

Final Report August 2004

Chinese Health and Wellbeing Study

Prepared for

Chinese Healthy Living Centre, 138 Holland Street, Glasgow G2 4NB

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Executive Summary

Background and Objectives

This report presents findings from a Health and Wellbeing Study of the Chinese community in Greater Glasgow, commissioned by the Chinese Healthy Living Centre in partnership with Greater Glasgow NHS Board.

Greater Glasgow NHS Board conducts a Health and Wellbeing study of Greater Glasgow every three years, with the latest study completed in 2003. However the number of Chinese people sampled was too small to provide any meaningful analysis, therefore a separate study was commissioned to provide more robust data on the health of the Chinese community in Greater Glasgow. Findings from this survey will be used to inform the activity of the Chinese Healthy Living Centre.

Chinese population

The 2001 census states that the Chinese population in Scotland is 16,310 of which 4,912 live in Greater Glasgow. Therefore it can be calculated that 30% of the Scottish Chinese population live in Greater Glasgow (Source: Information Services, GGNHSB). It is widely accepted that the Chinese population figure for Greater Glasgow is an under count and the actual figure is thought to be a lot higher, especially in the older population. However, we have no way of knowing what the actual figure is, therefore it was appropriate to base our quota sample on the 2001 census figures.

Method

Data was gathered via face to face interviews using a structured questionnaire. Eleven members of the Chinese community were given interview training and conducted 350 interviews. A quota sample was set by age and gender based on the 2001 census. Due to the large proportion of young people recorded in the 2001 census the sample included a high proportion of younger people to reflect this. In addition, due to the recruitment methods used to conduct interviews a fairly high proportion of young people were students. These issues should be considered when reviewing the findings.

Key findings

Key findings to emerge from the survey are presented below. Where appropriate comparisons with the wider Greater Glasgow survey are made.

Overall quality of life

Respondents were asked to rate their quality of life, general physical wellbeing and general mental and emotional health using seven faces which ranged from very unhappy to very happy. Results were positive, with 86% giving a positive rating for overall quality of life, 82% for general physical health and wellbeing and 81% for general mental health and emotional wellbeing. The Greater Glasgow population had similar quality of life and general mental and emotional health ratings but a slightly less positive rating for the general physical wellbeing rating (77%).

Health

Overall, the Chinese community is generally healthier than the wider Greater Glasgow population. The following key points emerged.

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- Fewer members of the Chinese population were receiving treatment for medical conditions (73% were not receiving any treatment in comparison to 56% of the Greater Glasgow sample) or had a long term condition or illness that substantially interfered with their day to day life than the Greater Glasgow population (12% did have a condition or illness in comparison to 23% of Greater Glasgow, but the younger age profile must be considered here).
 - The Chinese population visited their GP less than the Greater Glasgow population (62% in the last year, in comparison to 80%). However results suggest that fewer members of the Chinese population felt they were given adequate information about their medical condition and treatment than the Greater Glasgow population when they did access services. In addition, there was substantial variation between the Chinese and Greater Glasgow population in reference to being encouraged to participate in decisions affecting treatment, with fewer Chinese respondents feeling they were encouraged than the Greater Glasgow population. This was also evident in relation to having a say in the way in which services are delivered. In order to further explore respondents' involvement in health service delivery we separated the data into those who had used health services (including a dentist) and those who had not. We then analysed those who had used health services to see if this had an impact on results. Please note that we excluded respondents whose answer was 'don't know' or 'not applicable' because interpretation of this question was too subjective. The findings indicated that:
 - 82% (242 respondents) felt they were 'definitely' or 'to some extent' given adequate information about their condition or treatment;
 - over half (53%, 139 respondents) did not feel they had been encouraged to participate in decisions affecting their health or treatment;
 - nearly three fifths (59%, 136 respondents) did not feel they had a say in how services were delivered; and
 - 84% (217 respondents) 'definitely' or 'to some extent' felt their views and circumstances were understood and valued.
 - Just over half of respondents said they used Chinese medicine and 11% received all of their health care abroad.
 - Health of respondents in the age group 45-54 was less good than the rest of the Chinese population. For example, results showed that this group were more likely to have visited their GP 10 times or more in the last year and more had been admitted to hospital for a stay of one or two nights than the rest of the sample. However, the sample size was low and these findings should, therefore, be viewed with caution. It may be worthwhile examining the health issues for this age group in more depth in a successive research study.

Accessing health service and health information

More Chinese respondents reported 'some' or 'great' difficulty getting to the GP surgery/health centre (17% in comparison to 9%) and accessing health services in an emergency than Greater Glasgow respondents (20% in comparison to 9%).

Nearly half (48%) of Chinese respondents said they did not require any health information in Chinese, of which 66% were aged 16-34. Of those who did, information on nutrition was the most common topic (31%). The preferred format was booklets for the older age group (62% of respondents in the 65+ age group) and website/internet sources for younger people (46% of respondents aged 16-24).

Tobacco and alcohol use

The Chinese population were less likely to smoke than the overall population of Greater Glasgow (14% said they smoked 'some days' or 'every day' in comparison to 33%) Chinese respondents who did smoke were less likely to be heavy smokers (over 60 per week) than Greater Glasgow smokers.

Substantially fewer members of the Chinese population said they drank alcohol than the Greater Glasgow population (63% said they did not drink alcohol in comparison to 30% of Greater Glasgow respondents).

Diet and weight

A higher proportion of those from the Chinese community than the Greater Glasgow population were consuming the recommended levels of fruit and vegetables (54% in comparison to 34%) but less were meeting the recommended levels of bread/rolls and cereal intake (3% in comparison to 12%). However this is probably due to fact that bread/rolls and cereals are not staple foods of the Chinese diet and highlight the need for cultural sensitivity in healthy eating campaigns.

Fewer respondents from the Chinese population were classed as above normal weight (16%) than the Greater Glasgow population (43%). However, fewer Chinese respondents (34%) were meeting the target levels of physical activity than Greater Glasgow residents claimed (58%).

Oral health

Nearly all Chinese respondents had their own or some of their own teeth (96%) in comparison to 84% of Greater Glasgow respondents.

Community involvement and local area

A higher number of Chinese respondents reported belonging to a social club, association or similar than the Greater Glasgow population (49% in comparison to 20%). However the recruitment method may have had an impact on this result, i.e. some Chinese respondents were recruited through social clubs and associations.

One quarter (25%) of Chinese respondents said they acted as a volunteer and one in three (37%) said they would be interested in being contacted to do voluntary work for the Chinese Healthy Living Centre.

Chinese respondents' perception of living in their local area was fairly similar to the Greater Glasgow population. However, levels of fear using public transport and walking alone after dark were slightly higher for the Chinese population.

Slightly more members of the Chinese population said they felt isolated from family and friends than the Greater Glasgow population (22% in comparison to 15%).

Home and environment

Just over one fifth of Chinese respondents (21%) who had children said they used paid or unpaid child care, suggesting that the majority of care is done by the parent.

A very small minority of Chinese respondents said they cared for someone on a day to day basis (5%).

Just over one fifth of the sample (22%) reported having no telephone, but 65% had access to the internet, with younger people having more access than older people.

Approximately two fifths of the population (38%) said they had experienced racism in the last year. This was predominantly of a verbal nature (83%) and took place in the street (65%).

Education and language

Respondents were asked about the highest level of educational attainment they had achieved using the standard UK academic levels. However, it was anticipated that these terms would be unknown to respondents if they were educated in a country outwith the UK. If this was the case, respondents were asked another question which was more straightforward. Review of responses to the first and second question indicate that 54% of the total sample had received a first degree, higher degree, professional qualification or higher education. These findings should be viewed with caution because of the relatively high proportion of young people, who tended to be students, in the quota sample.

Cantonese was the most common first spoken language (41%), with Hakka being more common in the older age group (58% in the 65+ age group); and Mandarin (31%), Cantonese (24%) and English (23%) being spoken as a first language by the 16 – 24 age group.

Overall respondents were more comfortable reading than writing Chinese, and respondents aged 45-54 were more comfortable reading and writing Chinese than any other age group.

Working status and household income

Just over two fifths (44%) of respondents were employed on a full-time or part-time basis. The most common industry respondents were working in was the catering/food industries (40% in total), which was populated primarily by men (74%).

Just under one third of respondents (30%) were in full time or part-time education (which could be a reflection of the recruitment process).

Just over a quarter (29%) of respondents received some or all of their income from state benefits.

Members of the Chinese population would find it harder to meet an unexpected bill of £1,000 than the Greater Glasgow population. This could be because they find it harder to obtain credit if they are not permanent residents in UK, e.g. students.

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1 Introduction

1.1 Background and rationale

This report presents findings from a Health and Wellbeing Study of the Chinese community in Greater Glasgow, commissioned by the Chinese Healthy Living Centre in partnership with Greater Glasgow NHS Board.

Greater Glasgow NHS Board conducts a Health and Wellbeing Study of Greater Glasgow every three years, with the latest study completed in 2003. However the number of Chinese people sampled was too small to provide any meaningful analysis, therefore a separate study was commissioned to provide more robust data on the health of the Chinese community in Greater Glasgow. Findings from this survey will be used to inform the activity of the Chinese Healthy Living Centre.

1.2 Chinese population

The 2001 census states that the Chinese population in Scotland is 16,310 of which 4,912 live in Greater Glasgow. Therefore it can be calculated that 30% of the Scottish Chinese population live in Greater Glasgow (Source: Information Services, GGNHSB). It is widely accepted that the Chinese population figure for Greater Glasgow is an under count and the actual figure is thought to be a lot higher, especially in the older population. However, we have no way of knowing what the actual figure is, therefore it was appropriate to base our quota sample on the 2001 census figures.

1.3 Approach

In order to maximise the budget, it was agreed that FMR would train and manage the interviewers and the Chinese Health Living Centre would administer payment of interviewers and reimburse travel expenses. Interviewers were recruited by the Chinese Community Development Partnership, which compiled a list of interested candidates, following publicity of the survey through a variety of different networks within the community. A panel for selection consisted of representatives from the Chinese Healthy Living Centre, GGNHSB and FMR. The method is explored in detail in the following section.

2 Method

The research method employed to conduct the survey was face to face structured interviews, administered by members of the Chinese community who were given training prior to commencing the primary research. The stages required to conduct the survey, in addition to sample size and structure, are discussed below.

2.1 Questionnaire design

The questionnaire designed for the Health and Wellbeing Study of Greater Glasgow 2003 was used as a starting point to design the questionnaire for this survey, to facilitate comparisons with the wider population. Several meetings were held with the research steering group to agree which questions from the original questionnaire were key to repeat, and also to design any new questions relevant to the Chinese community of Greater Glasgow. In addition the library of GGNHSB requested that some questions be added to the questionnaire around translation of material and preferred formats. Three questions were therefore incorporated and a financial contribution was received from the library.

A point to note is that one of the aims of the survey was to make comparisons with the Greater Glasgow population, therefore, questions for comparison had to be identical to those used in the Greater Glasgow questionnaire. As a consequence, some of the questions included may not appear to be as appropriate to the Chinese community as they could, for example, question 21 asked how often respondents ate cereal, which is not commonly eaten in the Chinese community. However it was still included to highlight that differences in culture and diet of ethnic minority communities need to be recognised. The questionnaire was produced in both English and Chinese to meet interviewers' preferences and translated by an external translator which was then proof read by interviewers and staff from the CHLC. A copy of the English version is appended.

Both questionnaires were piloted to allow any anomalies, unclear routing or questions to be amended. After the pilot one additional question on Chinese medicine was added. The time taken to complete the questionnaires ranged from 25 minutes to over one hour, with the average length being approximately 30 minutes.

Respondents were given a one page information sheet which described the purpose of the survey and gave contact numbers in case they had any questions about the research. This was also translated into Chinese. The information sheet is appended.

2.2 Recruitment and training of interviewers

Careful thought was given to the number of interviewers to recruit, along with an appropriate mix of Cantonese, Hakka and Mandarin speakers. A total of 19 people showed an interest in becoming an interviewer for the survey and all were offered an interview. From this, 12 candidates were asked to be interviewers for the survey and 11 agreed (one could not make the agreed training dates and could therefore not take part). All 11 received two training sessions (each lasting approximately two and a half hours) on interviewing which were facilitated by FMR. A copy of the training schedule is appended. Unfortunately, due to personal and work related reasons three of the interviewers were unable to complete their allocated number of interviews, which meant eight interviewers did the majority of interviews.

2.3 Sample size

A quota sample was the agreed sample method. This was broken down by age and gender, with a target of 350 interviews successfully conducted. Interviewers were

instructed to interview anyone who considered themselves to be Chinese. Due to the difficulties envisaged in reaching the target number of interviews, quotas were not set on geographic location within the city. However, interviewers were briefed that they could only interview respondents living in the Greater Glasgow area.

Respondents were recruited from a variety of sources which included Chinese groups and organisations, e.g. Chinese Church, Wing Hong and San Jai, student groups and universities, in addition to approaching people in the street, e.g. Chinatown, where there is a high footfall of Chinese people.

The census population figures were used to compile a quota sample by age and gender, which was achieved and is presented in table 1. Please note that some percentages do not total 100 due to rounding.

Table 1 Number of respondents interviewed by age and gender

	Total		Male		Female	
	No.	%	No.	%	No.	%
16-24	94	27%	46	27%	48	27%
25-34	90	26%	44	26%	46	26%
35-44	74	21%	37	22%	37	21%
45-54	45	13%	20	12%	25	14%
55-64	21	6%	12	7%	9	5%
65+	26	8%	11	6%	15	9%
Total	350	100%	170	100%	180	100%

Age and gender were the only quotas which could be set as these were the only demographic characteristics on which we had hard data to set quotas. Other profiling questions were asked and are shown below for information. These should be considered when interpreting the findings.

The majority of the sample (89%, 313 respondents) were not born in the UK. Table 2 illustrates this and shows that younger respondents were more likely to have been born in the UK than older respondents.

Table 2 Were you born in the UK?

	Total	
	No.	%
Yes	37	11%
No	313	89%
Total	350	100%

Tables 3 and 4 show the length of time respondents had lived in Greater Glasgow and their nationality. As can be seen, 42% (148 respondents) of the sample had lived in Glasgow for three years or less, the majority of which were aged between 16 and 34.

Table 3 How long have you lived in the Greater Glasgow area?

	Total	
	No.	%
Less than 1 year	59	17%
1-3 years	89	25%
4-6 years	31	9%
7-9 years	25	7%
10 or more years	119	34%
Lifelong	24	7%
Don't know	3	1%
Total	350	100%

The majority of respondents 56% (195 respondents) described their nationality as Chinese. Some respondents gave dual nationalities which were classed as other answers and are listed below.

Table 4 What nationality do you identify with?

	Total	
	No.	%
Scottish	20	6%
British	32	9%
Chinese	195	56%
Malaysian	57	16%
Taiwanese	3	1%
Singaporean	15	4%
Hong Kong	12	3%
British/Scottish and Chinese	11	3%
Other	5	1%
Total	350	100%

Other nationalities given were:

- Chinese, Malaysian
- Chinese, Malaysian, Singaporean and Indonesian
- Scottish, Chinese, Vietnamese
- Scottish, Malaysian, Singaporean
- not given.

Just under half of respondents (46%, 161 respondents) were married. Two out of five respondents (40%, 140 respondents) classed themselves as single/never married, of which the majority were aged 16-24 (87 respondents).

Table 5 Which of these descriptions applies to you?

	Total	
	No.	%
Married	161	46%
Cohabiting/living with partner	12	3%
Single/never married	140	40%
Widowed	13	4%
Divorced	13	4%
Separated	11	3%
Total	350	100%

2.4 Structure of the report

Chapter three presents findings from the interviews and, where appropriate, comparisons are made with the Health and Wellbeing Study for Greater Glasgow 2003. The report used to make comparisons is entitled, 'The Health and Wellbeing of the Greater Glasgow Population. Summary Version of the NHS Greater Glasgow Population 2002 overview and Changes since 1999', November 2003. For ease of reading this report will not be referenced throughout the findings, therefore, unless stated otherwise all comparisons are made on the basis of findings presented in the aforementioned report and supplementary analysis provided by GGNHSB. Please note that the data used for analysis of the wider population were based on a random sample and weighted to reflect the overall population, whereas the data used for the Chinese population analysis were based on a quota of the overall population.

3 Key findings

This section presents results from the survey which are discussed in line with the areas examined in the questionnaire. These were:

- health and health services;
- community involvement;
- home and environment;
- education and language; and
- working status and household income.

3.1 Health

Respondents were asked several questions relating to their health, e.g. general health; specific health conditions; visits to the GP, hospital or dentist; access to health care services; smoking and alcohol use; diet; and exercise. Results for each question are discussed below.

3.1.1 General health condition

Respondents were asked to rate their health overall in the last year, using a four point scale, from excellent to poor. Results indicate that three out of five respondents (62%, 217 respondents) classed their health within the last year as either 'excellent' (15%, 53 respondents) or 'good' (47%, 64 respondents). This was fairly consistent with the comparable figure of 67% for the Greater Glasgow population who viewed their overall health positively. However, there was variation in the older age groups from the Chinese sample, with respondents in the 35-44 (43%, 32 respondents) and 55-64 (52%, 11 respondents) age groups classing their health as 'fair'. Results are presented in table 6.

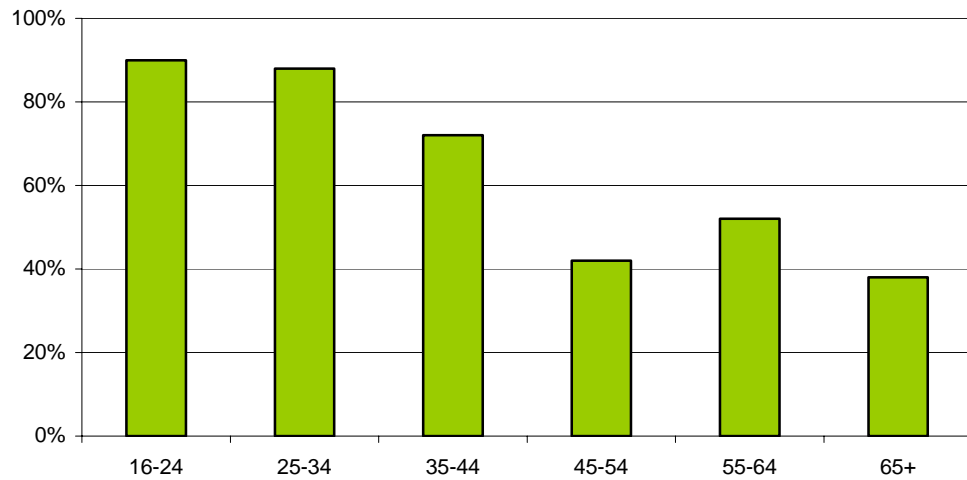
Table 6 How would you describe your health over the past year?

	Total	
	No.	%
Excellent	53	15%
Good	164	47%
Fair	112	32%
Poor	21	6%
Total	350	100%

3.1.2 Treatment for medical conditions

Results indicate that 73% (257 respondents) of the sample were receiving no treatment for any medical conditions (please note this was from a prompted list of conditions), which is higher than the comparable figure of 56% for the Greater Glasgow population. There was a slight variation by gender with 79% of men (134 respondents) not receiving any treatment in comparison to 68% of women (123 respondents). Not surprisingly, the younger the respondent the less likely they were to be receiving treatment for a medical condition and it should be noted that the Chinese population profile was younger than that of Greater Glasgow as a whole. However, the trend changes in the 45-54 age group where there is a noticeable drop in the number of respondents who were not receiving any treatment (42%, 19 respondents). This is illustrated in figure 1.

Figure 1 Respondents not receiving current treatment



The most common conditions respondents were receiving treatment for were high blood pressure, (6%, 21 respondents), arthritis, rheumatism or painful joints (5%, 19 respondents) and stress related conditions (5%, 16 respondents), as shown in table 7.

Table 7 Are you currently being treated for any of the following conditions?

	Total	
	No.	%
None	257	73%
High blood pressure	21	6%
Arthritis, rheumatism or painful joints	19	5%
Stress related conditions	16	5%
Asthma, bronchitis, or persistent cough	14	4%
Diabetes	9	3%
Gastro-intestinal problems	9	3%
Severe eyesight problems	8	2%
Clinical depression	6	2%
Severe hearing problems	6	2%
Coronary heart disease	3	1%
Cancer	2	1%
Accident/ injury	1	0%
Sexually transmitted infections	1	0%
Stroke	0	0%
Epilepsy	0	0%
Drug or alcohol related conditions	0	0%
Other	35	10%
Total	350	100%

Other answers are appended for information.

3.1.3 Long-term condition or illness

Twelve percent (43 respondents) of the sample said they had a long-term condition or illness that substantially interfered with their day to day activities, which is less than

the comparable figure of 23% for the Greater Glasgow population. Two thirds (29 respondents) of the Chinese respondents who had a long term condition or illness were women and one third (14 respondents) were men. Not surprisingly, respondents

in the older age groups were more likely to have answered yes to this question than respondents in the younger groups, e.g. 35% (9 respondents) aged 65+ in comparison to 4% (4 respondents) in the 16-24 age group. Results are shown in table 8.

Table 8 Do you have any long-term condition or illness that substantially interferes with your day to day activities?

	Total	
	No.	%
Yes	43	12%
No	307	88%
Total	350	100%

Respondents who classed themselves as having a long term condition or illness where then asked to categorise the nature of their condition or illness, e.g. a physical, emotional, mental or long term illness. The majority of the sample (53%, 23 respondents) said they had a long term illness, this was consistent across gender and is shown in table 9.

Table 9 Thinking of these conditions and/or illnesses, would you describe yourself as having...?

	Total	
	No.	%
A long-term illness	23	53%
A mental or emotional health problem	12	28%
A physical disability	9	21%
None of these	2	5%
Not given	3	7%
Total	43	100%

3.1.4 Self perception of quality of life, general health and wellbeing

In order to ascertain how respondents rated their quality of life, general physical wellbeing, and general mental and emotional health, they were given a card with seven smiley faces which ranged from very happy to very sad¹. They were then asked to point to the face which best described how they felt in relation to each of the above. At the analysis stage, each face was given a numeric score from one to seven, with the happiest face being seven and the saddest face being one. The responses were then analysed by those who attributed a positive rating, i.e. one of the three smiley faces, for each of these issues and those who did not give a positive rating, i.e. one of the three frowny faces or the neutral face.

Overall results were positive, with at least 80% of the sample giving positive ratings to each of the three factors. Interestingly, women rated their overall quality of life marginally higher than men, but 9 – 10% less for their general physical wellbeing and general mental and emotional wellbeing. When results are explored by age, those aged 35 – 54 and 65+ are least positive, but the lowest score is 62% on any one factor in any one age group, so is still positive. Results are similar to those for Greater Glasgow, where quality of life, physical health and mental and emotional wellbeing were given positive ratings of 85%, 77% and 82% respectively. Positive and not positive responses are shown by gender and age in tables 10 and 11.

¹ This scale was designed by the Medical Research Council.

Table 10 Self perception by gender

		Total		Gender			
				Male		Female	
		No.	%	No.	%	No.	%
Overall quality of life	Not a positive perception	49	14%	26	15%	23	13%
	Positive perception	301	86%	144	85%	157	87%
	Total	350	100%	170	100%	180	100%
General physical wellbeing	Not a positive perception	63	18%	22	13%	41	23%
	Positive perception	287	82%	148	87%	139	77%
	Total	350	100%	170	100%	180	100%
General mental and emotional wellbeing	Not a positive perception	66	19%	24	14%	42	23%
	Positive perception	284	81%	146	86%	138	77%
	Total	350	100%	170	100%	180	100%

Table 11 Self perception by age

		Total		Age											
				16-24		25-34		35-44		45-54		55-64		65+	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Overall quality of life	Not a positive perception	49	14%	5	5%	9	10%	19	26%	12	27%	1	5%	3	12%
	Positive perception	301	86%	89	95%	81	90%	55	74%	33	73%	20	95%	23	88%
	Total	350	100%	94	100%	90	100%	74	100%	45	100%	21	100%	26	100%
General physical wellbeing	Not a positive perception	63	18%	7	7%	9	10%	18	24%	17	38%	3	14%	9	35%
	Positive perception	287	82%	87	93%	81	90%	56	76%	28	62%	18	86%	17	65%
	Total	350	100%	94	100%	90	100%	74	100%	45	100%	21	100%	26	100%
General mental and emotional wellbeing	Not a positive perception	66	19%	7	7%	11	12%	22	30%	17	38%	3	14%	6	23%
	Positive perception	284	81%	87	93%	79	88%	52	70%	28	62%	18	86%	20	77%
	Total	350	100%	94	100%	90	100%	74	100%	45	100%	21	100%	26	100%

3.1.5 Use of health services

Within the last year respondents were asked to comment on:

- how many times they had seen a GP;
- how many visits they had made to an accident and emergency unit;
- how many visits they had made to a hospital outpatients department;
- how many times they had been admitted to hospital for day surgery or overnight stay; and
- how many times they had been admitted to hospital for a stay of two or more nights.

Results indicate that 62% (217 respondents) had visited a GP within the last year, which is lower than the wider population of Greater Glasgow, where the comparable figure is 80%. Results for visits to the other services listed above indicated relatively low use with:

- 90% (316 respondents) never visiting an accident and emergency department;
- 89% (313 respondents) never visiting a hospital outpatients department;
- 98% (342 respondents) never being admitted to hospital for day surgery or overnight stay; and
- 96% (337 respondents) never being admitted to hospital for a stay of two or more nights.

These findings are presented in table 12.

Table 12 Thinking about the past year and your own health

		Total	
		No.	%
How many times have you seen a GP?	Never	133	38%
	1-3 times	143	41%
	4-6 times	46	13%
	7-9 times	3	1%
	10 or more times	24	7%
	Don't know	1	0%
	Total	350	100%
How many times have you been to A&E?	Never	316	90%
	Once	24	7%
	Twice	4	1%
	3 times	4	1%
	4 or more times	2	1%
	Total	350	100%
How many times have you visited a hospital outpatients department?	Never	313	89%
	Once	17	5%
	Twice	11	3%
	3 times	4	1%
	4 or more times	5	1%
	Total	350	100%
How many times have you been admitted to hospital for day surgery or overnight stay?	Never	342	98%
	Once	7	2%
	Twice	1	0%
	3 times	0	0%
	4 or more times	0	0%
	Total	350	100%
How many times have you been admitted to hospital for a stay of two or more nights?	Never	337	96%
	Once	12	3%
	Twice	0	0%
	3 times	1	0%
	4 or more times	0	0%
	Total	350	100%

When visits to a GP are analysed by age it is apparent that 20% (9 respondents) of respondents in the age group 45-54 visited a GP 10 times or more, which is more than any other age group. This pattern of greater uptake of services is also apparent when reviewing the number of times respondents aged 45-54 have been admitted to hospital for a stay of two or more nights, with 13% (6 respondents) saying that they had been admitted once within the last year. These findings are presented in figures 2 and 3.

Figure 2 How many times have you seen a GP in the last year?

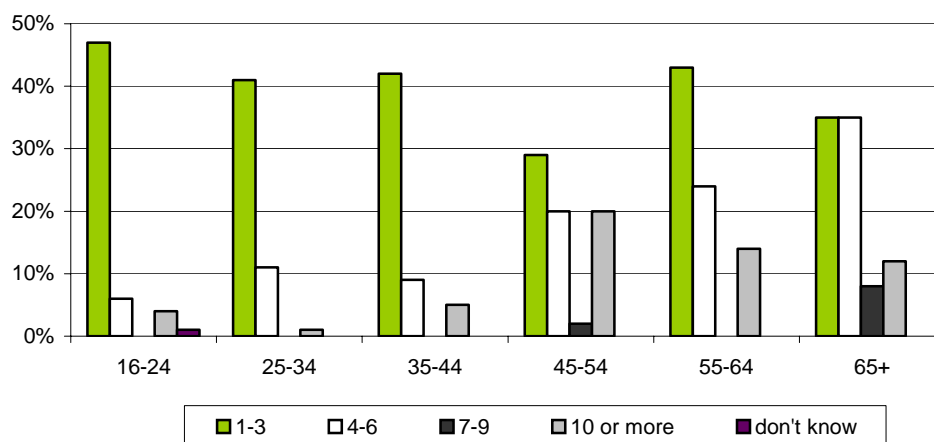
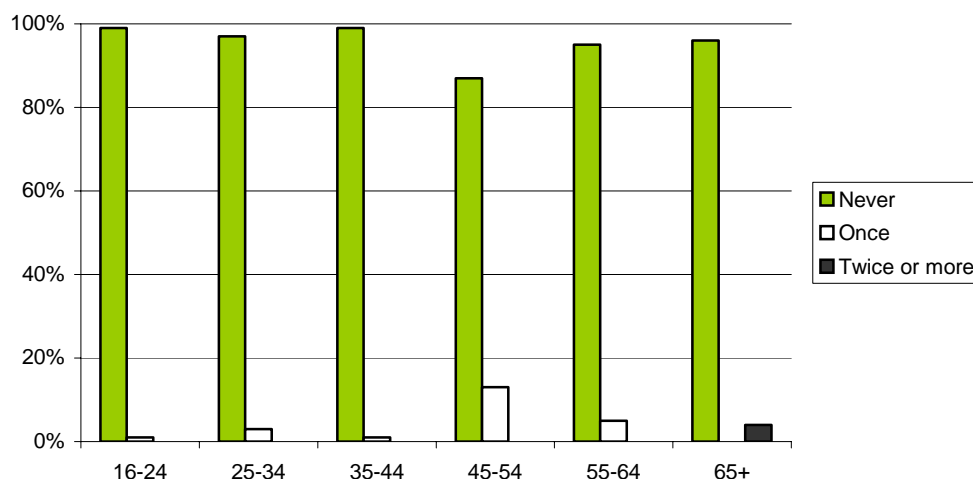


Figure 3 How many times have you been admitted to hospital for a stay of two or more nights?



3.1.6 Involvement in health service delivery

Respondents were then asked to comment on their recent use of health services such as a GP, dentist or hospital. Their responses have been compared with the Greater Glasgow population and indicate the following:

- fewer respondents from the Chinese population (69%, 242 respondents) felt they were 'definitely' or 'to some extent' given adequate information about their condition and treatment compared to 80% of the Greater Glasgow population. However, slightly more respondents from the Greater Glasgow population (10%) felt they were not given adequate information than the Chinese population (6%, 22 respondents);
- only 35% (121 respondents) of the Chinese population felt they had 'definitely' or 'to some extent' been encouraged to participate in decisions affecting their health or treatment in comparison to 70% of the Greater Glasgow population. In addition, 40% of the Chinese population said they were not encouraged in comparison to 18% of the Greater Glasgow population;

- only 27% of respondents (94 respondents) from the Chinese population in comparison to 65% of the Greater Glasgow population felt they had a say in the way services are delivered, with 39% of the Chinese population saying they felt they had no say, compared to 24% of the Greater Glasgow population; and
- sixty-two percent (217 respondents) of the Chinese population 'definitely' or 'to some extent' felt their views and circumstances were understood and valued which is slightly less than the comparable figure of 74% for the Greater Glasgow population.

Table 13 Involvement in decisions affecting health service delivery

	% saying definitely or some extent		% saying no	
	Greater Glasgow Population (n=1794-1796)	Chinese population (n=350)	Greater Glasgow Population (n=1794-1796)	Chinese population (n=350)
Were you given adequate information about your condition or treatment?	80	69	10	6
Have you been encouraged to participate in decisions affecting your health or treatment?	70	35	18	40
Do you feel that you have a say in how these services are delivered?	65	27	24	39
Do you feel that your views and circumstances are understood and valued?	74	62	14	11

In order to further explore respondents' involvement in health service delivery we separated the data into those who had used health services (including a dentist) and those who had not. We then ran the analysis on those who had used health services to see if this had an impact on results. Please note that we excluded respondents whose answer was 'don't know' or 'not applicable' because interpretation of this question was too subjective. Results are illustrated in table 14 and indicate that:

- 82% (242 respondents) felt they were 'definitely' or 'to some extent' given adequate information about their condition or treatment;
- over half (53%, 139 respondents) did not feel they had been encouraged to participate in decisions affecting their health or treatment;
- nearly three fifths (59%, 136 respondents) did not feel they had a say in how services were delivered; and
- 84% (217 respondents) 'definitely' or 'to some extent' felt their views and circumstances were understood and valued.

Table 14 Involvement in decisions affecting health service delivery (used health services recently)

		Total		Used health services recently (incl dentist)?			
		No.	%	Yes		No	
				No.	%	No.	%
a) Were you given adequate information about your condition or treatment?	Definitely	84	32%	76	32%	8	33%
	To some extent	158	60%	148	62%	10	42%
	No	22	8%	16	7%	6	25%
	Total	264	100%	240	100%	24	100%
b) Have you been encouraged to participate in decisions affecting your health or treatment?	Definitely	34	13%	34	14%	0	0%
	To some extent	87	33%	82	34%	5	24%
	No	139	53%	123	51%	16	76%
	Total	260	100%	239	100%	21	100%
c) Do you feel that you have a say in how these services are delivered?	Definitely	28	12%	28	13%	0	0%
	To some extent	66	29%	64	30%	2	10%
	No	136	59%	118	56%	18	90%
	Total	230	100%	210	100%	20	100%
d) Do you feel that your views and circumstances are understood and valued?	Definitely	83	32%	77	33%	6	25%
	To some extent	134	52%	124	53%	10	42%
	No	40	16%	32	14%	8	33%
	Total	257	100%	233	100%	24	100%

3.1.7 Accessing health services

In order to ascertain accessibility to health services, respondents were asked to comment on the level of difficulty they found when organising a visit to the GP, gaining access to health services in an emergency and obtaining a hospital appointment. Their responses have been compared with the Greater Glasgow population and indicate that responses between the two populations are similar for getting an appointment with their GP or a hospital and arranging a GP home visit. However results were less positive for getting to the GP surgery/health centre and accessing health services in an emergency within the Chinese population.

Table 15 Difficulty accessing health services

	% saying 'some' or 'great difficulty'	
	Greater Glasgow Population	Chinese population (n=350)
Getting an appointment to see your GP	36	34
Obtaining an appointment at the hospital	28	26
Arranging for a home visit from your GP	18	19
Getting to the GP's surgery/Health Centre	9	17
Accessing health services in an emergency	9	20

3.1.8 Use of Chinese medicine

All respondents were asked if they used traditional Chinese medicine and 55% (192 respondents) did, with an equal split by gender and slightly greater use by those aged 25-44. Results are illustrated in table 16.

Table 16 Do you use traditional Chinese medicine?

	Total	
	No.	%
Yes	192	55%
No	158	45%
Total	350	100%

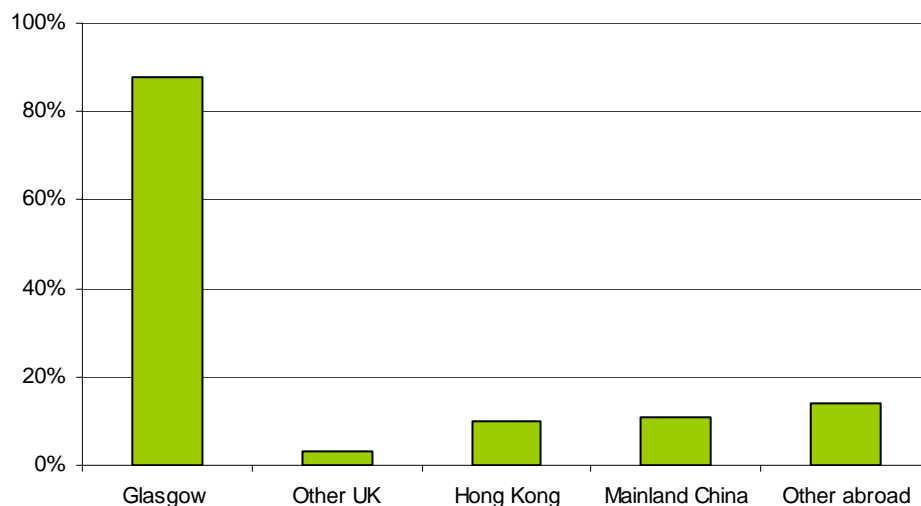
Respondents who did use traditional Chinese medicine were then asked if they prefer using Chinese medicine to Western medicine. Overall the response was fairly evenly split with 46% (77 respondents) saying yes, 51% (86 respondents) saying no and 3% (5 respondents) undecided. There was no variation by gender but respondents in the age groups 45-64 tended to favour traditional Chinese medicine over Western medicine. However, this should be viewed with some caution because the sub-sample base numbers are small and 24 respondents were not asked this question, as it was not included in the pilot.

Table 17 Do you prefer traditional Chinese medicine to Western medicine?

	Total	
	No.	%
Yes	77	46%
No	86	51%
Both	5	3%
Total	168	100%

Lastly in this section, all respondents were asked where they go for health care and the majority (88%, 308 respondents) said Glasgow, 11% (40 respondents) said Mainland China, 10% (34 respondents) said Hong Kong, 14% (49 respondents) said other abroad and 3% (9 respondents) said other UK. These responses are illustrated in figure 4. Please note that these responses were not mutually exclusive. When broken down into UK, UK and abroad, and abroad only, 11% of respondents (38 respondents) only went abroad for their health care.

Figure 4 Where do you go for your health care?



3.1.9 Oral health

Nearly all respondents (96%, 337 respondents) said they had all (76%, 266 respondents) or some (20%, 71 respondents) of their own teeth. This is higher than

the comparable figures for the Greater Glasgow population, with 84% saying they had all (60%) or some (24%) of their own teeth. Of those respondents who said none of their teeth were their own 41% (10 respondents) were aged over 55 years. These findings are presented in table 18.

Table 18 What proportion of your teeth are your own?

	Total	
	No.	%
All of them	266	76%
Some of them	71	20%
None of them	13	4%
Total	350	100%

Results indicate that the majority of respondents visit the dentist, with just 1% (4 respondents) saying they never visit a dentist. Just over two fifths (41% ,143 respondents) had visited a dentist within the last six months, in comparison to 50% for Greater Glasgow. However, 35% (121 respondents) had not visited a dentist in over 15 months, which compares with 33% for Greater Glasgow. These findings are presented in table 19.

Table 19 When was the last time you went to the dentist?

	Total	
	No.	%
Within the last 6 months	143	41%
Within 6 months to 15 months	82	23%
Over 15 months	121	35%
Never	4	1%
Total	350	100%

Results also indicated that the majority of respondents (87%, 306 respondents) brush their teeth twice or more a day and only 1% (3 respondents) reported that they seldom or never brush their teeth. These findings are presented in table 20.

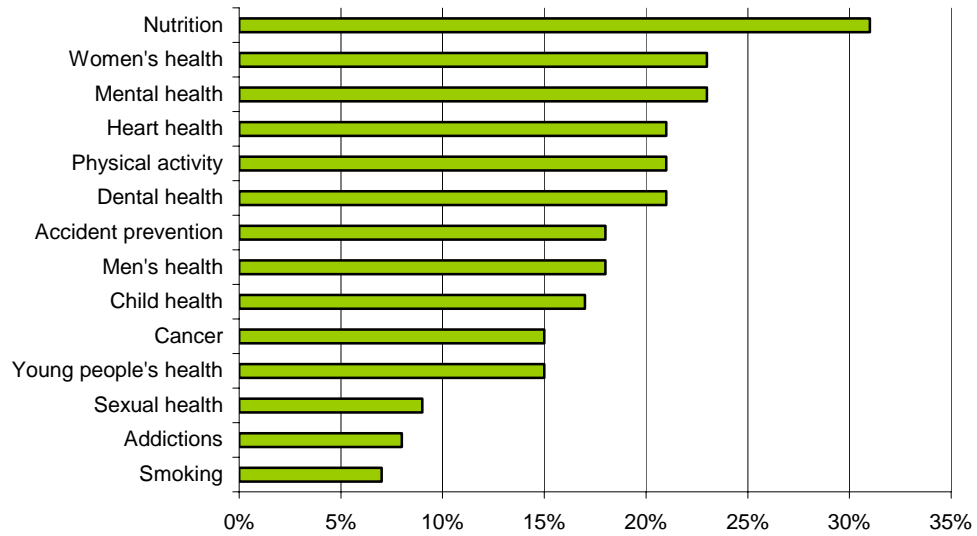
Table 20 How often do you brush your teeth?

	Total	
	No.	%
Twice or more a day	306	87%
About once a day	40	11%
Less than once a day	1	0%
Seldom or never	3	1%
Total	350	100%

3.1.10 Health information

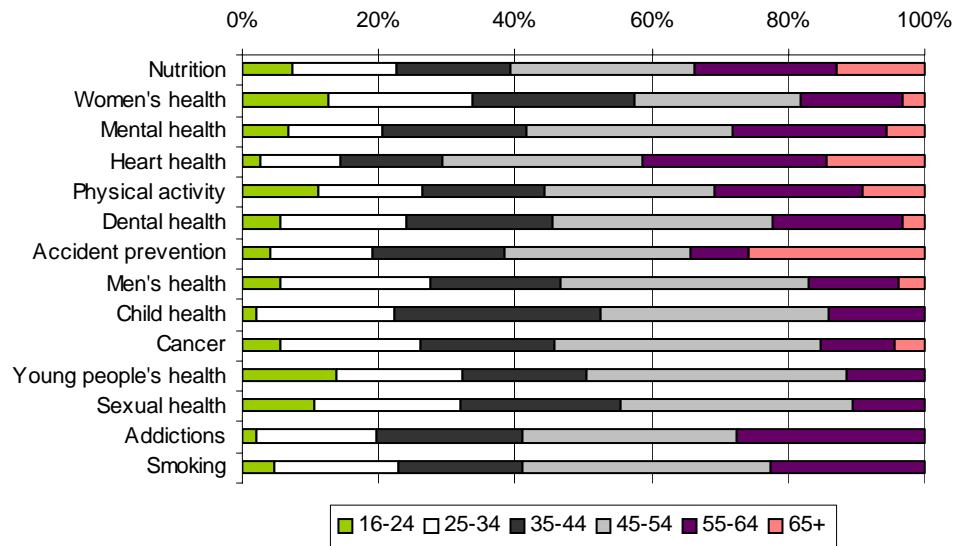
Respondents were asked if they would like any information on a range of health topics in Chinese. Nearly half of the sample (48% 167 respondents) said they did not require any information, of which 66% (110 respondents) were aged between 16-34. Nutrition was the most requested topic (31%, 110 respondents). Responses are presented in figure 5.

Figure 5 Do you need more information in Chinese on the following?



There was a variation in responses by age, with respondents in the younger age group of 16-24 wanting to know more about women's health, respondents in the 25-54 age group wanting to know more about nutrition, respondents in the 55-64 age group wanting to know about heart health/nutrition and respondents in the 65+ age group wanting to know more about accident prevention. Responses from each age group are presented in figure 6.

Figure 6 Do you need information in Chinese on the following?



Of the 183 respondents who did express an interest in receiving information, 61% (111 respondents) said they would prefer information in the form of a booklet. As might be expected 46% (13 respondents) of respondents aged 16-24 preferred website/internet information sources and 62% (8 respondents) of respondents aged 65+ preferred a leaflet. These findings are shown in table 21.

Table 21 In what format would you prefer the information?

	Total	
	No.	%
Booklet	111	61%
Leaflet	69	38%
Talks/seminars	51	28%
Video	50	27%
Website/Internet	38	21%
Audiotape	29	16%
Poster	18	10%
Total	183	100%

Respondents were also asked where they would like to receive the information and were asked to choose from a list of venues (they could choose more than one answer, therefore results do not sum to 100%). Popular venues were Chinese supermarkets (46%, 83 respondents), local community groups (45%, 81 respondents) and the Chinese Healthy Living Centre (40%, 72 respondents). This varied slightly by age with respondents aged 16-24 years favouring libraries and temples or churches. Please bear in mind that these results could be a reflection of the recruitment process.

Table 22 Where would you like to receive this information?

	Total	
	No.	%
Chinese supermarkets	83	46%
Local community group	81	45%
Chinese Healthy Living Centre	72	40%
Libraries	59	32%
Local GP	56	31%
Temples or churches	51	28%
Chinese restaurants	41	23%
Total	182	100%

3.1.11 Tobacco use

Fourteen percent (48 respondents) of the sample said they smoked 'some days' or 'every day', compared to 33% of the overall Glasgow population. Most Chinese smokers were in the 25-44 and 55-64 year old age groups, as illustrated in figure 7, which shows people who smoke either some days or every day.

Figure 7 Smokers by age

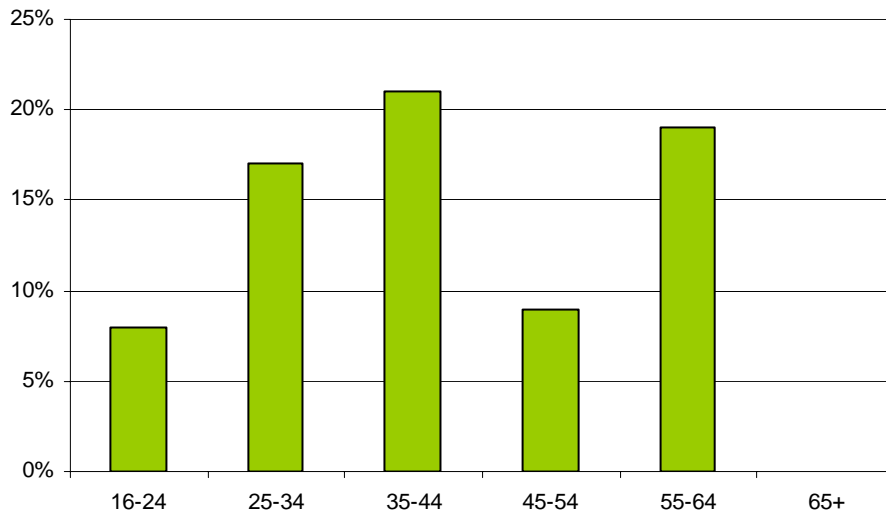
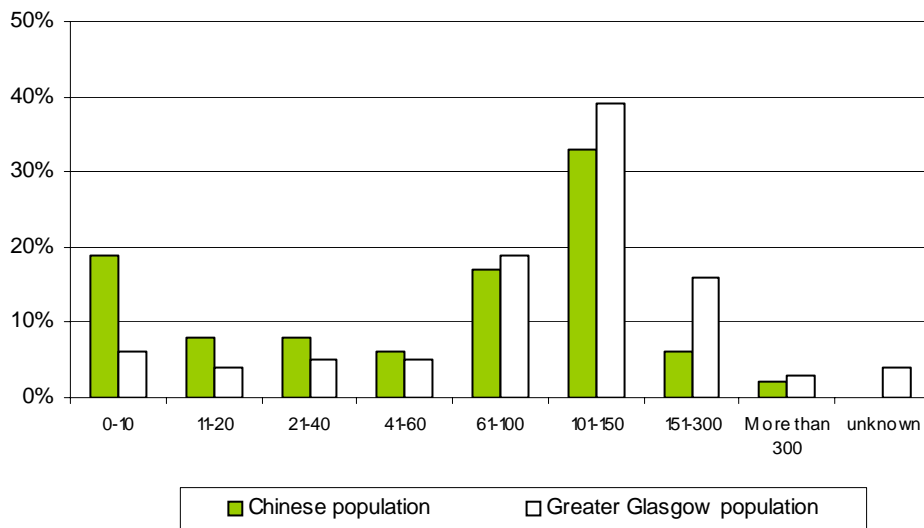


Figure 8 compares the number of cigarettes smoked per week by Chinese smokers with Greater Glasgow smokers and shows that Chinese smokers tended to report smoking less heavily than Greater Glasgow smokers. Figure 8 also shows higher numbers of Chinese respondents smoking between 0-60 cigarettes per week than the Greater Glasgow population but lower numbers when the number of cigarettes smoked per week increases to between 61-300.

Figure 8 Cigarettes smoked per week



Just under half of Chinese respondents (49%, 171 respondents) said they were in places where there is passive smoke from other people 'most' or 'some' of the time, which is slightly less than the comparable figure of 57% from the Greater Glasgow population. Results are illustrated in table 23.

Table 23 How often are you usually in places where there is smoke from other people smoking tobacco?

	Total	
	No.	%
Most of the time	71	20%
Some of the time	100	29%
Seldom	120	34%
Never	59	17%
Total	350	100%

3.1.12 Alcohol

All respondents were asked if they drank alcohol, with 63% (220 respondents) saying no. This is substantially higher than the Greater Glasgow figure where 30% of respondents said they never drank alcohol. Results from the Chinese population are shown in table 24.

Table 24 Do you drink alcohol?

	Total	
	No.	%
Yes	130	37%
No	220	63%
Total	350	100%

Those respondents who said they did drink alcohol were then asked how many days in the week preceding the interview they had drunk alcohol. Results show that just over one quarter (28%, 37 respondents) had not drunk any alcohol, which suggests that even though they do drink alcohol, it is occasionally. The majority of respondents drank between one and three days per week (57%, 75 respondents) and 81% (75 respondents) said they averaged about two or less drinks on each day they drank. Results are shown in tables 25 and 26.

Table 25 If yes, how many days in the last week did you drink alcohol?

	Total	
	No.	%
0	37	28%
1	46	35%
2	11	8%
3	18	14%
4	3	2%
5	3	2%
6	2	2%
7	10	8%
Total	130	100%

Table 26 On average how many drinks did you have each day?

	Total	
	No.	%
2 or less	75	81%
3-4	10	11%
5-6	4	4%
7-8	2	2%
More than 8	2	2%
Total	93	100%

3.1.13 Diet

The recommended daily amount of fruit and/or vegetables to be consumed each day is at least five portions². Results indicate that 54% (187 respondents) of respondents were consuming five or more portions of fruit and/or vegetables per day. This is higher than the comparable Greater Glasgow figure of 34%. Across the Chinese population the mean number of fruit and vegetables consumed per day is 6.16 which is significantly higher than the comparable figure of 3.83 for Greater Glasgow. Results for the Chinese population are shown in table 27.

Table 27 How many portions of fruit and vegetable to you consume each day?

	Total	
	No.	%
None	9	3%
1 or 2	58	17%
3 or 4	96	27%
5	37	11%
6-10	98	28%
More than 10	52	15%
Total	350	100%

The recommended intake of slices of bread or rolls per day is five.² Table 28 shows that 3% of respondents (9 respondents) were consuming the recommended amount which is less than the Greater Glasgow population (12%). The mean amount of bread and/or rolls consumed per day is 1.97 for the Chinese population and 2.87 for the Greater Glasgow population.

Table 28 How many slices of bread or rolls do you usually eat per day?

	Total	
	No.	%
0	79	23%
1	74	21%
2	112	32%
3	26	7%
4	35	10%
5	9	3%
6	4	1%
8	3	1%
10	7	2%
12	1	0%
Total	350	100%

Respondents were asked how often per day they ate high fat food such as cakes, pastries, chocolate, biscuits and crisps. Half of respondents (51%, 178 respondents) ate between one and two high fat foods per day and the 16-24 age group were the least likely to consume no high fat foods (28%, 26 respondents). The mean score for the Chinese population was 0.99 which is lower than the Greater Glasgow population mean of 1.25. Results for the Chinese population are shown in table 29.

² Eating for Health: a Diet Action Plan for Scotland (1995)

Table 29 How often PER DAY do you usually eat items such as cakes, pastries, chocolate, biscuits and crisps?

	Total	
	No.	%
None	144	41%
1 or 2	178	51%
3 or 4	19	5%
5 or 6	6	2%
7-10	3	1%
More than 10	0	0%
Total	350	100%

The Scottish Diet Plan recommends that we eat five portions of cereal per week. The number of respondents from the survey who met this target was 5% (19 respondents), with an overall mean of 2.06. This is considerably less than the Greater Glasgow population (46% and a mean score of 3.69), with a sizeable amount of respondents from the Chinese population (42%, 147 respondents) never eating breakfast cereal. Findings for the Chinese population are illustrated in table 30.

Table 30 How many times PER WEEK do you usually eat breakfast cereal?

	Total	
	No.	%
0	147	42%
1	35	10%
2	47	13%
3	37	11%
4	13	4%
5	19	5%
6	7	2%
7	45	13%
Total	350	100%

The Scottish Diet Action Plan also recommends that we consume at least two portions of oily fish, e.g. kipper, herring, salmon, trout, mackerel, tuna, sardines or pilchards, per week. Results indicate that 23% (82 respondents) of respondents were eating the recommended amount, which is slightly less than the Greater Glasgow population (29%). However, 31% (109 respondents) of the Chinese population said they did not usually eat oily fish which is 10% less than the wider Greater Glasgow population (41%). When mean scores are compared, results indicate that Chinese respondents were closer to the recommended level than Greater Glasgow respondents with mean scores of 1.27 and 1.08 respectively. Results for the Chinese population are presented in table 31.

Table 31 How often PER WEEK do you usually eat oily fish, taken in sandwiches or as part of a meal?

	Total	
	No.	%
0	109	31%
1	97	28%
2	82	23%
3	44	13%
4	6	2%
5	7	2%
6	3	1%
7	2	1%
Total	350	100%

3.1.14 Body Mass Index

Respondents were asked to give their weight and height, in order to calculate their Body Mass Index which allows levels of safe weight to be calculated. Results shows that almost three out of four respondents had a healthy weight (71%, 248 respondents), with only 16% (57 respondents) being classed as above normal weight, which is substantially less than Greater Glasgow generally (43%). It is also interesting to note that one in five women (21%, 38 respondents) were classed as underweight. However this could be due to the fact that Chinese respondents may have a smaller frame than the Greater Glasgow population. Results are shown in table 32.

Table 32 Body Mass Index

	Total	
	No.	%
Underweight (<18.5)	45	13%
Healthy weight (18.5-24.9)	248	71%
Overweight (25-29.9)	39	11%
Obese (30-39)	13	4%
Extremely obese (>39)	5	1%
Total	350	100%

3.1.15 Exercise

Respondents were asked how many days, during an average week, they spent doing at least 30 minutes of moderate physical exercise and how many days they spent doing 20 minutes of continuous vigorous exercise. Results indicate that 31% (106 respondents) were meeting the recommended level of moderate physical activity of five or more times per week, and 12% (42 respondents) were meeting the recommended level of vigorous activity of three or more times per week. If these figures are combined, this means that 34% (119 respondents) were meeting the target levels of either moderate and/or vigorous physical activity which was comparably less than the Greater Glasgow population figure of 58%. Findings for the Chinese population are illustrated in tables 33 and 34.

Table 33 In an average week, on how many days do you take at least 30 minutes of moderate physical exercise such as brisk walking? It doesn't have to be 30 minutes all at once.

	Total	
	No.	%
0	116	33%
1	47	13%
2	35	10%
3	29	8%
4	17	5%
5	25	7%
6	16	5%
7	65	19%
Total	350	100%

Table 34 In an average week, on how many days do you spend at least 20 continuous minutes doing vigorous exercise (enough to make you sweaty and out of breath)?

	Total	
	No.	%
0	212	61%
1	64	18%
2	32	9%
3	15	4%
4	9	3%
5	3	1%
6	3	1%
7	12	3%
Total	350	100%

3.2 Community Involvement

3.2.1 Social clubs, associations or similar

When respondents were asked if they belonged to any social groups, associations, church groups, Chinese groups or anything similar, just under half (49%, 171 respondents) said they did. This is higher than the Greater Glasgow population where only 20% belonged to a social club, association or similar. The elderly Chinese population (65+) were more likely to belong to a social club, association or similar than any other age group (77% (20 respondents) aged 65+ said they belonged to a social club, association or similar). In comparison to Greater Glasgow this figure is substantially higher with 32% of respondents from Greater Glasgow aged 65+ belonging to social club, association or similar. However, the recruitment method of participants, discussed in paragraph 2.3, must be considered.

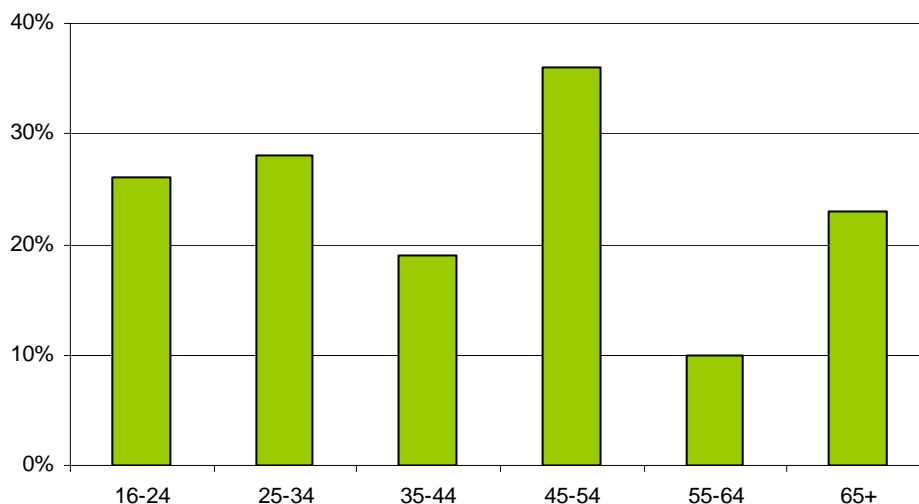
Table 35 Do you belong to any social groups, associations, church groups, Chinese groups or anything similar?

	Total	
	No.	%
No	179	51%
Church groups	98	28%
Chinese groups	66	19%
Associations	23	7%
Social groups	18	5%
Other	24	7%
Total	350	100%

3.2.2 Volunteering

When respondents were asked if they acted as a volunteer, 25% (87 respondents) said they did, with slightly more respondents aged between 45 and 54 (36%, 16 respondents) volunteering than any other age group. Results by age are illustrated in figure 9.

Figure 9 Do you act as a volunteer?



One in three respondents (37%, 131 respondents) would be interested in being contacted for voluntary work for the Chinese Healthy Living Centre, with more women (46%, 82 respondents) showing an interest than men (29%, 49 respondents). Results are shown in table 36.

Table 36 Would you be interested in being contacted for voluntary work for the Chinese Healthy Living Centre?

	Total	
	No.	%
Yes	131	37%
No	219	63%
Total	350	100%

3.3 Home and environment

3.3.1 Childcare

Findings showed that 27% of respondents (93 respondents) had children in their household aged under 14, of which 97% (90 respondents) said they were responsible for them. These respondents were then asked if they use any paid or unpaid childcare - 21% (19 respondents) did and 79% (71 respondents) did not.

3.3.2 Caring responsibilities

A small minority of respondents (5%, 16 respondents) said they were responsible for caring for someone on a day to day basis outwith work. These findings are presented in table 37.

Table 37 Outwith work, are you responsible for caring for someone on a day to day basis? e.g. a disabled child, elderly person, etc. (Do not include 'ordinary' childcare).

	Total	
	No.	%
Yes	16	5%
No	334	95%
Total	350	100%

Respondents who classed themselves as carers were then asked how many hours they spend caring. The mean score was 6.3 hours per day. The number of hours respondents cared for someone ranged from one to 24 per day.

3.3.3 Telephone in the home

Three out of four respondents had a telephone (this could be a land line or a mobile) in their home (78%, 273 respondents). One in four males (26%, 44 respondents) and two out of five respondents aged 16-24 years did not have a telephone in their home. Findings are presented in table 38.

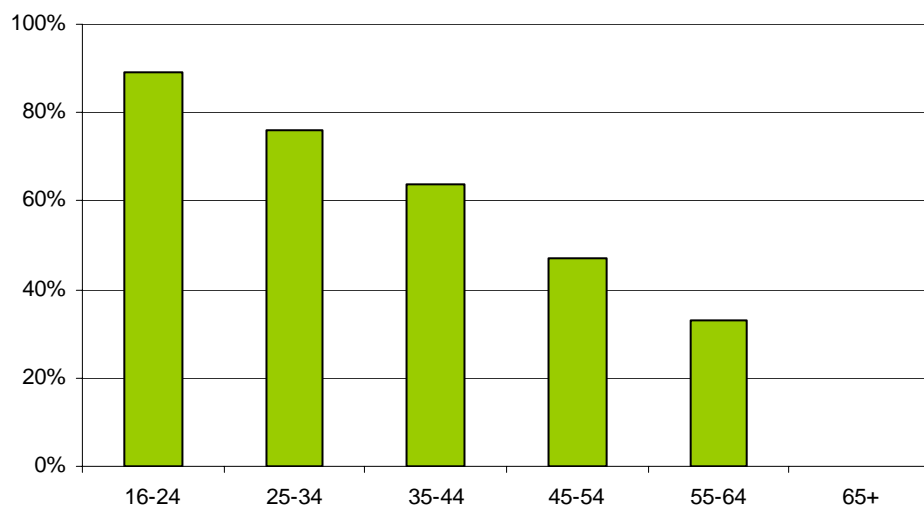
Table 38 Do you have a telephone in your home?

	Total	
	No.	%
Yes	273	78%
No	77	22%
Total	350	100%

3.3.4 Access to the internet

Just under two thirds of respondents (65%) had access to the internet and, not surprisingly, access decreased with age with no respondents in the 65+ age group having any access to the internet. Findings are presented in figure 10.

Figure 10 Do you have access to the Internet?



Of those respondents who did have access to the internet, 33% (74 respondents) had access at home, 13% (30 respondents) had access elsewhere and 54% (123) had access both at home and elsewhere. These results are shown in table 39.

Table 39 Is this at home, elsewhere, or both?

	Total	
	No.	%
Home	74	33%
Elsewhere	30	13%
Both	123	54%
Total	227	100%

3.3.5 Views of local area

Respondents were asked to rate their level of agreement from strongly agree to strongly disagree on a variety of statements about their local area. Just over half of respondents (57%, 202 respondents) said they strongly agreed or agreed with the statement ‘I feel I belong’; 17% (61 respondents) either disagreed or strongly disagreed with the statement. Four out of five respondents (83%, 289 respondents) strongly agreed or agreed that ‘the friendships and associations I have with other people mean a lot to me’, whereas only 3% (13 respondents) disagreed to some

extent. Two thirds of respondents (67%, 236 respondents) strongly agreed or agreed with the statement ‘you can trust people’; 12% (40 respondents) disagreed to some extent with the statement. In response to the final statement, ‘if I have a problem there is always someone to help me’, 77% (268 respondents) strongly agreed or agreed and 10% (35 respondents) either disagreed or strongly disagreed with the statement.

Findings are illustrated in table 40.

Table 40 How much do you agree or disagree with the following statements about living in this local area?

		Total	
		No.	%
I feel I belong	Strongly agree	50	14%
	Agree	152	43%
	Neither/ nor	87	25%
	Disagree	56	16%
	Strongly disagree	5	1%
	Total	350	100%
The friendships and associations I have with other people mean a lot to me	Strongly agree	119	34%
	Agree	170	49%
	Neither/ nor	48	14%
	Disagree	12	3%
	Strongly disagree	1	0%
	Total	350	100%
You can trust people	Strongly agree	36	10%
	Agree	200	57%
	Neither/ nor	74	21%
	Disagree	34	10%
	Strongly disagree	6	2%
	Total	350	100%
If I have a problem, there is always someone to help me	Strongly agree	70	20%
	Agree	198	57%
	Neither/ nor	47	13%
	Disagree	30	9%
	Strongly disagree	5	1%
	Total	350	100%

Findings for the Chinese population in reference to feelings of safety in their local area can be compared with the Greater Glasgow population and suggest similar levels of confidence/fear in each population. Levels of fear appeared to be slightly higher in the Chinese population than Greater Glasgow for 'feeling safe using public transport' and 'feeling safe walking alone even after dark'. Findings are presented in table 41.

Table 41 Residents feelings of safety in local area

	% saying they agree or strongly agree in the Greater Glasgow population	% saying they agree or strongly agree in the Chinese population
I feel safe in my own home	93%	93%
I feel safe using public transport in this local area	79%	64%
I feel safe walking alone around this local area even after dark	62%	54%

3.3.6 Home environment

Findings from the Health and Wellbeing study for Greater Glasgow indicated that the ten most common things about home life which were perceived to affect health were:

- colds and draughts;
- difficult neighbours;
- damp;
- passive smoking;
- traffic pollution;
- overcrowding;
- dust;
- stairs;
- lack of central heating; and
- the heating being too hot.

These were then incorporated into the Chinese questionnaire and respondents were asked if any of the above affected their health. Two thirds (68%, 238 respondents) of the sample said none of these issues affected their health. This increased in the elderly population with 86% (18 respondents) in the 55-64 age group and 81% (21 respondents) in the 65+ age group saying none of the conditions affected them. Cold and draughty housing was the top choice with 9% (33 respondents) of respondents saying this affected their health. Results are shown in table 42.

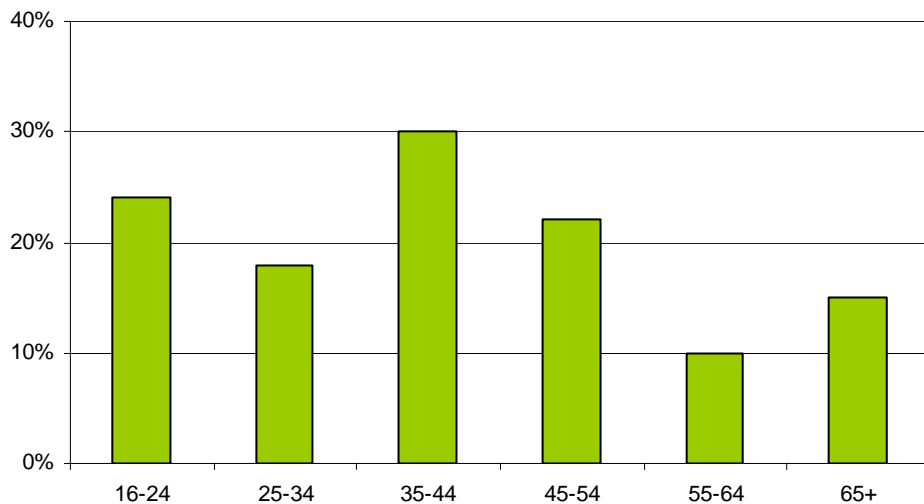
Table 42 Do any of the following things about your home affect your health?

	Total	
	No.	%
None of these	238	68%
Cold and draughty	33	9%
Difficult neighbours	29	8%
Damp	25	7%
Passive smoking	23	7%
Traffic pollution	22	6%
Overcrowding	20	6%
Dust	18	5%
Stairs	11	3%
Lack of central heating	11	3%
Heating is too hot	11	3%
Total	350	100%

3.3.6 Isolation from community and friends

When respondents were asked if they ever felt isolated from family and friends one in five said yes (22%, 77 respondents) which is slightly higher than the Greater Glasgow population figure of 15%. Results for the Chinese population by age are shown in figure 11.

Figure 11 Do you ever feel isolated from family and friends? – those saying yes



3.3.7 Racism

In order to ascertain respondents' experience of racism the following definition of racism was read out to each respondent to ensure they all shared the same understanding before ascertaining respondents' experience of this:

“Racism is a hatred or intolerance of another race or other races. It can take the form of verbal comments, exclusion, and or physical attack and can happen anywhere, e.g. in work, school, college, university, or the street.”

Respondents were then asked if they had experienced racism in the last year and 38% (133 respondents) said they had. Experience of racism across gender was evenly spread with slightly fewer respondents aged 55+ experiencing racism. These findings are shown in table 43.

Table 43 Have you experienced racism in the last year?

	Total	
	No.	%
Yes	133	38%
No	217	62%
Total	350	100%

Just over half of respondents who had experienced racism (55%, 73 respondents) said it had affected their physical and/or emotional health, with the majority being affected emotionally (51%, 68 respondents). The racism respondents had experienced was predominantly in the street (65%, 87 respondents) and of a verbal nature (83%, 111 respondents).

Table 44 Where did the racism take place?

	Total	
	No.	%
In the street	87	65%
Work	23	17%
School	9	7%
Other	34	26%
Total	133	100%

Table 45 Was racism verbal, physical or both?

	Total	
	No.	%
Verbal	111	83%
Physical	5	4%
Both	15	11%
Exclusion	2	2%
Total	133	100%

3.4 Education and language

3.4.1 Educational attainment

Respondents were asked about the highest level of educational attainment they had achieved using the standard UK academic levels. However, it was anticipated that these terms would be unknown to respondents if they were educated in a country outwith the UK. If this was the case, respondents were asked another question which was more straightforward. Responses to the standard (first) question showed that 41% (145 respondents) were not familiar with the terms and therefore answered the second question. Of these that were familiar 38% (132 respondents) had a first degree, higher degree or professional qualification. These findings should be viewed with caution because of the relatively high proportion of young people, who tended to be students, in the quota sample. This is illustrated in section 3.5. Results are illustrated in table 46 and also show that it was the middle aged to elderly population (age bands 45 – 65+) who were not familiar with the standard terms used in the UK.

Table 46 What is the highest level of educational qualifications you've obtained?

	Total	
	No.	%
School leaving certificate	9	3%
'O' grade, standard grade or equiv.	16	5%
Higher, CSYS, 'A' level or equiv.	28	8%
GSVQ/SVQ Level 1 or 2 or equiv.	1	0%
GSVQ/SVQ Level 3, ONC, OND or equiv.	4	1%
Apprenticeship/trade qualification	0	0%
HNC, HND, SVQ Level 4 or 5 or equiv.	15	4%
First degree, higher degree	107	31%
Professional qualifications	25	7%
None of the above apply	145	41%
Total	350	100%

Professional qualifications were:

- Accountant
- Actuarial
- Advanced diploma in medical science (2)
- Chartered accountant

- COSCA Counselling
- MBChB
- MBChB FRCS
- Not given (17)

Answers from respondents who were unfamiliar with the above terms are presented in table 47 and show that 43% (62 respondents) had received no education or primary level education only, of which two thirds (41 respondents) were aged 45-54 (29%, 18 respondents) and 65+ (37%, 23 respondents) .

Table 47 What level of education have you achieved?

	Total	
	No.	%
No education	12	8%
Primary education	50	34%
Secondary education	39	27%
Higher education	44	30%
Total	145	100%

3.4.2 First spoken language

Respondents were asked what their first spoken language was and for two out of five of the sample (41%, 144 respondents), this was Cantonese, with little variation by gender. There was some variation across age groups with respondents' first spoken language being Mandarin for 16-34 year olds and Hakka in the 65+ age group. Results are shown in table 48.

Table 48 Which of the following languages do you class as your first spoken language?

	Total	
	No.	%
Cantonese	144	41%
Mandarin	92	26%
Hakka	55	16%
English	40	11%
Fujian/Hokkien	8	2%
More than one language	8	2%
Other	3	1%
Total	350	100%

Other:

- Indonesian
- Teochew
- Wenzhou dialect

3.4.3 Languages spoken

Respondents were then asked to list all the languages they spoke. Overall, the most common languages spoken by respondents were Cantonese (79%, 275 respondents)

and English (64%, 223 respondents). However, with respondents aged 55-64 Mandarin (48%, 10 respondents) was more widely spoken than English (19%, 4 respondents), and respondents aged 65+ spoke Hakka (69%, 18 respondents) more commonly than English (4%, 1 respondent). In the younger age groups (16-34), English was the most commonly spoken language, with Cantonese second and Mandarin third. Results are shown in table 49.

Table 49 Which of the following languages do you speak

	Total	
	No.	%
Cantonese	275	79%
English	223	64%
Mandarin	172	49%
HAKKA	104	30%
Malay	33	9%
Hokkien/Fujian	25	7%
Teochew	4	1%
Other	6	2%
Total	350	100%

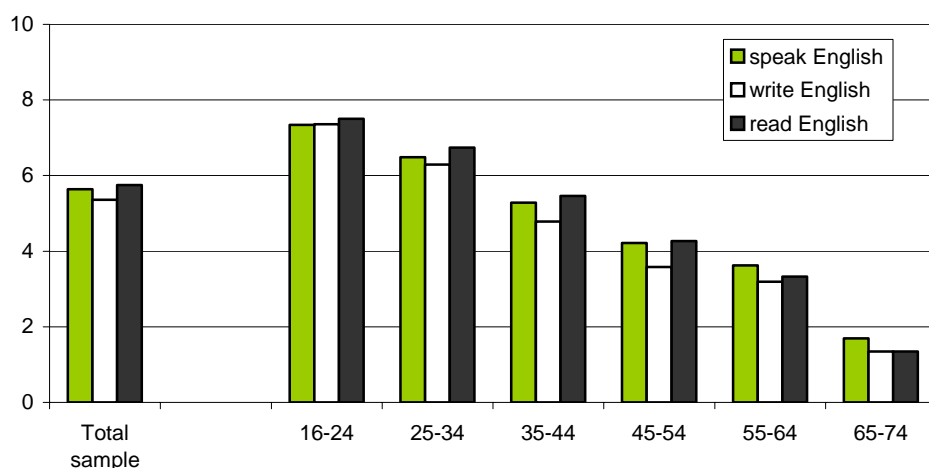
Other answers were:

- Bahasa (Malaysian national language)
- French
- Indonesian
- Local language
- Vietnamese
- Wenzhou dialect

3.4.4 English language

Respondents were asked to score themselves from one to ten, with one being very poor and ten being very well, in reference to their ability to speak, write and read English. It should be remembered that respondents' perception of skill will vary. The mean responses by age are shown in figure 12 and suggest that the younger age group of (16-24 years) scored themselves higher than any other age group at speaking, writing and reading English with mean scores of 7.34, 7.36 and 7.5 respectively. Overall, respondents found it slightly easier to read English (5.75), than speak English (5.64) or write English (5.36); this did not vary with gender. Seventy seven percent of the 65+ sample gave themselves a score of 1 for their ability to speak English.

Figure 12 How well do you speak, read and write English? (mean answers)

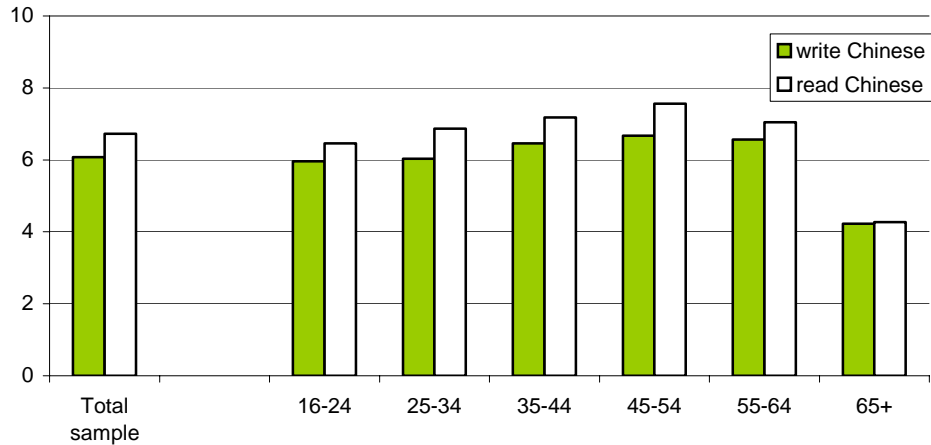


3.4.5 Chinese language

Respondents were then asked the same style of questions to see how comfortable they felt writing and reading in Chinese, (we did not ask a question about speaking because of the different dialects spoken). The mean scores are illustrated in figure 12 and indicate that, overall, respondents were slightly more comfortable reading

Chinese (6.73) than writing it (6.08); this was consistent by age and gender. Figure 13 also shows that respondents in the age group 45-54 were more confident than any other age group at reading and writing Chinese with mean scores of 7.56 and 6.67 respectively. However, it should be remembered that 89% (313 respondents) were not born in the UK.

Figure 13 How well do you write and read Chinese? (mean answers)



3.5 Working status and household income

3.5.1 Working status of respondent and major wage earner

Respondents were asked to comment on their working status. Please note that some respondents could be working part-time but may also have been a student. In this situation they were asked to choose the description which they felt most appropriate to them therefore all respondents gave one answer only. Results showed that:

- just over two fifths of respondents (44%, 154 respondents) were employed on a full-time or part-time basis;
- 30% (104 respondents) were in full time or part-time education (which could be a reflection of the recruitment process);
- 8% (27 respondents) were not working due to unemployment or illness/disability;
- 10% (35 respondents) were retired; and
- 9% (30 respondents) were looking after home/family.

Results are presented in table 50.

Table 50 Respondent working status

	Total	
	No.	%
Employed full time	129	37%
Employed part time	25	7%
Unemployed for less than six months	7	2%
Unemployed for more than six months	10	3%
Unable to work due to illness or disability	10	3%
Retired	35	10%
Looking after home/family	30	9%
In full time education/training	101	29%
In part time education/training	3	1%
Total	350	100%

The 154 respondents who were in full-time or part-time employment were then asked which industry they worked in. Results show that two out of five respondents (40%, 61 respondents) were working in the catering/food preparation industry of which 74% (45 respondents) were males. These findings are shown in table 51.

Table 51 Respondent industry

	Total	
	No.	%
Catering/food preparation	61	40%
Health service	22	14%
Professional services	18	12%
Service industries	16	10%
Retail/Wholesale services	15	10%
Local or national government	9	6%
Voluntary or community sector	8	5%
Construction	2	1%
Manufacturing and mining	2	1%
Transport	0	0%
Refused	1	1%
Total	154	100%

Respondents were then asked about the working status of the major wage earner of the household. Sixty-four percent (223 respondents) were in full-time or part-time employment, with the most common industry being that of catering/food preparation (47%, 104 respondents). Results are shown in tables 52 and 53.

Table 52 Major Wage Earner working status

	Total	
	No.	%
Employed full time	198	57%
In full time education/training	73	21%
Employed part time	25	7%
Retired	23	7%
Looking after home/family	10	3%
Unable to work due to illness or disability	8	2%
Unemployed for less than six months	6	2%
Unemployed for more than six months	6	2%
In part time education/training	1	0%
Total	350	100%

Table 53 Major Wage Earner industry

	Total	
	No.	%
Catering/food preparation	104	47%
Professional services	30	13%
Health service	28	13%
Retail/Wholesale services	18	8%
Service industries	17	8%
Local or national government	8	4%
Voluntary or community sector	8	4%
Manufacturing and mining	5	2%
Construction	3	1%
Transport	1	0%
Refused	1	0%
Total	223	100%

3.5.2 Household income from state benefits

When respondents were asked what proportion of their household income came from state benefits, 71% (249 respondents) said none and 9% (33 respondents) said all, of which 45% (15 respondents) were aged 65+ and 66% (22 respondents) were female. In addition, 20% (9 respondents) aged 45-54 received all of their household income from state benefits. These findings are presented in table 54.

Table 54 What proportion of your household income comes from state benefits?

	Total	
	No.	%
None	249	71%
Very little	43	12%
About a quarter	7	2%
About a half	5	1%
About three quarters	1	0%
All	33	9%
Don't know	12	3%
Total	350	100%

3.5.3 Benefits received

The 29% (101 respondents) of respondents who did receive state benefits were then asked which benefits they received. Results show that the main benefits received were: housing benefits (34%, 34 respondents); income support (30%, 30 respondents); child tax credit (30%, 30 respondents); and retirement pension (26%, 26 respondents). These findings are shown in table 55.

Table 55 Benefits received

	Total	
	No.	%
Housing benefits	34	34%
Income support	30	30%
Child tax credit	30	30%
Retirement pension	26	26%
Disability-related benefits	13	13%
Working tax credit	8	8%
Job seekers allowance (JSA)	5	5%
Attendance allowance	5	5%
Disabled person's tax credit	2	2%
Other pension	1	1%
Other	16	16%
Total	101	100%

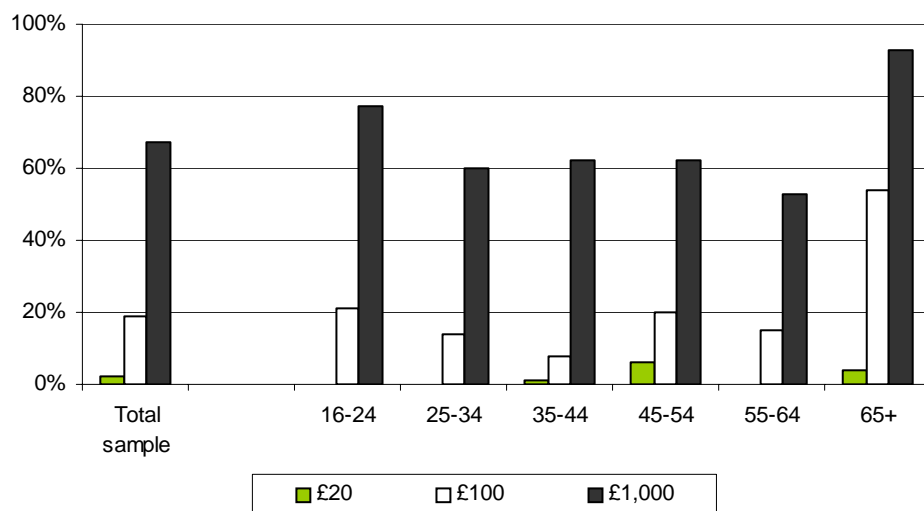
Other:

- Council tax benefit (3)
- Asylum seeker benefits
- Grant
- Student loan
- Don't know (6)
- None of these (3)

3.5.4 Ability to meet unexpected bills

Respondents were asked how much of a problem it would be to find a sum of money to meet an unexpected bill. Three sums of money were included: £20, £100, and £1000. Responses from respondents who said it would be impossible or a big problem to find these amounts are shown in figure 14 and shows that it is respondents aged 16-24 and 65+ who would struggle most to meet unexpected bills.

Figure 14 % saying it would be impossible/a big problem to find £20, £100, or £1000



Findings have been compared with the Greater Glasgow population (table 54) and show no great difference at the £20 and £100 level. However there is a marked difference at the £1000 level, with 67% (108 respondents) from the Chinese population saying this would be impossible or a big problem to find in comparison to 47% of the Greater Glasgow population.

Table 56 Difficulty in finding money for unexpected bills

	% saying impossible/a big problem to find	
	Greater Glasgow population	Chinese population
£20	4	2
£100	18	19
£1000	47	67

Appendices

Appendix 1	Questionnaire (English version)
Appendix 2	Information sheet
Appendix 3	Training schedule
Appendix 4	Other answers for table 7

Appendix 1 Questionnaire (English version)

Contract No: 2342
 Contract Name: Chinese Healthy Living Centre Health and Wellbeing Survey
 Final draft

**COLLECT RESPONDENT DETAILS:
 EXPLAIN THAT THERE IS A ONE IN TEN CHANCE THAT A SUPERVISOR MAY PHONE TO
 CONFIRM THE ACCURACY OF THE INTERVIEW.**

Respondent Name	
Address	
Full Post Code this <u>must</u> be given	
Telephone Number	

CLOSE INTERVIEW BY READING OUT STATEMENT:

"Thank you very much for your help. Can I assure you once again that the information you have given will be treated as absolutely confidential and will only be used for the purposes of genuine market research."

INTERVIEWER DECLARATION:

I declare that this interview was carried out according to instructions, within the Market Research Society's Code of Conduct.

Interviewer Name	
Signature	
Date	
Back-checked by	
Date	

INTRODUCTION:

[READ OUT] "Good morning/afternoon/evening, my name is _____. I am undertaking a survey on behalf of the Chinese Healthy Living Centre. Could you please spare me some time to give me your views? All your answers will be in strict confidence."

Screening Question:

Can I please check whether you have already been interviewed for the Health and Wellbeing Survey? Yes / No

If yes, thank and close

If no, continue with survey

SECTION 1 – YOUR HEALTH

Q1 I'd like to start by asking you some questions about your health. How would you describe your health over the past year?
(READ OUT AND CODE ONE ONLY)

Excellent	1
Good.....	2
Fair.....	3
Poor	4

SHOWCARD A

Q2 Are you currently being treated for any of the following conditions?
(CODE ALL THAT APPLY)

Coronary heart disease	1
Stroke	2
Arthritis or rheumatism or painful joints	3
Clinical depression.....	4
Diabetes.....	5
Cancer	6
Asthma, bronchitis, or persistent cough.....	7
Epilepsy	8
Stress related conditions, e.g. difficulty sleeping or concentrating	9
Severe hearing problems.....	10
Severe eyesight problems	11
Accident / injury	12
Gastro-intestinal problems, e.g. peptic ulcer disease, irritable bowel syndrome	13
High blood pressure.....	14
Drug or alcohol related conditions	15
Sexually transmitted infections, e.g. gonorrhoea, syphilis, chlamydia.....	16
Other/s (PLEASE SPECIFY)	17

None

18

Q3 Do you have any long-term condition or illness that substantially interferes with your day to day activities?

Yes	1	GO TO Q3a
No	2	GO TO Q4

Q3a Thinking of these conditions and/or illnesses, would you describe yourself as having...?
(READ OUT AND CODE ALL THAT APPLY)

A physical disability.....	1
A mental or emotional health problem	2
A long-term illness	3
Other/s (PLEASE SPECIFY)	4

None of these

5

Q4 Thinking about the past year and your own health:
 (PUT A NUMBER IN EACH BOX. IF 'NEVER', WRITE IN '0'. IF DON'T KNOW, PROBE FOR ESTIMATE. IF CAN'T GIVE ESTIMATE, WRITE IN 'DK')

- a) How many times have you seen a GP?
- b) How many times have you been to an accident and emergency department?
- c) How many times have you visited a hospital out-patient department
 to see a doctor? (Do not include visits for an X-ray or other tests)
- d) How many times have you been admitted to hospital for either
 day surgery or an overnight stay?
- e) How many times have you been admitted to hospital for a stay of
 two nights or more?

SHOWCARD B

Q5 Thinking about your recent use and experience of the Health Services such as GP, dentist, or hospital:
 (READ OUT AND CODE ONE FOR EACH)

- | | Defin-
itely | To some
extent | No | Don't
know | Not
applicable |
|---|-----------------|-------------------|----|---------------|-------------------|
| a) Were you given adequate information about your condition or treatment? | 1 | 2 | 3 | 4 | 5 |
| b) Have you been encouraged to participate in decisions affecting your health or treatment? | 1 | 2 | 3 | 4 | 5 |
| c) Do you feel that you have a say in how these services are delivered? | 1 | 2 | 3 | 4 | 5 |
| d) Do you feel that your views and circumstances are understood and valued? | 1 | 2 | 3 | 4 | 5 |

Q6 What proportion of your teeth are your own?
 (CROWNS ARE REGARDED AS 'OWN TEETH'.)
 (READ OUT. CODE ONE ONLY)

- All of them 1
- Some of them 2
- None of them 3

Q7 When was the last time you went to the dentist?
 (READ OUT. CODE ONE ONLY)

- Within the last 6 months 1
- Within 6 months to 15 months 2
- Over 15 months 3

Q8 How often do you brush your teeth?
(CODE ONE ONLY)

- Twice or more a day 1
- About once a day 2
- Less than once a day 3
- Seldom or never 4

SHOWCARD C

Q9 Would you say that you have great difficulty, some difficulty, or no difficulty in...
(READ OUT AND CODE ONE FOR EACH)

- | | Great
difficulty | Some
difficulty | No
difficulty | Don't
know | Not
applicable |
|---|---------------------|--------------------|------------------|---------------|-------------------|
| a) Arranging for a home visit from your GP | 1 | 2 | 3 | 4 | 5 |
| b) Getting an appointment to see your GP | 1 | 2 | 3 | 4 | 5 |
| c) Getting to the GP's surgery/Health Centre..... | 1 | 2 | 3 | 4 | 5 |
| d) Accessing health services in an emergency..... | 1 | 2 | 3 | 4 | 5 |
| e) Obtaining an appointment at the hospital | 1 | 2 | 3 | 4 | 5 |

Q10 Do you use traditional Chinese medicine?

- Yes 1 GO TO Q10a
- No..... 2 GO TO Q11

Q10a Do you prefer Chinese Traditional Medicine to Western Medicine?

- Yes 1
- No..... 2

Q11 Where do you go for your health care?
(CODE ALL THAT APPLY)

- Glasgow 1
- Other UK 2
- Hong Kong 3
- Mainland China 4
- Other abroad 5

Q12 How often are you usually in places where there is smoke from other people smoking tobacco? Would you say most of the time, some of the time, seldom or never?
(CODE ONE ONLY)

- Most of the time 1
- Some of the time 2
- Seldom 3
- Never..... 4

SHOWCARD D

Q13a Which of the following statements best describes you at present?
(CODE ONE ONLY)

- I have never smoked tobacco 1 **GO to Q14**
- I have only tried smoking once or twice 2 **GO to Q14**
- I have given up smoking..... 3 **GO to Q14**
- I smoke some days 4 **GO to Q13b**
- I smoke every day 5 **GO to Q13c**

Q13b On average, how many cigarettes a week do you smoke? **GO to Q14**
(WRITE NUMBER OF CIGARETTES IN THE BOX)
(CODE AS '995' IF THE PERSON ONLY SMOKES CIGARS / PIPE / LOOSE TOBACCO)

Q13c On average, how many cigarettes a day do you smoke?
(WRITE NUMBER OF CIGARETTES IN THE BOX)
(CODE AS '995' IF THE PERSON ONLY SMOKES CIGARS / PIPE / LOOSE TOBACCO)

Q14 Do you drink alcohol?

- Yes 1 **GO TO Q15**
- No 2 **GO TO Q17**

Q15 If yes, how many days in the last week did you drink alcohol?
(WRITE NUMBER OF DAYS IN THE BOX)

Q16 On average how many drinks did you have each day?

- 1 – 2 1
- 3 – 4 2
- 5 - 6 3
- 7 - 8 4
- More than 8 5

Q17 Now I'd like to ask you some questions about the food you eat. On average, how many portions of fruit do you eat EACH DAY? Examples of a portion are one apple, one tomato, 2 tablespoons canned fruit, one small glass fruit juice.
(WRITE NUMBER IN BOX. IF LESS THAN ONE, WRITE '0')

Q18 On average, how many portions of vegetables or salad (not counting potatoes) do you eat EACH DAY? A portion of vegetables is 2 tablespoons.
(WRITE NUMBER IN BOX. IF LESS THAN ONE, WRITE '0')

Q19 How many slices of bread or rolls do you usually eat PER DAY? (Please include the bread taken in sandwiches.)
(WRITE NUMBER IN BOX)

Q20 How often PER DAY do you usually eat items such as cakes, pastries, chocolate, biscuits and crisps?
(WRITE NUMBER IN BOX. IF LESS THAN ONE, WRITE '0')

Note Q21-Q22 refer to the amount **per week**

Q21 How many times PER WEEK do you usually eat breakfast cereal?
(WRITE NUMBER IN BOX)

Q22 How often PER WEEK do you usually eat oily fish, taken in sandwiches or as part of a meal? (e.g. kipper, herring, salmon, trout, mackerel, tuna, sardines or pilchards.)
(WRITE NUMBER IN BOX)

Q23a What is your weight?
(WRITE IN WEIGHT IN STONES/POUNDS OR KILOGRAMS)

Stones Pounds

Or

Kilograms

Q23b What is your height?
(WRITE IN HEIGHT IN FEET/INCHES OR CENTIMETRES)

Feet Inches

Or

Centimetres

Q24 Thinking now of the exercise you take. In an average week, on how many days do you take at least 30 minutes of moderate physical exercise such as brisk walking? It doesn't have to be 30 minutes all at once.
(WRITE NUMBER OF DAYS IN BOX)

Q25 In an average week, on how many days do you spend at least 20 continuous minutes doing vigorous exercise (enough to make you sweaty and out of breath)?
(WRITE NUMBER OF DAYS IN BOX)

SHOWCARD E

Q26 Looking at the faces on the card:

a. Which face best rates your overall quality of life?.....
(WRITE LETTER IN BOX)

b. Which face best rates your general physical wellbeing?.....
(WRITE LETTER IN BOX)

c. Which face best rates your general mental or emotional wellbeing? .
(WRITE LETTER IN BOX)

SECTION 2 – COMMUNITY INVOLVEMENT

SHOWCARD F

Q27 Do you belong to any social groups, associations, church groups, Chinese groups or anything similar?
(CODE ALL THAT APPLY ONLY)

No..... 1
Social groups..... 2
Associations 3
Church groups..... 4
Chinese groups 5
Other 6

Q28 Do you act as a volunteer?
(CODE ONE ONLY)

Yes 1
No.....2

Q29 Would you be interested in being contacted for voluntary work for the Chinese Healthy Living Centre?
(CODE ONE ONLY)

Yes 1
No 2

SECTION 3 – HOME AND ENVIRONMENT

Q30 Do you have a telephone in your home?
(CODE ONE ONLY)

Yes 1
No..... 2

Q31 Do you have access to the Internet?
(CODE ONE ONLY)

Yes 1 **GO TO Q32**
No..... 2 **GO TO Q33**

Q32 Is this at home, elsewhere, or both?
(CODE ONE ONLY)

Home..... 1
Elsewhere..... 2
Both 3

SHOWCARD G

Q33 Do any of the following things about your home affect your health?
(CODE ALL THAT APPLY)

- Stairs 1
- Damp..... 2
- Difficult neighbours..... 3
- Cold and draughty 4
- Lack of central heating 5
- Heating is too hot 6
- Passive smoking 7
- Overcrowding 8
- Dust..... 9
- Traffic pollution 10
- None of these 11

SHOWCARD H

Q34 How much do you agree or disagree with the following statements about living in this local area?
(READ OUT AND CODE ONE FOR EACH)

- | | Strongly
Agree | Agree | Neither/
nor | Disagree | Strongly
Disagree |
|---|-------------------|-------|-----------------|----------|----------------------|
| a. I feel I belong. | 1 | 2 | 3 | 4 | 5 |
| b. The friendships and associations I
have with other people mean a
lot to me. | 1 | 2 | 3 | 4 | 5 |
| c. You can trust people | 1 | 2 | 3 | 4 | 5 |
| d. If I have a problem, there is always
someone to help me. | 1 | 2 | 3 | 4 | 5 |

Q35 Do you ever feel isolated from family and friends?
(CODE ONE ONLY)

- Yes 1
- No 2

[Interviewer please read out] Racism is a hatred or intolerance of another race or other races. It can take the form of verbal comments, exclusion, and or physical attack and can happen anywhere, e.g. in work, school, college, university, or the street.

Q36 Have you experienced racism in the last year?

- Yes 1 **GO TO Q37**
- No..... 2 **GO TO Q40**

Q37 If yes, where?

- Work..... 1
- School 2
- In the street 3
- Other 4

Q38 Was your experience verbal or physical or both?

- Verbal 1
- Physical 2
- Both 3

Q39 Has this experience affected your physical or emotional health?

- Yes, physically 1
- Yes, emotionally 2
- No 3

SHOWCARD I

Q40 How much do you agree or disagree with the following statements about safety in this local area?

(READ OUT AND CODE ONE FOR EACH)

- | | Strongly
Agree | Agree | Neither/
nor | Disagree | Strongly
Disagree |
|---|-------------------|-------|-----------------|----------|----------------------|
| a. I feel safe using public transport in this local area..... | 1 | 2 | 3 | 4 | 5 |
| b. I feel safe walking alone around this local area even after dark.. | 1 | 2 | 3 | 4 | 5 |
| c. I feel safe in my own home | 1 | 2 | 3 | 4 | 5 |

SECTION 4 – ABOUT YOU

SHOWCARD J

Q41 What is the highest level of educational qualifications you've obtained? (CODE ONE ONLY)

- School leaving certificate..... 1
 - 'O' Grade, Standard Grade, GCSE, CSE, Senior Cert or equivalent 2
 - Higher Grade, CSYS, 'A' Level, AS Level, Advanced Senior Cert or equivalent 3
 - GSVQ/SVQ Level 1 or 2, Scotvec Module, BTEC First Diploma, City and Guilds Craft, RSA or equivalent..... 4
 - GSVQ/SVQ Level 3, ONC, OND, Scotvec National Diploma, City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent..... 5
 - Apprenticeship / trade qualification 6
 - HNC, HND, SVQ Level 4 or 5, RSA Higher Diploma or equivalent..... 7
 - First Degree, Higher Degree 8
 - Professional qualifications (specify) 9
-
- None of the above apply 10 (go to q42)

Q42 What level of education have you achieved?

- Primary education 1
- Secondary education..... 2
- Higher education 3
- No education 4

Q43 Do you need more information in Chinese on the following?
(READ OUT & CODE ALL THAT APPLY)

Accident prevention	1	Men's health	8
Addictions	2	Nutrition	9
Cancer	3	Physical activity	10
Child health	4	Sexual health.....	11
Dental health	5	Smoking	12
Heart health.....	6	Women's health.....	13
Mental health.....	7	Young people's health.....	14
None of these	15	GO TO Q46 if none	

Q44 In what format would you prefer the information?
(READ OUT & CODE ALL THAT APPLY)

Leaflet.....	1		
Poster	2		
Booklet	3		
Video	4		
Audiotape	5		
Talks/seminars	6		
Website/internet	7		
Other	8	please specify	_____

Q45 Where would you like to receive this information?
(READ OUT & CODE ALL THAT APPLY)

Chinese Healthy Living Centre.....	1		
Local community group	2		
Chinese supermarkets	3		
Chinese restaurants	4		
Temples or churches.....	5		
Local GP.....	6		
Libraries.....	7		
Other	8	please specify	_____

Q46 Which of the following languages do you a) speak b) class as your first spoken language?

	a) languages spoken	b) first spoken language
English.....	1	1
Cantonese	2	2
Mandarin	3	3
HAKKA	4	4
Other (please specify below)	5	5

Q47a On a scale of 1 to 10 with 1 being very poor and 10 being very well, how well would you say you a) speak English, b) write English and c) read English?

	very poor									very well
a) speak English	1	2	3	4	5	6	7	8	9	10
b) write English	1	2	3	4	5	6	7	8	9	10
c) read English	1	2	3	4	5	6	7	8	9	10

Q47b On a scale of 1 to 10 with 1 being very poor and 10 being very well, how well would you say you a) write Chinese, b) read Chinese?

	very poor					very well				
a) write Chinese	1	2	3	4	5	6	7	8	9	10
b) read Chinese	1	2	3	4	5	6	7	8	9	10

SHOWCARD K

Q48 How much of a problem would it be if you had an unexpected bill of £20? or £100? or £1000?
(READ OUT AND CODE ONE FOR EACH)

	Impossible to find	A big problem	A bit of a problem	No problem	D/K
a. £20	1	2	3	4	5
b. £100.	1	2	3	4	5
c. £1,000.....	1	2	3	4	5

Q49 What proportion of your household income comes from state benefits?
(READ OUT & CODE ONE ONLY)

None	1	GO to Q51
Very little.....	2	GO to Q50
About a quarter.....	3	GO to Q50
About a half	4	GO to Q50
About three quarters.....	5	GO to Q50
All	6	GO to Q50
Don't know.....	7	GO to Q50

Q50 Are you or any member of your household in receipt of each of the following?
(READ OUT & CODE ALL THAT APPLY)

Job seekers allowance (JSA)	1
Income support.....	2
Disability-related benefits	3
Housing benefits.....	4
Child tax credit.....	5
Working tax credit.....	6
Disabled person's tax credit	7
Retirement pension	8
Attendance allowance	9
Other pension.....	10
Other (PLEASE WRITE IN).....	11

IF CHILDREN UNDER 14 IN THE HOUSEHOLD, ASK Q51. OTHERWISE, SKIP TO Q53

Q51 Are you responsible for the children under 14 in your household?
(CODE ONE ONLY)

Yes	1	GO TO Q52
No	2	GO TO Q53

Q52 Do you use any form of childcare (paid or unpaid)?
(CODE ONE ONLY)

Yes 1
No 2

Q53 Outwith work, are you responsible for caring for someone on a day to day basis?
e.g. a disabled child, elderly person, etc. (Do not include 'ordinary' childcare).

Yes1 **GO TO Q54**
No2 **GO TO Q55**

Q54 On average, how many hours per day do you spend looking after this person(s)?
(WRITE NUMBER OF HOURS IN BOX)

Q55 Can you tell me which of these descriptions applies to you?
CODE ONE ONLY

Married 1
Cohabiting/living with partner 2
Single/never married 3
Widowed 4
Divorced 5
Separated 6

Q56 Were you born in the UK?

Yes 1
No 2

Q57 How long have you lived in the Greater Glasgow area?
(WRITE IN YEARS AND/OR MONTHS)

 Years Months

Q58 What nationality do you identify with?

Scottish 1
British 2
Chinese 3
Malaysian 4
Taiwanese 5
Singaporean 6
Other (please specify) 7

Q59 INTERVIEWER: Please record the appropriate details in the first row to tell us about the respondent. Then record details for each other member in the household (including children). Record the sex, age and working status for each. (Please provide details of ALL members of the household in the grid below. Remember to give respondent's details first.)

A	B		C	D	E
Household members	Gender		Write in actual age	Working status See codes D below (Respondent and major wage earner only)	Industry sector See codes E below (Respondent and major wage earner only)
	M	F			
Respondent	1	2			
1	1	2			
2	1	2			
3	1	2			
4	1	2			
5	1	2			
6	1	2			
7	1	2			
8	1	2			
9	1	2			
10	1	2			
11	1	2			

D Which of these apply to you and the main wage earner?

Enter code under Column D – WORKING STATUS

IF CURRENTLY OFF WORK OR ON MATERNITY LEAVE, CODE AS EMPLOYED FULL-OR PART-TIME.

- Employed full-time 1
- Employed part-time 2
- Unemployed for less than six months 3
- Unemployed for more than six months 4
- Unable to work due to illness or disability..... 5
- Retired..... 6
- Looking after home/family 7
- In full-time education/training 8
- In part-time education/training..... 9

E What industries do the respondent and major wage earner work for?

COLUMN E ONLY

- Manufacturing and mining 1
- Construction 2
- Transport 3
- Health service..... 4
- Local or national government 5
- Service industries (e.g. banking, insurance, travel, entertainment)..... 6
- Retail services 7
- Catering/food preparation..... 8
- Professional services (e.g. teaching, legal, surveying services) 9
- Voluntary or community sector..... 10
- Not applicable 11
- Other (PLEASE WRITE IN) 12

Q60 Please record the length of the interview: minutes

✓ **THANK AND CLOSE**

✓ **MAKE SURE THE FRONT PAGE DETAILS (incl. POSTCODE)
ARE COMPLETE AND CORRECT**

✓ **HAND OUT “THANK YOU” LEAFLET**

Appendix 2 Information sheet



Chinese Healthy Living Centre

Information Sheet for participants

The Chinese Health Living Centre, in conjunction with Greater Glasgow NHS Board and FMR Research are conducting a survey of the health and health needs of the Chinese population in Greater Glasgow. This will help inform the work of the Chinese Health Living Centre and provide valuable baseline data that can be re-visited in the future.

In order to conduct this survey we would like to ask you a few questions. Your responses will be treated in the strictest confidence. If at any time you wish to stop the interview or not answer any questions you are, of course, free to do so.

If you have any questions please contact either of the following people:

Fiona Dobbie, FMR Research - 0141 332 2647
Linda Lee, Chinese Healthy Living Centre – 0141 334 9843

Appendix 3 Training schedule

2342 – Chinese Healthy Living Centre, Health and Wellbeing Survey Training schedule

Session one – 29th October 2003 6pm–8.45pm

- 6pm** Introductions
- name badges
 - explain the format for the sessions
- 6.10pm** Background of the project
- 6.20pm** Context setting to research and consultation, why do it?
- 6.30pm** Interviewer administered questionnaires
- what are they?
 - benefits/disadvantages
 - dos and don'ts
 - interviewer safety
 - quotas
 - back checking
- BREAK 7pm**
- 7.30pm** Activities and role play
- 8.30pm** Next session
- read questionnaire for the next session
 - complete pro-forma for availability and interviewer contacts details.
 - bring passport sized photo for ID badge

Session two – 3rd November 2003 5.30pm–8pm

- 5.30pm** Talk through questionnaire (Q+A session on questionnaire)
- 6.15pm** Points for clarification for the CHLC questionnaire
- BREAK 6.30pm**
- 6.45pm** Role play in pairs with the questionnaire
- 7.45pm** Way forward:
- Pilot (timescales)
 - Hand out packs and explain contents
 - MRS badges

Appendix 4 Other answers for table 7

Are you currently being treated for any of the following conditions?

- Anaemia
- Angina, faintness
- Benign fatty tumour
- Cold/flu
- Common cold, flu
- Contact dermatitis
- Dental problem, visiting the dentist
- Eczema
- Foot pain, hip pain
- Gallstones
- Gastric problem
- Gout (2)
- Gynaecological problem
- Hand problem
- Hay fever
- Headache & caught a cold
- High cholesterol, kidney problem
- Inflammation of nerves
- Inflammation of the large intestine
- Kidney problem (2)
- Kidney transplant
- Leg and back pain
- Low blood sugar
- Mental health problems
- Migraine
- Movement is difficult
- Muscle
- Osteoporosis
- Painful hand, blood pressure/flow low in morning
- Respiratory tract problem
- Skin disorder (3)