



# Co-creating Care with Ethnic Communities

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# Agenda

1. About Carefirst
2. Demographics of ethnic communities
3. Health challenges: Chronic diseases
4. Chronic disease management programs at Carefirst:
  - Lessons Learned
5. Customizing health education programs:
  - Best Practices

# About Carefirst

Carefirst's Group of Organizations:

- **Carefirst Seniors and Community Services Association**  
(Since 1976)
  - **Carefirst Vocational Training Centre**  
(licensed since November 2009; Opening in 2010)
- **Carefirst Family Health Team** (Since 2007)
- **Carefirst Foundation** (Since 2006)



# About Carefirst: Charity, Non-for-profit

- **Carefirst Seniors**
  - Ethno-specific community support service provider for the Chinese community
  - Serves 6,500 clients/year
- **Carefirst Family Health Team**
  - Primary health care provider for Ontarians, specifically for Asian communities
  - Serves 5,500 patients/year
- Serves the Greater Toronto Area and surrounding areas

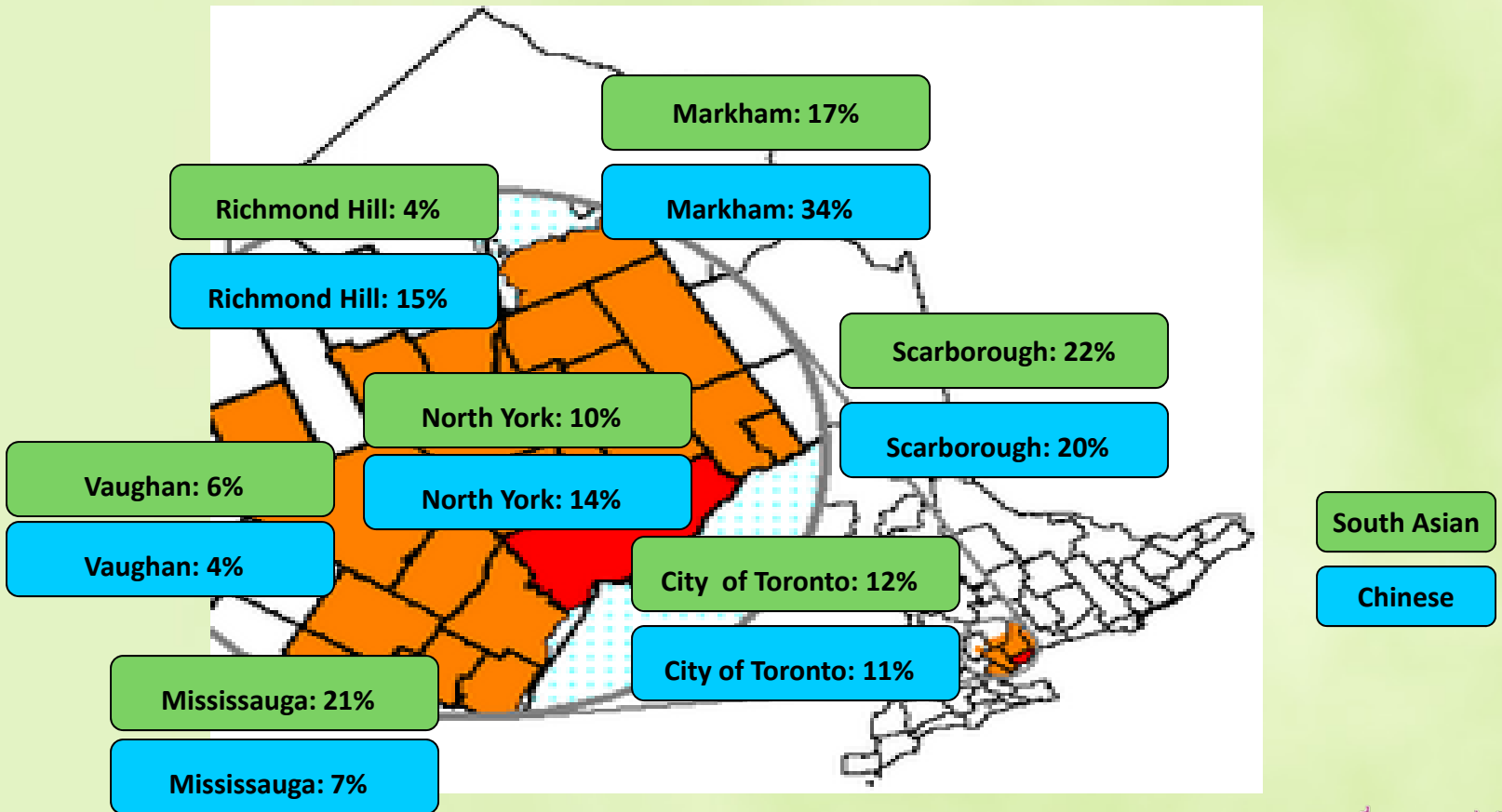


# More about Carefirst

- Integrated delivery of social and health care services in the community, including:
  - Community support services
  - Homecare and homemaking
  - Social / wellness educational programs
  - Chronic disease prevention and management
  - Volunteer development
  - Community outreach
  - Family Health Team – primary health care



# Major Ethnic Populations



Source: Census 2006; Toronto Public Health; York-Simcoe DHC for Markham & Richmond Hill statistics

# Demographics of ethnic populations

- Steady growth of visible minority population:
  - From 42.9% (2006) to the projected 50% of the total by 2017
- The largest group are: South Asian (India/Pakistan/Sri Lanka) and Chinese (PRC/ Hong Kong SAR/ Vietnam)
- High concentration of visible minorities residing in suburban areas:
  - (e.g.) 52.4% of Markham's population is visible minorities
- The senior (>65) population belonging to visible minority groups in Canada is rising:
  - Under 6% in 1996
  - Over 7% in 2001

Source: (Census, 2001; Census, 2006)



# Growth of the Canadian Ethnic Populations

In March 2005, Statistics Canada projects:

*“By 2017, more than 50 percent of people living in Canada would be visible ethnic groups (primarily of Asian and South Asian origins).”*

Source: (Census, 2001; Census, 2006; Statistics Canada, 2005)



# Profile of Carefirst's Seniors

- 60% are aged 75 and over
- 25% are frail and homebound seniors who require more intensive care support services
- 75% are seniors with low-income (less than \$20,000/ year)
- 98% of seniors speak only Chinese (Cantonese or Mandarin) and no English
- 6% of seniors have driving licenses

# Health Situation of Ethnic Seniors

- Declining health status: From “healthy immigrant” to worsened self-reported health in Canada
- Older immigrant women (Chinese/South Asian) reported worse health
- Lower utilization of health care/ social services
  - Personal Care Usage: Chinese (1.5%), General elderly population (36.7%)
  - Home Care Usage: Chinese (3.5%), General (7.3%)
- Challenges in managing their own health

***Multiple jeopardy situation:  
being “old,” “immigrant,” “visible minority,” “women,” etc.***



# Chronic Diseases in the Ethnic Populations

- Across Canada, older Chinese have more chronic illnesses (3.3 types) than the general elderly population (2.23 types)
- In Ontario, 12% of the population with diabetes is of South Asian origin
- ICES (2005) identified 13 priority neighbourhoods with high rates of diabetes
  - Mostly in the northwest and eastern parts of Toronto
- “High risk” communities are: visible minorities, immigrants, and with low income

Source: (Hux & Tang, 2003; Glazier & Booth, 2007; Lai, Tsang, Chappell, Lai, & Chau, 2003)



# Challenges to better health status

- Inaccessibility and difficulty in navigating the social services and health care systems
- Service gaps in linguistically and culturally relevant health care services
- Under-utilization of health care services by immigrants, despite higher illness incidence
- Significant cultural differences in utilizing health care services
- More vulnerable to new emerging global epidemics
- Poorer socioeconomic status → poorer well-being

Source: (Ho, 2008; Lai, Tsang, Chappell, Lai, & Chau, 2003)



# Chronic Disease Management Programs at Carefirst (1)

## Four main programs:

### 1. Diabetes Education Program (Carefirst FHT)

- Offering inter-disciplinary, linguistically and culturally appropriate, and evidence-based education programs

### 2. Chronic Disease Self-management Program

- Structured program developed & licensed by Stanford University
- Chinese version: General, chronic pain, diabetes

# Chronic Disease Management Programs at Carefirst (2)

## 3. **Kidney Health Initiative (Collaboration with Scarborough Renal Dialysis Program & Kidney Foundation of Ontario)**

- 3-year project, early identification of high risk kidney disease
- Pre-screening, health education, referrals to physicians

## 4. **Diabetes Prevention & Self Management Program**

- Central LHIN-funded initiative, in collaboration with Markham Stouffville Hospital (2010)
- Pre-screening, health education, referrals to physicians

# Practitioners' Insights

- Lower participation by individuals under the age of 70
- Challenges perceived by the practitioners:
  - Participants generally have lower level of education
  - Lower level of personal health awareness
  - Lower level of disease awareness (i.e. delayed help seeking)
  - Motivation not as high
  - Displayed inertia during the programs
  - Older participants are dependent on adult children or even grandchildren for transportation, language supports
  - Fear of “disobeying” the doctors
  - Little support from family members
  - Resistance to diet change: e.g. the Asian diet

# Lessons Learned & Best Practices (1)

- 1. Language, transportation, financial dependence (major obstacles)**
  - Language-specific workshops
  - Acknowledge the heterogeneity within the same culture
  - Services within walking distance and at various hours
- 2. Continuous outreach to target population (passive attitude)**
  - Use diverse channels: newsletter, outreach screening clinics, mass media
  - Community education to enhance knowledge and awareness of health and services
- 3. Involvement of families**
  - Mobilize family support, e.g. collective behaviour, eating habits
  - Important to have family members' "buy in"

## Lessons Learned & Best Practices (2)

4. **Physicians' practice beyond the biomedical approach**
  - Prescribe health education as part of “medication” and “treatment”
  - Emphasize on self-management and lifestyle modification
5. **Staff sharing the same cultural-linguistic background as the client**
  - Enhance communication, client enthusiasm, reduce power inequity
  - Minimize the teaching mode
6. **Education materials need to be user-friendly**
  - At appropriate level of literacy
  - Combinations of words and pictures

# Lessons Learned & Best Practices (3)

- **More collaboration with other service providers and ethnic community agencies**
  - Enhance outreach
  - Train volunteers of different cultures
  - Gain credibility from the clients
  - Share resources and best practices
- **Giving incentives to the participants**
  - E.g. TTC tokens, light refreshment, educational materials to take home
- **Stable resources support**
  - The supports from funders (e.g. LHINs) are essential for ongoing success

# Customizing Health Care & Best Practices

- **Individual Level**
  - Work with personal health strategies
  - Intergenerational relations
  - Help-seeking behaviours and self-efficacy
- **Program Level**
  - More collaboration between community agencies
- **Community Level**
  - Transportation
  - Support for system navigation
  - Reduce socio-cultural-linguistic barriers to health care access

# Customizing health care & Best Practices

- **Continuous learning and quality improvement**
  - Ongoing training of the program facilitators / volunteers
  - Incorporate current best practices
  - Continuous program evaluation and improvement
- **Recognize impact of settlement process on health**

# Thank you!

We welcome your questions

