To the Petitions Committee Regarding the Petition of Public Health Association New Zealand:

National Health and Well-Being Policy/Strategy for Asian and MELAA Communities

Date: 15 April 2024

Submitted by: Public Health Association New Zealand

Petition Request

The following petition submitted by the Public Health Association of New Zealand (PHANZ) was presented by Dr Carlos Cheung, Member of Parliament for Mount Roskill to the House of Representatives:

"That the House of Representatives urge Te Whatu Ora – Health New Zealand to develop a national, entity-level policy/strategy and regional/district implementation plans to improve the health and well-being of Asian and other ethnic minority population groups."

Executive Summary

There is no national strategy or policy dedicated to the health and well-being of Asian and other ethnic minority groups. This submission made by the Public Health Association of New Zealand (PHANZ) supports the petition to develop a national, entity-level policy/strategy and regional/district implementation plans to improve the health and well-being of Asian and other ethnic minority population groups.

- PHANZ recommends that Health New Zealand-Te Whatu Ora: a) develop a national strategy specific to Asian and Middle Eastern, Latin American and African (MELAA) populations; and b) develop implementation plans at regional and district levels.
- Almost one in five people in Aotearoa New Zealand belong to Asian or MELAA communities. These culturally and linguistically diverse communities are growing rapidly and currently have a range of complex health needs.
- Asian and MELAA populations are almost invisible in health sector planning, funding, service delivery and leadership.
- A Health New Zealand-Te Whatu Ora national policy for Asian and MELAA populations is critical to enable equitable health service access and experiences, responsive health service delivery and resourcing, and resulting outcomes for these communities and is in alignment with the principles of Te Tiriti o Waitangi and the Pae Ora (Healthy Futures) 2022 Act.
- A Health New Zealand-Te Whatu Ora Asian and MELAA focussed national strategy can overcome the current piecemeal approach, make these populations visible in the current health policy and planning, and enable the health needs of these communities (including sub-populations within the aggregate Asian and MELAA groups where relevant) to be systematically and equitably identified, monitored and addressed.
- Regional and district level implementation plans to action the national strategy are required to support high quality and culturally responsive service delivery for Asian and MELAA communities.

PHANZ, thereby, requests that the Petitions Committee to support this petition request.

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Introduction

The purpose of this submission is to provide background information to the petition request for Health New Zealand - Te Whatu Ora to develop a comprehensive national policy/strategy and implementation plans at regional and district levels aimed at improving the health and well-being of Asian and MELAA groups in Aotearoa New Zealand.

Brief overview of PHANZ

Public Health Association New Zealand (PHANZ) advocates for the health and well-being of all Aotearoa New Zealanders. Since 1988, PHANZ has stood as a beacon of advocacy, innovation and collaboration across the public health sector; both nationally and internationally. PHANZ is a passionate community of professionals, researchers, policymakers and advocates united by a common vision – creating a healthier, more equitable and sustainable Aotearoa New Zealand. PHANZ has been at the forefront of shaping public health policy and practice in our culturally rich country. It plays a critical role in advocating for health equity, disease prevention, health promotion, and the overall well-being of the population.

Brief overview of the PHANZ Asian Caucus

The Asian/ethnic Caucus of PHANZ works alongside the PHANZ Māori and Pacific Caucuses. The mission of the Asian/ethnic Caucus is to promote health equity, cultural sensitivity and inclusive policies that benefit the Asian, MELAA and other ethnic groups, including new migrants, former refugees and asylum seekers. The PHANZ Asian/ethnic Caucus functions by providing a forum for networking, discussion and knowledge sharing on public health issues concerning these diverse populations in Aotearoa New Zealand, and advocacy and action to improve the health status of Asian and MELAA peoples.

Te Tiriti O Waitangi and the Pae Ora (Healthy Futures) Act 2022 both emphasise equity

The Pae Ora (Healthy Futures) Act 2022 signifies a transformative shift in Aotearoa New Zealand's health and disability system, aiming to create a fairer, more accessible, and equitable public health service. The health sector principles stated in the Act include the following:

"… the health sector 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"[1]

This submission by PHANZ outlines the advantages of an Asian and MELAA-focussed national strategy to meet the unique health needs of these rapidly growing populations. The next sections will provide the specific recommendations and the reasons for the recommendations.

[1] https://www.legislation.govt.nz/act/public/2022/0030/latest/096be8ed81d9d163.pdf, accessed on 14 March 2024

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Recommendations

The Public Health Association of New Zealand recommends that Health New Zealand - Te Whatu Ora undertake the following actions:

1. Develop a national health strategy tailored to address the unique needs of Asian and MELAA communities, emphasising equity and inclusion and in alignment with the principles of Te Tiriti o Waitangi. This national strategy would encompass planning for:

    - Identifying and addressing the health needs of Asian and MELAA communities, including consideration of Asian and MELAA subpopulations where relevant.

    - Appropriate data collection and monitoring for Asian and MELAA communities as well as research involving these communities by Health New Zealand Te Whatu Ora.

    - Fostering intersectoral-agency collaboration to strengthen partnerships between health, social, educational agencies and community organisations for improved Asian and MELAA healthcare access and service delivery.

    - Asian/MELAA representation at Director level in Health New Zealand Te Whatu Ora

2. Implement Regional/District Plans with specific actions and resources allocated to meet the localised needs of Asian and MELAA communities. This would ideally involve establishing appropriate governance and leadership structures focussed on Asian and MELAA health at the regional and district level.

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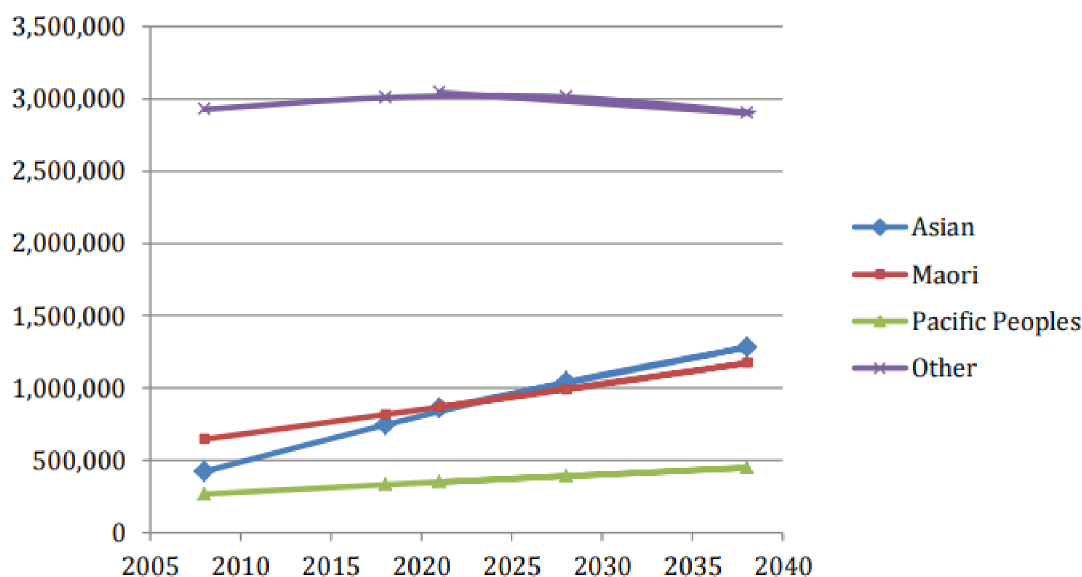
SUPPORTING INFORMATION

Recommendation 1: Health New Zealand - Te Whatu Ora develops a national health strategy tailored to address the unique needs of Asian and MELAA communities, emphasising equity and inclusion and in alignment with the principles of Te Tiriti o Waitangi.

- **Asian and MELAA populations are large and fast growing and warrant a focussed strategy**

The Asian population has experienced rapid growth over the last two decades. Census 2018 data indicates that while there was an increase in the proportion of Asians living in every region in Aotearoa New Zealand, the biggest growth occurred in the metropolitan Auckland region. Over a quarter (28%) of Auckland residents identified with an Asian ethnicity, and Auckland was home to almost two thirds (63%) of all Asian/ethnic peoples in Aotearoa New Zealand as at 2018. In 2021, the projected population for Asian peoples was 860,650 (close to the Māori population of 869,130), and accounted for 16.8% of the whole population in Aotearoa 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 1). Seventy seven percent of Asian peoples were born overseas, according to Census 2018.

Figure 1: Projected populations by ethnicity (prioritised), Aotearoa New Zealand (2020 Update)[2]



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, accounting for 1.5% of the Aotearoa New Zealand total. It is believed this population will increase very fast.[3]

Asian and MELAA populations have been relatively invisible in recent health legislation and policy. As mentioned previously, the Pae Ora Act 2022 did not list Asian and MELAA communities among the

[2] https://static1.squarespace.com/static/64f50f96be6edd18bcd91177/t/65ca7cb866a5d96eb340eeff/1707769019897/Recommendations+by+the+Asian+caucus+of+the+PHA+NZ%2C+2022.pdf, accessed on 14 March 2024

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populations that require health strategies.[2] Te Pae Tata (the interim Aotearoa New Zealand Health Plan) acknowledges that the health system has continued to underserve a number of groups including ethnic communities but there is minimal substantive content in the interim plan to address the health needs of Asian and MELAA communities.[3] The next section outlines the complex range of health needs of these communities.

Barriers to service access:

Cultural and linguistic barriers

Asian and MELAA communities experience significant cultural and linguistic barriers to service access. The Health Status Report published by Health New Zealand - Te Whatu Ora includes the following on page 28 of the report:

> *"Diverse ethnic communities are deeply linked to their cultural beliefs and values. Among Asian people, 66% had a religious affiliation: the most common being Christianity (26.8%), Hinduism (16.8%) and Islam (5.7%). A greater proportion of MELAA people (74.1%) were affiliated with a religion, the most common being Christianity (41.3%) and Islam (22.4%).*
>
> *Available evidence suggests these communities including (but not limited to) populations from Asia, the Middle East, Latin America, and Africa, those who have been refugees in the past, present and former asylum seekers, those from transgender, non-binary and gender diverse backgrounds, and international students face significant barriers to accessing primary care and mental health and addiction, pharmacy, oral health and maternity services. Challenges include resettlement stress, financial and transport stressors, language barriers, lack of knowledge of the health system, lack of trust and understanding of Western models of care, a perceived lack of confidentiality, cultural differences in assessment and treatment, and lack of cultural competence among health professionals. Culturally tailored patient support is an important enabler of culturally appropriate and responsive care for CALD patients. "* [22]

Sub-optimal PHO enrolment rates

Sub-optimal PHO enrolment rates have also been noted for Asian/ethnic peoples in many districts. Nationwide, according to the Ministry of Health Manatū Hauora data, Asian populations had a PHO enrolment rate of 90.1%, lower than that for European/Other population (99.0%) as at 31 December 2022, and the Asian rate is likely to decrease markedly with net migration post-Covid. Figure 3 shows the proportion of the population not enrolled in 2022 by age and ethnic group, based on Ministry of Health Manatū Hauora data. The non-enrolment rates were highest among Asian/ethnic peoples: of the total Asian/ethnic population in Aotearoa New Zealand, 29.6% aged 20–24 years and 23.1% aged 25–29 years were not enrolled with a PHO. [4]

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[3] https://www.tewhatuora.govt.nz/whats-happening/what-to-expect/nz-health-plan/, accessed on 13 March 2024

[4] Ministry of Health. 2023. *Health and Independence Report 2022*. Wellington: Ministry of Health, pages 44-46

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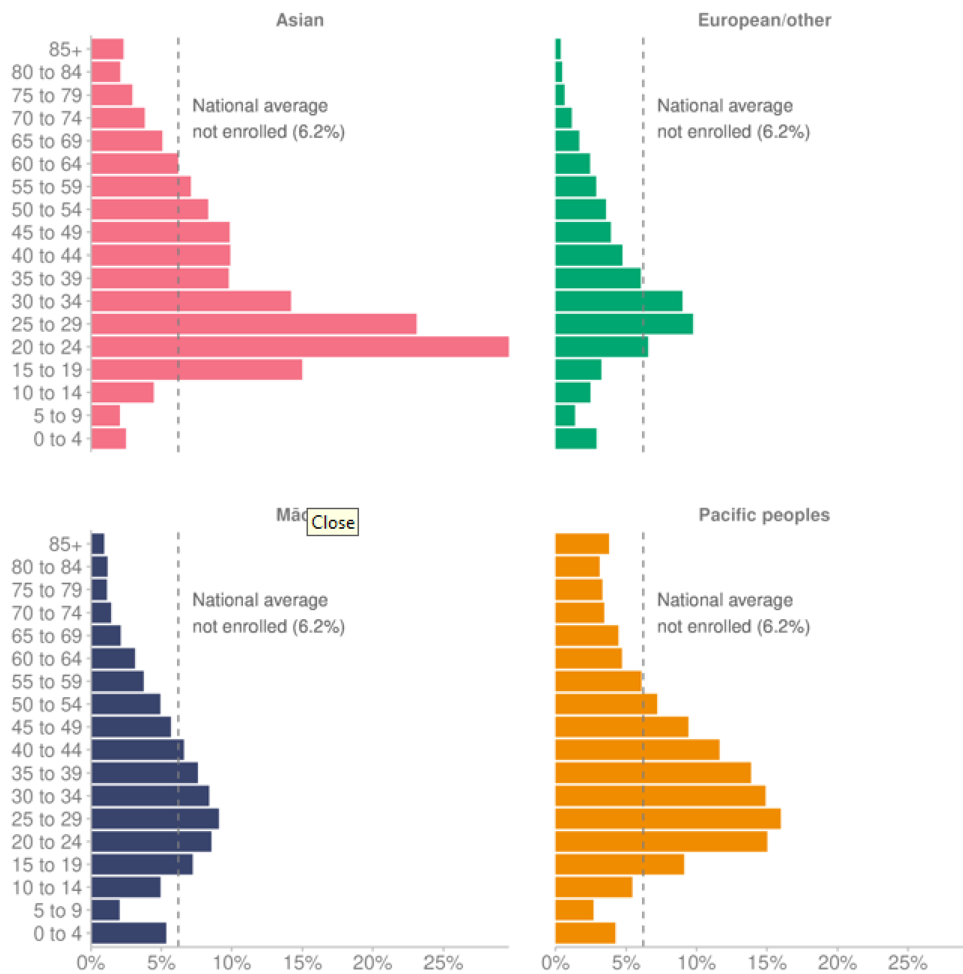
Figure 2: Percentage of Aotearoa New Zealand population not enrolled in a PHO, by age group and ethnic group, 2022



Source: Manatū Hauora unpublished data (2023)

Suboptimal screening rates:

Breast, cervical and bowel screening rates for Asian/ethnic peoples are below the non-Māori/non-Pacific/non-Asian/ethnic group and below the national screening averages. [22] Data for disaggregated Asian sub-populations or for MELAA groups disaggregated from the European/Other group are not available. Figure 3 presents March 2023 data from the National Screening Unit by ethnicity for women up to date with breast and cervical screening and the proportion of people participating in bowel screening. Lower screening rates for cervical and breast cancer among Asian/ethnic peoples has been a longstanding issue.[5] There have also been an increased number of breast cancer registrations for Asian/ethnic women,[23] which has a number of implications for planning and delivery of culturally appropriate healthcare services. There is also evidence that the (lower) bowel screening rate for Asian peoples varies across health district (from 34% to 58%, as at June 2023).

[5] Lifeng Zhou and Grace Ryu, Asian Population Data Intelligence and Approaches in New Zealand. Christchurch: Asian Health Equity Screening & Immunisation Planning Workshop, Te Whatu Ora Health New Zealand, 2023 (unpublished).

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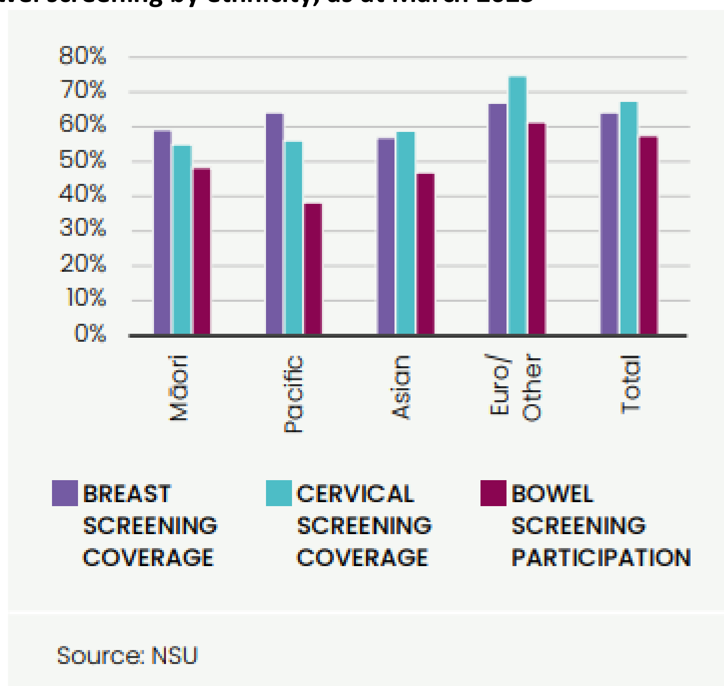
Figure 3: Women up-to-date with breast and cervical screening and proportion of people participating in bowel screening by ethnicity, as at March 2023



Racism and discrimination

As noted earlier, Asian and MELAA peoples also experience considerable discrimination and racism in Aotearoa, both in the community [6] and in healthcare settings. [7] These experiences of discrimination and racism also contribute to reduced healthcare access [7] as well as reduced quality of care when health service support is sought. [7]

- **Asian and MELAA populations have a range of complex health needs**

There are a number of important health needs that have been identified in available data. Where data are available for relevant sub-populations within the aggregate (i.e. umbrella) Asian and MELAA groups, these data have been summarised below. Key health needs include:

Child and Youth Health:

Emerging research shows that the rates of psychological distress among ethnic youth are rapidly increasing,[8] with a quarter of ethnic minority adolescents in Aotearoa New Zealand reporting clinically significant depressive symptoms in 2019.[9] In studies with school children in Aotearoa New Zealand, mental health, particularly among ethnic minority female students, was seen to be of

[6] Jaung R, Park LS, Park JJ, Mayeda DT, Song C. Asian New Zealanders' experiences of racism during the COVID-19 pandemic and its association with life satisfaction. N Z Med J. 2022 Nov 11;135(1565):60-73.

[7] Talamaivao N, Harris R, Cormack D, Paine SJ, King P. Racism and health in Aotearoa New Zealand: a systematic review of quantitative studies. N Z Med J. 2020 Sep 4;133(1521):55-68

[8] Sutcliffe K, Ball J, Clark TC, Archer D, Peiris-John R, Crengle S, Fleming T. Rapid and unequal decline in adolescent mental health and well-being 2012–2019: Findings from New Zealand cross-sectional surveys. Australian & New Zealand Journal of Psychiatry. 2023 Feb;57(2):264-82.

[9] Fleming T, Tiatia-Seath J, Peiris-John R, Sutcliffe K, Archer D, Bavin L, Crengle S, Clark T. Youth19 Rangatahi Smart Survey, Initial Findings: Hauora Hinengaro / Emotional and Mental Health. New Zealand: The University of Auckland and Victoria University of Wellington, 2020.

significant concern[10]. Inequities also remain, with poorer health care access and higher unmet health needs among ethnic minority youth, and high and increasing experiences of bullying, racism and discrimination.[7,11,12,13] Overall, large scale studies have shown that one in five ethnic students have reported foregone health care.[7] One in four Asian students reported being treated unfairly by a teacher because of their ethnicity, one-in-five reported being bullied in school because of their ethnicity [10] or religion, and about half felt unsafe in their neighbourhood.[7] The 2010 Human Rights Commission report found that Asians in NZ faced higher levels of discrimination than any other minorities in Aotearoa New Zealand.[14] Racism and ethnic discrimination is associated with higher anxiety, distress, depression, suicidal thoughts, poorer psychological wellbeing, levels of happiness, self-worth and self-esteem and poorer access to healthcare when needed.[9,10] Ethnic youth also report witnessing or experiencing violence at home.[7]

Women's and Gender Health:

Approximately half the 'ethnic' population – roughly estimated at around 500,000 – are women. Like the rest of the migrant population, there is diversity in age, languages, religion, social position, occupations, and legal status within this group. The largest proportion of ethnic minority women are in the age bracket of 20-40 years, which represents both the core reproductive and productive age.[15] The proportion of ageing ethnic women is also rising; there are more Asian women in the ages 85+ compared to men.[12] Ethnic women fall into the ends of the labour market spectrum; while ethnic women are professionals (doctors, researchers, lawyers, policy, policewomen, etc.) there is a strong a concentration of ethnic women in low paying jobs in the aged care sector, hospitality, retail and cleaning. Ethnic women are also overrepresented in occupations to do with education and health such as early childhood care, teaching, nursing and allied health care work.

Ethnic minority women are overrepresented in certain health conditions due to innate constitutional factors. For instance, there is a high degree of still-births and neonatal deaths among women of South Asian/Indian ethnicity.[16] There is also higher vulnerability to diabetes and stroke among women from Asian countries. Cultural factors impact on women's access to good health and screening. For example, research has shown that South Asian women are more likely to have Vitamin D deficiency partly due to adequate absorption but this is compounded by cultural factors and gender norms that

[10] Peiris-John R, Kang K, Dizon L, Singh G, Clark T, Fleming T, Ameratunga S. East Asian, South Asian, Chinese and Indian Students in Aotearoa: A Youth19 Report.

[11] Peiris-John R, Bavin L, Kang K, Dizon L, Lewycka S, Ameratunga S, Clark T, Fleming T. Factors predicting forgone healthcare among Asian adolescents in New Zealand: unmasking variation in aggregate data.

[12] Simon-Kumar R, Lewycka S, Clark TC, Fleming T, Peiris-John R. Flexible resources and experiences of racism among a multi-ethnic adolescent population in Aotearoa, New Zealand: an intersectional analysis of health and socioeconomic inequities using survey data. The Lancet. 2022 Oct 1;400(10358):1130-43

[13] Education Evaluation Centre. Education for all our children: embracing diverse ethnicities. 2023. Wellington: Education Review Office.

[14] Human Rights Commission. Human Rights in New Zealand. Wellington: The Office of the Human Rights Commission, 2010.

[15] Statistics New Zealand https://www.stats.govt.nz/tools/2018-census-ethnic-group-summaries/asian; and Gender Bias in New Zealand Factsheets https://genderbiasresearch.auckland.ac.nz/ethnic-women-and-men-in-new-zealand/; New Zealand Government's Report to CEDAW.

[16] https://www.scoop.co.nz/stories/GE1909/S00109/stillbirths-significantly-reduced-over-last-10-years.htm; de Graaff, E., Sadler, L., Lakhdhir, H., Simon-Kumar, R., Peiris-John, R., Burgess, W., ... & Anderson, N. (2023). An in-depth analysis of perinatal related mortality among women of South Asian ethnicity in Aotearoa New Zealand. *BMC Pregnancy and Childbirth*, 23(1), 535

encourage indoor lifestyles and less exposure to the sun.[17] Similarly, Asian women have low uptake of screening services such as cervical screening.[18]

Family and sexual violence experienced by ethnic women has received significant research and policy attention[19] and is an area where policy, research, and community have engaged productively. However, there are still areas where policy intervention and community services are needed – these include sex selection and abortion,[20] the court system for migrant women seeking to escape violence,[21] and health needs in specific population groups such as LGBTQI+, sex workers, ethnic women with disabilities, among others, who are often marginalised both within their own cultural and faith group, as well as by mainstream society.

Vascular-metabolic disease:

South Asians in Aotearoa New Zealand are acknowledged as being at high risk of cardiovascular disease (CVD) along with Māori and Pacific people.[22] However, current ethnic group categorisations in available health data related to CVD enable identification of Indians only and not the total South Asian group. One recent Aotearoa study of 475000 people aged 30-74 years who were risk assessed in primary care between 2004 and 2016 found that Indian men had the highest prevalence of prior coronary heart disease of all ethnic groups examined.[23] Another Aotearoa study that examined age-standardised mortality for coronary heart disease in different ethnic groups between 2006 and 2015 for 35-84 year olds noted that Indian men and women had higher mortality than their European counterparts, although lower mortality rates than Māori and Pacific men and women.[24]

South Asians are also known to be at high risk of diabetes. Using the Virtual Diabetes Register, the Ministry of Health estimated that at 31 December 2021, Pacific peoples had the highest rates of diabetes (119 per 1,000) followed closely by Indian people (101 per 1,000), with Māori also having elevated rates (70 per 1,000) as compared to their European/Other counterparts (30 per 1,000).[25] Age-specific diabetes prevalence by ethnicity according to Virtual Diabetes Register 2021 data is also available (Figure 4).[22] Indians had the second-highest age-specific prevalence of diabetes (after Pacific peoples) from the 40-44 years age group onwards until the 80-84 year old group where;

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[17] See Hurst, P. R. von, Stonehouse, W., & Coad, J. (2010). Vitamin D status and attitudes towards sun exposure in South Asian women living in Auckland, New Zealand. Public Health Nutrition, 13(4), 531–536

[18] Kang, K. (2016) *Barriers to cervical screening uptake among Asian women*, BHSc (Hons.) Dissertation, The University of Auckland

[19] Franklin, A. (2021). South Asian Immigrant Women's Experiences of Male to Female Partner Violence in New Zealand (Doctoral dissertation, ResearchSpace@ Auckland); Somasekhar, S., Robertson, N. R., & Thakker, J. (2020). Indian Women's Experiences of domestic violence in the context of Migration to Aotearoa New Zealand: The role of women's in-laws. *New Zealand Journal of Psychology (Online)*, *49*(1), 29-37

[20] Simon-Kumar, R., Paynter, J., Chiang, A., & Chabba, N. (2021). Sex ratios and 'missing women'among Asian minority and migrant populations in Aotearoa/New Zealand: a retrospective cohort analysis. *BMJ open*, *11*(11), e052343

[21] Shama Ethnic Women's Trust (2022-) Understanding the experiences of ethnic women interacting with the justice system for family or sexual violence, research funded by the Borrin Trust. https://shama.org.nz/2023/04/21/understanding-the-experiences-of-ethnic-women-interacting-with-the-justice-system-for-family-or-sexual-violence/

[22] Ministry of Health. 2018. Cardiovascular Disease Risk Assessment and Management for Primary Care. Wellington: Ministry of Health.

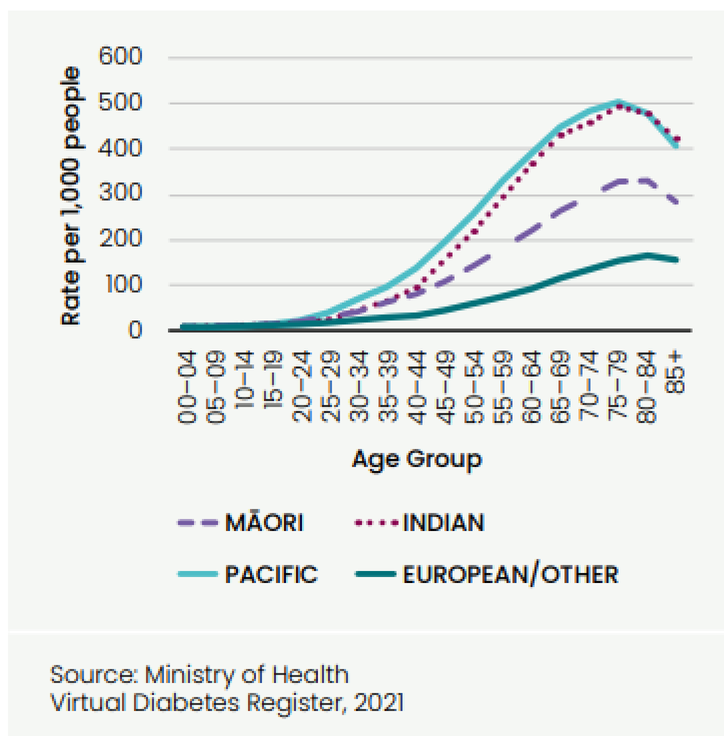
[23] Selak, V., Poppe, K., Grey, C., Mehta, S., Winter-Smith, J., Jackson, R., Wells, S., Exeter, D., Kerr, A., Riddell, T., & Harwood, M. (2020). Ethnic differences in cardiovascular risk profiles among 475,241 adults in primary care in Aotearoa, New Zealand. *The New Zealand Medical Journal*, *133*(1521), 14–27.

[24] Grey C, Jackson R, Wells S, Wu B, Poppe K, Harwood M, Sundborn G, Kerr AJ. Trends in ischaemic heart disease: patterns of hospitalisation and mortality rates differ by ethnicity (ANZACS-QI 21). N Z Med J. 2018 Jul 13;131(1478):21-31.

[25] Health New Zealand – Te Whatu Ora. 2024. Health Status Report. Wellington: Health New Zealand – Te Whatu Ora

among those 80 years and older, the prevalence of diabetes was similar for Indian and Pacific peoples.

Figure 4: Estimated rate of diabetes per 1,000 people by age group and ethnicity, 2021



Mental Health and Addictions:

The Health Status Report released by Health New Zealand – Te Whatu Ora in February 2024 noted that refugees and migrants (of which there are large numbers in Asian and MELAA communities) are among the most at-risk populations for mental health and addiction needs in Aotearoa New Zealand. However, under-presentation with mental health and addiction issues is likely to be occurring due to the associated stigma in these communities. In 2021, Asian Family Services undertook a survey that found that more than 40% of those surveyed reported depression symptoms but also noted on average 4-5 barriers to support for their mental health, and almost 99% of respondents indicated stigma around mental illness. Not surprisingly, the Health Status Report noted that mental health and addiction service utlisation is very low for Asian peoples, with data regarding MELAA peoples not disaggregated from the European/Other group.[22]

- **Cultural responsiveness and safety need to be considered by Health New Zealand - Te Whatu Ora in planning and health service provision for Asian and MELAA communities**

The Health Quality and Safety Commission – Te Tāhū Hauora states that:

"cultural safety encompasses a critical consciousness where health care workers and health care organisations engage in ongoing self-reflection and self-awareness, and hold themselves accountable for providing culturally safe care, as defined by patients and their communities, and as measured through progress towards achieving health equity. Cultural safety requires health care

workers and their associated health care organisations to influence health care to reduce bias and achieve equity within the workforce and working environment."[26]

Asian and MELAA populations have diverse cultures, faiths, health beliefs and expectations of health care in addition to their diverse languages/dialects. Cultural safety will not automatically be achieved for Asian and MELAA communities but requires explicit and ongoing consideration by Health New Zealand – Te Whatu Ora including in relation to specific areas of service provision such as mental health services or maternity services.

Therefore, ensuring that cultural safety considerations are incorporated into a Health New Zealand - Te Whatu Ora national strategy specific to Asian and MELAA populations is a critical first step in actualising cultural safety for these Aotearoa New Zealand populations.

- **Appropriate data collection and monitoring for Asian and MELAA communities**

Appropriate data collection and monitoring for Asian and MELAA communities as well as research involving these communities requires consideration by Health New Zealand - Te Whatu Ora

Asian and MELAA populations require explicit consideration in data collection and data reporting/monitoring by Health New Zealand – Te Whatu Ora to appropriately monitor known health needs and identify emerging health needs. Consideration for disaggregating the Asian and MELAA groups when collecting and reporting health data is important, given the diversity and heterogeneity in risks and outcomes within these large groups, which are often masked due to aggregate ethnic group collection and reporting practices. For example, as noted previously, South Asians are at high risk of CVD and diabetes. CVD and diabetes data are sometimes presented for the Asian group as a whole, such as the CVD mortality data presented in the Health Status Report recently published by Health New Zealand - Te Whatu Ora that indicated that the Asian group had the lowest CVD mortality of all the Asian/ethnic groups examined.[22] However, as noted in the Health Status Report, presentation of data for the total Asian group leads to an 'averaging effect' across all Asian/ethnic populations and masks the health needs of the higher risk South Asian group, of which Indians are currently the only group who can be identified in available Aotearoa New Zealand national health data.

Appropriate consideration of Asian and MELAA communities is also required in research being undertaken by Health New Zealand – Te Whatu Ora. This includes data 'sovereignty' considerations for these communities and also potentially increasing opportunities (and funding if required) for national and regional health needs analyses to provide evidence of the health status and health needs of the diverse Asian and MELAA populations. These measures need to be considered since some progress has been made, including health needs analyses by various agencies and organisations, but the up-to-date evidence base for Asian and MELAA health remains patchy.

- ***Fostering intersectoral-agency collaboration***

A national strategy focussed on Asian and MELAA communities should consider the Asian leadership and how Health New Zealand - Te Whatu Ora foster intersectoral-agency collaboration.

Evidence highlights the absence of Asian representation within the Senior Leadership Teams in the New Zealand health system including the hospitals[27] as well as in the recently formed Ministry of

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[26] https://www.hqsc.govt.nz/our-work/leadership-and-capability/kaiawhina-workforce/health-literacy-equity-cultural-safety-and-competence/, accessed on 18 March 2024

[27] Lee, S., Collins, F. L., & Simon-Kumar, R. (2020). Healthy Diversity? The Politics of Managing Emotions in an Ethnically Diverse Hospital Workforce. Journal of Intercultural Studies, 41(4), 389–404.

Health and Health New Zealand Te Whatu Ora.[28] There are also gaps in the policies around recruitment, retention, and career development with no specialised HR policies for the Asian/MELAA workforce or cultural support information. The rise of ethnic staff on contract and temporary migrant visas further alienates them from career progression pathways.[27]

In addition, PHANZ recommends that a national strategy focussed on Asian and MELAA communities needs to incorporate an intersectoral-agency approach, emphasising collaboration and partnership to improve the health and well-being of Asian and MELAA populations. Therefore, a national strategy should also consider how Health New Zealand – Te Whatu Ora can strengthen partnerships between health, social, educational agencies and community organisations for improved access and service delivery for these communities.

Recommendation 2: Health New Zealand - Te Whatu Ora should implement Regional/District Plans with specific actions and resources allocated to meet the needs of Asian and MELAA communities

It is well known there are variations of healthcare provision by geography (so called "postcode lottery"). Actually, the healthcare needs vary not only by geography such as health region or health district but also by deprivation, age group, education, health literacy and ethnic group of the residents in a health district or health locality. A national health strategy or policy for Health New Zealand is critical. It is also important to have a costed implementation plan at regional and district levels, which means consideration of the Asian/ethnic populations are embedded in the regional plans in addition to its inclusion in the National Health Plan currently being drafted for 2025-2027. Some former DHBs did develop health plan for the Asian and ethnic communities, which could be used as a starting point. [29]

Hence, PHANZ recommends that regional and district implementation plans focussed on Asian and MELAA communities are required to enable appropriate, responsive and culturally safe health service delivery for Asian and MELAA communities. PHANZ suggests detailing guiding principles, values, priority areas for action, intervention logics, partnerships, and risk mitigation strategies in these plans. Consumer and whānau inclusion in the design, delivery, evaluation, and governance of Asian and MELAA health services is crucial.

PHANZ also recommends that Health New Zealand – Te Whatu Ora establish governance and leadership Structures at regional and district levels to facilitate and oversee the implementation of health strategies. Regarding the governance structure, PHANZ proposes learning from successful Asian models within Health New Zealand -Te Whatu Ora, establishing regional Asian ethnic and MELAA as well as new migrants and former refugees divisions with enhanced commissioning power. There is a need for engagement with Asian Ethnic and MELAA communities in a culturally and linguistically appropriate manner. The establishment of governance groups and inter-sectoral advisory groups at the regional and district level is recommended to oversee the development, implementation, and monitoring of regional and district health plans.

PHANZ also emphasise the pivotal role of community-related work at regional and district levels for Asian Ethnic and MELAA communities, highlighting the need for increased resourcing of community

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[28] CAHRE: Pae Ora: ensuring a healthy future for all – including Asian and Ethnic minorities, https://bpb-ap-se2.wpmucdn.com/blogs.auckland.ac.nz/dist/1/691/files/2022/11/Ensuring-a-healthy-future-for-Asian-and-Ethnic-minorities79.pdf, accessed on 5 April 2024

[29] https://www.waitematadhb.govt.nz/assets/Documents/health-plans/Asian-Migrant-Refugee-Health-Plan-ADHB-WDHB-Final.pdf, accessed on 13 March 2024

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agencies and organisations involved in health and well-being access and service delivery for these populations.

Conclusions

1. PHANZ has submitted a petition that highlights the need for national, regional and district level policy and planning by Health New Zealand - Te Whatu Ora for Asian ethnic and MELAA communities.
2. The petition is driven by the recognition of the rapidly growing Asian ethnic and MELAA populations in Aotearoa New Zealand, with diverse health needs that require a nuanced approach.
3. Key health needs at present include child and youth health, women's and gender health, vascular-metabolic disease, mental health and addictions and barriers to accessing care (including cultural and linguistic challenges) for these populations.
4. PHANZ proposes key recommendations: 1) the development of a national health strategy by Health New Zealand – Te Whatu Ora to systematically identify and address the health needs of Asian ethnic and MELAA communities, including enhanced data collection, monitoring and reporting of disaggregated data where appropriate and an inter-agency approach.
5. PHANZ also recommends that regional and district implementation plans specific to Asian Ethnic and MELAA communities are required to enable appropriate and responsive health service delivery, with appropriate governance and leadership structures at both regional and district levels. The pivotal role of community-led work at regional and district levels and the need for increased resourcing for community organisations involved in health and well-being service delivery for Asian Ethnic and MELAA communities should also be considered.

Appendices

- **Recommendations on the health system reform for Asian and ethnic communities in Aotearoa, Asian Caucus of PHANZ**

  https://static1.squarespace.com/static/64f50f96be6edd18bcd91177/t/65ca7cb866a5d96eb340eeff/1707769019897/Recommendations+by+the+Asian+caucus+of+the+PHA+NZ%2C+2022.pdf

  https://www.pha.org.nz/asian-caucus

- **PHANZ Initial Recommendations to the government (2022)**

- **Pae Ora: ensuring a healthy future for all – including Asian and Ethnic minorities, Centre for Asian and Ethnic Minority Health Research and Evaluation (CAHRE), University of Auckland**

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Appendix 1: Recommendations on the health system reform for Asian and ethnic communities in Aotearoa, Asian Caucus of PHANZ

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

8 February 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.

Members of the Asian Health Reform Advisory Group contributing to the Recommendations

Dr Lifeng Zhou, Chief Advisor for Asian International Collaboration, Waitematā DHB; Senior Epidemiologist, Waitematā DHB and Auckland DHB; Chair of Asian caucus, Public Health Association, New Zealand;

Ms Grace Ryu, Operations Manager, Asian Health Services (WDHB) & Co-Chair, Asian Mental Health & Addiction Clinical Governance Group (WDHB);

Dr Roshini Peiris-John, Associate Professor, University of Auckland, and Co-Director, Centre for Asian and Ethnic Minority Health Research and Evaluation, University of Auckland;

Ms Samantha Bennett, Asian, Migrant & Former Refugee Health Gain Manager Auckland DHB and Waitematā DHB;

Dr Grace Wong, member of the Health Workforce Advisory Board, Ministry of Health, New Zealand

Dr Sherly Parackal, Senior Research Fellow, Division of Health Sciences, University of Otago;

Dr Tian Min (Maggie) Ma, Programme Manager, Asian International Collaboration, Waitematā DHB;

Mr Grant Berghan, Chief Executive, Public Health Association, New Zealand

Ms Nivedita Sharma Vij, LTC SMS Programme Lead, Lead Clinical Health Coach, ACFED Practitioner, Primary Care, Funding and Planning, Counties Manukau Health

Named members of the Asian Health Reform Advisory Group supporting the Recommendations

Dr Eleanor Holroyd, Professor of Nursing, Head of Research, School of Clinical Sciences, Co-Director of the AUT Centre Migrant and Refugee Research, Auckland University of Technology;

Mr Vishal Rishi, Director, The Asian Network Inc. (TANI);

Dr Wilson Young, retired public health physician, Deputy Chair, CNSST Foundation;

Ms Jenny Wang QSM, Executive Director, CNSST Foundation;

Ms Gloria Gao, Chief Operations Manager, CNSST Foundation;

Dr Anura Jayasinghe, Public Health Physician, Hauora Tairawhiti. (Tairawhiti District Health Board), Vice president of the Kiwi Sri Lankan Charitable trust, Member of New Zealand College of Public Health Medicine;

Mr Bala Nair, Programme Manager - Stroke Research, National Institute for Stroke and Applied Neurosciences, Auckland University of Technology, New Zealand;

Dr Aram Kim, Chair, Korean Community Wellness Society Inc. (KCWS);

Mr Gautam Raj Singh, Project Manager, Asian, Migrant and Former Refugee Health Gain, Planning, Funding and Outcomes Unit, Waitematā and Auckland DHBs;

Ms Kelly Feng MNZM, National Director, Asian Family Services.

Suggested Citation: Asian Health Reform Advisory Group, Recommendations on the health system reform for Asian and ethnic communities in Aotearoa. Wellington: Public Health Association New Zealand, 2022.

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.**"[30] 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"[31]. 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 sick [32].

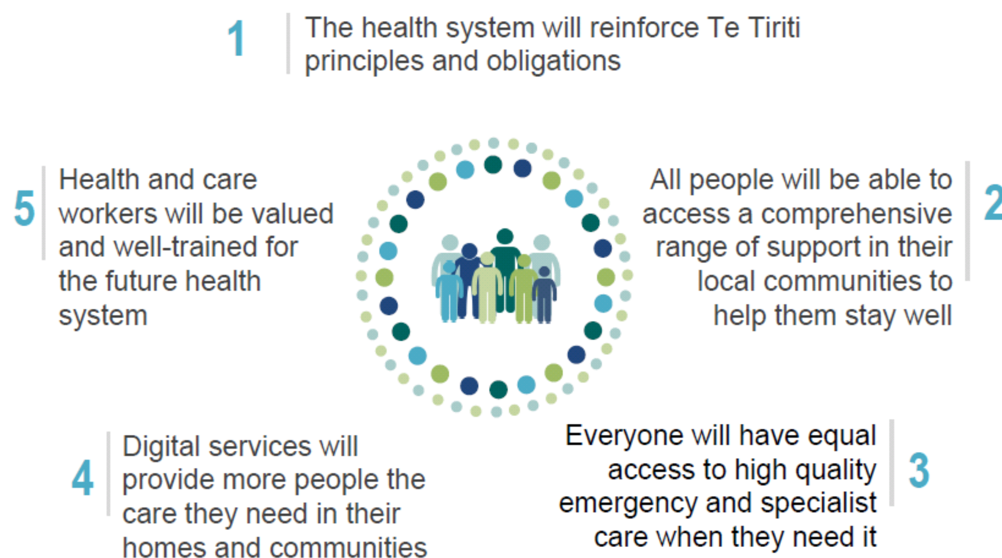

Figure 1 The health system changes[33]

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

[30] https://www.pha.org.nz/, accessed on 1 November 2021
[31] https://systemreview.health.govt.nz/, accessed on 1 November 2021
[32] https://www.futureofhealth.govt.nz/about-the-reforms/, accessed on 1 November 2021
[33] https://www.futureofhealth.govt.nz/assets/Uploads/Publications/South-Island-TU-Roadshow-presentation.pdf, accessed on 1 November 2021

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 utilisation[34].

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"[35]

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 south[36].

[34] https://www.waitematadhb.govt.nz/assets/Documents/health-plans/Asian-Migrant-Refugee-Health-Plan-ADHB-WDHB-Final.pdf, accessed on 1 November 2021
[35] https://legislation.govt.nz/bill/government/2021/0085/latest/whole.html#LMS575484, accessed on 29 November 2021
[36] https://www.health.govt.nz/our-work/populations/asian-and-migrant-health, accessed on 2 November 2021

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.

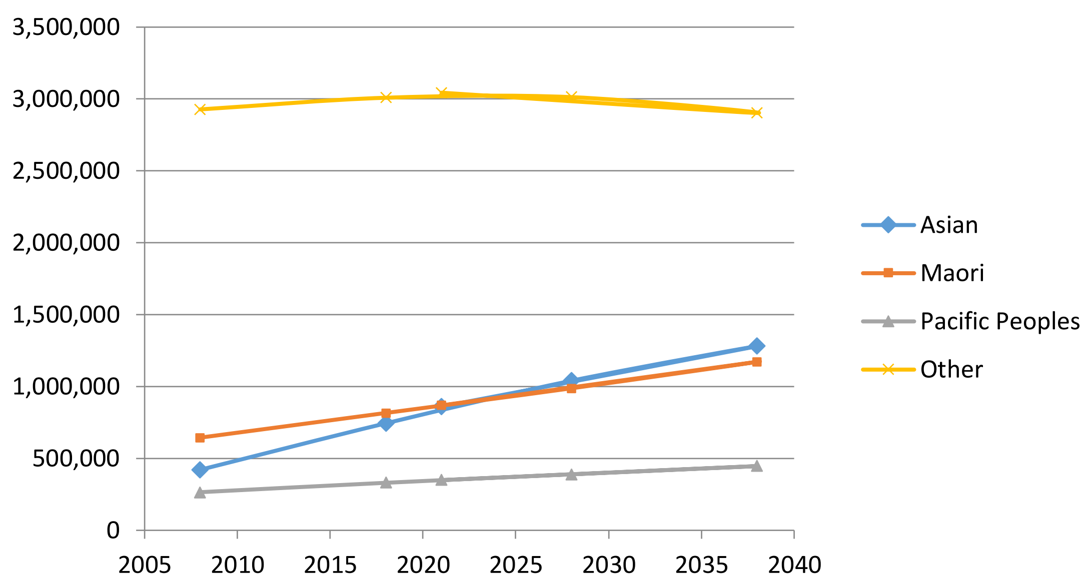

Figure 2 **Projected populations by ethnicity (prioritised), New Zealand (2020 Update)**

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 total[37]. 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 disaggregated ethnic categories are used for reporting Asian health statistics and the health needs are made visible[38].

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

[38] Parackal S, Coppell 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-

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'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 DHBs[39] and Northern Regional Alliance[40, 41] 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 Zealand[42];
- 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, 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;

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misnomers-a-case-for-disaggregated-asian-health-statistics-in-aotearoa-new-zealand-to-improve-health-outcomes-open-access, accessed on 29 November 2021

[39] 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

[40] http://www.waitematadhb.govt.nz/assets/Documents/health-needs-assessments/AsianHealth2012.pdf, accessed on 2 November 2021

[41] https://www.ecald.com/assets/Resources/Assets/Asian-Health-Aotearoa-2011.pdf, accessed on 2 November 2021

[42] 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

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- Sexual health, youth health, and wellbeing of vulnerable marginal or inter-sectional Asian sub-groups, e.g. gender diverse (transgender people/irawhiti/fa'afāfine/fa'atama) or people with disability;[43]
- 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, Muskaan Care Trust NZ, 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 use[44]. 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;
- 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

[43] 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/5bdbb75ccef37259122e59aa/t/60d3a4202b2d4a2ddd6b7708/1624482883718/Youth19+Report+on+South+Asian%2C+East+Asian%2C+Chinese+and+Indian+student.pdf, accessed on 10 January 2022

[44] https://www.ecald.com/assets/Resources/Assets/Health-Needs-Assessment-MELAA.pdf, accessed on 2 November 2021

Chiang and others[45] 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 Book[46] 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 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. These resources have been proven to be very valuable in engaging with the patients and their whānaus 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

[45] 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

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

        - 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:

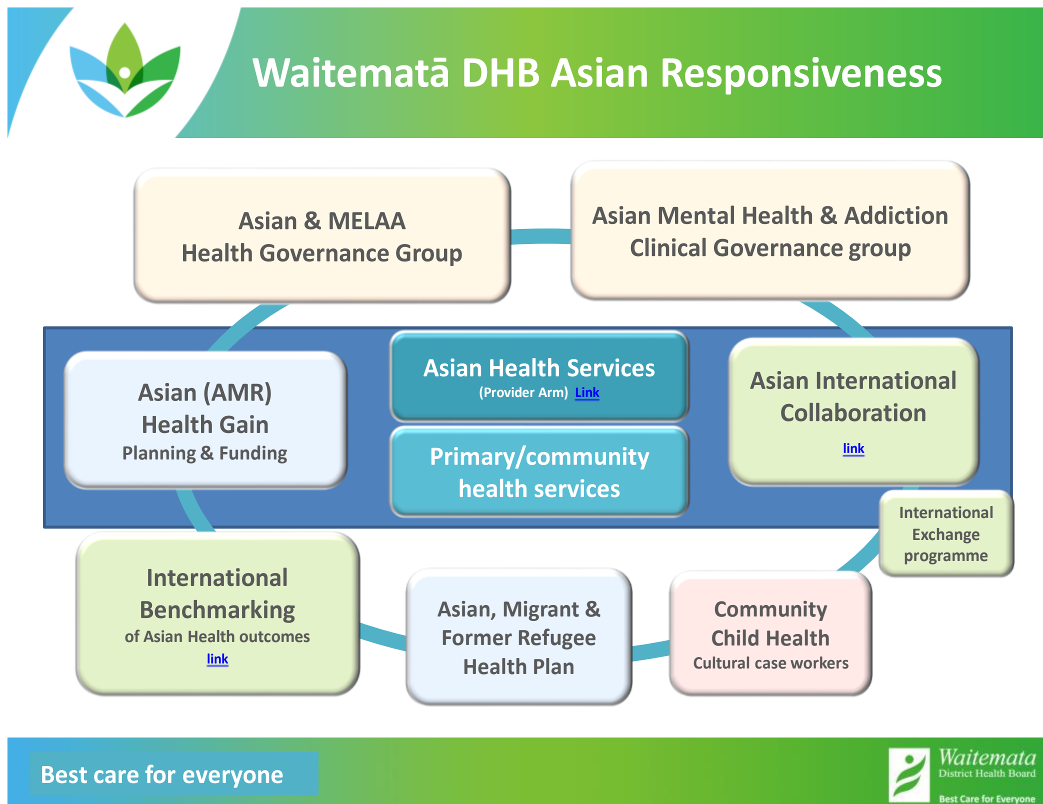

Figure 3 **Asian & Ethnic Responsiveness Model of Waitematā DHB**

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**" initiative[47] 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.

[47] https://www.yourlocaldoctor.co.nz/, accessed on 3 November 2021

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 place[48]

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
- 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

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

Appendix 2 - PHANZ Initial Recommendations to the government (2022)

The Pae Ora (Healthy Futures) Bill is a "landmark piece of legislation that will change our future for the better"[49].

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.

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

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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 1 **Asian and ethnic peoples live well, stay well and get well**[50]

[50] 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

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Appendix 3: Pae Ora: ensuring a healthy future for all – including Asian and Ethnic minorities

Centre for Asian and Ethnic Minority Health Research and Evaluation

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7 November 2022

Tēnā koutou katoa,

Pae Ora: ensuring a healthy future for all – including Asian and Ethnic minorities

University of Auckland's Centre for Asian and Ethnic Minority Health Research and Evaluation (CAHRE) focuses on the current health issues of Asian and other Ethnic minority (A/EM) communities in Aotearoa New Zealand, and we seek to develop strategic and collaborative approaches to improve the health status of this fast-growing population.

One in five people in Aotearoa, New Zealand, identifies as Asian or other Ethnic minority (i.e., Middle Eastern, Latin American or African). We believe that the unique health needs of these people are important to consider in ensuring a healthy future for all.

Recently, CAHRE held a panel discussion on *Pae Ora and Ethnic Minority Health* at its Biannual National Symposium. The session led to a passionate and wide-ranging discussion involving conference attendees that included health practitioners, service managers, academics, researchers, representatives from government and non-government sectors and communities.

We share key points from the panel discussion that reflects the views of the panellists and delegates that attended the conference to facilitate appropriate government responsiveness to the health needs of this population in Aotearoa New Zealand.

Ngā mihi nui,

Associate Professor Roshini Peiris-John
Co-Director CAHRE

Associate Professor Rachel Simon-Kumar
Co-Director CAHRE

CAHRE

Centre for Asian and Ethnic Minority Health Research and Evaluation

UNIVERSITY OF AUCKLAND
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NEW ZEALAND

7 November 2022

Pae Ora: ensuring a healthy future for all – including Asian and Ethnic minorities

Introduction

In 2022, the projected population for Asian was 861,120 (16.7% of Aotearoa New Zealand's population). According to Statistics New Zealand, the Asian population will continue to grow at a rate faster than other population groups, reaching 1 million in 2027 and accounting for 20% of the total population by 2030.

The Centre for Asian and Ethnic Minority Health Research and Evaluation (CAHRE) held a panel discussion at its biannual symposium (https://cahre.blogs.auckland.ac.nz/cahre-symposium-2022/), addressing the issue of fair and equitable health delivery for Asian and Ethnic Minority communities (e.g., Middle Eastern, Latin American and African) – collectively referred to as A/EM from here on. The discussion was led by panellists* (see below) but there was also a passionate and wide-ranging discussion involving the audience from a range of fields and ethnic communities.

The panelists noted that, there were significant gaps with the current planned Pae Ora structure from an A/EM perspective. However, recognising that it is very early in the rollout, there are also many opportunities.

Gaps and concerns include:

- Under-recognition by health leaders that A/EM groups in Aotearoa New Zealand are highly heterogenous and rapidly growing, with disparate population profiles and needs.
- Frequent aggregation of A/EM health data into a broader Asian, MELAA, 'Other' or non-Māori/non-Pacific group, which masks the needs of specific higher risk A/EM populations.
- A/EM populations are 'falling through the gaps' in terms of unmet health needs (as exemplified by recent sub-optimal breast and cervical screening rates and youth mental health statistics). A contributing factor is the myth of the 'model minority' that encompasses the perception that A/EM groups are 'doing ok', 'healthy' and therefore that they do not need community and culturally-specific services.
- Lack of understanding by health stakeholders and decision-makers that under-utilisation of specific health services by A/EM peoples occurs for a range of reasons. Factors include poor knowledge of the Aotearoa New Zealand health system and service structure (including for primary care), lack of culturally responsive care, stigma and cultural barriers associated with specific health needs (such as mental health issues or family violence) and language barriers with suboptimal use of interpreter services.
- Minimal mention of A/EM health in health strategy and planning despite clear research and clinical evidence of specific needs. This contributes to A/EM populations and stakeholders feeling invisible and ignored.
- Lack of A/EM representation in the emerging Pae Ora leadership structures, despite there being experienced leaders available.

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Opportunities include:

- A/EM community commitments supporting health equity advancement for tangata whenua from a Te Tiriti perspective: supporting hauora Māori will create a better health system for all.
- Collaborating with other underserved groups such as Pacific, disabled and LGBTQIA+ peoples to advocate for a more equitable health system. There is strength in numbers, many similar goals, and the panellists and delegates that attended the conference strongly believe that resources should be allocated to serve all ('and/and' not 'and/or').
- Acknowledging that A/EM groups in Aotearoa New Zealand have distinct health needs that will not automatically be met by the health sector in national, regional and localities policy and planning and regional/district implementation plans. There needs to be specific considerations to support culturally responsive service provision for A/EM groups.
- Increased resourcing for community organisations, especially those involved in health and well-being service delivery, and developing partnerships between government and non-government/community organisations at various levels. Strong A/EM NGO and community networks on the ground can support the work of Te Whatu Ora and Te Aka Whai Ora in advising on and delivery of culturally responsive and agile health services to the community.
- Involving A/EM stakeholders in decision-making processes to ensure that the health needs of A/EM groups in Aotearoa New Zealand are appropriately considered, including through governance and advisory groups for A/EM communities at national, regional and localities levels. The A/EM health workforce in Aotearoa are highly skilled, well-connected to their communities and can be a strong bridge in leadership.
- Ensuring disaggregated data collection, analysis and reporting for relevant A/ EM populations in Aotearoa New Zealand as well as supporting A/EM health research to enable robust and systematic health policy and planning, funding allocation and service delivery.
- Reinforcing resource and expanding available health service models for A/EM communities at the District level, e.g. Te Whatu Ora – Health New Zealand Waitematā Asian Health Services model.

*The Panel members were Mr Grant Berghan (Member of the Public Health Association of New Zealand; Member of Health Coalition Aotearoa), Dr Renee Liang (Pediatrician, Senior Research Fellow, University of Auckland, Asian Theme Lead Growing Up In New Zealand), Dr Lifeng Zhou (Chair of Asian Caucus, Public Health Association of New Zealand) and Dr Suneela Mehta (Honorary Senior Research Fellow, University of Auckland). The discussion was moderated by Associate Professor Roshini Peiris-John (Co-Director of CAHRE, University of Auckland). The session was organised in discussion with Dr Rodrigo Ramalho (Senior Lecturer, University of Auckland), and Professor Shanthi Ameratunga (Honorary Professor University of Auckland).

The Centre for Asian and Ethnic Minority Health Research and Evaluation (CAHRE) is a research centre at the School of Population Health, University of Auckland. Associate Professors Roshini Peiris-John and Rachel Simon-Kumar are Co-Directors of CAHRE. For further information on CAHRE please visit our website. For any queries email: cahre_uoa@auckland.ac.nz

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