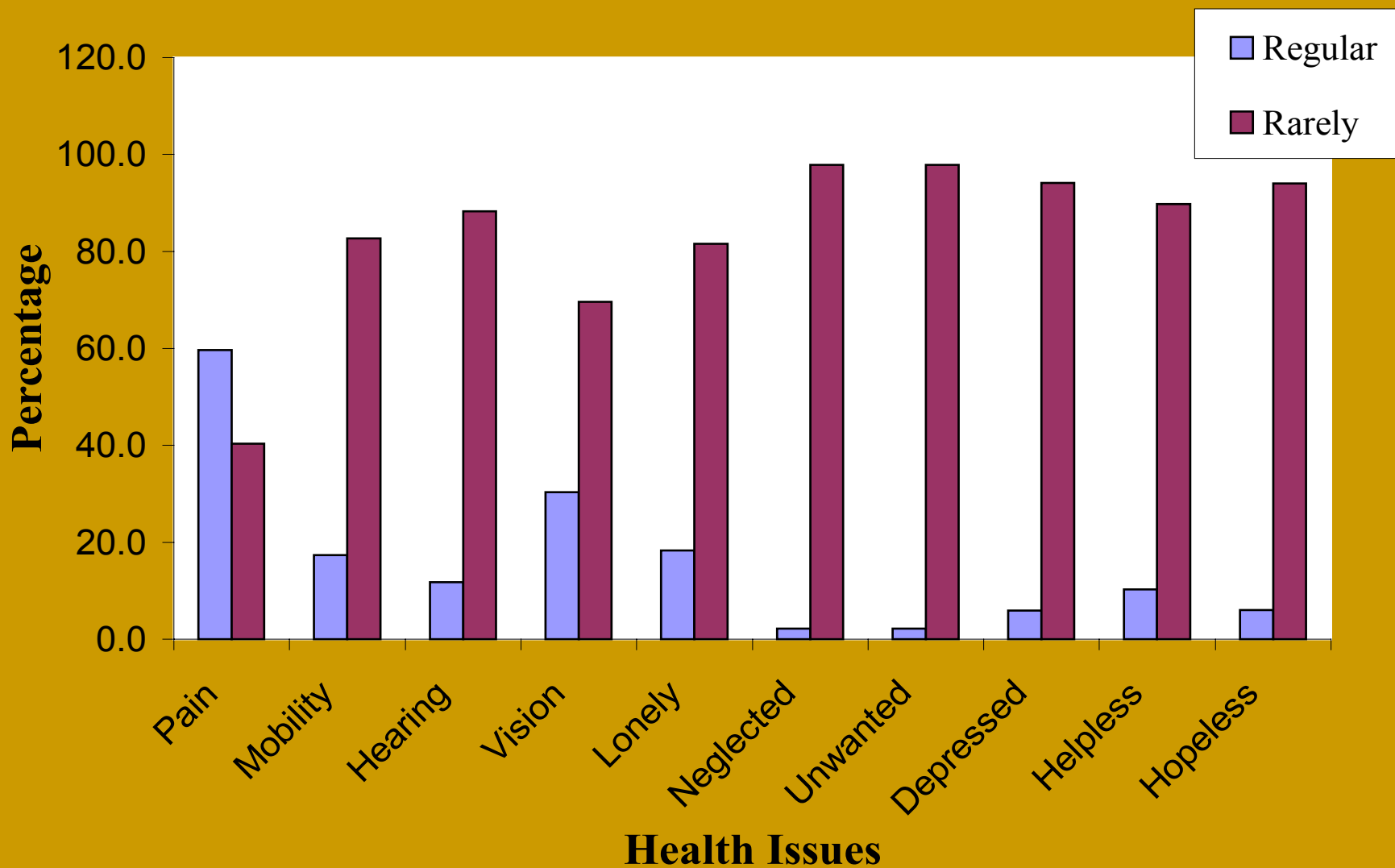
Health Status



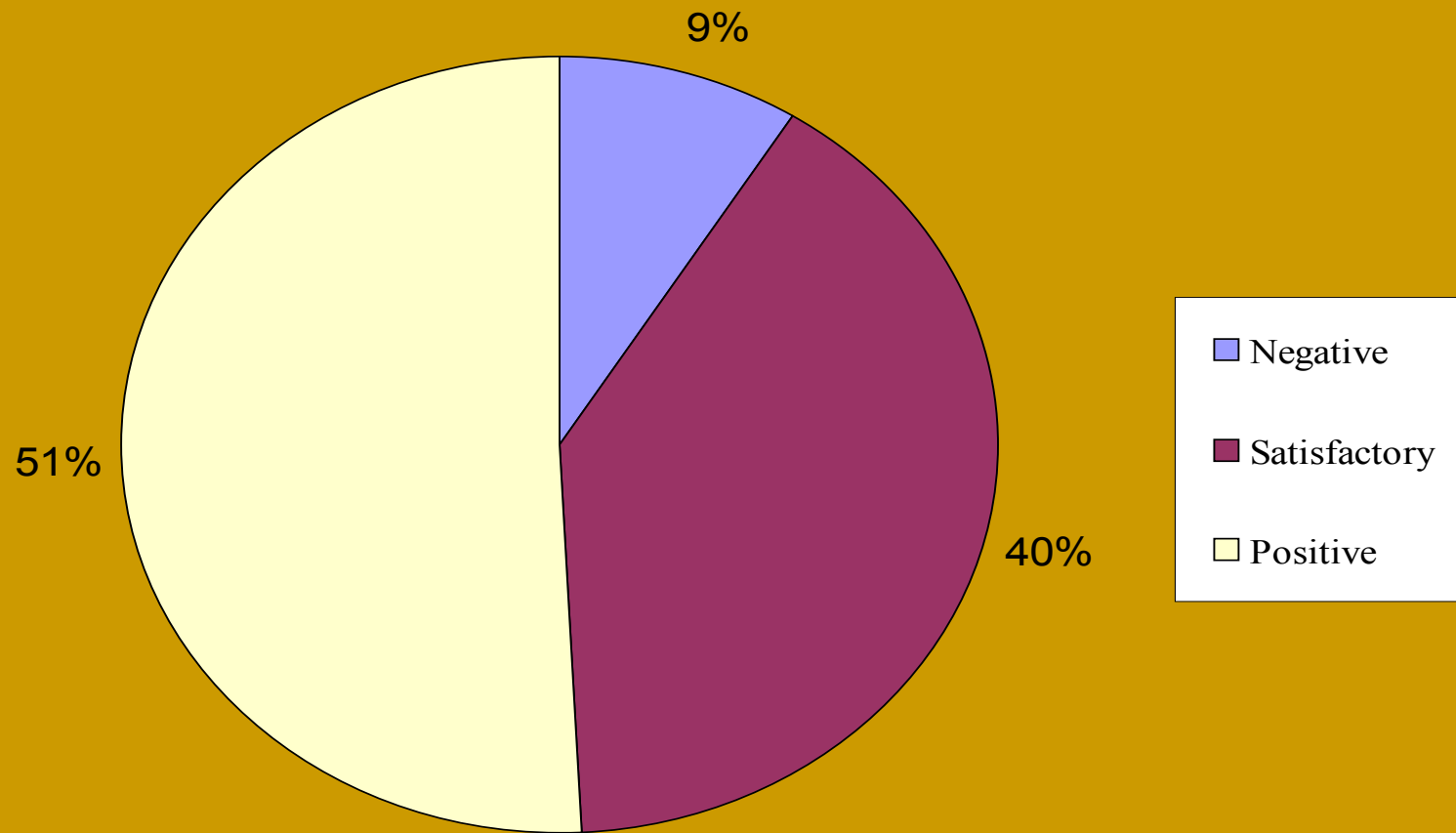
Phase 2 Results: Health-related Issues

- Percentage of the health concerns & issues noted:
 - 30% - experiencing “pain”
 - 10% - regularly feeling “lonely”
 - 7% - feeling “helpless”
 - 4.3% - feeling “hopeless”

Health-Related Issues



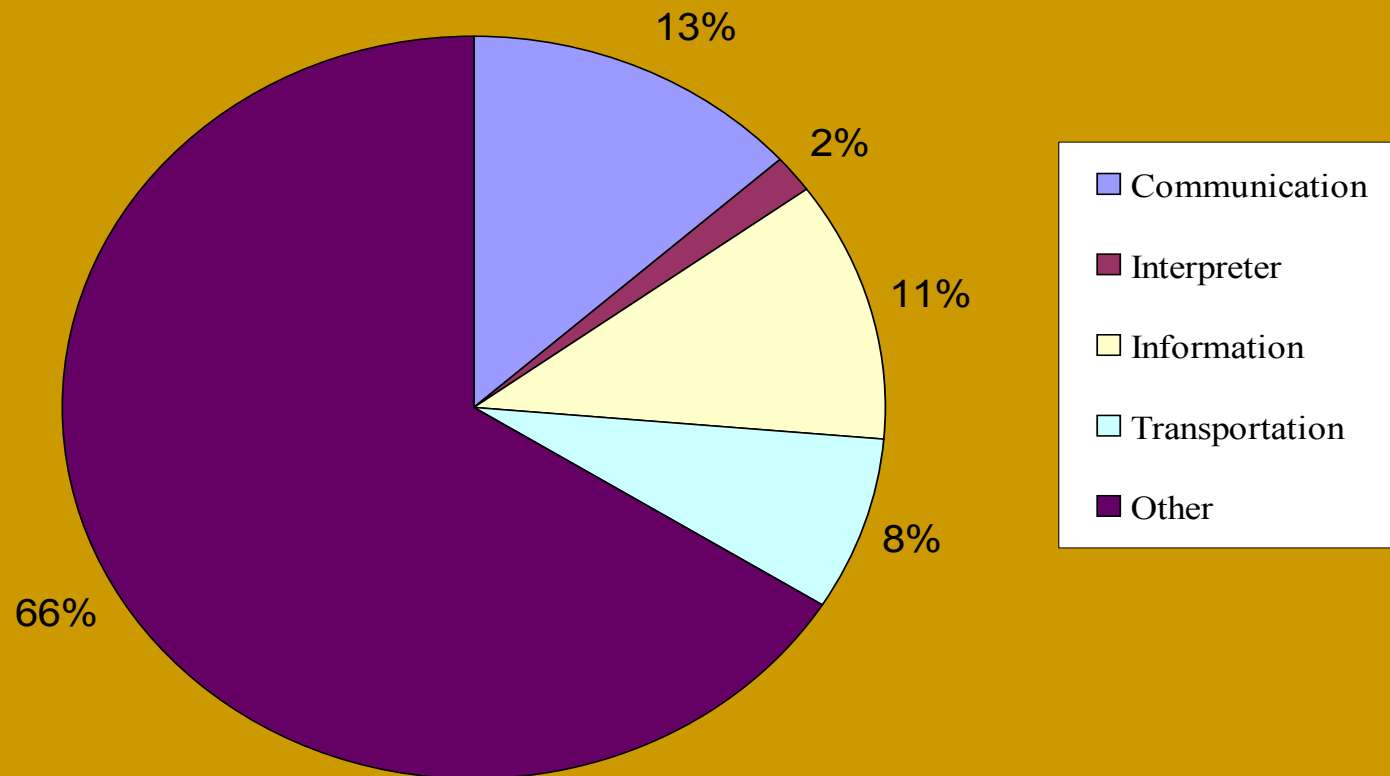
Experience with Health Care Services



Phase 2: Barriers to Health Care

- No barriers (80%); of the remaining 20%:

Barriers to Health Care



Phase 2: Barriers to Health Care, Other Issues

- “Sometimes I feel because I am a senior come from another country doctors in the xxx do not pay appropriate attention to my health problems. For example, I went to the xxx for my check up just after losing 15 lbs, and the doctor’s response was to go for a holiday in the Bahamas and see a psychiatrist.”

Phase 2: Barriers to Health Care, Other Issues

- “I need a family member or interpreter to accompany me to the hospital / doctor.”
- “I can not eat pork or take medication that has alcohol in it.”
- “Immigrants are without close family here and at times of hospitalization etc. there is a lack of attention.”

Phase 2: Barriers to Health Care, Other Issues

- “The prescription information on the label was not written broad enough to explain when and how I should use it.”
- “Also, side effects that followed after were not on the prescription information, which brought more need for other drugs.”
- “After my quadruple by-pass surgery, I was discharged from hospital after 10:00 p.m. without any medication. I had no insulin to take.”

Phase 2: Other Comments

- “It would be nice if at entry to the hospital, the patient is asked if there are any particular cultural requirements. I know they do ask about religious requirements.”

Phase 2: Focus Group Sessions

- Preliminary findings of study reviewed with 32 ethnic seniors in June 2002
- Presentation given: *What is policy and how can we influence policy?*
- Based on study findings, seniors asked to focus on 3 issues relating to health care:
 - communication problems
 - ethnic / cultural differences
 - issues which require support outside of the family
- Focus groups identified issues AND made recommendations

Phase 3: Dissemination and Call for Action

- Presentation of the findings from the study and focus groups to the leadership of the health care system at a conference in St. John's
- Interaction between leaders and ethnic seniors
- Conference attendees asked to pledge their support for change and action in writing

Phase 3: Conference Preparation

- Specifically aimed at senior staff of the 3 health boards and other organizations that influence the health system (e.g. MUN)
- Project advisory committee members ensured that the right people were invited, in ways that would be compelling to them
 - written invitation, directly & personally addressed
 - invitation contained enough info re: what is planned
 - enough lead time to fit conference into busy schedules
 - central location; lunch included
- Conference attendees included CEOs of the hospital corporation, the nursing home board, the regional health and community services board, the dean of the Faculty of Medicine, and ethnic seniors

Phase 3: Conference

- Results of the study and focus group meetings were presented and discussed
- Interaction phase:
 - Seniors administrators / policy makers and ethnic seniors met in small groups to discuss first-hand experiences related to the issues
 - included role-play situations in which health care workers try to obtain information from, and provide care to, a senior from another culture
 - challenge was to do this while respecting language, cultural, spiritual, and dietary needs
 - Link volunteers on hand but were not to assist initially
 - Groups facilitated by members of the project advisory committee

Phase 3: Conference

- Call for support and action phase:
 - Conference attendees asked to pledge their support in writing, to help with follow up actions related to the identified health care concerns and issues
- Closing remarks:
 - Several administrators mentioned what a powerful experience the conference had been.
 - Health administrators self-identified the changes they could make in their own organizations
 - Made much more aware of the challenges faced by minority seniors; and the importance of these issues and the changes needed

Conference Follow-up and 2nd Project

- Several weeks after the conference, administrators were sent letters asking what they had done or planned to do as a result
- Letters followed by personal visit from project coordinator
- Led to 2nd project: Building Bridges: Collaborative Health Policy Development

Effecting changes in elder health care based on identified healthcare needs of ethnic seniors

- 1st project - Building Bridges: Healthcare for All
 - Identifying healthcare needs of ethnic "seniors" (50+)
 - Disseminating information & getting support for action
 - 2001-2003
- Results led to 2nd project - Building Bridges: Collaborative Health Policy Development
 - Developing strategies to build on awareness raised in 1st project
 - Working with healthcare leaders to develop culturally appropriate healthcare policies
 - 2003-2004

2nd project - Building Bridges: Collaborative Health Policy Development

- To monitor the progress regarding the commitments made by health care leaders at the end of the “Building Bridges: Health Care For All” conference
- To continue the process of collaboration between ethnic minority seniors and the health care leaders with a goal to influencing health care policies

2nd project - Building Bridges: Collaborative Health Policy Development

- Additional funding from Health Canada
- Focus more on health policy development and building capacity among ethnic minority seniors to influence health care policies

2nd project - Building Bridges: Collaborative Health Policy Development

- Developed policy tools for workshops
- Held two policy workshops with ethnic minority seniors
- Held preparatory meetings with ethnic minority seniors to present policy issues to health care leaders
- Arranged separate meetings with the leadership of each of the three health care boards (CEO and senior admin)
- Ethnic seniors and advisory committee members presented health care concerns and recommendations to each health care board, and discussed solutions

Actions / Changes / Responses from Health Care Boards

- Planning to offer in-service education sessions
 - Planning to distribute info packages to staff
 - Planning to set up working groups
 - Planning to include cultural diversity in a staff orientation program
 - Ethnic seniors and advisory committee members invited to “test-drive” new translation software planned for purchase
- As a direct result of the project, an ethnic minority senior currently serves on the Seniors Liaison Committee of the Health and Community Services – St. John’s Region
 - In response to our request, the provincial Minister of Health and Community Service has considered for appointment seniors from ethnic minority groups to the Health Boards in St. John’s

Sustainability

- March 29, 2004, Advisory Committee meeting: it was decided that the Committee will continue to meet and carry out the activities in influencing health care policies through monitoring the recommendations put forward to health care leaders
- The Seniors Resource Centre would continue to provide support through the program coordinator of the Seniors Bridging Cultures Club
- Ethnic minority seniors will be available to make presentations to health care institutions, as and when these opportunities become available

Sharing Results of the Projects

- Health Canada publication:
 - What Works! Putting Community Issues on the Policy Agenda: 8 stories from Atlantic Canada.
 1. Seniors Bridging Cultures in Health Care
 - Available from Atlantic Regional Office, Population and Public Health Branch, Health Canada
www.pph-aatlantic.ca
Email: pphatlantic-spspatlantique@hc-sc.gc.ca
- RNAO 3rd International Conference on Elder Care
- Journal submission in preparation

Summary Comments

- Two-way communication between ethnic seniors and health care system
- Seniors empowered
- Increased awareness
- Established positive working relationships
- Change is happening!

TIP

Collaboration
Communication
Persistence