

Elderly Immigrants' Health Care and Their Use of Traditional Chinese Medicine (TCM)

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Abstract:

This study aims to examine and understand elderly Asian immigrant's health literacy with the focus on how much knowledge the immigrants have for both the Traditional Chinese Medicine (TCM) and Western medicine. And how this will influence immigrant's choice of health care system? Focus group and individual interviews were conducted to explore the above questions. The analysis of interviews regarding participants' health care experience in both TCM and Western medicine reveals: (a) they have high health literacy (great knowledge and understanding) in both systems; (b) they have positive view about both systems and recommend the integration in their health care; (c) they need their social support group for a better health care outcome.

Keywords: health literacy, Complementary and Alternative Medicine, Traditional Chinese Medicine, immigrants, health care

1. Introduction:

Complementary and alternative medicine (CAM) is "a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine" (National Center for Complementary and Alternative Medicine, 2008). With the emergence of CAM in the medical field, different countries such as Canada, the United States, Australia, and Britain have increasingly adopted its practice into their healthcare systems. CAM attracts many patients (Fairfield, Eisenberg, Davis, Libman, & Phillips, 1998) and a substantial group of researchers. CAM research in the USA has also targeted different ethnic groups (Green, Bradby, Chang, & Lee, 2006; Jenkins, Le, Mcphee, Stewart, & The Ha, 1996; Keith, Kronenfeld, Rivers, & Liang, 2005) and shows common and sustained use among Chinese and other Asian patients.

CAM research about Asian American elders, particularly immigrants, often rely on patients' self-reports to identify the factors accounted for the use of CAM (Astin, 1998; Siahpush, 1999). In general, previous studies conclude that an individual's health and cultural beliefs (such as CAM has no side effect; can eliminate the root of the symptom...) indeed have influential effects in choosing their health care system (Furnham & Beard, 1995; Lai & Chappell, 2007). In the meanwhile, another group of research claims that elderly immigrants are more likely to utilize CAM because they have no or low English proficiency; they usually lack of skills in speaking, reading and wring in English (Ryan, Mui, & Cross, 2003). This perfectly echoes the findings in health literacy research about the utilization of Western health care system by immigrants, which argues that limited or low health literacy affects the patients' ability to navigate the health care system and manage their illnesses. For example, Studies have shown that Asians underutilize the healthcare system and have low rates of social services use (Boult & Boult, 1995; Hu, Snowden, Jerrell, & Nguyen, 1991; Snyder, Cunningham, Nakazono, & Hays, 2000; Sproston, Pitson, & Walker, 2001; Zhang, Snowden, & Sue, 1998).

However, it should be noticed that health literacy is always measured through the conceptualization in the conventional Western bio-medicine perspective. The definition of health literacy states as "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" (U.S. Department of Health and Human Services, 2000). Based upon this definition, an individual's English proficiency level directly reflects his or her health literacy.

Having no or limited English proficiency just automatically indicate that immigrants have no knowledge or could not understand biomedical information; and that is why they tend to utilize less Western bio-medicine, but more CAM therapies. In this study, I argue that how health literacy is measured in Western medicine does not accurately reflect Asian elderly immigrants' health literacy in both CAM and Western medicine. In this case, the study aims to examine and understand elderly Asian immigrant's health literacy with the focus on how much knowledge the immigrants have for both the specific CAM therapy and Western medicine. And how this will influence immigrant's choice of health care system?

2. Methods

This is a part of research project that examines the elderly Chinese immigrants' use of Traditional Chinese Medicine in the United States. The participants of this study are 18 (Female = 11; Male = 7) Chinese elderly immigrants from a Chinese community in a University town in Mid-west part of the United States. The author recruited these participants through two channels. Chinese church or other churches offering services in Chinese have been the primary support and recruitment sites to attract participation. The author has also reached some participants through snow sampling. The average age of participants is around sixty-two; and their years of being in the United States vary from 1 to 15.

Focus group and individual interviews were conducted to explore: (a) Chinese elderly immigrants' knowledge and understanding about Traditional Chinese Medicine (TCM) and Western medicine; (b) What determines their health care practice? There are also some interview questions for demographic information about participants. The author designed and followed a semi-structured interview guide to explore the above two questions. The examples of the questions include: Could you share your understanding and knowledge about TCM with me? Based upon your health care experiences, which health care systems (TCM and Western medicine) you found it difficult to understand and why? The author is bilingual and all the interviews and focus groups were conducted in Chinese. In total, the author conducted 3 focus groups and 6 individual interviews; and each last about sixty to ninety minutes long. All the interviews and focus groups were audio-taped and fully transcribed in Chinese for thematic analysis.

3. Results

According to the interviews and focus group, participants' health care experience in both TCM and Western medicine reveals: (a) they have high health literacy (great knowledge and understanding) in both systems; (b) they have positive view about both systems and recommend the integration in their health care; (c) they need their social support group for a better health care outcome.

3.1 High Health Literacy in Traditional Chinese Medicine and Western Medicine

When health literacy is assessed among the elderly immigrants, the focus has always been on standardized questionnaires or surveys regarding patients reading ability, which will show how much they understand the basic health information. With no doubt, limited English proficiency has been the predominant problem among the elderly and presented a huge challenge in processing health related information. An individual's limited English proficiency would associate with low health literacy in the conventional western-biomedicine. However, this will not deny the possibility that they might have high literacy in other health care practices other than biomedicine. Participants of the focus groups and interviews in this study have clearly demonstrated and confirmed that they generally have high health literacy in TCM. For example, one of the female participants explained,

I am so interested in different kinds of herbal medicines. When I was in China, I had stored a variety of herbal medicines in my personal cabinet. I clearly know what symptom each treats. Whenever somebody in my family was sick, I would know what they need to take from my cabinet.

Other participants in the study have shared their specific knowledge regarding types of TCM that they were using and how they should be used. Amazingly, they could all name different herbal medicines and therapies. An old gentleman in the interview noted, *"For example, Ginseng, it can't be used for everyone and their health maintenance. You should understand your own body and know whether there are forces against it. Otherwise, it will make your situation worse."* In addition, all the participants have great knowledge about the theoretical framework about TCM. In other words, when they shared their experience in using TCM, they further explained how it works on the body system. For instance, a lady in the interview claimed that, *"Your body is just like a small Cosmo, each part of your body is closely connected. Chinese medicine helps all the parts work harmoniously with each other to prevent break-downs."*

After moving to the United States, the majority of participants in the study have also carried on their practice to their best. One lady explained, *“Whenever I have friends coming from China, I would give them a list to bring back some Chinese medicines; or I would call my relatives in China to ask them to mail certain medicines to me.”*

What she has been doing indicates that she knows quite a lot about any illness she has and has a very good understanding about what she needs to take as well. Throughout the interviews, the majority of participants have shared that they know quite a lot about TCM and feel confident to treat themselves. To the author, participants’ experience clearly indicates that they have high health literacy in TCM.

In the meanwhile, some participants in the study have also expressed that they are actually very knowledgeable in Western medicine. Among the participants, there are about 4 individuals who study Western medicine (Two are pharmacists; one is a clinical doctor; and one is a nurse). During the interview, they discussed about the differences between TCM and Western medicine. The lady who is the pharmacist explained, *“In Western medicine, we read numbers from ordered tests regarding your symptom. Based upon the analysis, we prescribe medicines or carry out procedures for treatment.”* Others also explained that Western medicine is quick and effective in acute symptoms and has potential side effects. This echoes the earlier research with respect to the reasons that people use CAM therapies. The interviews with those who do not have training in Western medicine claimed that they know the differences between Western medicine and TCM; and they have no problems understanding Western medicine in terms of how it works and following doctor’s instructions. An old gentleman explained, *“My family likes Chinese medicine. But you have to understand that it can’t cure everything. Sometimes you need Western medicine for acute symptom; and you could not wait and use Chinese medicine.”*

When questions regarding their interaction experience with Western doctors both in their home country and the United States, they articulated that: (a) in China, they never had problems understanding their doctors; and they understood and followed instructions well; (b) in the United States, this understanding highly relies on interpreting help from family members or other support groups. A retired elementary school teacher explained, *“I understood my doctors very well. It is not hard at all. Here, as long as my daughter told me what the doctors said about my situation, I also got it. Just could not handle English.”* Language has become the big issue and concern for these elderly Chinese immigrants while visiting their health care providers. However, their English proficiency does not accurately indicate their health literacy in Western medicine. As the example discussed above, they do not know English, but they do understand when the information is presented in their native language. This definitely raises the question that health literacy should not be measured with the conventional standard (speaking, reading, writing in English); instead, health literacy should be measured in consideration of the culture and language of the immigrant groups.

3.2 Integration in Health Care Practice

Based upon earlier literature about CAM research which indicates that ethnic groups favor CAM therapies over Western medicine, the author asked some questions that further probe participants’ attitude toward TCM and Western medicine. In general, the interviews demonstrate: (a) participants’ attitude toward both health care systems varies from the nature of the illness; and (b) participants expressed positive attitude toward the integration between TCM and Western medicine.

3.2.1 Participants’ attitude varies from the nature of the illness. When asked which health care practice (TCM or Western medicine) they preferred the most in managing their health care, participants directly indicated that they could not just say which one they prefer; but it depends on the nature of the illness. For instance, one lady explained, *“You have to know what illness you have. If it is acute situation, you have no choice; you should just go and see Western doctors.”* Another lady added,

Let say, one of neighbors just had cancer, but it is an earlier stage. At that time, you should just see Western doctors and find out the most effective way to stop it. Then you might use Chinese medicine to sustain or prevent it from progressing.

The two examples have also revealed that if the individual has high health literacy in both TCM and Western medicine, when it comes to choosing health care practice, they tend to make rational decisions. Their knowledge about both systems actually helps them weigh the cons and pros of each system so that they could utilize the one that benefits their health the most. The comment from an old man in the study also states, *“To me, I do not care which one (health care system) is better or not, if only it cures my disease, I will buy it.”*

When discussing about a minor symptom or maintaining their health in general, participants agreed that they would prefer TCM; or they just use over counter medicine. According to the interviews, most of participants agreed that they know their health condition well; and they know what to use when they have minor health issues. For example, one lady commented,

Everybody has little problems with their health. I have been living for so long, I know my problems. If it is not big or bad (cold, pain...), I will just apply some Chinese medicine. I have stored different kinds of Chinese medicine. Why bother yourself to see a doctor?

In general, elderly Chinese immigrants will try to avoid visiting doctors, particularly Western doctors. There are several reasons identified by them. For instance, they do not have the mobility to do that. After they came to the country, they relied upon family members for transportation. They tend to consider that as a burden or trouble for their family members. One lady who has been in the United States for 14 years said, *“Every time, if I need to see a doctor, I have to call my niece over and ask her to drive me there. They are all busy. I do not want to bother them.”* Another reason that they tend to treat themselves with TCM is the language problem. Even though their family members serve as interpreters for them, sometimes, when they are not available, they feel bad to ask other people for help. Another lady explained, *“If my kids are all gone, who you ask for? Some of your friends are busy too. So you show up and just look like an idiot in doctor’s office?”* When the author asked them whether they know there are interpreting services available in either hospitals or health service agencies, they all indicated that they do not know that at all. This presents the issue that making the information and service available or known to the immigrant groups could better serve their health needs.

3.2.2 Positive attitude toward integration between TCM and Western medicine. Since all the participants are from China, they all experienced dual health care systems in their home country. In the interviews, they all agreed that they enjoyed and missed that experience after moving over to the United States. They clearly expressed that with dual systems, patients could receive the best care. It should be noticed that both systems in China are not run separately but integratively. Both TCM practitioners and Western style doctors are required to receive certain amount of education in both systems. In addition, a lot of hospitals will host two departments at the same time to serve their patients. One lady who lived in a big city in China explained,

In china, sometimes, you do not have to think which hospital you need to go to. Once you are there, based upon your symptom, you will be sent to a right type of doctor. One time I was there seeing this Western doctor, after he checked me up, he told me to go to Chinese medicine department. It will be better for me.

It is not surprising why the elderly Chinese immigrants would favor the integration since that is the way of how they manage their health care for such a long time. When moving to another country, they suddenly are confined to one or the other. Usually one particular system does not really meet their health needs. Another old gentleman explained, *“Every system has its own strength and weakness. When we put them together, we try to get the best out of both. I think the integration of the both is the best.”*

Since the integration is highly recommended by participants, when they talked about their personal experiences in applying both systems to their treatment, it reveals that their practices in integration come with different forms. Some people utilize this approach in consulting TCM practitioners and Western doctors about their illness simultaneously. What they do is to visit both practitioners and find out what is their problem. To certain degree, they use this approach to seek second opinion when it comes to diagnosis. For instance, one lady who has lived in the United States for 10 years shared,

One time, I had this symptom of being so weak, not able to do anything. All day long I just wanted to sleep. No energy. My doctor did not find anything serious about it. Gave me some medicine. I did not take it. Then I visited this Chinese doctor, he told me that I had this type of fatigue symptom. He suggested something for me to try, like rest, nutrition balanced nutritious diet...

Some participants indicated that they would try Western medicine for acute symptom, and then apply TCM for health maintenance. One participant explained, *“When my brother had the surgery, his situation became stable. After that, he was given Chinese medicine to better adjust his body.”* The last type of integration described by the participants is using both systems in treating their symptom. This means that they would visit both practitioners and adhere to treatments offered by both. One lady in the interview talked, *“When I visited my Western doctor, I told them what I was using; Sometimes, He would say keep using that, but reduce it to this amount.”*

In order to serve the elderly Chinese immigrants group, it is important to recognize how valuable to have both systems available to them; or provide access to both systems. In the interviews, participants identified certain barriers to have the access to both. Most of time, they ended up going home to have the integrative services.

3.3 Social Support for Better Health Care

Elderly Chinese immigrants usually live or stay with their immediate family while moved to another country. Their family members have become the primary social support group for them. They not only rely on them for daily life needs, but also for health issues. If the individual has a strong support group, his or her health care outcome will be better compared with those who lack of social support. However, in this study, the immediate family members who are not living in the country have also played an important role in their health care. Also different kinds of support offered by their family members have an impact in their health care management as well.

3.3.1 Emotional support. Emotional support from family members influences: (1) their satisfaction and happiness with respect to the kind of health services they received; (2) their continuation in treatment. Emotional support based upon the interviews is understood as their family members' understanding about their health situation; and listening and trust their medical opinion. For example, when they indicated that if their kids do not understand their opinion regarding their health issues, they tend not to ask for help with doctor visits. One lady lived with her son's family explained,

When I talked about my situation, especially about my bad feelings of my illness, my son always tells me that I am just over thinking it. It's not a big deal. I think he does not take it serious, or trust me. So I try not to ask him to take me to see any doctors.

This example demonstrated that seeing which practitioner (either TCM practitioner or Western doctor) is not an issue anymore. What matters is her reluctance to see doctor because she does not have the emotional support from the family. Undoubtedly, this will influence her health care outcome. Another example from a lady explained, *Whenever I explained to my son that how Chinese medicine will work for me. He just told me that it is not scientific. He does not believe that. He also told me not to use them. Instead, he will always take me to see Western doctors, and I don't really take those white pills.*

3.3.2 Transportation support. In the interviews, one metaphor used by most of participants to describe who they are is *handicapped*. Besides from not being able to understand the language, they also explained that they could hardly go anywhere without their family's help. Among all the people interviewed, there is only one lady who could drive herself around. In this sense, the available transportation support will influence their utilization of health care services (either TCM or Western medicine); and to certain extent, this will delay their treatment. For example, one old gentleman in the interviewed shared his bleeding experience after he visited the dentist's office.

My niece took me to the dentist to get this tooth pulled. After she dropped me home, my mouth started bleeding, I guess it was the tooth hole. I hated to call her back since she is so busy. I just tried different ways to stop it. Finally, after three days, it did not stop at all. I had to call my other niece to take me in. It was so painful during those days. I could not eat anything.

Whether to see a TCM practitioner or Western doctor has not become the issue when there is no any transportation available. The participants expressed their hope about being able to walk to any doctor's office or pharmacy stores to get help. As for visiting TCM practitioners, they also indicated that they seldom do that. Part of the reason is tied to their limited mobility.

However, during the interviews, they have shared some other strategies employed to accommodate their health needs. First, when the support from their immediate family is limited, they would talk to other older people they know in church. A lot of times, they end up sharing therapy or treatment information. Second, some of them have managed to call their other family members back in China to ask them to send the medicine they need. For example, one lady explained, *"I called my friend in China to send me some traditional Chinese medicine that helps to adjusting his digesting system and nurse his stomach."* Another lady has the same experience shared that, *"Last time, when I went home for a visit, I had brought back so many medicine for me to use during the year. If it runs out, I just call my family in China to send me more."* It is interesting to find out during the interviews that nobody has never had the Chinese herbal medicine directly from their home country. This evidently indicates that health belief plays a role in their health care choices; but that does not completely explain why the elderly Chinese immigrants use more TCM.

In this sense, if they are deprived of the support they need to receive the proper health care, they have to figure out the alternatives to manage their health issues. This is why TCM or some other folk medicine has become their other set of tools in health care.

4. Discussion

As some research has claimed that elderly immigrants usually have low health literacy, which leads to the underuse of conventional health care. At the same time, because of this, they tend to use more TCM. However, the interviews and focus groups have shown that the conventional measurement for health literacy can't not be applied to the elderly Chinese immigrants; and to certain degree, it does not accurately reflect their health literacy level. As it shown in interviews, majority of participants have good knowledge and understanding about Western medicine and TCM. The only barrier that stands in between is their language proficiency. It should be pointed out that language is only a tool to get the information presented. Therefore, health literacy should really be measured with the native language of the participants. The finding of the research also demonstrates that when the participants have high health literacy in both health care systems, their health belief is no longer playing a major role in their health care decision making. Instead of saying which one they believe to work the best, they consider the strength and weakness of both and refer to the one that could best serve their health needs.

One of the primary social networks in Chinese culture is the family, which has been the primary institution for supporting older people in Chinese society. The Chinese culture and Confucian teaching place a great emphasis on family members and children's responsibility to take care of their elder generations; and usually they are obligated to live with the elderly for better care (Jackson & Howe, 2004; Leung, 1997). For elder Chinese immigrants, family members usually assist with interpretation, transportation, and navigating the healthcare system (Pang et al., 2003; Wong et al., 2005). Earlier research indicates that the support from patients' primary social network will indeed affect their choice of healthcare. The analysis of the interviews in this study has confirmed that their social support from immediate family influences their choice of health care. However, it should be mentioned that their choice is more passive. It is more of a forced decision. Also this study indicates that their social support will determine the quality of health care and outcome. This has compelled the elderly to negotiate another solution to meet their health needs. They turn to other family members in China for help to obtain some Chinese medicine. Studies looking at elderly Chinese immigrants who live alone in Canada report that they are not only at the risk of having a range of illnesses, but also lack of social support and more likely to make use of home care services (Lai, 2004a). While living with the family with limited social support for sure will put the elderly at the risk; and refer to TCM for help. In order to provide better service and improve their health outcome, further steps should take to insure they receive the quality care that they need. For example, there should be more culture-centered community services available to the immigrants; assistance with language proficiency in health care setting should be provided or make known to the group. And finally, as what has been suggested by the participants, the integration of health care system and service should be promoted. Even though current health policy encourages the integration, more actions should take to make sure the immigrants or the general population could have the access to the services.

5. Conclusion

In conclusion, the elderly Chinese immigrants' choice of health care practice is widely influenced by different factors in addition to their health beliefs and health literacy. The social support and the availability of varieties of health care services also greatly influence their health care choices and quality.

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