

Recommendations on the health system reform for Asian and ethnic communities in Aotearoa

**Asian Health Reform Advisory Group
The Asian caucus of the Public Health Association, New Zealand**

10 January 2022

Executive summary

Asian and other ethnic populations account for a significant proportion of Aotearoa's population (more than 18% as at Census 2018) and these populations are also increasing at a fast pace. Although some Asian and ethnic groups have higher life expectancy at birth, lower rate of infant mortality and lower mortality rates for some conditions, we must acknowledge these groups are extremely diverse in culture, language, health status, settlement history, and unmet health needs. We will have to develop systematic rather than 'piecemeal' *national health strategy* and *implementation plans* at regional/district level for Asian and ethnic communities to maintain the outstanding results and to address those areas where issues exist already or are emerging particularly for some Asian and ethnic sub-groups, former refugees and asylum seekers. It is highly recommended to apply an (vertical) equity lens to Asian and ethnic populations, to understand the unique health needs of these sub-populations and proportionate investment of resources via Asian and ethnic health research, to set up dedicated regional/district level Asian and ethnic health divisions with commission powers and empower community organisations for better health outcomes, patient experiences and wellbeing.

Asian Health Reform Advisory Group

The Asian Health Reform Advisory Group was set up within the Asian Caucus of the Public Health Association of New Zealand in August 2021 to represent New Zealanders identifying with an Asian ethnicity to advocate achieving “Health for All” in Aotearoa.

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The Public Health Association (PHA) is a national membership association with a commitment to health for all in New Zealand. The vision of the PHA is “**health equity in Aotearoa Hauora mō te katoa. Oranga mō te ao.**”¹ The Asian caucus of the PHA is one of the two caucuses of the PHA (the other one being Maori caucus). The Asian caucus is made up of academics, and professionals from government and non-government health and social sectors, with the shared aim to improve Asian and ethnic health and wellbeing by advising and influencing health and social policy.

The Review of New Zealand Health and Disability System proposed system changes to the government so that by implementing the changes our system can get “stronger, and the health outcomes will be more equitable and the overall system will be much more sustainable”². It is also believed that the transformation of the health system will create a more “equitable, accessible, cohesive and people-centred system that will improve the health and wellbeing of all New Zealanders”. It is acknowledged that by transforming the health system we can better

- meet the complex demands of a growing population
- address the persistent inequalities experienced by Māori
- ensure greater access, experience and outcomes for those traditionally not well served by the system – Māori, Pacific and disabled people
- utilise modern technology and develop new and innovative ways of working
- focus on keeping people, their whānau and their communities well and out of hospitals – not just caring for them when they get sick³.

Five key system changes we need to achieve

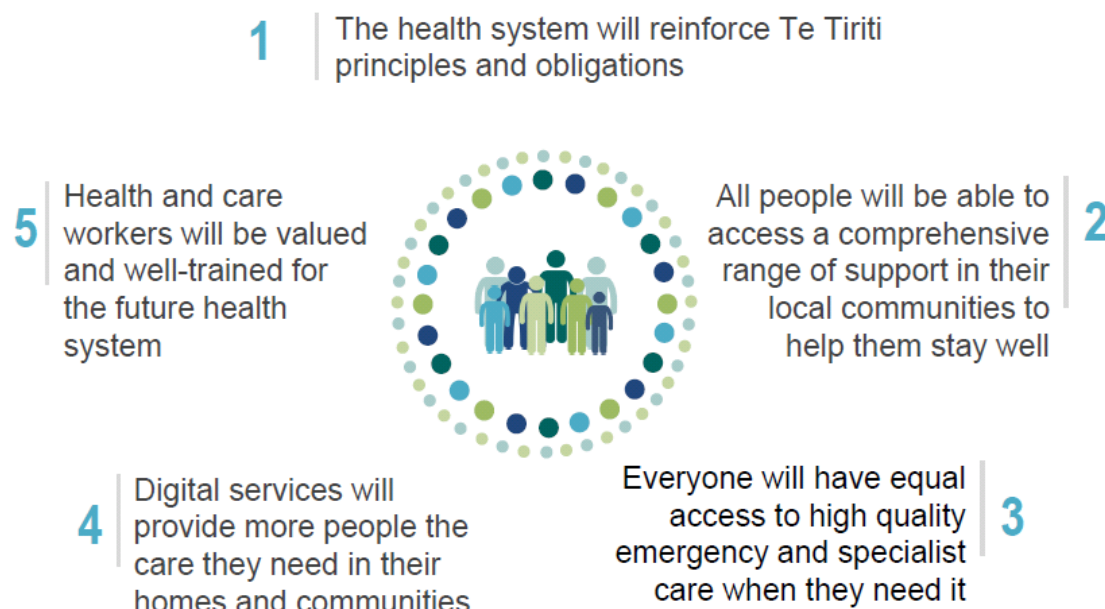


Figure 1 The health system changes⁴

¹ <https://www.pha.org.nz/>, accessed on 1 November 2021

² <https://systemreview.health.govt.nz/>, accessed on 1 November 2021

³ <https://www.futureofhealth.govt.nz/about-the-reforms/>, accessed on 1 November 2021

Importantly, partnerships and Te Tiriti o Waitangi articles will be woven throughout the future system and all it does.

Equity for Asian and ethnic populations in the spirit of Te Tiriti o Waitangi

Te Tiriti o Waitangi is the founding document of New Zealand. The treaty encapsulates the fundamental relationship between the Crown and Iwi. The four Articles of Te Tiriti o Waitangi provide a framework for Māori development, health and wellbeing by guaranteeing Māori a leading role in health sector decision making in a national, regional, and whānau/individual context. These articles are **Article 1 – Kawanatanga (governance)**, **Article 2 – Tino Rangatiratanga (self-determination)**, **Article 3 – Oritetanga (equity)** and **Article 4 – Te Ritenga (right to beliefs and values)**. Of particular relevance to the recommendations by the Asian caucus of the PHA is Article 3 – **Oritetanga (equity)**. Asian and ethnic populations sit within the Crown side of the Treaty.

Article 3 – Oritetanga (equity) is concerned with achieving equity in health and disability outcomes, and therefore with priorities that can be directly linked to reducing systematic inequities in determinants of health, health outcomes and health service utilisation⁵.

The draft Pae Ora Bill says “For the purpose of this Act, the health system principles are as follows:

(a) the health system should be equitable, which includes ensuring **Māori and other population groups—**

- (i) have access to services in proportion to their health needs; and
- (ii) receive equitable levels of service; and
- (iii) achieve equitable health outcomes”⁶

Asian and ethnic population as a ‘priority population’

The definition of ‘Asian’ used in New Zealand is based on the categories used in the census, developed by Statistics New Zealand in 1996. This group is made up of people with origins in the Asian continent from Afghanistan in the west to Japan in the east and from China in the north to Indonesia in the south⁷.

⁴ <https://www.futureofhealth.govt.nz/assets/Uploads/Publications/South-Island-TU-Roadshow-presentation.pdf>, accessed on 1 November 2021

⁵ <https://www.waitemataadhb.govt.nz/assets/Documents/health-plans/Asian-Migrant-Refugee-Health-Plan-ADHB-WDHB-Final.pdf>, accessed on 1 November 2021

⁶ <https://legislation.govt.nz/bill/government/2021/0085/latest/whole.html#LMS575484>, accessed on 29 November 2021

⁷ <https://www.health.govt.nz/our-work/populations/asian-and-migrant-health>, accessed on 2 November

The growth of the Asian and ethnic populations in New Zealand

The Asian population has experienced rapid growth over the last two decades. Census 2018 data tells us that while there was an increase in the proportion of Asians living in every region in New Zealand, the biggest growth occurred in the metropolitan Auckland region. Over a quarter (28 per cent) of Auckland residents identified with an Asian ethnicity, and Auckland was home to almost two thirds (63 per cent) of all Asian peoples in New Zealand as at 2018. In 2021, the projected population for Asian was 860,650 (close to the Maori population of 869,130), which accounted for 16.8% of the whole population in New Zealand.

The Asian population will continue to grow at a rate faster than other population groups, so that it will reach 1 million in 2028 or so, according to Statistics New Zealand.

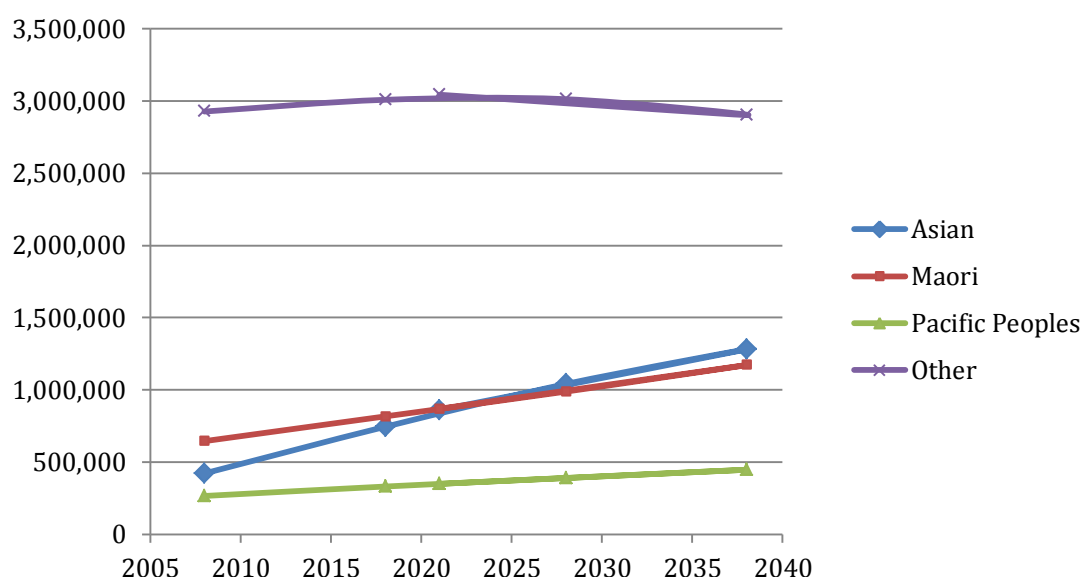


Figure 2 Projected populations by ethnicity (prioritised), New Zealand (2020 Update)

At the 2018 Census, there were 35,838 usual residents living in the metropolitan Auckland region, who identify within the Middle Eastern, Latin American, and African (MELAA) category (2.3% of Auckland's population) – an increase of 10,893 people, or 43.7%, since the 2013 Census. Nationwide, there were 70,332 usual residents classified as MELAA in Census 2018, taking account 1.5% of the New Zealand total⁸. It is believed this population will increase very fast.

Diverse and varied health needs of Asian and ethnic peoples

Using a vertical equity lens would enable understanding the unique health needs of the major Asian subgroups. The premise on which vertical equity is based is unequal treatment of unequal needs and works on the basis of health needs and the fact that different social groups have different health needs. This can only be achieved if

⁸ <https://www.stats.govt.nz/tools/2018-census-ethnic-group-summaries/middle-eastern-latin-american-african>, accessed on 2 November 2021

disaggregated ethnic categories are used for reporting Asian health statistics and the health needs are made visible⁹.

'Asian' as an ethnic category at Level 1, includes over 40 sub-ethnicities with Chinese, Indian, South-east Asian, Other Asian and 'Asian Not Further Defined' reported as Level 2 of the Asian group.

Asian people are very diverse in language, culture, health/digital literacy, faith, settlement history and health needs. The health sector is fully aware of the risk of using the broad 'Asian' term in health planning, funding and healthcare delivery, as the 'averaging' effect could potentially mask the true health disparities between the Asian sub-groups such as cardiovascular disease and diabetes risk. However, Asian as an ethnic category has not been reported in a systematic way in New Zealand though progress has been made over the years, for some indicators or by some DHBs. It is thus important to make sure Asian and Asian-subgroup data be collected, analysed, researched, and reported following an agreed standard.

The three Auckland DHBs¹⁰ and Northern Regional Alliance^{11, 12} together with some academics have published some health needs analyses including an international Asian health benchmarking report over the years. Some key areas for action are as follows:

- Asian groups experience high life expectancy (though partially explained by the "healthy migrant effect") and overall good health status, with health disparities experienced by some Asian & MELAA sub-groups;
- There is still a lack of data for Asian sub-groups and in some cases there is no data for Asian either, which might reflect the historical under-resourcing of Asian and ethnic health research in New Zealand¹³;
- Lack of understanding or awareness of the New Zealand Health and Disability System;
- Unmet language and cultural needs in accessing health care services;
- Lack of proper access to and utilisation of healthcare services including lower PHO enrolment rate and lower access to primary health services,

⁹ Parackal S, Coppel K, Yang CL, Sullivan T, Subramaniam R. Hidden figures and misnomers: a case for disaggregated Asian health statistics in Aotearoa New Zealand to improve health outcomes. *N Z Med J.* 2021 Nov 26;134(1546):109-116. Retrieved from <https://journal.nzma.org.nz/journal-articles/hidden-figures-and-misnomers-a-case-for-disaggregated-asian-health-statistics-in-aotearoa-new-zealand-to-improve-health-outcomes-open-access>, accessed on 29 November 2021

¹⁰ Zhou L and Bennett S, International Benchmarking of Asian Health Outcomes for Waitemata DHB and Auckland DHB. Auckland: Waitemata District Health Board, 2017. Retrieved from <https://www.waitematadhb.govt.nz/assets/Documents/health-needs-assessments/International-benchmarking-report-of-Asian-health-outcomes-FINAL.PDF>

¹¹ <http://www.waitematadhb.govt.nz/assets/Documents/health-needs-assessments/AsianHealth2012.pdf>, accessed on 2 November 2021

¹² <https://www.ecald.com/assets/Resources/Assets/Asian-Health-Aotearoa-2011.pdf>, accessed on 2 November 2021

¹³ Chiang, A., Simon-Kumar, R., & Peiris-John, R. (2021). A decade of Asian and ethnic minority health research in New Zealand: Findings from a scoping review. *The New Zealand Medical Journal (Online)*, 134(1542), 67-83. Retrieved from <https://www.proquest.com/scholarly-journals/decade-asian-ethnic-minority-health-research-new/docview/2575539313/se-2?accountid=47386>

- management of long-term conditions of cardiovascular disease (Indian and South Asian) and diabetes (Chinese, Indian and Southeast Asian);
- Significant mental health and addiction issues such as anxiety and depression further exacerbated by the effect of COVID-19 and racism; perinatal maternal mental health is also an important issue for some Asian sub-groups;
 - Poor oral health and lower levels of screening rates for cervical, breast and bowel;
 - Lack of health promotion, prevention and public health including culturally tailored and targeted preventive healthy lifestyle activities, e.g. smoking and lack of exercise/physical activities;
 - Sexual health, youth health, and wellbeing of vulnerable marginal or intersectional Asian sub-groups, e.g. gender diverse (transgender people/irawhiti/fa'afāfine/fa'atama) or people with disability;¹⁴
 - Adoption of a partnership's approach to engage segments of the population such as (international) students, former refugees and current asylum seekers in awareness raising of health services and health education, and collaborative work with Asian & MELAA ethnic consumers and community organisations such as the Asian Network Inc. (TANI), Asian Family Services, CNSST Foundation and Age Concern New Zealand.

The MELAA category consists of extremely diverse groups with dissimilar cultures, languages, religions and backgrounds. Partially due to its small population size, the data for MELAA has been rare: data from the censuses have been very valuable for this broad population group; there is hardly any population projection for this population group and it is usually made part of "Other" with European populations in standard population projections for DHBs. Only limited health needs analysis or research about this population are available for use¹⁵. The recommendations from this 2011 report include:

- Supporting health service providers to meet the needs of MELAA patients;
- Providing targeted services for MELAA ethnicities within mainstream health services, including raising community awareness, education and health promotion, especially around cancer screening programme and cardiovascular diseases and diabetes prevention, screening and self management;
- Improving interpreter services;
- Improving regional collaboration and streamlining of services;
- Improving mental health supports that are culturally appropriate;

¹⁴ Peiris-John, R., Kang, K., Bavin, L., Dizon, L., Singh, N., Clark, T., Fleming, T., & Ameratunga, S. (2021). East Asian, South Asian, Chinese and Indian Students in Aotearoa: A Youth19 Report. Auckland: The University of Auckland. Retrieved from <https://static1.squarespace.com/static/5bdbb75cce37259122e59aa/t/60d3a4202b2d4a2ddd6b7708/1624482883718/Youth19+Report+on+South+Asian%2C+East+Asian%2C+Chinese+and+Indian+student.pdf>, accessed on 10 January 2022

¹⁵ <https://www.ecald.com/assets/Resources/Assets/Health-Needs-Assessment-MELAA.pdf>, accessed on 2 November 2021

- Promote community empowerment by improving the upstream determinants of health, such as English language proficiency, employment, health literacy and housing by inter-sectoral and regional collaborations;
- Engagement with the non-government organisations as well, such as Diabetes Auckland, National Heart Foundation and NZ AIDS Foundation;
- Further research on MELAA health needs is required.

The COVID-19 pandemic and the effect of the ‘lock-downs’ on one’s personal physical health, mental well-being, family relationship, job security, loss or reduced income and financial sustainability are new challenges not yet assessed properly for the Asian and ethnic populations. However, it is thought the effect may vary by the characteristics of the Asian and ethnic sub-groups, such as occupation or business/industry type.

Progress made so far for Asian and ethnic peoples

Chiang and others¹⁶ reviewed the published health research for Asian and ethnic minority in New Zealand for the years 2010-2019, with the conclusion as follows:

“Overall, the evidence base on A/EM health in New Zealand is weak as there is limited information on health conditions and its determinants of minority groups, including their patterns of health service use. The nature and content of A/EM health research requires further substantive development in terms of understanding the health and its determinants of this ever increasing and heterogeneous population group.”

There however has been some progress in some DHBs in the Asian and ethnic health areas.

Health needs analysis and health plans

The Asian Health Chart Book¹⁷ published by the Ministry of Health is a milestone to Asian and ethnic health for New Zealand.

- Published reports of Asian health needs analyses by Waitematā DHB, Counties Manukau DHB, Northern Regional Alliances, and the international Asian health benchmarking report by Waitematā and Auckland DHBs.
- “Asian, New Migrant, Former Refugee & Current Asylum Seeker” (AMR in short) health plans for Waitematā and Auckland DHBs with focus action areas identified, with the nation’s first Asian health action plan back to 2010 by and for Waitematā DHB. Progress updates of the health plan are shared with the

¹⁶ Chiang, A., Simon-Kumar, R., & Peiris-John, R. (2021). A decade of Asian and ethnic minority health research in New Zealand: Findings from a scoping review. *The New Zealand Medical Journal (Online)*, 134(1542), 67-83. Retrieved from <https://www.proquest.com/scholarly-journals/decade-asian-ethnic-minority-health-research-new/docview/2575539313/se-2?accountid=47386>

¹⁷ <https://www.health.govt.nz/system/files/documents/publications/asian-health-chart-book-2006.doc>, accessed on 2 November 2021

Community & Public Health Advisory Committee (CPHAC) and Auckland DHB Funder. A quarterly Asian scorecard guides the monitoring on progress of the key areas of focus.

Functional infrastructures at Waitematā DHB

- The unique Asian Health Services (AHS) was established in 1999 in Waitematā DHB, with the aim to improve access to healthcare services, patient experience, and the health status for culturally and linguistically diverse patients and their families within the Waitematā district. Service priorities are to: 1) achieve better health outcomes, 2) improve communication, 3) reduce inequalities, and 4) remove cultural barriers by providing access to culturally appropriate services for Waitematā DHB healthcare professionals and by supporting staff to improve their cultural awareness. AHS has dedicated Asian Health Line (0800 88 88 30), Asian Patient Support Service, Asian Mental Health Service and WATIS (24/7) Interpreting service covering over 90 languages. CALD and eCALD resources have been developed by Asian Health Services and Institute for Innovation and Improvement of Waitematā DHB. These resources have been proven to be very valuable in engaging with the patients and their whānau in delivering culturally and language appropriate health services.

Key figures from Asian Health Services (2010 to 2021) are as follows:

- Culturally & linguistically appropriate service delivery
 - 43,058 Asian cultural support episodes for Asian patient & whānau in WDHB hospitals
 - 424,358 Interpreting cases covering over 90+ languages (24/7)
 - 97,828 Asian mental health support episodes for secondary MH &A clients
 - Asian Breast Screen rate: 43% (2007) to 66~70% (2020)
 - DNA rate kept under 1.5%: Non-English speaking patients hospital appointments were well managed by WATIS
-
- With the set-up of the joint Planning, Funding and Outcomes Unit (PFO) of Waitematā and Auckland DHBs in 2013, a dedicated team of “Asian, Migrant and Former Refugee Health Gain” was established to lead the planning and funding aspects of the Asian and ethnic health in the two DHBs. “Asian and MELAA Health Governance Group” is the governing body of the Asian health for both DHBs. There is also the “Metro Auckland Asian & MELAA Primary Care Service Improvement Group” operating to provide advice, direction and support in primary health related areas, working with PHOs, academics and community organisations.
 - Waitematā DHB’s efforts to improve patient experience and deliver better health outcomes are on-going and international collaboration with countries such as China and other Asian countries helps us to enhance our capabilities in the areas of digital service transformation, clinical workforce training and

joint research projects. The Asian International Collaboration Unit was established in 2017 and a Chief Advisor role was set up to lead, develop and implement strategic health collaboration between New Zealand and China and other Asian countries. Over the past couple of years, a Fellowship Exchange Programme was set up to share Asian experiences in digital transformation and use of AI in medicine; a nurse exchange programme was established between Waitematā DHB and a top tertiary hospital in China; Heads of Agreement was signed between Waitematā DHB and Shandong Provincial Health Commission in health and research related collaboration; an Inaugural international health forum on collaboration was successfully hosted by the Asian Collaboration in 2019; the Asian Collaboration has worked with the HealthSource closely in organising donations of PPEs and a dedicated fund has been donated to Well Foundation (Waitematā DHB’s official charity) for the purchase of the state-of-the-art 3D mammogram for Waitematā Breast Service.

The current **Waitematā DHB Asian & Ethnic Responsiveness Model** is as follows:

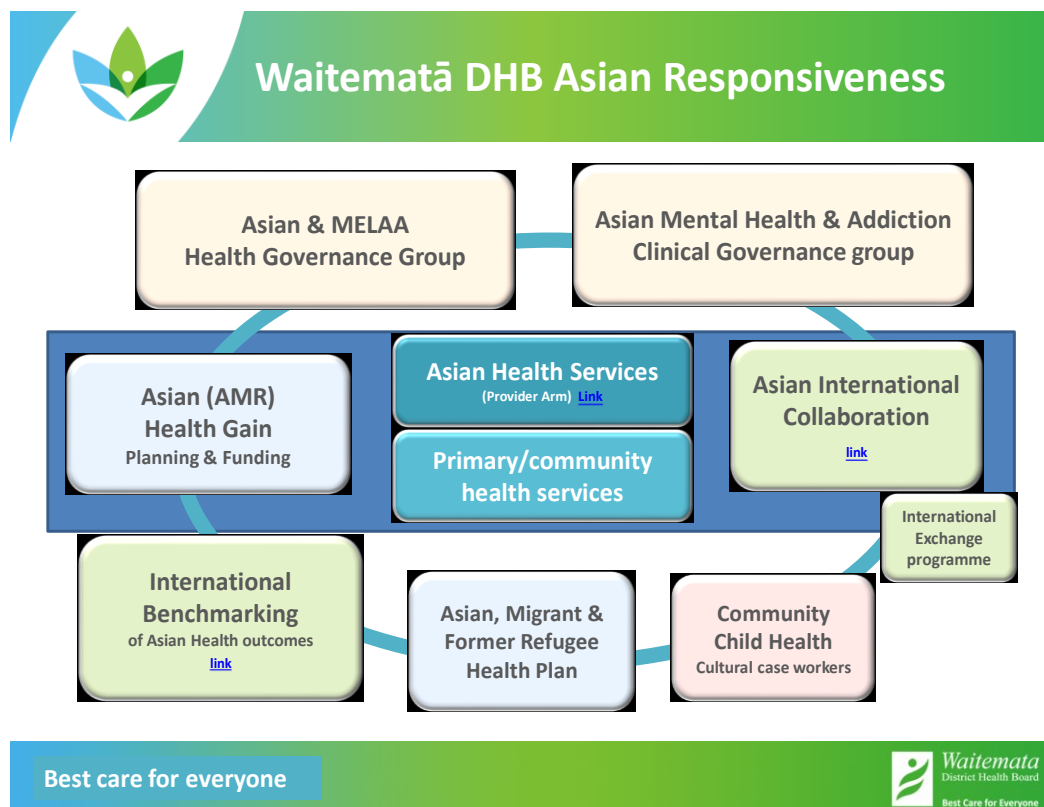


Figure 3 Asian & Ethnic Responsiveness Model of Waitematā DHB

Community and non-government organisations

Primary and community health care organisations are vital for the health and wellbeing of New Zealanders. Most of the time, they are the gateway to the health and disability system. A wide variety of organisations are in this category including

GPs and community nurses, midwives, dentists, pharmacists, acupuncturists and physiotherapists in the communities, and many health promoters and social workers.

“**Your local doctors**” initiative¹⁸ and an associated website (in three languages, namely English, Chinese and Korean) were originally developed by the Waitematā Asian PHO Enrolment Working Group, which was set up in February 2011 to address PHO enrolment rates in the Waitematā district (northern and western Auckland). Its members were comprised of representatives from settlement support agencies, NGO providers, immigration networks, primary and secondary care and the Funding & Planning departments of DHBs. The updated website has been refreshed by the Auckland Regional Asian & MELAA Primary Care Working Group. This initiative has demonstrated the joint and successful efforts by the three Auckland DHBs and community organisations.

The community organisations for Asian and ethnic people have been providing valuable advice and support for decades, covering but not limited to language and cultural support, settlement support, public health advocacy, communications and information sharing, health promotion, (digital) engagement with clients, health literacy programme, educational and work programmes, social housing support, mental health and wellbeing counselling and services.

With the COVID-19 in context, teams of Asian Health Services, Asian International Collaboration and the Health Gain team of Asian, Migrants and former refugees have been working together tirelessly in providing information, advice and support with the control of the outbreak and the vaccination programme. Strong partnership with politicians, community organisations and their leaders have been built up, and engagement mechanism such as using email and social media WeChat and Zoom is already in place. This has helped us to achieve the universal 90% vaccination coverage rate across our DHBs and communities significantly.

Current strategies or frameworks in place¹⁹

Waitematā and Auckland DHBs aligned their AMR health plan with the following strategies, plans, priorities and frameworks:

- New Zealand Health Strategy: Future direction
- New Zealand Migrant Settlement and Integration Strategy’s - Outcome 5: Health and Wellbeing
- New Zealand Refugee Resettlement Strategy - Health Outcome
- New Zealand Community Engagement Framework
- New Zealand International Student Wellbeing Strategy Outcomes Framework - Outcome 3: Health & Wellbeing
- Plunket Asian Peoples Strategy

¹⁸ <https://www.yourlocaldoctor.co.nz/>, accessed on 3 November 2021

¹⁹ <https://www.waitematadhb.govt.nz/assets/Documents/health-plans/Asian-Migrant-Refugee-Health-Plan-ADHB-WDHB-Final.pdf>, accessed on 1 November 2021

- All of Government (AoG) contracting
- Northern Region Health Plan
- Waitematā DHB Health Services Plan 2015-2025
- Waitematā DHB Primary and Community Care Plan
- Waitematā DHB Asian Mental Health & Addiction Governance Group's Asian Mental Health Work Stream Plans 2015-2020
- Auckland DHB Strategy
- Auckland Regional Public Health Service Strategic Plan 2017-2022
- Counties Manukau Health 2018/19-2019/20 Asian Health Outcome Priorities
- Counties Manukau Health 2018/19-2019/20 Asian Health Action Roadmap
- Auckland Metro Regional System Level Measures Improvement Plan

Recommendations to the government

The Pae Ora (Healthy Futures) Bill is a “landmark piece of legislation that will change our future for the better”²⁰.

The health and disability system is being transformed to ensure New Zealand’s public health service works better for everyone by being fairer, easier to access, more equitable and consistent. Health New Zealand and Māori Health Authority are being established and local arrangements are being developed between health service providers, Iwi and Māori and the community to tailor services to local communities.

The Asian caucus of the PHA would like to see **Asian and ethnic peoples** including MELAA directly addressed in the health reform, e.g. in the (interim) “National Health Plan” being developed, acknowledging more efforts will have to go to our Māori and Pacific communities given the long-lasting health inequities between Māori & Pacific Peoples and non-Maori-non-Pacific.

We hold that **an equity lens can be applied to Asian and ethnic minority populations in New Zealand in the spirit of the Te Tiriti o Waitangi**. We realize that there is a need for breaking the cycle of ‘no funding - no evidence generated - no problem found - not a priority - no funding’. This cycle has unfortunately harmed the Asian and ethnic health for many years, not only in research but also in planning, funding, commissioning and service deliveries in many areas of New Zealand.

Our key recommendations are: 1) to address the invisibility of Asian and ethnic health by developing a systematic ***national health strategy*** and ***implementation health plan*** for Asian and ethnic communities at regional/district level; 2) to promote an inter-agency approach and strengthen collaboration and partnership to improve health and wellbeing of Asian and ethnic populations including those being inter-sectionally vulnerable.

²⁰ <https://www.futureofhealth.govt.nz/news/update-from-the-transition-unit-friday-29-october-2021/>, accessed on 3 November

Research and reporting for Asian and ethnic communities

- Addressing the absence of any strategic priority area dedicated to Asian and ethnic communities in NZ Health Research Strategy.
- Increasing funding for academic research including health needs analysis at regional or district/locality levels; a systematic health needs analysis at national and regional levels should be undertaken urgently to have the evidence of health status and health needs of this diverse population.
- Over-sampling the Asian and ethnic populations in national surveys such as New Zealand Health Survey so that the data for Asian sub-groups can be analysed properly with sufficient power.
- Enhancing data collection and outputs (down to Ethnicity Levels 2 to 4) for better national, regional and district/locality standard reporting for Asian and ethnic populations, e.g. Health Targets or Health Indicators currently being reported by DHBs.

Expand the Waitematā DHB model to other regions within Health NZ

- Waitematā DHB's response to Asian and ethnic communities has been a success with the three key components: health gain and health intelligence team for AMR with the functions of planning, funding and service commissioning; the Asian health support services within the DHB's provider arm; and the international collaboration with Asian countries.
- This model should be continued within Health New Zealand. This means there can be regional AMR divisions with the aforementioned functions. However, the model should be **further enhanced with more commissioning power** and engagement with Asian and ethnic communities more effectively in a way that is culturally and linguistically appropriate.
- Governance group and inter-sectorial advisory groups should be set up at regional level to oversee or advise the development, implementation and monitoring of regional health plans proposed; accountability and reporting mechanism will also need to be set up.
- In the regional health plan for Asian and ethnic communities, guiding principles and values, priority areas for action, intervention logics, partnerships and risk mitigation and enablers should be described in detail together with inclusion of consumers and whānau in the design, delivery, evaluation and governance of health services.
- An element or office dedicated to Asian and ethnic health should also be established at district level, aligned with the structure of Health New Zealand.

Collaboration and partnership with community organisations

Inter-agency or inter-sectoral collaboration and partnership between regional divisions or district/locality offices of Health New Zealand and the primary and community organisations are fundamental to the success of the health reform. In fact, it is believed that a good amount of work under the regional divisions for AMR will be community related.

Increased resourcing for community organisations, especially those involved in health and well-being service delivery

Strong, well engaged/communicated and well resourced community organisations can deliver the best for better health (physical, mental and spiritual) and wellbeing of Asian and ethnic communities.



Figure 4 Asian and ethnic peoples live well, stay well and get well²¹

²¹ Zhou L and Bennett S, International Benchmarking of Asian Health Outcomes for Waitemata DHB and Auckland DHB. Auckland: Waitemata District Health Board, 2017. Retrieved from <https://www.waitemataadhb.govt.nz/assets/Documents/health-needs-assessments/International-benchmarking-report-of-Asian-health-outcomes-FINAL.PDF>