



Chinese American Voices on Health

focus group findings

In order to gain qualitative insight to findings from the Chinese Community Health Study (CCHS),¹ NICOS Chinese Health Coalition commissioned Four Winds Research Corporation to engage 100+ adult community members and healthcare providers in focus groups. NICOS and Four Winds recruited participants based on characteristics the CCHS earlier identified as correlating with health vulnerabilities: low-income, limited-English proficiency, and non-citizen status. The focus groups included the working poor, the uninsured, newcomers, seniors, and women. Additional groups included the privately insured and providers. Consumer focus groups were conducted in Cantonese or Mandarin. Provider groups were facilitated in English. The following is a summary of the thoughts, perceptions and opinions voiced by these segments of the community.

"I think we have a problem with people not having funds, money to go...[for check-ups]. I know people [like] myself that don't go because they don't have the money."

—Consumer

Health Issues

Participants mentioned several common diseases such as diabetes, heart disease, high blood pressure, osteoporosis and arthritis as afflicting them or their family members. Though none brought it up voluntarily, when asked, many agreed that stress and depression were serious health problems in the Chinese community.

Participants from all nine focus groups cited economic challenges, including high housing costs, lack of affordable health insurance, and high unemployment as problems for the Chinese community. They also identified other issues as problematic, such as the lack of bilingual health and human services (especially outside of Chinatown, Richmond and Sunset Districts), poor living environments, public safety concerns and lack of supervised playground and recreational facilities for children.

"I don't mind waiting a half hour if [Chinatown Public Health Center staff] are busy or if they get an emergency... they'll talk to you like you're a human being. The emergency room is worse...because they've got these doctors and nurses in there who don't understand Chinese. They don't seem to care."

—Consumer

"...you feel more at ease with [Traditional Chinese Medicine doctors] and they can take more time with you. You feel like they care more about you than when you see a regular doctor."

—Consumer

Health Care Access

The working poor, recent immigrant, and young, single adult participants were the most likely to be uninsured. As reasons, they mentioned not being able to afford coverage and/or believing that they were healthy enough to risk going without it.

Participants cited long wait times at doctors' offices, limited hours at health clinics, lack of affordable or reliable transportation, and lack of funds as significant barriers to access. Many also said that language is a problem, specifically the lack of bilingual staff available when visiting clinics or physicians' offices outside of Chinatown, and a general lack of capable interpreters. Some expressed frustration with the difficulty of communicating with providers for even the most basic health care needs such as check-ups and prescription renewals.

Some participants expressed a preference for health clinics over hospitals and private physicians' offices, especially outside of Chinatown. A number mentioned returning to their home countries for treatment due to cost and/or a perception of better care.

Preventive Care

The initial screening data indicated that lower income and older participants tend not to take advantage of key preventive care measures such as mammograms and dental check-ups. Most agreed that being poor, having to work long hours or multiple jobs, and not knowing how to cope with stress are barriers to their healthy living. Almost all participants mentioned regular consumption of food cooked with herbs as a means of health maintenance.

Traditional Chinese Medicine

The vast majority of the consumers viewed the use of Traditional Chinese Medicine (TCM) as complementary to Western medicine. Overall, participants had very favorable perceptions of TCM

and alternative therapies such as acupuncture. Many reported consuming soup with Chinese herbal medicine in it at least once a week.

While the majority of those interviewed sought care from practitioners of Western medicine before TCM, participants perceived that TCM practitioners are more caring than Western doctors, spend more time with patients, are more careful in their treatment, and treat patients with greater dignity and respect. They also expressed the belief that TCM practitioners are well-qualified to treat simple medical problems.

“While seeing kids, I am uncomfortable about picking up problems, including mental health, because there are less and less resources for referrals...”

—Provider

Mental Health

Many of the participants equated being mentally ill with being crazy or insane. Many did not believe that mental illness could be an organic disease. Consequently, many did not believe in seeking treatment for mental health problems.

Providers cited additional challenges in a severe lack of bilingual/bicultural mental health professionals and a lack of coordination between physicians and mental health practitioners.

Health Care Knowledge and Information

Both providers and participants mentioned that they find navigating the American health care system complicated regardless of one’s health insurance status. Even eligibility workers expressed confusion about frequent insurance regulation changes.

Many participants cited health care professionals, Chinese-language media, and community-based health educators as their most important sources of health information.

“In the [radio] program, they have people from different agencies to talk about health and social issues and they also give you information about how you deal with doctors, hospitals, and insurance companies...The Chinese newspapers here are the same papers that are published in Hong Kong and Taiwan. They are good and trusted newspapers...”

—Consumer

"A lot of times, [the health care providers] talk down to you. They can be very condescending."

—Consumer

"I don't think they spend enough time with you to find out what's wrong with you."

—Consumer

"We are not all illiterates... Many [immigrants] are very educated, well-rounded people, and we don't deserve to be talked down to."

—Consumer

Quality of Care

While many were generally satisfied with the medical care they received, participants discussed the need for improvement in three main areas:

- 1) Time spent with patients—many participants complained that doctors spend too little time with them, and that the quality of the interactions was often poor, due, for example, to language difficulties with non-bilingual providers and/or poor interpretation services;
- 2) Respect for patients—participants felt that doctors do not treat them with dignity and respect; and
- 3) Concern for patients—participants expressed sentiment that doctors are not generally concerned with their welfare.

Recommendations

- **ADVOCATE FOR AFFORDABLE HEALTH CARE**, including coverage for the uninsured and underinsured, and develop a health delivery strategy for the working poor and immigrants.
- **IMPROVE ACCESS TO CARE** by increasing bilingual services/providers throughout the City and by improving the interpretation services that currently exist.
- **ENCOURAGE THE USE OF PREVENTIVE HEALTH CARE**, such as the utilization of early detection and dental screenings, particularly among immigrants and seniors.
- **CONDUCT AN EDUCATIONAL CAMPAIGN** on how to navigate the health care system and access health care services in the U.S. targeting immigrants.
- **INCREASE EDUCATION AND OUTREACH** to the Chinese community as well as to providers in the area of mental health; increase the number of bilingual/ bicultural Chinese mental health providers and the general availability of bilingual/ bicultural mental health services; improve liaison between physicians and mental health professionals.
- **INCREASE PHYSICIAN KNOWLEDGE ABOUT TCM** and its integration with Western medicine; advocate for the regulation of TCM doctors and herbalists to ensure quality and safety for consumers.
- **PROVIDE CULTURAL SENSITIVITY TRAINING** to providers, particularly those who serve monolingual or limited-English proficient patients.

About the Focus Groups

Participants solicited for the Focus Groups were Chinese adults, over 18 years old, who resided in the City and County of San Francisco. The groups were conducted, between November 21, 2003 and January 3, 2004.

NICOS Chinese Health Coalition



is a public/private/community partnership of more than 30 health and human service organizations and concerned individuals. The mission of NICOS is to enhance the health and well-being of San Francisco's Chinese community.

Chinese American Voices on Health

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Endnotes

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