Asian Health Review™

Making Education Easy

Issue 20 – 2017

In this issue:

Abbreviations used in this issue
CALD = culturally and linguistically diverse
QoL = quality of life

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Welcome to the twentieth issue of Asian Health Research Review.

Greater cultural diversity in the New Zealand population has led to an increased awareness of the cultural needs of Asian older people and their families. The migrant experience for Asian older people can be particularly stressful due to factors such as limited or no English language proficiency, limited incomes, loss of status, loneliness and isolation.

Asian people who migrate at an older age may find themselves isolated in their new surroundings. As newcomers, they must adapt to a new and alien culture and language. For these reasons, daily life in a new environment may become stressful for older people. Older people's adjustment to New Zealand society is affected by their: pre-migration history; countries of origin; cultural backgrounds; socioeconomic status in their country of origin; prior history of living in an urban versus a rural environment; and reasons for migration (political, economic, familial). Successful integration in New Zealand society is influenced by: the proximity of other older people who speak the same language; participation in cultural and religious communities and ethnic social clubs.

Many culturally and linguistically diverse (CALD) families experience confusion and stress when trying to navigate care and support services for their older relatives. As just one example, the Ministry of Health (2013) New Zealand Framework for Dementia Care, together with the health and social support sector, recognises that dementia care needs to be improved nationwide in a way that is inclusive of Asian and other ethnic minority groups. In 2011, 1838 (3.7%) of the estimated 48,182 people with dementia were Asian. By 2026, of the estimated 78,267 people with dementia in New Zealand, 6568 (8.4%) are expected to be Asian (Ministry of Health 2013).

There are many cultural reasons that may prevent families from seeking support for older family members. In Asian, Middle Eastern and African cultures, it is important for elders to be looked after by their own family. Cultural factors may delay families from seeking support, leading to increased stress for both the carers and the older person.

The CALD Older People Resource for Health Providers is intended to support the health and disability workforce to provide culturally competent care for older peoples from Asian, Middle Eastern and African backgrounds and their families. This CALD older people resource has recently been updated and can be accessed via http://www.ecald.com/Portals/49/Docs/Toolkits/cald-older-people.pdf

We hope you enjoy this issue and look forward to receiving any feedback you may have.

Kind regards,

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The mutual relationship between immigrants' disrupted everyday activities and their health: A grounded theory of experiences of Korean immigrants settling in New Zealand

Authors: Kim H and Hocking C

Summary: This study in 25 Korean immigrants in New Zealand used grounded theory to analyse how immigrants adjust in a new environment. The analysis indicated that immigration induced stress that required adjustment to valued activities and had an adverse effect on health. The participants regained control over these disrupted activities by adopting two-world perspectives.

Comment (AM): The majority of Korean immigrants in New Zealand are the first generation and have lived here for less than 20 years. For older Koreans, many of whom do not speak English, there are particular hardships adjusting to life in New Zealand. Koreans have a strong attachment to their own culture (Statistics New Zealand, 2013) and migration to New Zealand is associated with multiple loss including: family and community, job status, financial resources, and the personal autonomy that comes with being able to communicate with others in the community and having local knowledge of the society you live in. Racism and discrimination in New Zealand society further compounds stress and a sense of alienation. Importantly, this study provides a voice for Korean immigrants and communicates how health practitioners can help with the stressful transition to life in New Zealand. In particular, the authors highlight the need to reduce barriers to accessing health services by employing language-matched staff, making translated health information available and ensuring that the workforce is culturally competent for the communities they serve.

Reference: Soc Work Public Health 2016;31(3): 113-26
Abstract

Meeting the challenge of diabetes in ageing and diverse populations: A review of the literature from the UK

Authors: Wilkinson E et al.

Summary: This study used a realist approach to explore evidence on diabetes care for older South-Asian people in the UK that might help reduce inequalities. A theoretical framework was derived for a programme of research and analysis to help providers, researchers and policy makers. Within this framework, broad themes through which inequalities can be addressed emerged that were centred on individualised, culturally intelligent and ethical care. The mid-level mechanisms identified included cultural competency, comorbidities and stratification, and access.

Comment (GG): The aim of this review was to explore evidence on diabetes care for older people with South-Asian ethnicity to guide a programme to reduce inequalities in this population. A realist approach was used to review the literature. Firstly, a mapping phase where literature was reviewed at the intersection of three areas: quality diabetes care, older people and ethnicity. This was followed by exploration of the concepts and mechanism, which underpinned the interventions; and finally, a theoretical framework was constructed to provide guidance for providers, policy makers and researchers to reduce inequalities in diabetes complications and outcomes in this population. The review highlighted that South-Asian people experience diabetes earlier, have a greater risk of complications and faster progression than the Europeans. The recommendation was to address three mid-level mechanisms: access, co-morbidities and stratification and cultural competency to have any impact on reducing inequalities in diabetes care for older South Asians or older people from any diverse backgrounds. There will be similar implications in New Zealand where we have a disproportionately high prevalence of diabetes and its complications in the South-Asian population!

Reference: J Diabetes Res. 2016;2016:8030627
Abstract

Patient, family, nurse perspectives on Chinese elders' quality of life

Authors: Wang W and McDonald T

Summary: This Chinese study used a design consisting of concurrent EuroQol (EQ-5D-3L) and World Health Organization Quality of Life BREF (WHOQOL-BREF) surveys to determine the alignment of quality of life perspectives of 72 matched stakeholder groups representing older people, families and nurses. Families and nurses were in close agreement with older people in relation to quality of life reports on observable domains. However, in the more subjective dimensions, families and nurses tended to overestimate the severity of suffering compared to older people themselves.

Comment (AM): There are a number of confounders offered for the finding that the perspectives of Chinese older patients and their family are more closely aligned regarding the older person's quality of life than that of nurses caring for them. A finding, which is inconsistent with international research. The evidence suggests that the nursing work assignment processes in China could influence the accuracy of nurses' perceptions of their patient's quality of life. What I found surprising was the difference between the role of nurses in China and in Western countries. The Nursing Grade System in China is a government policy for allocating nursing services according to medical diagnosis and prescription, and charging patients for those services. A consequence of the Nursing Grade system is that nursing work is restricted by medical prescription to observing and reporting patients' medical conditions and supporting patients' physical activities. In most Chinese hospitals, nursing engagement with patients is set by doctors. Nursing is very different from holistic nursing practiced elsewhere and mostly geared to performing clinical procedures such as intravenous injections and changing IV fluids rather than providing psychological, spiritual and social care. Even home-visiting nurses with routine contact are restricted from obtaining a holistic understanding of the older person because of the high daily patient-visiting quota that limits time with each patient. Gerontological nursing is a relatively new field in China and changes in the future are likely to keep pace with the healthcare needs of China's aging population.

Reference: Int Nurs Rev. 2016;Nov 11 [Epub ahead of print]
Abstract

Cultural issues and other factors that affect self-management of type 2 diabetes mellitus (T2D) by Chinese immigrants in Australia

Authors: Eh K et al.

Summary: A cross-sectional survey was conducted in 139 Australian Chinese immigrants (mean age 64 years) with type 2 diabetes mellitus to assess the influence of cultural factors and other determinants of diabetes self-management behaviours. Generally, survey respondents had poor self-management practices, but moderate medication adherence. Traditional Chinese medicine was incorporated into diabetes treatment regimens by 13.7% of respondents and 24% reported cultural shame surrounding a diabetes diagnosis. Stronger beliefs in Traditional Chinese medicine predicted poorer medication adherence, while greater acculturation predicted better medication adherence. Other predictors of diabetes self-management behaviours included gender, education level and disease duration.

Comment (GG): This is a small cross-sectional study (139 participants) from Sydney. A questionnaire comprising questions addressing self-management of diabetes, medication adherence, level of acculturation, measures of traditional beliefs (Traditional Chinese Medicine vs Western Medicine), Chinese Health Beliefs and demographics was completed by diabetics who were immigrants from China. The study participants were mostly female, approximately half of them were over 65 years age and, three quarters of them were recruited from the diabetes centre, a quarter from the community. The study found poor self-management practices, moderate medication adherence, approximately 14% of participants incorporating Traditional Chinese Medicine into their diabetes treatment and 24% reported cultural shame surrounding a diabetes diagnosis. Higher levels of acculturation were associated with better medication adherence. This study highlights cultural influences on diabetes self-management and medication adherence among Chinese immigrants, which will require consideration from health care providers.

Reference: Diabetes Res Clin Pract. 2016;119:97-105
Abstract

Cultural and religious beliefs and values, and their impact on preferences for end-of-life care among four ethnic groups of community-dwelling older persons

Authors: Ohr S et al.

Summary: This Australian cross-sectional survey of 171 older people from culturally and linguistically diverse backgrounds examined their cultural and religious beliefs and values specifically regarding death and dying, truth telling, and advance care planning and end-of-life preferences. Most (92%) respondents believed dying is a normal part of life with >70% comfortable talking about death, although 64% of Eastern Europeans and 53% of Asia/Pacific people believed that discussion of death should be avoided at all costs. Asia/Pacific people reported the most consensual view against life-prolonging measures.

Comment (AM): Understanding patient's cultural and religious beliefs is important when health professionals are assessing preferences for end-of-life care. The *CALD Older People Resource for Health Providers* has a good section on end-of-life care for Asian, Middle Eastern and African patients and families. The section includes cultural expectations about who makes health care decisions in CALD families and who in the family should be told about a patient's serious diagnosis. An awareness of family expectations and their underlying expectations will help health practitioners better understand and negotiate with distressed family members and approach end-of-life care in a culturally sensitive manner. The resource can be accessed via http://www.ecald.com/Portals/49/Docs/Toolkits/cald-older-people.pdf. For information on Advanced Care Planning in New Zealand go to http://www.advancecareplanning.org.nz

Reference: J Clin Nurs. 2017;26(11-12):1681-89
Abstract

Independent commentary by Dr Annette Mortensen

Dr Annette Mortensen has worked to improve the health of newcomers to New Zealand from ethnically diverse backgrounds for the last 15 years. From 2000 to 2007 she worked as the Refugee Health Coordinator for the Auckland Regional Public Health Service. In 2007, Annette was awarded with the Supreme Harmony Award for her contribution to Muslim relations in New Zealand by the Federation of Islamic Associations of New Zealand (FIANZ). In 2008, Annette received a doctorate from Massey University, New Zealand. The subject of her thesis was *'Refugees as 'Others': Social and Cultural Citizenship Rights for Refugees in New Zealand Health Services'*. Since 2007 Annette has worked as the Asian, Refugee and Migrant Health Programme Manager for the Northern Regional Alliance on behalf of the Auckland region District Health Boards.

Oral health and dental care in older Asian Americans in central Texas

Authors: Jang Y et al.

Summary: Data from participants living in central Texas aged ≥60 years who completed the cross-sectional Asian-American Quality of Life Survey (n = 533) were analysed to determine factors associated with oral health and dental care. Over 61% had no dental health insurance, 45% had fair or poor oral health, and 44% had not accessed preventive dental care services. Logistic regression analyses suggested that those with limited English proficiency were more likely to lack dental health insurance (3.5-fold) and to rate their oral health as fair or poor (3.2-fold). Those without dental health insurance were 6.4-fold more likely to not access preventive dental care services.

Comment (GG): This is a cross sectional survey which was part of the Asian American Quality of Life survey conducted in central Texas using questionnaires in English and six Asian languages. Approximately 530 older age participants were examined for factors associated with oral health and dental care. Three outcomes measured were - dental health insurance, self-rated oral health and use of preventive dental care services. The survey found that 61% of the participants had no dental insurance, 45% reported poor or fair oral health, and 44% had not used preventive dental care services. Furthermore, limited English and shorter stay in the United States correlated with worse oral health outcomes. Dental care in New Zealand is also expensive and not subsidised for adults, including older people. These research findings will have similar implications for New Zealand elderly, particularly immigrants with poor English. Preventive measures will require culturally and linguistically sensitive approaches.

Reference: J Am Geriatr Soc. 2017;May 26 [Epub ahead of print]
Abstract

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Experiences of interpreters in supporting the transition from oncology to palliative care: A qualitative study

Authors: Kirby E et al.

Summary: This study used qualitative, semi-structured interviews with 20 professional hospital interpreters in Australia to determine their experiences and perspectives in supporting culturally and linguistically diverse patients in specialist palliative care. Thematic analysis identified four themes: challenges in translating the meaning of "palliative care"; managing interpretation in the presence of family care-givers; expressing sensitivity while remaining professional; and the emotional burden of difficult doctor and patient negotiations.

Comment (AM): This article reinforces the need for health practitioners to be trained in how to use interpreters and to assist interpreters with the emotional impact of interpreting when the patient has a terminal illness. The free on-line and face-to-face *CALD 4: How to use interpreters course* can be accessed through www.ecald.com. The distressing experiences of interpreters as they convey terminal diagnoses, talk about palliative care and death and dying with patients and their families, highlights the need for clinicians to make time to debrief the interpreter following patient consultations.

Tips for clinicians at the end of the consultation are to:

- Check if the patient has understood the key messages/points
- Ask the patient if they have any further questions

After saying goodbye to the patient retain the interpreter for a quick debriefing session:

- Clarify any cultural issues, interpretation of words or concepts
- Check with the interpreter whether there was anything that might have been missed (e.g. non-verbal communication, cultural issues around palliative care; death and dying)
- Check with interpreter whether they are alright if they had a difficult session with the patient (e.g. managing family caregiver's wishes to avoid giving a serious diagnosis to their parent).
- Remind them that they can contact DHB Employee Assistance Programme (EAP), counselling or supervision sessions if there is a need.

Reference: Asia Pac J Clin Oncol. 2016;Jul 20 [Epub ahead of print]
Abstract

Suicide in the global Chinese aging population: A review of risk and protective factors, consequences, and interventions

Authors: Dong X et al.

Summary: This systematic review analysed global data on the epidemiology of suicide among older Chinese adults and explored existing intervention strategies. The analysis suggested that social, cultural, and familial contexts within which individuals live significantly affected suicide among older Chinese adults. While reducing risk factors might contribute to lowering suicide rates amongst older Chinese adults, improvement of protective factors is also necessary and development of resilience in older adults and positive aging through ongoing family and community care relationships is critical.

Comment (GG): This article is a systematic review of suicide among Chinese elderly population, including the risk and protective factors, the health consequences and the interventions to improve care. China has one of the highest suicide rates in the world. Chinese Americans over 65 years of age have the highest rate of suicide in U.S. compared to other ethnic groups. Further, U.S. Chinese woman 65-74 years have a 3-fold; 75-84 years have a 7-fold and over 85 years have 10-fold higher suicide rates compared to white woman of the same age group. The review found old age, female gender, living in rural areas, lower education, financial constraints, prior psychiatric history and suicide attempts were risk factors strongly correlated with suicide completion. Alternatively, high levels of self-esteem, living with children and high IADL (Instrumental Activities of Daily Living) were found to be protective factors. The research highlights ongoing family, community support to vulnerable older adults to buffer the suicide risk. As the Chinese population in New Zealand is aging, this research has implication for developing culturally and linguistically appropriate suicide prevention and intervention programmes!

Reference: Aging Dis. 2015;6(2):121-30
Abstract

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Time spent reading this publication has been approved for CME for Royal New Zealand College of General Practitioners (RNZCGP) General Practice Educational Programme Stage 2 (GPEP2) and the Maintenance of Professional Standards (MOPS) purposes, provided that a Learning Reflection Form is completed. Please **CLICK HERE** to download your CPD MOPS Learning Reflection Form. One form per review read would be required.

Time spent reading this publication has been approved for CNE by The College of Nurses Aotearoa (NZ) for RNs and NPs. For more information on how to claim CNE hours please **CLICK HERE**.

Sleep correlates of depression and anxiety in an elderly Asian population

Authors: Yu J et al.

Summary: This Singaporean study in a community sample of 107 cognitively healthy older (mean age 71 years) Asian participants examined sleep correlates of depression and anxiety using the Pittsburgh Sleep Quality Index (PSQI) and the Geriatric Depression Scale (GDS) and Geriatric Anxiety Inventory (GAI). Scores for the GDS and GAI were both correlated with sleep disturbance. The GDS scores were associated with daytime dysfunction, while the GAI scores were associated with perceived sleep quality, sleep latency and global PSQI scores.

Comment (GG): Sleep has significant implications in geriatric mental health. This Singapore study explored the sleep-related correlates associated with depression and anxiety symptoms in an elderly Asian population. The GDS assessed depression and the GAI assessed the anxiety symptoms, which were correlated with sleep variables using the PSQI. The study found that both depression and anxiety were associated with a number of sleep-related issues. Depression symptoms were associated with daytime dysfunction, whereas anxiety symptoms were associated with increased sleep latency and decreased sleep quality. As it is more common for Asians to somatise psychological distress, this study will help clinicians to understand relationships between sleep and both depression and anxiety in the elderly population.

Reference: Psychogeriatrics 2016;16(3):191-5
Abstract

Independent commentary by Dr Geeta Gala

Dr Geeta Gala is a Public Health Physician, working at the Northern Regional Alliance. She leads and advises on many of the cancer projects across the Northern Region, led by the Northern Cancer Network. She completed the Asian Health Needs Assessment for Counties Manukau DHB in 2007 and has actively advocated for improvement of Asian health in New Zealand. She is the South Asian Advisory board member for the Vitamin D Assessment Study and the VIEW programme (Vascular Informatics using Epidemiology and the Web), a cardiovascular risk prediction research programme at the University of Auckland.