Bridging the Hospice Gap

Collaborative Hospice Care in the Chinese Community
Burnaby Hospice Society

Compassionate Centre for Health
Burnaby Hospice Society

- Started in 1986, we are volunteer driven organization
- Palliative support program
- Bereavement support program
- Serve 800 families per year, with 40 – 60 active volunteers

“No one in Burnaby needs to go through the end-of-life journey alone”
Compassionate Centre for Health

- Community service of the Po Lam Buddhist Association. Founded 2005
- Trained multilingual volunteers (Mandarin, Cantonese, Shanghainese, Taiwanese, Taishanese, dialects, English)
- Originally serving people living with cancer
- Expanded to include visiting seniors at care facilities
- Hospice service began in 2011.

“Compassion, caring hearts, peaceful happiness, empathy”
What is the “Hospice Gap”? 

- Canada is a cultural mosaic, with significant proportion of first generation immigrants.
- This population needs culturally appropriate end of life support.
- Increase in Chinese speaking residents in Burnaby
  - Language issues
  - Cultural issues
    - Beliefs, traditions, customs, attitudes
Mother Tongue spoken at Home
In Burnaby

- English: 54%
- Other: 34%
- French: 0%
- Multiple: 0%

Stats Canada 2011
## Top languages spoken at home

<table>
<thead>
<tr>
<th>Language spoken at home</th>
<th># of speakers in Burnaby</th>
<th>% of total residents in Bby</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>221,460</td>
<td></td>
</tr>
<tr>
<td>1 English</td>
<td>128,910</td>
<td>58.2</td>
</tr>
<tr>
<td>2 Chinese (all)</td>
<td>42,205</td>
<td>19.0</td>
</tr>
<tr>
<td>3 Korean</td>
<td>5,770</td>
<td>2.6</td>
</tr>
<tr>
<td>4 Tagalog</td>
<td>3,015</td>
<td>1.4</td>
</tr>
<tr>
<td>5 Punjabi</td>
<td>3,125</td>
<td>1.4</td>
</tr>
<tr>
<td>6 Farsi</td>
<td>2,645</td>
<td>1.2</td>
</tr>
<tr>
<td>7 Spanish</td>
<td>2,200</td>
<td>1.0</td>
</tr>
<tr>
<td>8 Russian</td>
<td>1,855</td>
<td>&lt; 1</td>
</tr>
<tr>
<td>9 Italian</td>
<td>1,290</td>
<td>&lt; 1</td>
</tr>
<tr>
<td>10 Vietnamese</td>
<td>1,210</td>
<td>&lt; 1</td>
</tr>
</tbody>
</table>

Stats Canada Census 2011
Community need

- Provide **language** support
- Provide **cultural** support
  - increase comfort of clients and families at End of Life
  - Increase Chinese clients understanding of a palliative approach.
History

- Goal: train Chinese speaking Hospice Volunteers and create Chinese language training materials
- Partnered with SUCCESS
- Trainer / coordinator was hired
- Chinese speaking volunteers were trained
- Program ran for 3 years, but was not sustainable
Synergy

- Compassionate Centre for Health already trained volunteers to support cancer patients, visit seniors, and provide activities for seniors.

- Sister Jessie, of the Po Lam Buddhist Society, had a goal to also train hospice volunteers.
Bridging the Hospice Gap Project

Goals of project:

- Offer quality end-of-life support who might not otherwise be served by existing program.

What was done:

- Revamped training materials to include culturally appropriate material
- Create a manual
- Offer training
- New Horizons grant
- Committee of dedicated volunteers edited the manual
- Needed a partner that:
  - Was interested in hospice
  - Had cultural knowledge
  - Had language skills
The Chinese translation of Hospice and Palliative Care varies in 3 places

• In Taiwan, they made it 安寧照顧/安寧照護;

• In Hong Kong, it has been known as 紓緩/寧養/安養服務

• In China, it is known as 臨終關懷 which is so “straight forward” and directly reflecting as “end-of-life care”
Partners

- Burnaby Hospice Society
- Bridging The Hospice Gap team
- Compassionate Centre for Health of the Po Lam Buddhist Association
- Tung Lin Kok Yuen (Canada) Society
Results

- 2011 hospice training by CCH
  - 14 volunteers trained

- 2012 hospice training by CCH at BHS with new manual
  - 14 volunteers trained

- About 400 service by CCH volunteers in past year

- About 120 Chinese clients in past year
Some stories
“Bridging the Language Gap”

- Staff -> Client communication
  - Volunteer talked with wife of client and found they were anxious
  - Client being discharged, but unclear about the details

- Volunteer -> Client communication
  - Volunteer read Chinese bible to client. Family could not read the Chinese text, even though they speak Chinese.

- Client -> Staff communication
  - Immediate translation & help with needs when client is new on the ward.
Some stories
“Bridging the Culture Gap”

• Volunteer improved patient support
  • Client distressed & wanted to die because she felt useless
  • Psychosocial support by talking about family history, family achievements, her achievements
  • Supports cultural value of valuing a person's life-long contribution to the family.

• Outcome: fewer complaints, client calmer, client appreciates the health care team, increased sense of well-being
Some stories

“Bridging the Culture Gap”

- Improve access to volunteer services
  - Client’s mother is concerned that Therapeutic Touch is harmful
  - Volunteer is trained in Therapeutic Touch, understands the mother’s dialect and can explain TT to the mother.
Success Factors

- Perseverance
- Collaboration
- Synergy
Identifying “Hospice Gaps” in your community

- Evaluate community needs; look for a group that is under-serviced
- Are there changing demographics?
- Finding partners
Questions?

- Irene Chan, CCH coordinator
- KS Tse, CCH volunteer
- Luinda Bleackley, BHS coordinator
Bridging The Hospice Gap

Moving Forward Together

消彌隔閡、攜手向前