THE CENTRE FOR NEW IMMIGRANT WELL-BEING

THE PROJECT REPORT

Exploring Barriers to Medical Care Utilization among Senior Chinese Immigrants in Canada During the COVID-19 Pandemic: Opportunities and Challenges in the E-Health and AI Era

Prepared By
CNIW team

2024

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EXECUTIVE SUMMARY

A online survey led by Chinese scholars has been launching. A online survey aimed to understand Barriers to Medical care utilization among senior Chinese immigrants in Canada during the Covid-19 Pandemic: Opportunities and Challenges in the e-Health and AI Era.

This project was funded by Social Science and Humanities Research Canada and Beatrice Hunter Cancer Research Institutes and approved by the Interdisciplinary Committee on Ethics in Human Research.

The research team include esteemed members: Professor Wang Peizhong (Epidemiology) of Memorial University of Newfoundland, Professor Yang Lixia (Psychology) of Ryerson University, Professor Desai Shan of Memorial university of Newfoundland (Immigrant Health), Mrs. Helen Cao, Vice President of The Centre For New Immigrant Well-Being. In addition, the research team is supported and assisted by Chinese Canadian communities, and all Chinese participants across Canada.

ACKNOWLEDGEMENTS

We would like to express our heartfelt gratitude to everyone who contributed to the successful completion of this project.

First and foremost, we extend our sincere thanks to CNIW executives and team, and community organizations, for their invaluable guidance, encouragement, and constructive feedback throughout this project. Their expertise and insights were instrumental in shaping the direction and outcome of this work.

I am also deeply grateful to (1) Social Sciences And Humanities Research Council Of Canada (SSHRC), (2) Beatrice Hunter Cancer Research Institute, (3) Memorial University Of Newfoundland, (4) New Canadian Community Center, (5) Centre For New Immigrants Well-being, (6) Mental Health Mutual Aid Hub Canada, and (7) EMAC for providing the resources and support necessary for the research and development of this project. Special thanks go to Memorial University, patient partners, and our colleagues for their technical assistance and valuable input.

Lastly, We extend our appreciation to all the respondents/participants (if applicable) who generously contributed their time and insights, which were crucial for the success of this project.

Thank you all for your support and encouragement.

GENERAL SOCIODEMOGRAPHIC

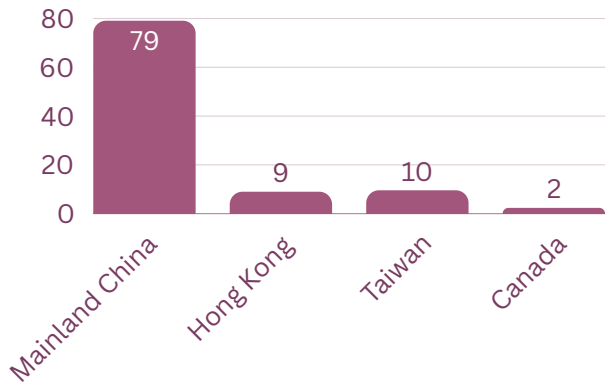
Nearly **60%** of respondents were from Ontario

58.15 %	12.19 %	13.66 %	6.75 %	3.82 %	5.43 %
ON	QC	BC	AB	SK & MB	Atlantics

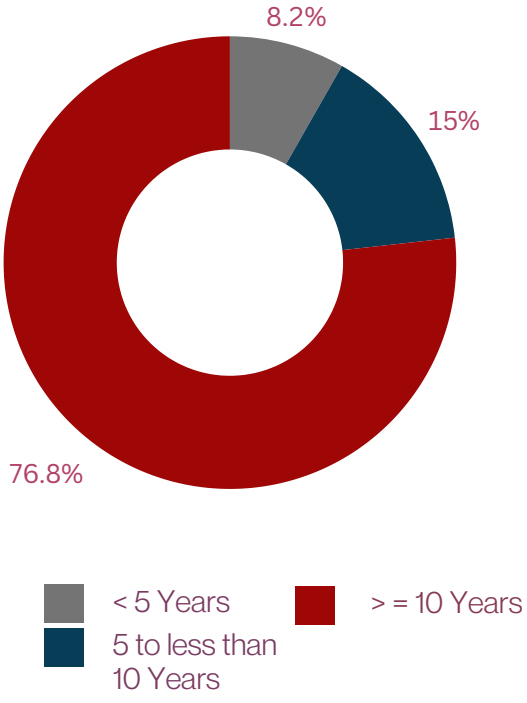
98% of respondents were Canadian citizens or permanent presidents

98.1 %	1.9 %

79% of respondents originally came from Mainland China

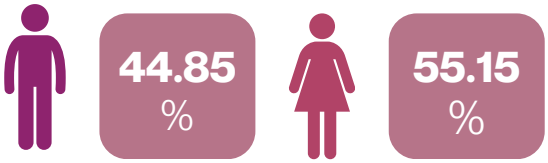


77% of respondents have lived in Canada for 10 years or above

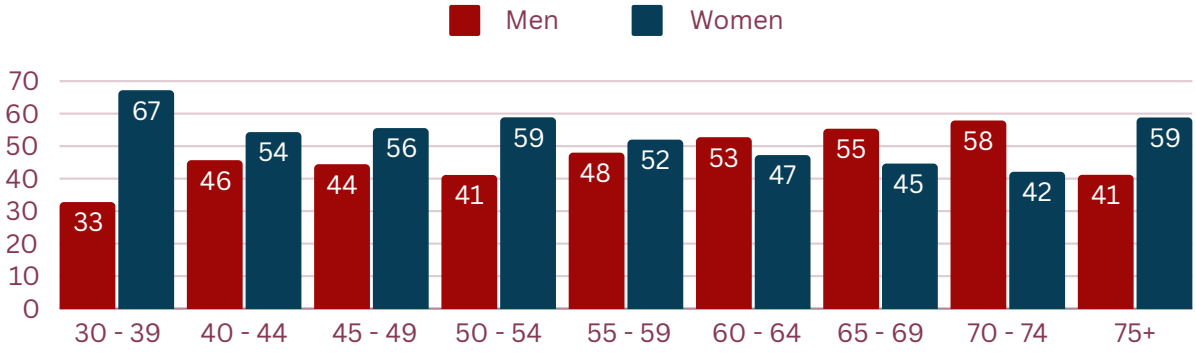


GENERAL SOCIODEMOGRAPHIC

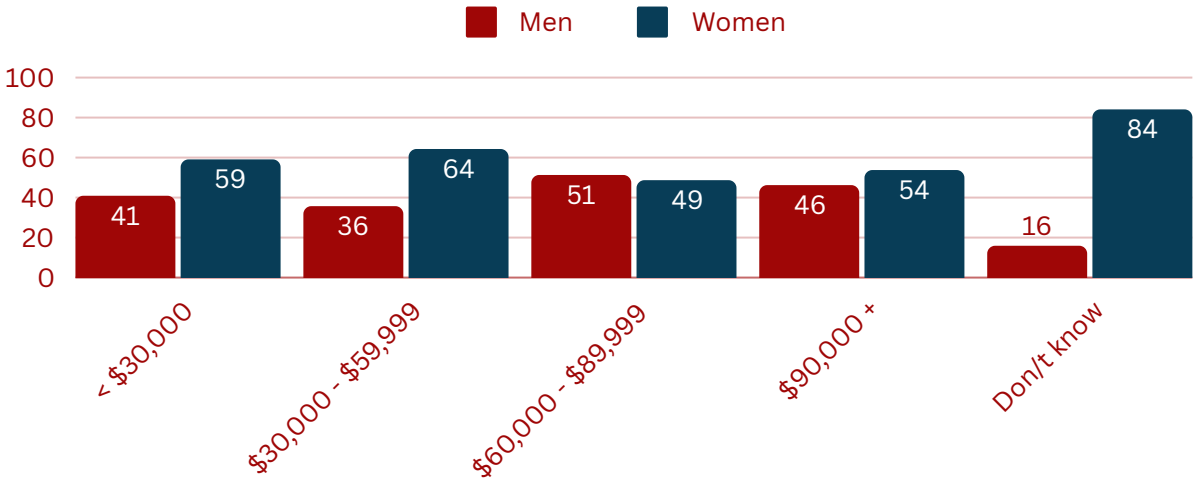
Gender



Distribution of age groups by gender

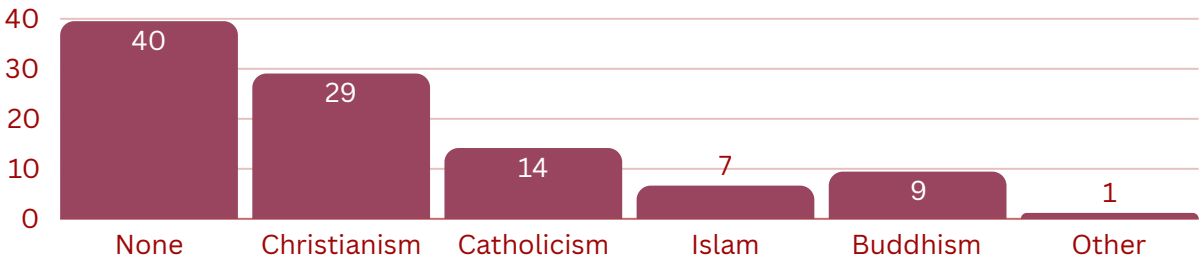


Distribution of incomes by gender

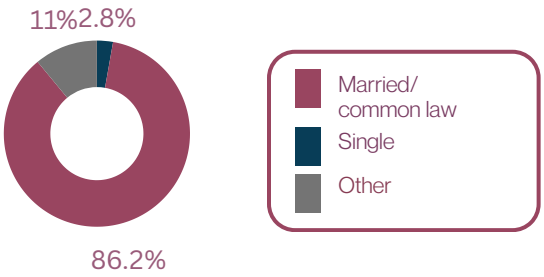


GENERAL SOCIODEMOGRAPHIC

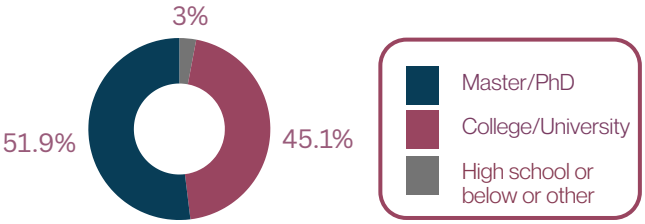
40% of respondents have **no religion**, followed by **Christianism** (**29%**) and **Catholicism** (**14%**)



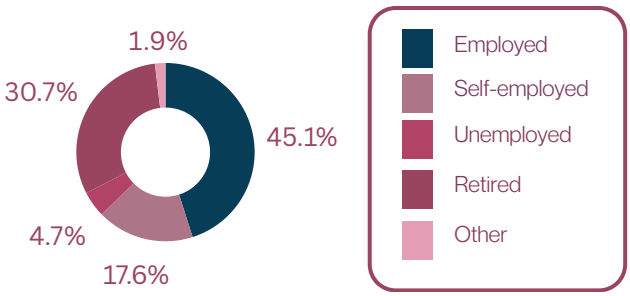
86% of respondents got married or common law



Only 3% of respondents completed high school or below

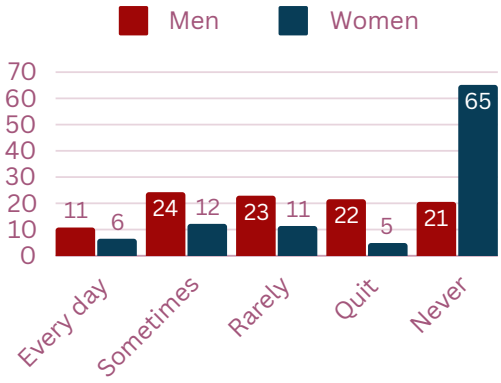


About **5 out of 10** respondents are employed

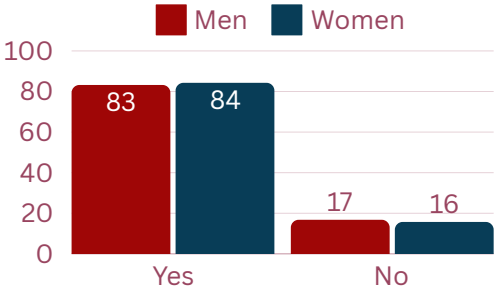


LIFESTYLE

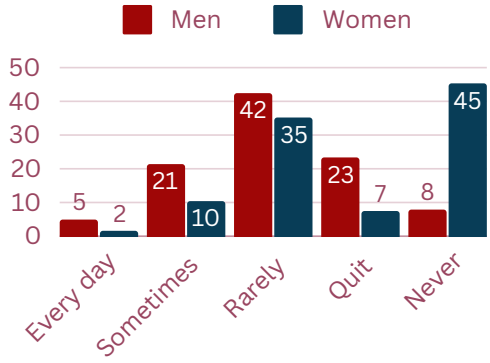
A higher proportion of smoker/e-cigarettes vaper are men than women



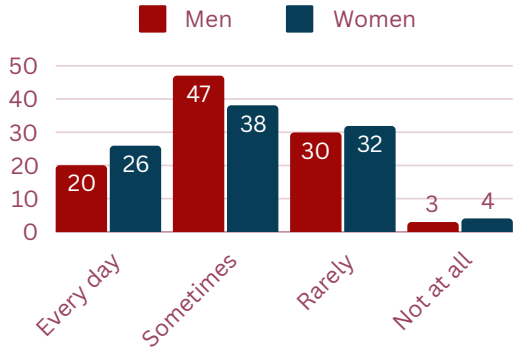
Majority of respondents taking regular vitamins or dietary supplements



A higher proportion of drinkers are men than women



Very small percentages of men and women don't do exercise at all



The FOUR most common vitamins taken are **Vitamin D, Vitamin B, Vitamin C**, and **Fish Oil**

49.19 %

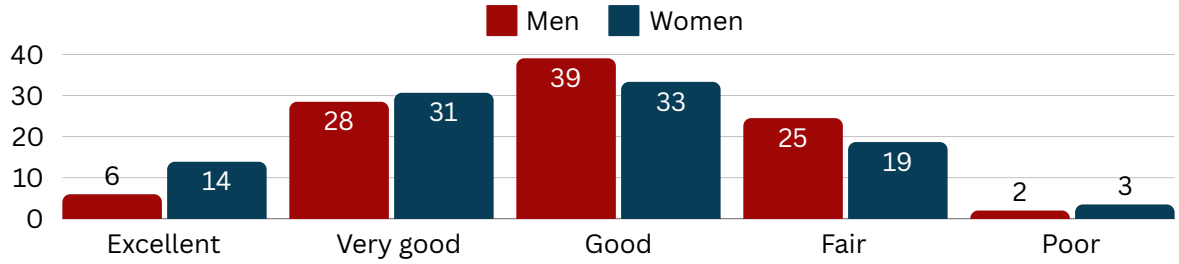
49.49 %

46.99 %

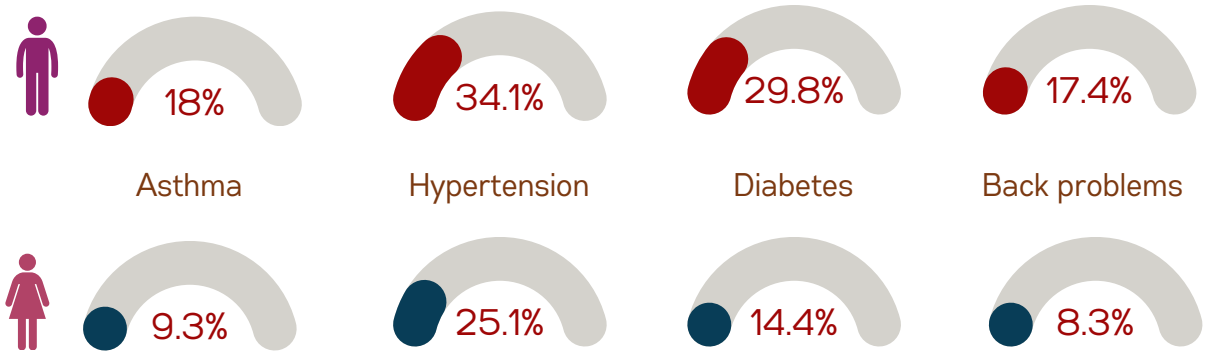
23.79 %

MEDICAL HISTORY

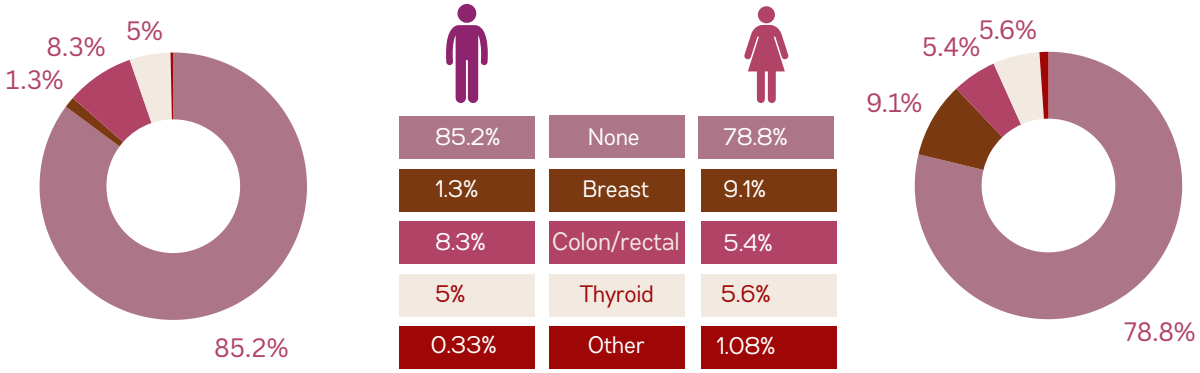
A slightly higher proportion of women report excellent/very good health, while more men report good or fair/poor health



The most common non-cancer chronic diseases—**Asthma, Hypertension, Diabetes**, and **Back problems**—are more prevalent among men than women.

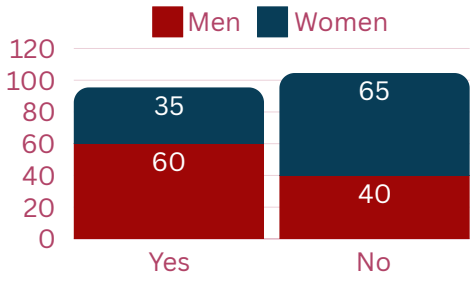


Colon/rectal cancer affected about **8%** of men and **5%** of women.
Breast cancer affected about **9%** of women and **1%** of men



CHINESE TRADITIONAL MEDICINE/ MODALITIES USE

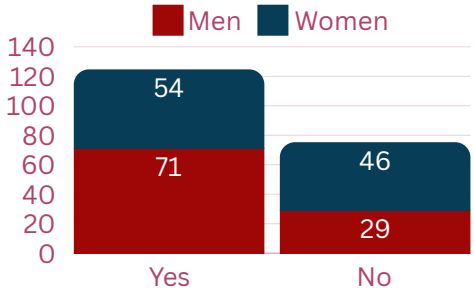
A higher proportion of men using Chinese traditional medicine than women



Reasons to use Chinese traditional medicine

Treat health problems	Improving/ maintaining good health	Other
31.42 %	29.81 %	0.73 %

A higher proportion of men using Chinese traditional modalities than women



Common Chinese traditional modalities

Acupuncture	Moxibustion	Tuina Massage	Qigong	Diet Practice
20.41 %	29.22 %	35.98%	19.68 %	21.00 %

HEALTHCARE SYSTEM

More than 90% of men or women having a general practitioner or family doctors

About 8 out of 10 respondents either men or women had a doctor who speak Chinese

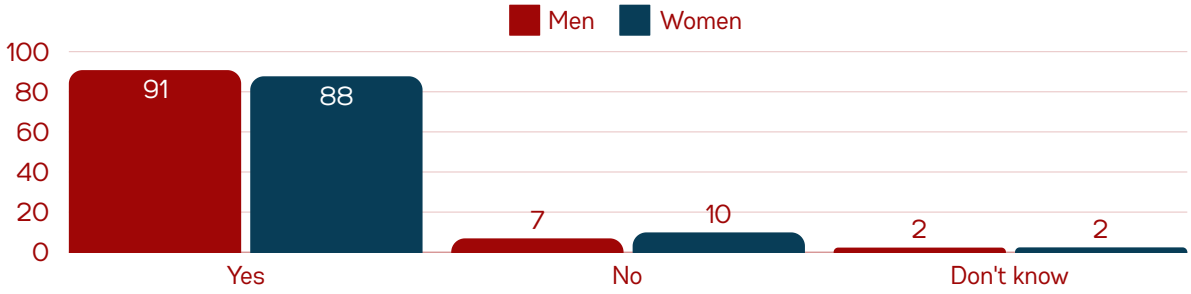
Over 50% of men need assistance to visit a healthcare professional, compared to 35% of women

Common sources of information used to learn about health system and services in Canada

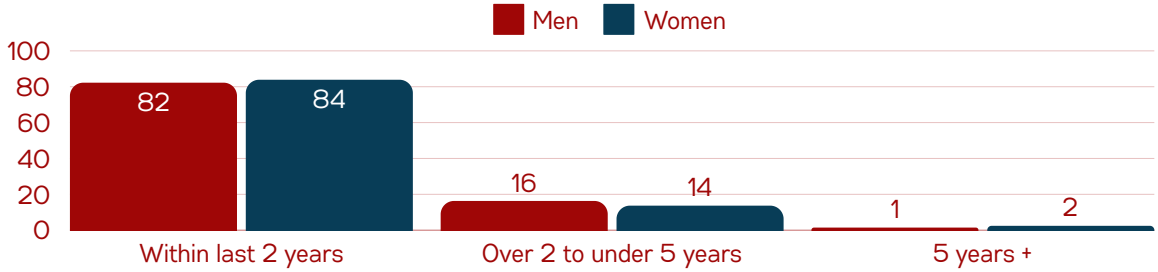
Internet search	Walk-in clinic or doctor offices	Friends or family	Community centers
36.6 %	64.5 %	49.9%	20.7%

PHYSICAL CHECK-UP

About **9 out of 10** men or men had a regular physical check up



More than **80%** respondents had the physical check-up within last 2 years

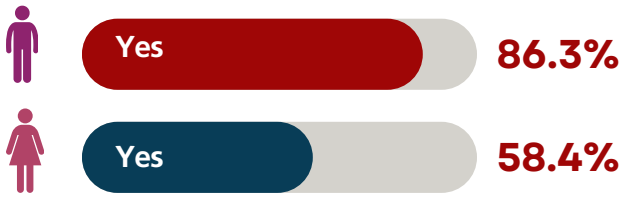


62% of men reluctant to seek medical help due to difficulties with understandings of healthcare system, compared to **39%** of women

62 % **39 %**

HEALTH INSURANCE

A higher proportion of men than women had insurance covering cost of prescription medications

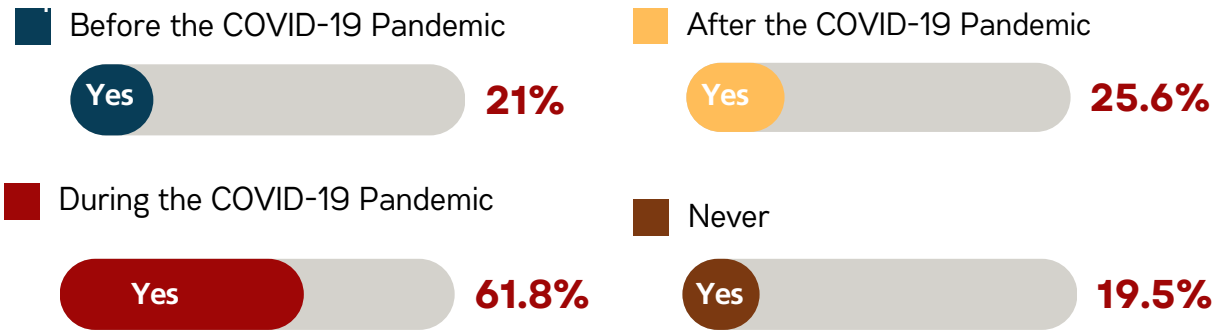


A higher proportion of men than women had insurance covering long-term care costs?

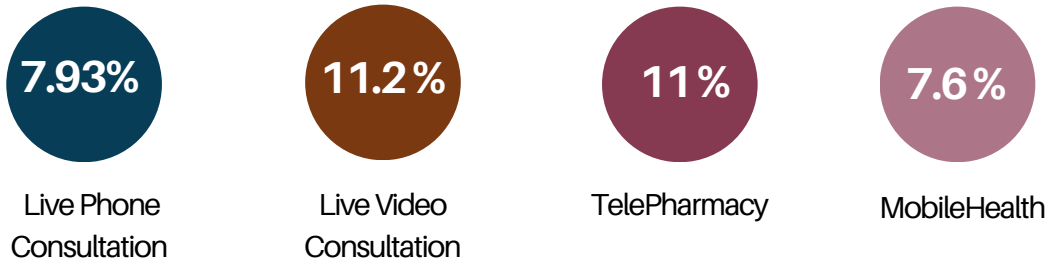
About 46% of men and 34% of women gave up treatment due to the high cost

TELEHEALTH

The use of telehealth services peaked during the COVID-19 pandemic but significantly declined afterward



Types of the telehealth service



Reason for using telehealth services

Seek advice for a health concern	Routine check-up or consultation	Renew a prescription	convenience over in-person visits
9.4 %	10.0 %	8.4 %	6.3%

Health literacy

Health system literacy

- Original scale included 12 items [1]
- Adapted scale contained 25 items
- Aim to evaluate understanding of and ability to navigate the healthcare system

e-Health literacy

- The scale contained 8 items [2]
- Aim to assess the knowledge and skills in accessing health information on the internet

General health literacy

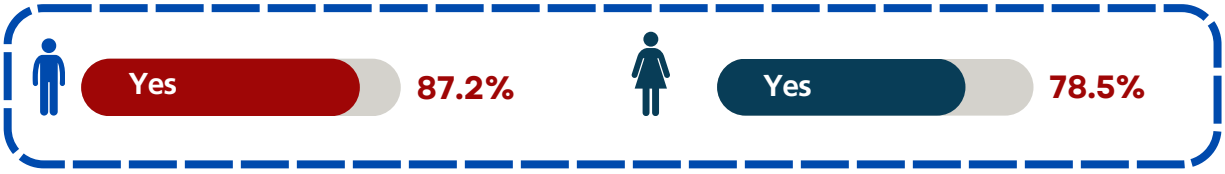
- The scale included 12 items [3,4]
- Aim to measure general knowledge and understanding of health information and services

Understanding of cancer screening

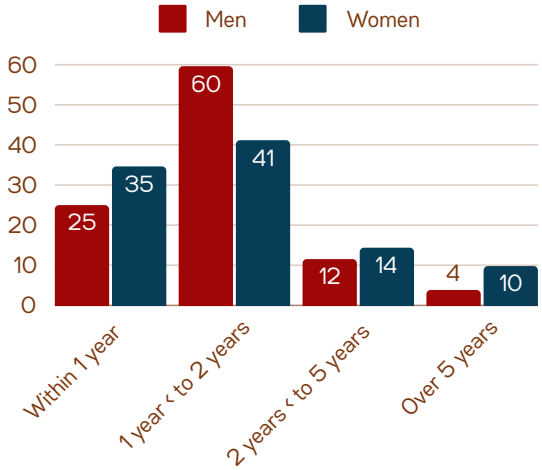
- The scale contained 8 items [5]
- 04 items for POSITIVE belief of and 04 items for NEGATIVE belief of cancer screening

Colorectal cancer screening - Fecal test

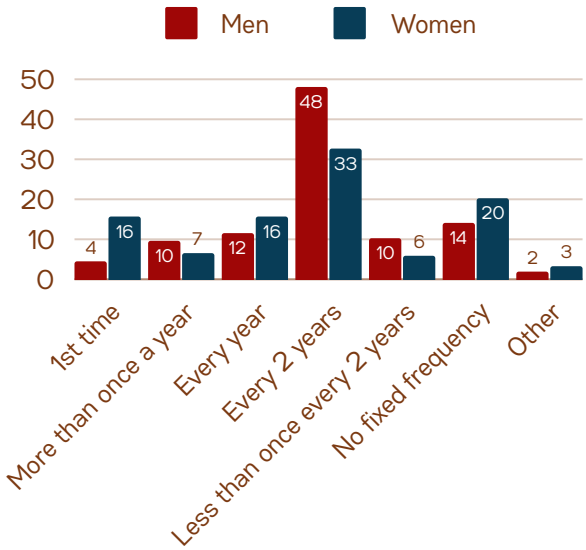
About **87%** of men and **79%** of women have ever had a fecal test



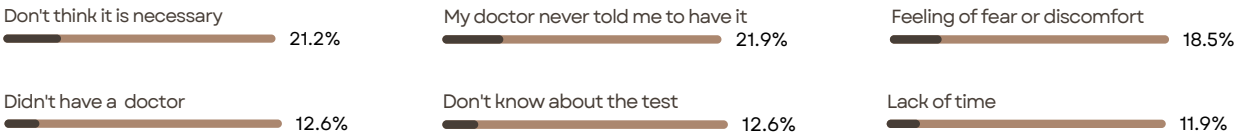
Less than **25%** of respondents had the last fecal test **more than 2 years ago**



A high percentage of respondents often had a fecal test **every 2 years or more frequently**

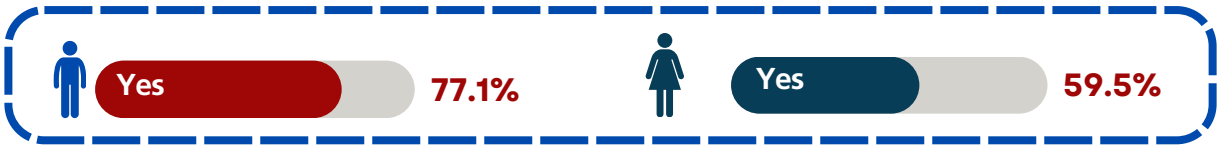


Reasons for not having the fecal test in the past 2 years



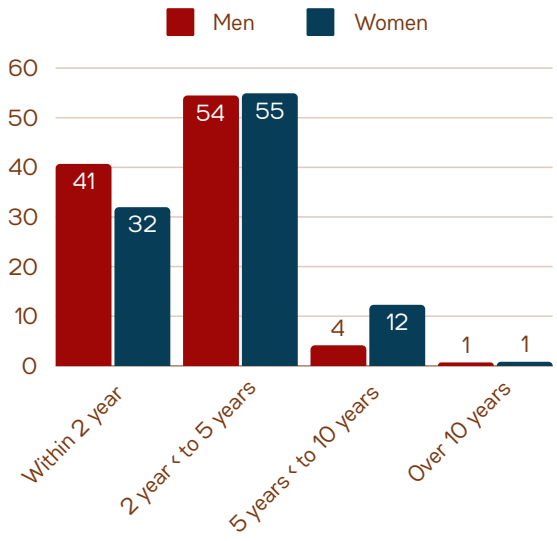
Colorectal cancer screening - Colonoscopy/sigmoidoscopy

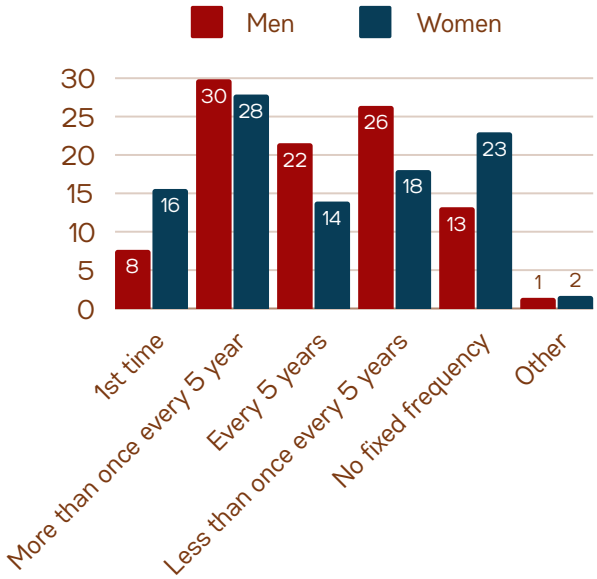
A higher proportion of men than women has ever had a colonoscopy or sigmoidoscopy



Less than **15%** of respondents had the last colonoscopy or sigmoidoscopy test more than 5 years ago

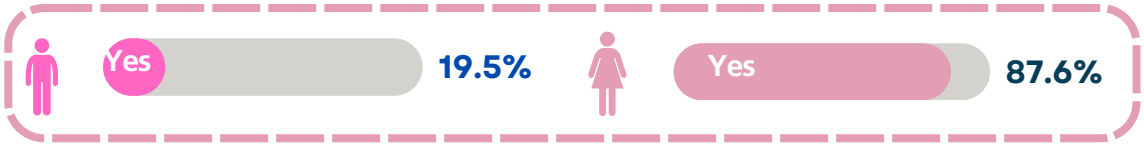
More proportion of women had the test at the first time or no fixed frequency





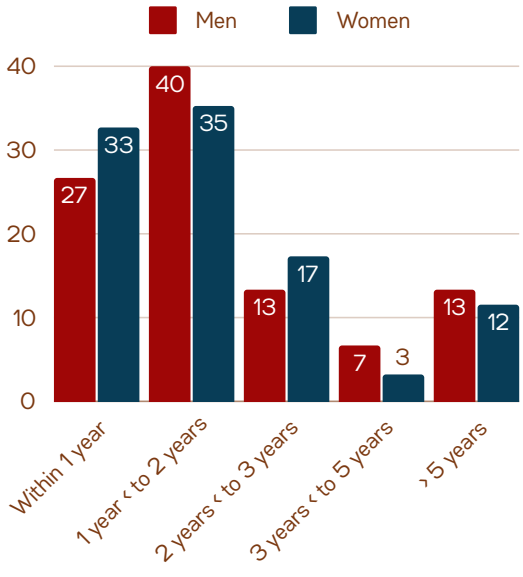
Breast cancer screening

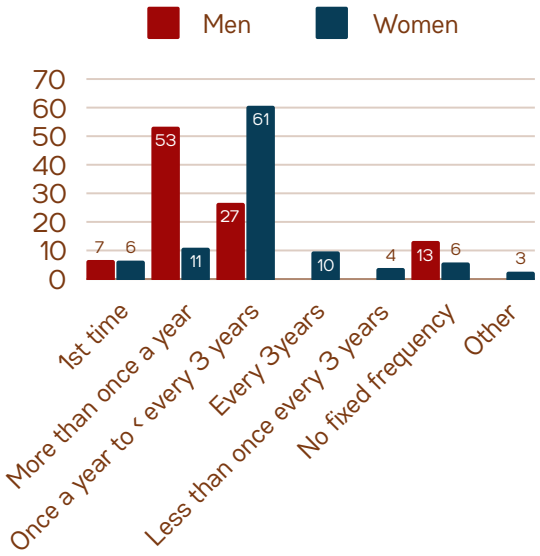
88% of women and **19.5%** of men have ever had a breast cancer screening



Over 65% of respondents had a mammography within 2 years

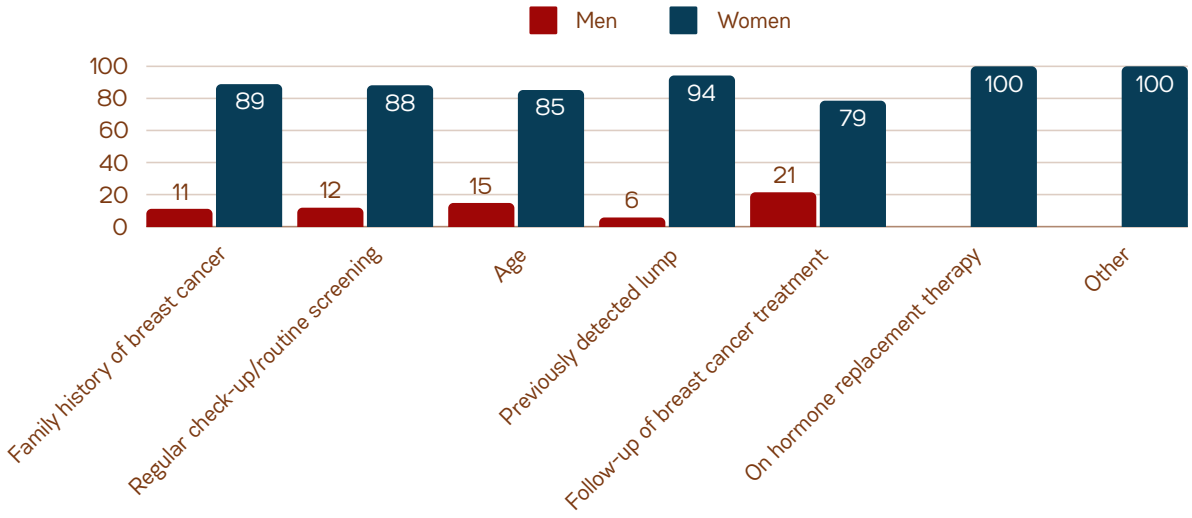
Men are more likely to have a mammography **more than once a year**, while **women** tend to have it **less than every 3 years**





Breast cancer screening

Reasons for having this mammography



Reasons for not having a mammography within the past 3 years

Don't think it is necessary — 30.8%

Feeling of fear or discomfort — 26.9%

Long wait times — 23.1%

Lack of time — 19.2%

My doctor never told me to have it — 11.5%

Don't know where to get the test — 11.5%

References

[1] Griese L, Berens E-M, Nowak P, Pelikan JM, Schaeffer D. Challenges in navigating the health care system: Development of an instrument measuring navigation health literacy. Int J Environ Res Public Health [Internet]. 2020;17(16). Available from: http://dx.doi.org/10.3390/ijerph17165731

[2] Zhang L, Chung S, Shi W, Candelaria D, Gallagher R. Online health information-seeking behaviours and eHealth literacy among first-generation Chinese immigrants. Int J Environ Res Public Health [Internet]. 2023 [cited 2024 Nov 21];20(4):3474. Available from: https://www.mdpi.com/1660-4601/20/4/3474

[3] Sun X, Lv K, Wang F, et al. Validity and reliability of the Chinese version of the Health Literacy Scale Short-Form in the Chinese population. BMC Public Health. 2023;23(1):385. Published 2023 Feb 23. doi:10.1186/s12889-023-15237-2)

[4] Duong TV, Aringazina A, Kayupova G, et al. Development and Validation of a New Short-Form Health Literacy Instrument (HLS-SF12) for the General Public in Six Asian Countries. Health Lit Res Pract. 2019;3(2):e91-e102. Published 2019 Apr 10. doi:10.3928/24748307-20190225-01

[5] Kong Y, Shaver LG, Shi F, Mu H, Bu W, Etchegary H, et al. The effects of cancer beliefs and sociodemographic factors on colorectal cancer screening behaviours in Newfoundland and Labrador. Healthcare (Basel) [Internet]. 2022 [cited 2024 Nov 21];10(12):2574. Available from: https://www.mdpi.com/2227-9032/10/12/2574