

Research report:

How do older Chinese women residents in East Sussex access information and knowledge to look after their health?

Chi Ling Chan

Personal Profile

I have been working as a community development worker for about twenty years. I work mainly with the Chinese community but also with other communities in East Sussex. Through this work as well as my present work as a freelance interpreter and advocate, I have learned a lot about ethnic minority communities. I also worked in East Sussex County Council as a service user development officer in Supporting People in Housing for two years. I organised meetings and supported various groups to voice their opinions. These groups could be older people living in sheltered housing to young people with disabilities who lived in shared housing. All these experiences have equipped me to be able to analyse people's opinions and to voice their experiences in reports.

Social justice, human rights and equality are values that mean a lot to me. I am passionate to share these values with my family, friends and through my work. I believe we all have our own beliefs and individualism moulded by our different cultures and upbringing. It is important to let individuals share their personal stories and experiences so that we can learn from one another. I am always good at listening and it will bring their thoughts and expressions to light through my research.

As my job as an interpreter and advocate, I am involved with a lot of issues with clients related to health and social care. I discussed this research with a few of my clients and asked them what information and support they would be interested in. Always health is their priority because the majority of Chinese are interested to improve their health as they get older. Recently I attended a talk about women and menopause. I realised diet and exercise have a big influence on our bodies in both physical and mental health. I decided to focus my research on healthy living and dieting among older Chinese women.

Presenting the issue being researched

Since health is the priority of the older Chinese community, I am interested to find out older Chinese residents in East Sussex understanding of what they eat and taking exercise contributes to their health. Where do they get this knowledge from? I also want to find out the impact of the healthy eating leaflets from their GPs not directly related to their Chinese diet. How useful are these to the Chinese community?

I am specifically focusing on 'the three highs': high blood pressure, high cholesterol and high blood sugar. I realise that people from the older Chinese community always

worry about the three highs since the symptoms of these illnesses are not easily seen physically. They can only be detected through blood tests. Usually GPs will not give blood tests to patients if they are not physically ill. The Chinese community therefore rely on looking after themselves to prevent getting the three highs. Through my research I discovered that Chinese population has the highest incidences of diabetes in the world. There is also an increase of cardiovascular risk and high cholesterol amongst the Chinese population. This knowledge leads me to research how the older Chinese find resources to prevent three highs. The Chinese culture, Chinese medicine and their attitude to their lives also contribute to a different way to relate to their health. I also hope this research will help us understand more how the older Chinese look after their health and whether they are properly supported by the NHS.

Literature Review

I have been working with the Chinese community in Sussex for about twenty years. I mainly focus on supporting them in health issues and with NHS appointments. I am aware that the Chinese people especially older Chinese women are conscious about their health and especially regarding the three highs; high blood pressure, high cholesterol and high blood sugar (diabetes). As these illnesses have no specific symptoms, many older women worry about whether or not they have these illnesses. There are myths among themselves about what they should do to improve their health.

In this literature review I look at the prevalence of diabetes and cardiovascular disease as a dominant illness in the Hong Kong population in particular. I will also look at how the Chinese population access health care in the UK and what support policy documents say that they should receive. This review helps us to understand why the Chinese community in East Sussex are so worried about diabetes and cardiovascular disease.

From Dr Ernest Li's article (2021), the study of diabetes statistics proved that the highest number of diabetes patients in the world is Chinese.

The 10th most common cause of death in Hong Kong is diabetes and 1 in 10 people suffers from diabetes. One fifth of these are below 40 years old. In China, the number of people who have diabetes is now the highest in the world as the disease affects over 100 million people, especially the elders. Today one in three diabetic adults in the world lives in China. Type 2 diabetes is more common for older adults. Unhealthy lifestyle such as physical inactivity, a high fat and sugar diet and obesity are the main causal factors. Type 2 diabetes incidents are higher if there is a family history (Li, 2021).

Wong (2017) also mentioned in his medical journal about diabetes in older people, the prevalence of diabetes increases with age such that among the older population (age ≥ 65 years), it was 6 times than in the younger population (age 18-64 years),

reaching 21.4% of the population in Hong Kong in 2004 to 2005. Although the prevalence among older people is quite constant over time, with an ageing population the number of older people with diabetes is expected to continuously increase in the future.

Lee and Law (2011) estimated 10 years of cardiovascular risk among the population in Hong Kong. Their conclusion is that the general public in Hong Kong have a relatively high total cholesterol and normal to high systolic blood pressure. Almost two in ten Hong Kong citizens may have a 10% to 20% or more than 20% risk of developing CHD (Coronary heart disease) in the 10 years from 2011-Lee and Law (2011) also point out there was an increased risk of the Chinese population having cardiovascular risk and high cholesterol.

Chinese people have a different tradition and thinking when it comes to health care and may be reluctant to seek health care from GPs in the UK, for several reasons. As Chau (2008) points out Chinese people prefer to seek for balance and harmony in their food before taking western medicine. As Chau (2008) suggests, the Chinese community is still conservative in nature, sticking well within its own created social-economic, family orientated sub-culture and hence many of the traditional Chinese values still hold: hard-work, self-reliance, maintaining a low profile, lack of lobbying on behalf of the community at local government or national level, not asking anything from the host community have all led to this introversion (Home Affairs Committee 1985 page 14). Chinese people have diverse approaches to health and illness. Many argue that traditional health beliefs, such as balance and harmony, are still central to them. They are most likely to use complementary and alternative medicine. Food is seen as being essential in maintaining a balanced body. Western food such as fish and chips, cola and coffee are seen as being unhealthy because they could cause excessive "heat", wetness and dryness respectively. Western medicine may disrupt the body's equilibrium by causing excessive "dryness and cold" (Chau, 2008).

Chinese people use least of the services among all BAME groups. The Health Survey for England 2004 found that the prevalence of long-standing illness was just over 20% among Chinese people, compared to 43% in the general population. It could be the attitude feeling of not wanting to be a burden in asking people for help and lack of information as well as the language barrier that prevents Chinese people from accessing medical help. A study by Liu, Beaver and Speed (2014) looking into Chinese people's attitudes in the UK also noted that Chinese people living in the UK might be reluctant to access healthcare from the NHS. The main reason was that it was difficult to book appointments with GPs and there was also a language barrier. The key point is that elders undertake managing their own health through self-assessment and self-management and that this does not usually involve healthcare professionals and is not dependent on medical resources. Liu, Beaver and Speed (2014) give the following quote from their research,

“I feel the doctor here don’t do well in telling patients how to take care of themselves and how to promote health, they don’t talk much with patients, this is no good . . . I think it is better not to trouble doctors as much as we can.”

There are also other barriers to accessing health services. Elders preferred listen to their families. Also elders using self- management and normalizing strategies, become convinced of the efficiency and importance of their self-management techniques, and so avoid seeking further medical help. In addition, other institutional factors such as long waiting times and the referral system influenced elders’ help seeking decisions (Liu, Beaver and Speed, 2014).

However, there are legal requirements to ensure that all members of the population are receiving equal opportunities to access healthcare. The Equality Act (2010) stresses the following under its Equality Duty which is a law for public bodies telling them they must think about how they can make sure their work supports equality. For example, in their services, through their jobs, and through the money they spend.

The Equality Act (2010) gives public bodies 2 new duties as follows:

- Some public bodies will have to think about how they can help to stop people doing less well than other people because of their family background or where they were born.
- All public bodies must think about treating people from different groups fairly and equally.”

Under the Equality Act (2010), there are 9 protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex. The Equality Act 2010 requires public bodies and those who carry out public functions to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different equality groups.

The Equality Act also requires public bodies (like local councils, hospitals and publicly funded service providers) to consider how their decisions and policies affect people with different protected characteristics. The public body also should have evidence to show how it has done this.

In a document produced by the Department of Health in 2013,

“The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population. The NHS is an integrated system of organisations and services bound together by the principles and values reflected in the Constitution. The NHS is committed to working jointly with other local authority services, other public sector organisations and a wide range of private and voluntary sector organisations to provide and deliver improvements in health and wellbeing.”

“We strive to improve health and wellbeing and people’s experiences of the NHS. We cherish excellence and professionalism wherever we find it – in the everyday things that make people’s lives better as much as in clinical practice, service improvements and innovation. We recognise that all have a part to play in making ourselves, patients and our communities healthier.

We maximise our resources for the benefit of the whole community, and make sure nobody is excluded, discriminated against or left behind. We accept that some people need more help, that difficult decisions have to be taken – and that when we waste resources, we waste opportunities for others.” (NHS, 2013)

The NHS constitution summaries that it is its duty and responsibility to make sure all people regardless their race and other barriers can equally access public health services. This includes the older Chinese community in East Sussex and other communities who have this same service commitment from NHS.

The above literature review section helps to identify serious concerns about the health of the Chinese population and the role of equalities legislation in ensuring that Chinese people in the UK should have access to knowledge and information. My research enables us to look more closely at the attitudes of Chinese women in East Sussex to their health, their access to GPs for advice and their knowledge about how to avoid serious health issues.

Research Methods

Since I have been working with the Chinese community in East Sussex for a long time, I use my network and contact to select three older Chinese women who live in different parts of East Sussex to carry the telephone interviews. The three individual women are between 60 and 70 years old. All three of them had heart problems and two have also high blood pressure. I introduced my qualitative research to them and asked whether they were happy to participate to answer my questions relating to their feedback about their understanding of the three highs, high blood pressure, high cholesterol and high blood sugar. I had previously sent them a consent form to sign and a participant information sheet. I also asked them about the leaflets that were given by GPs about healthy eating whether it was translated and the extent to which it makes sense to them as they all have a Chinese diet. All three participants gave me very different feedback which helps us to understand that they all have their own concepts and different understanding about the intake of food and doing exercises. The individual interviews lasted about 30 minutes each.

My focus group met in a park in East Sussex. This group of seven women have met regularly in the park to do yoga for nearly three years. I admire their motivation in cold and hot weathers and their persistence to still do yoga once a week. After their signed consent I carried out the focus group, I found the recording of the focus group

was very useful as they talked very fast and everyone's answer to the questions were very different. The whole focus group lasted about 45 minutes and it was totally different from the interviews on the phone. I had to spend more time to prepare the questions and write down exactly how to run the focus group as there were more people to answer the questions. Not everyone answered my questions directly. My three questions in the focus group were 1. Can they get access to an interpreter for GP and hospital appointments? 2. How do they think the NHS and GP can support them to have a healthy life? 3. Are they willing to make any changes to their lifestyle in diet and exercise?

In both the telephone interviews and the focus group I stressed that their responses would be anonymous in my research. Everything they said would be confidential and I think giving ground rules to the focus group was very important since there were seven individuals and they all want to share their opinions at the same time. As I used qualitative research method, there was no right or wrong answers and the participants could express themselves based on their individual thinking, experiences and knowledge.

Ethical considerations:

The Chinese community are very sensitive about their friends knowing about their personal lives. As the Chinese community in East Sussex is a very small circle, I have to be careful that the research questions I ask during the interviews and the focus group are not too personal and private. There were three main Ethics of Care principles (Ward and Gahagan, 2010) that I used in my interviews and focus groups to demonstrate how I ensured that my research was ethical.

Attentiveness

When I start this research, I want my research to be able to be used to help the NHS awareness of ethnic minority issues so that they can adapt their way of thinking and help all the minority communities, not only the Chinese community, to better access NHS services. I based the findings and analysis on what the community told me individually and as such I needed to be fully attentive to what they had to say. Therefore the transcribing of data and the analysis of materials has to be transparent, factual and accurate. I also use my literature review to back up my research, those scientists and researchers did similar research and my own findings and analysis show some parallels to theirs.

Responsibility

In order to make sure the focus group I interviewed was comfortable, I contacted the yoga teacher who is also part of the Chinese community to ask permission to interview the group after their class as this was; I felt to act responsibly and respectfully. I had to prepare the consent form, the ground rules and type the questions so that I would not be confused and stay focused on the day. I also paid

attention to the time keeping ensuring the interviews and on focus group would be running smoothly and delivered on time so that the participants were not let down. I also give space and time for the individual participant to voice their opinions using good facilitation techniques so that a few participants were not able to dominate all the feedback to the questions. By introducing my research and why I was doing it, it helped the participants to understand the questions and not to be confused.

Trust

Building trust with the participants in the interview and focus group was very important. I hear the honest response from each of the participants' personal knowledge and experience based on each question. If the participant does not trusting me, she will give the answer to please me. When the participant feels the environment is not safe, she will refuse to answer my questions or give a false answer. Therefore I always aimed be transparent and explain what my motivation for the research is and why their honest feedback would help me to build up an accurate research. I also stressed that their names will not be mentioned in the report and everything they told me will be treated as confidential, which also helped to build the trust.

Findings and analysis of the research

After the telephone interviews and the focus group interview, I found some very interesting findings to share in this report.

1. The lack of information and translated leaflets from the GPs and NHS to explain to the Chinese communities about healthy living.

The Chinese community received no information or translated leaflets from the NHS. Quotes from the focus group:

“No. They may give us some information. But there are no translation and no interpreters. We would not understand what the doctors said.”

“The nurse who took my blood test told me not to eat pineapple and grapes of high level of sugar in these fruits. Only two sentences of explanation.”

Through reflection of these responses, the Chinese community has to self-manage their own healthcare. Some stated that they relied on the Chinese internet, word of mouth from friends and family or remembering what their mothers used to tell them what to eat or not to eat. They had no scientific explanation about why certain food is good or bad for your health.

The leaflets about healthy eating are based on Western diet. For the majority of the Chinese people who follow a Chinese diet, and eating bread and potatoes is not relevant on their intake of food.

2. The changing diet in the Chinese community increases the risk of high cholesterol and diabetes.

Chinese used to be very poor and they could not afford rich greasy food hundred years ago. Now China as a country is getting richer. There is a Chinese saying that "Eating is good fortune". Chinese people, who are getting richer, are now tending to overeat and genetically this generation has had a sudden intake of a large amount of rich oily food and seafood. The Chinese like seafood and there is a lot of cholesterol in shellfish in particular. Therefore diabetes and high cholesterol levels have increased amongst the richer Chinese population and the population in the UK.

Another participant told me that the Chinese were passionate about what they eat. For example if they like scallops, they will eat the whole plate of scallops. There was no control of the quantity of food. They also like to invite friends to big banquets and order too much food to eat to show their signs of wealth. These eating habits would increase the level of high cholesterol, diabetes and high blood pressure.

3. Language barrier and Chinese traditional nature made the Chinese community difficult to seek help from the GPs.

The Chinese community is still very conservative in nature. They maintain a low profile, lack of lobbying on behalf of the community at local government or national level, not asking anything from the host community (Chau, 2008). It could be the attitude of feeling to be burden in asking people for help and lack of information and the language barrier that prevents Chinese people from accessing medical help.

A quote from one participant after she was diagnosed as being a borderline diabetic reveals that she has not seen a doctor or nutritionist after eight years.

"It was about 8 years ago. The nutritionist has not seen me or followed up my health.

It showed the participant did not ask the GP why there was no follow up check. Why no one has explained to her what to eat and what exercises she should do and why has no one helped her to understand better how to look after herself ? She also keeps a low profile like most Chinese do, not to challenge the GP for more explanation about her health.

4. Chinese people prefer to seek the balance and harmony of food before taking western medicine.

Majority Chinese believe that certain food cause excessive heat. Greasy fried food, coffee and cola are giving excessive heat and dryness to our bodies. Cold salad will bring coldness and wetness to our bodies (Chau, 2008). It is all based on Chinese philosophy of yin and yang in food intake and we have to understand the balance and harmony of food diet. By interviewing the Chinese group, there were contradictions between their knowledge of food intake and western medicine.

One participant told me that her cousin who was a diabetic has changed her diet and, she afterwards no longer needed medicine for diabetes. She said her GP was also puzzled about what her cousin ate to make this possible.

One participant told me that she wished the NHS and government would open more classes for natural alternative treatment and healthy eating. She preferred using food alternatives instead of taking western medicine. She said her mother told her what food to eat. The participant said in the focus group:

“Use food alternative instead of taking medicine. When we were young, our mothers told us what food to eat.”

Another participant said that if she has 3 highs, she will try to change her diet first. If it does not work, she will take the medicine.

But one participant said she prefers Western medicine to stop her diabetes.

One participant said, *“I trust my GP completely. If he asks me to take medicine, I will take medicine. I would not argue with my GP.”*

My conclusion at this point is that the majority of Chinese people still believe that the balance and harmony of food play a major role in their diet. But it must also be noted that each individual has her own approach to trusting western medicine or alternative medicine.

5. The Equality Act 2010 and the NHS constitution mentioned equal opportunity for anyone to access the public services.

My research made me understand that Equality Act 2010 and the NHS constitution both have specifically mentioned that it is NHS's duty and responsibility to make sure all people regardless of their race and other barriers can have equal access equally to public health services. This should include the older Chinese community in East Sussex and other communities to have the same service commitment from the NHS.

One participant mentioned in the focus group. *“If there is a small group speaking in Chinese explaining to us about the diet for cholesterol and diabetes. That will be good for us.”*

I found out that in the long run, it is more cost effective to ensure that more people conscious of their health to prevent them from getting ill. It will ultimately save the NHS by reducing the intake of hospital patients.

Conclusions/summary

The research helps us understand that it is the NHS duty of care and the Equality Act 2010 which emphasises that the Chinese and other communities cannot be ignored by the NHS and their GPs just because of their language and other barriers. The lack of support with no translated leaflets for BAME communities should be

addressed by the NHS. There are numerous resources in the internet which inform NHS to adapt their leaflets to be relevant for the diet and culture of ethnic minority communities. As my findings reveal, the language barrier is the major reason that the Chinese communities do not ask questions from their GPs but the cultural barriers as mentioned are also important to understand. It is important that the healthcare system including GPs and hospitals provide interpreters to support the Chinese and other BAME communities when they are seen by doctors and nurses.

The majority of Chinese women in my research considered eating healthy and exercise as a good prevention of illness. But the trend of Chinese communities are getting richer, the self-indulgence of overeating and eating out can cause an increase of diabetes and of high cholesterol. The balance and harmony of food intake has been taught by our parents through generations. It is deeply rooted in our culture. But the temptation of rich greasy tasty food in the restaurants and a busy lifestyle caused a lot of people to eat out which cause the imbalance of food and harmony to our bodies. This was mentioned through my interview with the participant. (Appendix Interview1) The busy lifestyle and over burden with work also made a lot of people have no time to do exercise and spend too much time on the desks and on screens. This made me realised that the communities should be campaigning more urgently to have information and leaflets to promote healthy eating and exercise.

Through my research, I found out the majority of Chinese relied on word of mouth through friends and family telling them what to eat to keep healthy and what exercise to do for how long. There is no scientific proof or support from the healthcare systems to verify what they are doing is correct. Since the three highs are so common amongst the older Chinese community, it would be a good idea for the local healthcare to address this concern properly and officially to prevent further confusion about the intake of food and medication or the necessity of exercise.

Recommendations

After the findings and analysis of my research, I have a few recommendations to address the issues.

In my previous job as a community development worker in East Sussex, I used to run women's groups in various parts of East Sussex. I would discuss health concerns and healthy eating and exercises with the women every two months. It was very popular and it was in low budget. We would hire a space for two hours and invited the Chinese community to attend. If the local healthcare providers send speakers to promote health, interpreters could be provided in different languages to support different local BAME groups by promoting healthy eating and exercise and encouraging women to access appropriate healthcare. These groups could be run three to four times in a year imparting information and encouraging discussion about on various topics in health.

To promote the translated leaflets in health, there were various resources already available in Australia, Canada and Hong Kong, countries which have already got Chinese translated leaflets regarding diabetes, high blood pressure and high cholesterol. These leaflets are already available in the internet. These translated leaflets are aimed at the Chinese diet and the local healthcare only needs to adapt these and print them out.

As GPs are busy and only able to see patients for 10 minutes, it will be difficult to spend a long time explaining about healthy eating and exercise to individual patients. But GPs could refer patients to these health-talk groups who would have an interpreter and hand out translated healthy eating etc leaflets to support the patients. This would cut down the care needs to support patients with serious illnesses in long run. By taking the recommendations of my research, it will show that NHS has fulfilled the duty of care mentioned in Equality Act and the NHS constitution of equal opportunities to access NHS services. It was true about the Chinese's attitude to low profile and passive behaviour that they did not seek advice or challenge the doctors. It made me more determined to make my report voice their opinions to the local healthcare services.

References:

Chau, Ruby C.M (2008) "Health experiences of Chinese people in the UK" A Race Equality foundation Briefing Paper, published by Race Equality Foundation, Communities and local Government.

Equality Act (2010) Easy Read "The Equality Act, making equality real", Government Equalities Office, www.equalities.gov.uk Produced by CDS www.cds.co.uk/clarity Page 6 to 12

Equality Act 2010 (19 Feb 2020) "Your rights under the Equality Act" legislation.gov.uk Equality and Human Rights Commission.

Lee, W Y, Law, Sally LT (2011) "Ten- year cardiovascular risk in the general public of Hong Kong" Heart Asia BMJ .Journal original research Published 111-114.DOI: 10.1136/heartasia-2011-010032

Li, Ernest (May 10 2021) "The Complete Guide to Diabetes in Hong Kong/Health Matters" [https// www.healthy matters.com.hk](https://www.healthy matters.com.hk) (last accessed 19/07/21)

Liu, Zhenmi, Beaver, Kinta & Speed, Shaun (2014)"Being healthy: A Grounded Theory study of help seeking behaviour among Chinese elders living in the UK, International Journal of Qualitative Studies on Health and Well-being, 9:1, 24820, DOI:10.3402/qhw.v9.24820 Page 7

NHS Constitution (26 March 2013) "The NHS is committed Constitution, the NHS belongs to us all" Produced by Department of Health. Page 4,5

Ward, L & Gahagan, B (2010) Crossing the Divide between Theory and Practice: Research and an Ethic of Care, ETHICS AND SOCIAL WELFARE, 4:2, 210-216, DOI: 10.1080/17496535.2010.484264

Wong, C.W (October 2017) "Diabetes in older people: position statement of The Hong Kong Geriatrics Society and the Hong Kong Society of Endocrinology, Metabolism and Reproduction Hong Kong" Med J 2017; 23:524–33 DOI: 10.12809/hkmj166140

Appendix:

Transcripts extracts from three interviews and a focus group

Transcripts of the interview

I randomly picked 3 older Chinese women from the Chinese community. All three of them had heart problems.

Interview 1

The first person I interviewed was suffered from heart irregular beating. She had an operation of ablation.

Age:68

General Health: Heart beat problem.

How much do you know about the 3 highs? High Blood Pressure, high cholesterol and high blood sugar?

How do you think your food intake and your exercise affect the 3 highs?

It is about the lifestyle of a person. If the person stops smoking, drinking alcohol, exercise. Do not eat more than one egg a day, small amount of pork fat. It is to do with balance of food and control the intake of larger quantity of food. You have to balance vegetables and meat in diet.

Exercise is also very important. I do planks .I have a pacemaker. Because of my health, I do Tai Chi at home.

Where can you get this information?

I got some training about healthy eating and exercise at my last job because I care for older people. My job before was looking after older people and their intake of food. I got all the information from Chinese channels in YOU TUBE. They have Chinese doctors discussed about the prevention of illness for older people.

Has your local GP given you leaflets and explained to you about the 3 Highs?

I never have GPs given me any leaflets. I saw leaflets at the surgery and they are all English.

About the Chinese diet, the leaflets about healthy eating are mostly based on western diet. How do you understand what is healthy eating through the western diet leaflet?

The English leaflets never explain how much the portion of food that we can take. They said 5 portions of fruits and vegetables. How much meat that I can have was not explained? The Chinese YOU TUBE channels explained that a portion of meat is the size of your palm. The Chinese channel is much clear explaining to me about food taking and the portion.

Chinese used to be very poor and they could not afford rich greasy food hundred years ago. Now China as a country is richer, Chinese had a saying that Eating is good fortune. Chinese who are getting rich now had a trend to overeat and genetically this generation suddenly intake of large amount of rich oily food and seafood. Chinese like seafood and there are a lot of cholesterols in shellfish. Therefore diabetes and high cholesterols have increased amongst the rich Chinese population.

I use a wok that uses less oil to stir fry food. I also boil the vegetables more than fry the vegetables.

Interview 2

The second interviewer was suffered long term heart problem due to generic born heart default. She also had high blood pressure and was in long term medication.

Age: 78

General Health: High blood pressure, heart problem with the valve (genetic born with default)

How much do you know about the 3 highs? High Blood Pressure, high cholesterol and high blood sugar?

Eating too many prawns, too much fat that increases the cholesterol level. Also eating too much sugar and sweet food increases the sugar level in our bodies.

How do you think your food intake and your exercise affect the 3 highs?

If the intake of food is not balanced, for example you like sweet food, if you eat too much of sweet food, it will affect your sugar level in your body. If you like certain kind of food, you continue eat the same kind of food; it is also not good for your body.

The body has to be moved around. If you do not do exercises, your body stores the fat after you eat. It is important to go for walks and breathe in fresh air and for the blood to circulate. People eat too much of butter and cheese, that's why people will be fat. The most important matter is that you eat in balance with fruits and vegetables.

Where can you get this information?

I got this information from Chinese internet, Chinese newspaper and Chinese magazines.

Has your local GP given you leaflets and explained to you about the 3 highs?

I never have information from my GPs. No nurses and GPs explained to me about healthy eating and exercise.

About the Chinese diet, the leaflets about healthy eating are mostly based on western diet. How do you understand what is healthy eating through the western diet leaflet?

I think that Western food has more nutrients and balanced than Chinese food. But Western people tend to drink alcohol at their meals. Chinese diet is not healthy. But I steam my food better than fry. Steam food is less oil and I like steam fish.

Chinese people are very picky with food. For example, if they like scallops, they will eat a whole plate of it. Not like Western food, they only serve in a plate of mixed vegetables, potatoes and one or two scallops on the plate. Chinese people like seafood and sweet desserts. They cannot control the quantity if they like eating the kind of food. They like to ask friends to go to big banquets and order a lot of food. Western cuisine tends to put on one plate with a balanced diet of meat and vegetables. That is why I am slim because I never overeat and I control myself in eating.

People may ask why I have high blood pressure. I was born with a heart problem when I was young. It has nothing to do with my diet.

Interview 3

The third person I interviewed was also had high blood pressure. She was keen on daily exercise and careful with her diet.

Age: 72

General Health: Heart problem, High blood pressure, borderline cholesterol

How much do you know about the 3 highs? High Blood Pressure, high cholesterol and high blood sugar?

It has to do with the intake balance of food. General exercise is important. For my heart problem, I was genetically born with heart problems and high blood pressure.

How do you think your food intake and your exercise affect the 3 highs?

If you control eating greasy oily food and exercise like walking over an hour a day. It will prevent you into 3 highs.

Where can you get this information?

I read Chinese books about the information of health. Friends also told me about it. GP gave me 2 minutes of talk when I have high blood pressure. He just told me to do exercise and control my diet. No leaflets were given to me.

Has your local GP given you leaflets and explained to you about the 3 highs?

No leaflets were given to me.

About the Chinese diet, the leaflets about healthy eating are mostly based on western diet. How do you understand what is healthy eating through the western leaflet?

I have to get information from Chinese books about Chinese healthy diet. For example, eat boiled rice not fried rice. Eat vegetables and fish. Do not eat lobsters, prawns and crabs. They have a lot of cholesterol.

Chinese people eat a lot fatty pork in their diet. They also like sweet desserts. They do not care about exercise. They do not like walking. They would rather take the lifts than walking stairs. Some Chinese do not like vegetables and fruits.

Transcripts of the Focus group

I organised the focus group of seven Chinese women from 50s to late 70s years old. We met at a park after their yoga class. They have been regularly attended this class since 2018 every Thursday morning for an hour of exercise. I have prepared three questions for them about my research. I explained to them what my research was to find out the Chinese community about their knowledge and information to look after themselves in healthy living. I also explained the ground rules as there were many of them and it was in the open air that we ran the focus group. So it was very important for me to record their conversation so that I could summaries at my report. I also received their individual consent forms for my report. Most of them thought their health is good.

What are your levels of English? Can you get access to an interpreter at GP appointments and hospitals?

Out of 7 people, 5 of them need interpreter to see GP and hospital appointments.

"I may ask a relative to support me to go and see GP."

"Since the Covid 19, it is very difficult to contact GP and usually is telephone consultation. Sometimes it is difficult to arrange an interpreter through the telephone consultation."

What do you think the NHS and GP can do to support you to have a healthy life?

"No. They may give us some information. But there are no translation and no interpreters. We would not understand what the doctors said to us."

"I have been referred by the GP to see a nutritionist when I was pregnant with high blood sugar. The leaflet was very simple and in English. It recommended how many calories that I should take. It explained how many calories in each type of food content. For example, an egg has how many calories." It was about 8 years ago. The nutritionist has not been seeing me and following up my health. Every year I have received letter to have blood test annually."

Most of them have blood test annually because they were taking medicine for high blood pressure and diabetes.

"They did not tell us what food we should or should not take. I won't tell them what I have eaten."

"The nurse who took my blood test told me not to eat pineapple and grapes of high levels of sugar in these fruits. I take her advice and I don't eat grapes and pineapple. Only 2 sentences of explanation. "

"No thorough explanation about food intake and why. They speak in English and we will not be able to understand a lot. If there is a small group in Chinese explained to us about diet for cholesterol and diabetes. That will be good for us."

Are you willing to make any changes to your lifestyle in diet and exercise?

"If the doctor asked me to take medicine for the 3 highs, I will try to change my diet first. If it does not work, then I will take medicine."

"I trust my GP completely. If he asks me to take medicine, I will take medicine. I would not argue with my GP"

"Most medicine for the 3 highs are taken until I died. "

“As years go by, I can feel my health is getting worse. I will try to take more fruits and vegetables, try not to eat night snack. If I am hungry, I will take a cup of tea instead. I want to do more exercises, but I have a lot to do in my life.”

“I will do some walking. When I am at home, I will do some exercises at home as well.”

“The NHS and government should open more classes for natural alternate treatment and healthy eating. Using food alternative instead taking medicine. When we were young, our mothers told us what food to eat.”

“I prefer Western medicine to stop my diabetes.”

“My cousin has changed her diet and at the end she did not need medicine for diabetes.”