



MONASH University
Medicine, Nursing and Health Sciences



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Neighbourhood and Health – the Manningham Study of Chinese and Anglo Australian Seniors

Tess Tsindos
Monash University
School of Public Health and Preventive Medicine
Department of Health Social Science

www.med.monash.edu



Background

- Mixed-methods: Quantitative → Qualitative
- Health, loneliness and social patterns
- Anglo Australian and Chinese seniors
- City of Manningham, Victoria, Australia



Quantitative Phase

Computer assisted telephone interviews – 87
Chinese, 82 Anglo Australian

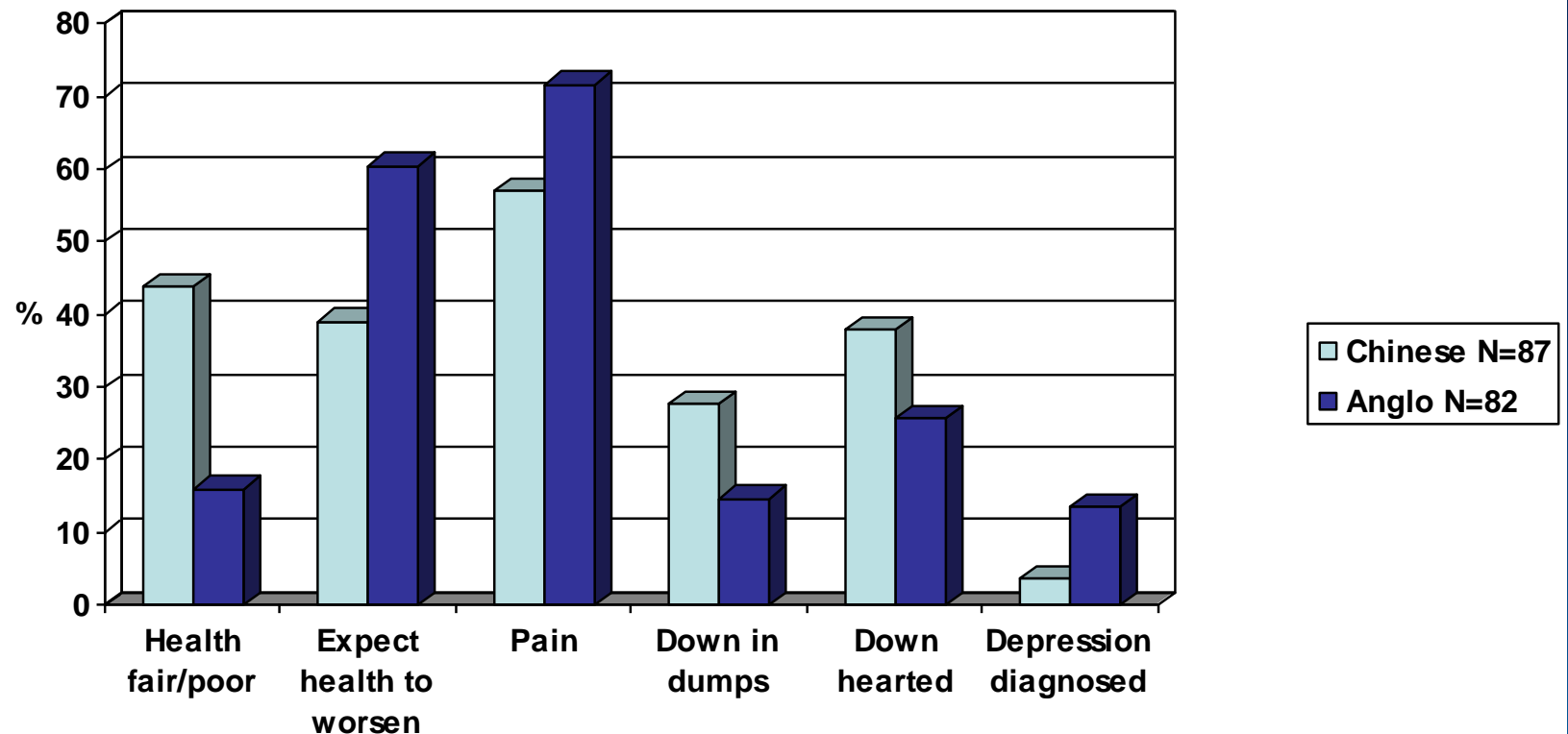
- To identify prevalence of loneliness
- To determine whether there is a relationship between loneliness and health
- UCLA loneliness scale (shortened), SF-36v2, VPHS sections, general demographics



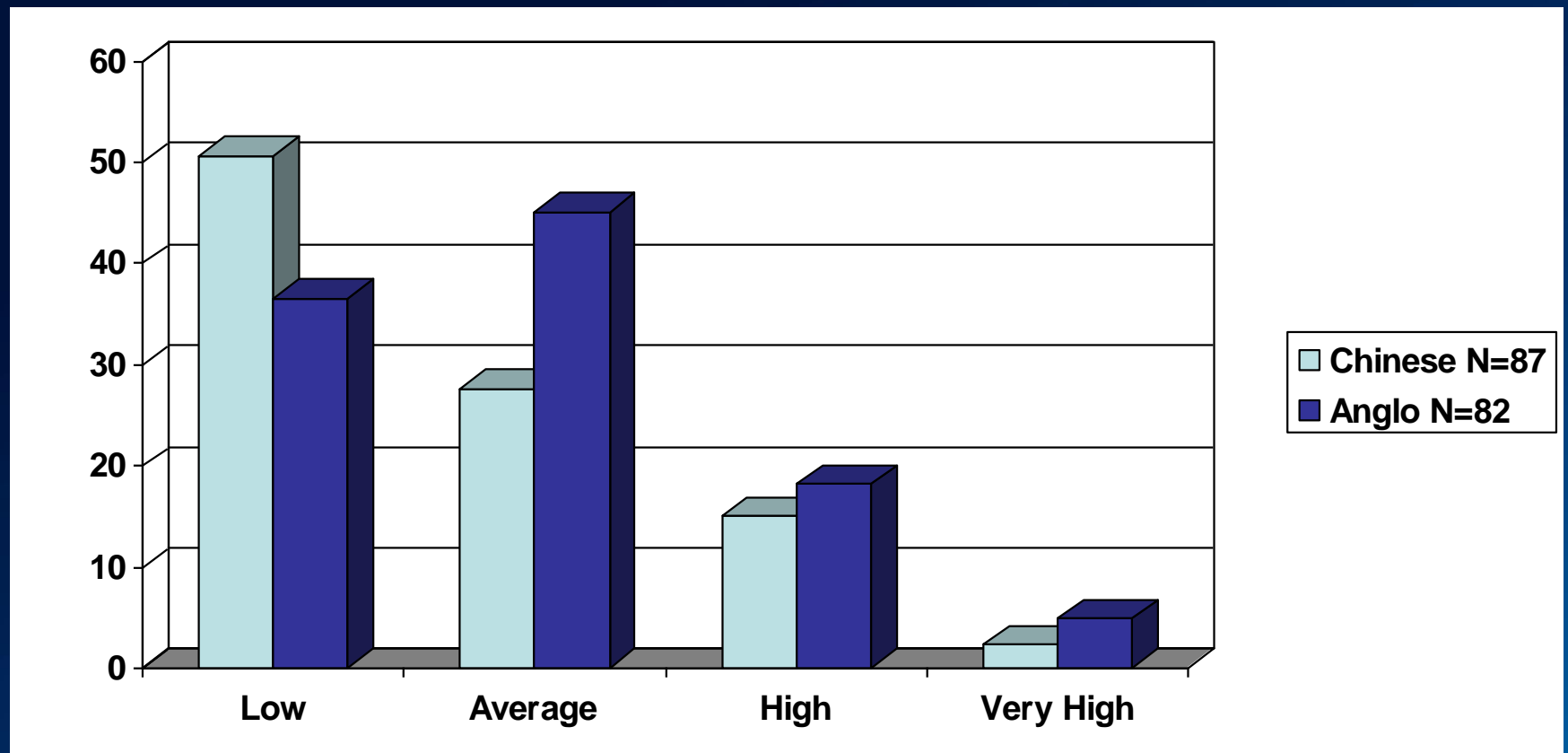
Quantitative Results

Significant differences in health, loneliness scores and social patterns between the Chinese and Anglo-Australian seniors

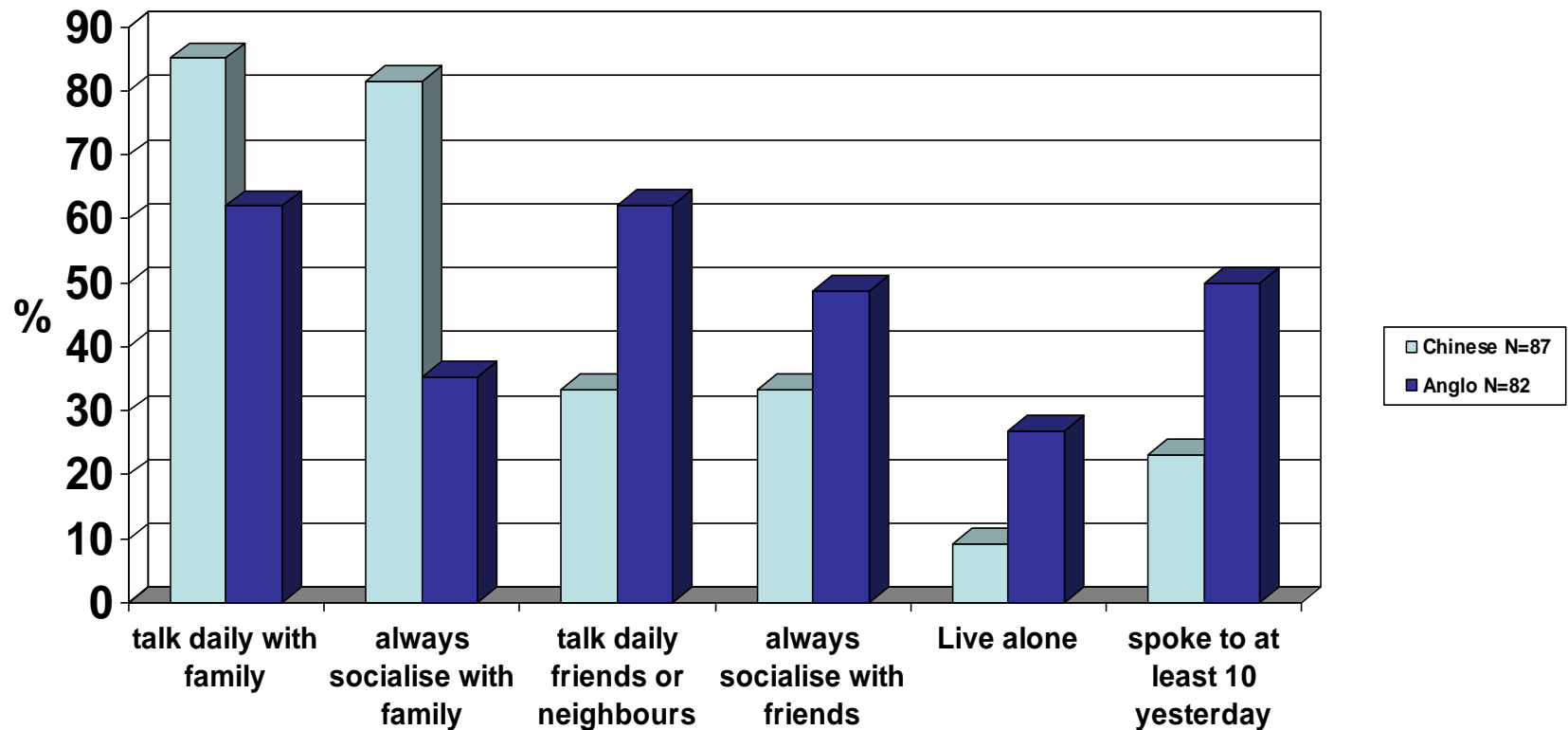
Results - Health



Results Loneliness



Results Social Patterns





Loneliness and Health

- ↑ loneliness ↓ self reported health
- ↑ loneliness ↑ feel depressed/down in the dumps, downhearted, can't cheer up, Dr confirmed depression
- ↑ loneliness ↑ bodily pain
- ↓ loneliness = married/partnered



Qualitative Phase

Semi-structured, face-to-face interviews and focus group

- Exploring information provided in the telephone survey
 - descriptions and perceptions of health, loneliness and social patterns

Qualitative Results

32 of 87 Chinese agreed to be re contacted

7 of 24 agreed to be interviewed – 29% success rate

55 of 82 Anglo Australians agreed to be re contacted

18 of 21 agreed to be interviewed – 86% success rate

Chinese focus group (n=6) to validate Chinese interview results



Emerging Themes - Health

Chinese

- concept was holistic – *“it’s a sense of well being”*
- physical and mental health are embodied in ‘health’

Anglo

- concept was functional – *“I can get around alright and that’s about it..I don’t feel ill..I can eat as I like, in other words, I’m in fairly good health”*
- physical and mental health are separate – mental health was “heard” as mental illness



Emerging Themes - Loneliness

- Loneliness is a perception – *“I don’t actually feel lonely”*
- Self mastery – *“it’s up to the person who’s lonely to make the effort....you can’t expect people to do it for you...you have to actually go and do something about it”*
- If you are busy, you are not lonely - *“I have plenty of things to fill my day with, so no, I’m not lonely”*
- It’s private - *“it’s none of their business”*
- Neighbourhood is important - *“Fresh air is good for my health” and “if I feel lonely I go for a walk”*
- Solitary time is enjoyable - *“I quite enjoy being on my own actually....yes....having the radio on or sit and have a read or do a crossword or something like that”*



Emerging Themes – Social Patterns

Chinese

- family is all important – *“so long as the family is together I don’t feel lonely”*
- the concept of socialising does not apply to family – *“I thought, when you said socialising, it meant with other people”*
- children are busy but would like to see them more – *“I don’t see them as often I would like...but that’s the modern lifestyle”*

Anglo

- family is very important – *“I see them reasonably regularly”*
- friends are important for socialising - *“I have a lot of friends and only a small family”*
- children are busy but would like to see them more – *“they’ve got their own lives to live, don’t they”*



Summary

- Chinese seniors reported poorer health and lower loneliness than Anglo seniors – this is not consistent with the literature
 - concept of health is different – are we comparing the same thing?
 - poorer self rated health due to holistic concept of health? Not happy/disharmony = poorer health?
- Loneliness scores - 20% of seniors in high/very high loneliness range
 - do they describe themselves as lonely?
 - what is the scale measuring?



Summary

- Chinese seniors reported lower loneliness, spending less time by themselves, socialising more with their families and socialising less with friends
- Neighbourhood – access to physical activity (i.e., walking, open spaces) is perceived to be important to good health and social connection
- Perception of health promoting qualities of neighbourhood improves well being



Summary

- Finally, when thinking about service or program planning, think outside Anglo frameworks. It is challenging, but vitally important to understand the cultural imperatives when working with diverse groups. Far less Chinese seniors were receiving any services. It's about reducing inequities.



Summary

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Thank you!