ASIAN PUBLIC HEALTH IN AOTEAROA NEW ZEALAND

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FOREWORD

Aotearoa New Zealand's Asian communities are the fastest growing ethnic group in the country. They make a huge contribution economically and culturally.

With such a growing population it is important to make sure that New Zealand's health system is meeting their needs.

New Zealanders of Asian descent can face barriers when accessing health services. These include discrimination, cultural insensitivity and a lack of awareness of the services that are available and how to access them.

That is why I am pleased that this report has been put together. It is one of the most significant reviews of Asian health in Aotearoa New Zealand. The analysis will be valuable in future planning and helping create better health outcomes.

Anusha Guler
Executive Director Operations
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FOREWORD

Asians in Aotearoa New Zealand have a diverse variety of ethnicities, backgrounds, and cultures, and thus have diverse health needs. Asians are NZ's fastest growing ethnic group – it was recently announced that the Asian population is projected to reach 26% by 2043. So it's increasingly important that their health issues are not overlooked.

Although the health of Asians in NZ appears to be generally good there are in fact many unique health issues. This includes the particular health needs of different Asian ethnicities and subpopulations, including youth, women, older people, new migrants, and refugees and asylum seekers.

Utilisation of services is particularly concerning. Major barriers include racism and discrimination, English language proficiency, cultural differences, lack of awareness of services, and lack of appropriate services. Where appropriate services are available there is insufficient capacity.

However, this does give rise to many opportunities – a national plan or strategy would give a consistent approach to Asian health for the whole of NZ and could provide a good framework for more targeted services, increased culturally appropriate workforce, increased engagement and accessibility, and an improvement in Asian-inclusive public health research and data collection. Addressing mental health for Asians in NZ is a key priority.

Vishal Rishi
Director
The Asian Network Inc.

EXECUTIVE SUMMARY

This report is a review of key public health issues affecting Asian peoples in Aotearoa New Zealand (NZ).

The Asian population was the fastest growing ethnic group according to the 2018 Census. It is projected to reach 26% of the total population by 2043. The category "Asian" encompasses people from a wide range of ethnicities and backgrounds.

Racism against Asians in NZ is high

- Racism and discrimination are an important determinant of health; Asians report some of the highest rates of discrimination in NZ
- Instances of racism increased since 2020 due to the Covid-19 pandemic
- Racism affects the health of Asian people in NZ on both an individual and structural level, particularly affecting mental health and access to suitable services

Physical health varies among Asian ethnic groups

Where health data has been analysed separately for different Asian ethnicities, it is clear there are differences among them.

- Indian and South Asian peoples have higher rates of cardiovascular conditions and diabetes. The prevalence of cardiovascular issues is particularly high for Indian and South Asian men
- East and Southeast Asian peoples have higher rates of cancer, and East and Southeast Asian men have higher rates of smoking
- Indian women have a higher incidence of gestational diabetes and pre-eclampsia, and have the highest rates of mortality for stillbirths and perinatal related death
- Thyroid cancer rates among Asians are the highest of all major ethnic groups in NZ. Rates for other cancers are the lowest

Mental health is a key concern

- Traditional concepts of mental health, along with cultural stigma, differing presentations of mental distress, and lack of appropriate services contribute to low rates of diagnosis and low numbers of Asian people seeking professional support for mental health

- Suicide rates of Asians in NZ, while relatively low overall, have increased significantly
- Asian youth, particularly Asian girls and Chinese, East Asian, and Southeast Asians of all genders, report high levels of mental and emotional distress
- There has been an increase in demand for mental health services due to Covid-19

Service usage is low

- Asians are the least likely to seek healthcare when unwell, and enrolment in primary healthcare is the lowest of all major ethnic groups in NZ
- Screening rates, including cancer screening and HPV screening are low
- New migrants and refugees have particularly low rates of service usage

Recommendations and opportunities

1. A plan for Asian health in NZ is needed to:

- Provide a consistent, equitable approach to Asian health throughout NZ
- Provide a framework for improving funding to current Asian health services and funding for the establishment of new services
- Address mental health for Asians in NZ as a key priority

2. More targeted services and a more culturally appropriate workforce are required

- More targeted services are needed, including both new Asian-specific services and increased funding for existing services
- An increase in Asian-specific mental health services is particularly important
- Within general services, more care should be taken to provide culturally appropriate services to Asian people, preferably staff of appropriate ethnicity, gender, age, and language
- Asian-specific training should be part of cultural competency training and education at all levels to accompany that which already exists for the Māori and Pacific populations

3. Increasing engagement and accessibility is imperative for increasing service usage

- Improve health promotion, community engagement and connection with services
- Increase cultural suitability and cultural competency of services
- Increase accessibility of language and resources

4. Improve data, analysis, and reporting to get a better understanding of any issues

- More research on the health status of Asians in NZ is needed, particularly for Asian subpopulations. While Chinese and Indian are still currently the largest subpopulations of Asians in NZ, other groups also have significant numbers and are rapidly growing – so we need a more accurate picture of their needs
- Disaggregation and reporting of results to better see where – and if – there are issues, and to facilitate better service planning and use of funding

BACKGROUND

Asian people began organised migration to Aotearoa New Zealand in the mid 1800's, when Chinese miners arrived to work in the Otago and Southland goldfields.[1] New Zealand's Asian population began to diversify later in the century, with the arrival of South Asians from India, Pakistan and Bangladesh.[2]

Today, the Asian community in Aotearoa New Zealand (NZ) comprises many subgroups from across Asia. In the NZ health context, "Asian" refers to people who are of ethnic groups that originate from East Asia (e.g. China, Japan, Korea), Southeast Asia (e.g. Philippines, Malaysia, Vietnam), and South Asia (e.g. India, Pakistan, Bangladesh). It does not include Central Asia or West Asia (i.e. "the Middle East").[3,4]

Consequently, Asian peoples in NZ vary in culture, language, religion, politics, birthplace, time lived in NZ, and therefore, health needs. Despite this, there are similarities – Asians, along with Māori and Pacific communities share a common collective approach to family and social structures.

DEMOGRAPHICS

The 2018 Census indicates Asians in NZ make up 15.1% of the population. This is only exceeded by those identifying as Māori (16.5%) and European/Pākehā (70%). Note that this data is based on total responses, i.e. people who identify with more than one ethnic group are counted more than once.[4]

Asian was the fastest growing ethnic group according to the 2018 Census,[4] with the Asian population projected to reach 26% by 2043.[5] The total number of people identifying as Asian grew by 50.0% when compared to 2013.

This was followed closely by MELAA (Middle Eastern, Latin American, African) (49.8% increase), Maori (29.6% increase), and Pacific (29.0% increase).[4]

While Auckland still remains the area with the highest Asian population (442,674), notably large numbers also exist in Canterbury (66,672), Wellington (65,601), and Waikato (43,755).[4]

All Asian ethnicities (bar one) experienced a growth in population between 2013-2018. Asian ethnic groups experiencing a growth of at least 50% were Indian (54.1% increase), Filipino (80% increase), Vietnamese (51.4%), Pakistani (88.1%), Afghani (53.6%), and Nepalese (128%).[4]

Asians in Aotearoa New Zealand – Key Data[4]	n (% of total)
Population	707,598 (15.1%)
Ethnicity	
Chinese	247,770
Indian	239,193
Filipino	72,612
Korean	35,664
Japanese	18,141
Location	
Auckland Region	442,674
Canterbury Region	66,672
Wellington Region	65,601
Waikato Region	43,755
Bay of Plenty Region	22,122
Gender	
Female	358,650 (50.7%)
Male	348,948 (49.3%)
Country of birth	
NZ born	170,964 (22.7%)
Overseas born	707,598 (75.8%)

WHAT IS ASIAN HEALTH?

As Asia has a wide variety of peoples and cultures, so too may concepts of health differ – including how conditions originate, how they progress, and how they are treated.[6] However there are overarching similarities, and Asian ideas of health often emphasise balance and harmony.

Attendees of the 13th Annual Asian Forum posited: "*There are 2 triangles, first one focuses on the physical, spiritual and mental health. The 2nd triangle is our religion/culture, environment (of the whole society) and the values.* […] *Everything is in the right balance, the women are healthy and happy.*"[7] Although this refers to Asian women's health, the concept can be applied to Asian health as a whole.

This model of health is one of several proposed models of health for Asians in NZ. Another is a tree-based model of health of Asian children in NZ, which was put together from focus groups with Asian families of different ethnicities. In this, the roots represent religion, culture, morals and values; the trunk represents family; the branches are duty, care, supervision, education, reciprocity (throughout life); and the sky is NZ society.[8]

HEALTHY MIGRANT EFFECT & ACCULTURATION

Asian migrants to NZ are generally of good health, better than the locally born Asian population – this is known as the "healthy migrant effect". Given that 75.8% of Asian people who live in NZ were born elsewhere,[5] this is an important aspect of Asian health in NZ. Of those born overseas, more than half (53.3%) have been living in NZ for less than 10

years.[5] This effect appears to diminish with acculturation and increased length of stay in NZ, and for subsequent generations that are born in NZ.[9]

"Acculturation" refers to the processes and outcomes of migration and cross-cultural contact experienced by migrants.[10] In general, acculturation refers to the consequences of the Asian population's exposure to the dominant NZ European culture on traditional Asian health-related attitudes, behaviour, and practices.

RACISM & DISCRIMINATION

Racism is a known determinant of health,[11] which negatively impacts health directly and can also impact accessing and receiving services. It is enacted both structurally and individually and particularly has an effect on mental health.[12]

Racism also influences socioeconomic status, another important determinant of health. Along with Māori and Pacific peoples, Asians in NZ have significantly lower incomes than NZ Europeans.[13] There is evidence that Indian and South Asian school students are more likely to live in poverty compared to NZ Europeans, Chinese, and East Asians.[14] As a group, Asians have higher than average educational qualifications, which suggests that individual and structural racism (along with English language proficiency), play a part in this economic disparity.[15]

Racism and discrimination against Asians in NZ has a historical basis that goes back to the 1800's with campaigns against Chinese people, poll taxes, and restrictions on immigration and residency affecting Chinese, Indian, and other Asian peoples.[16–18] Racism against Asians in NZ crosses over with xenophobia, and Asians are often seen as 'forever foreigners', 'perpetual foreigners', or 'perpetual migrants'.[19,20]

Asians in NZ have reported the highest rates of discrimination, greater than or equal to rates experienced by Māori.[12,21,22] This is further compounded by the fact that Asians in NZ often do not report racism due to cultural barriers,[23] leading to probable underreporting.

There has been a rise in racism and bullying targeting Chinese and Asian people in NZ due to the Covid-19 pandemic, occurring in public, in schools, and online.[20,22,24] Despite research showing that less than 5% of people made a formal report after experiencing racism[22] there was a 30% rise in calls to the Human Rights Commission (HRC).[19] Race-related complaints from Asian people were three times higher from February to June 2020 compared with the previous five month period.[25] This led to an HRC campaign specifically targeting racism against Asians in NZ[25] and a short term grant to Asian Family Services for increased mental health support.[26]

HEALTH

CARDIOVASCULAR ISSUES

Despite Asians having a low mortality rate from cardiovascular disease overall,[27] South Asians are disproportionately affected. South Asians in NZ were more likely to need treatment for hypertension and high cholesterol than other Asian subgroups and the European & Other group,[28] and NZ-born Indians have the highest cardiovascular mortality rates when compared to other Asian subgroups.[9]

Most recently, Selak et al.[29] found that Indian people have a high prevalence of cardiovascular disease. Cardiovascular disease rates were significantly higher in Indian men than women, higher compared to other ethnic groups. Indian men had the highest presence of prior coronary heart disease.

Grey et al.[30] found that Indians in NZ had a higher rate of mortality from ischaemic heart disease than Other Asians (i.e. non-Indian identifying Asians) and Europeans. Additionally, Indians had the highest rates of hospitalisation for ischaemic heart disease of all groups (Māori, Pacific, European, Other Asians).

A predictive study also found that Indians in NZ, in particular Indian men, had a higher risk of cardiovascular disease than Europeans.[30] In comparison, Chinese and Other Asians (i.e. non-Chinese non-Indian identifying Asians) had a lower risk than Europeans.[31]

No analysis has been carried out with any other subgroups. With the rapid increase of the Asian population since 2013 it is important that further analysis is conducted to ensure any issues are identified.

DIABETES

The 2018/19 NZ Health Survey puts the rate of Type II diabetes for Asians at 9.3%, higher than Maori (8.4%) and much higher than European & Other (4.9%).[32] Analysis of the 2012/13 data showed those identifying as South Asian (i.e. Indian, Pakistani, Sri Lankan, Bengali, Nepali, Afghani) had significantly higher rates of diabetes than Chinese or Other Asians (i.e. non-South Asian non-Chinese identifying Asians).[28] Indian people, in particular, have a high prevalence of diabetes when compared to NZ Europeans.[29]

This has been echoed in analysis of Auckland and Waitemata DHB statistics, where the Indian population had higher mortality rates from diabetes compared with other Asian ethnic groups.[33]

CANCER

The most diagnosed cancers for Asians in NZ are lung cancer, breast cancer, colorectal cancer, prostate cancer, and thyroid cancer. Incidence of cancer is lower than for other ethnic groups, except for thyroid cancer, where rates are higher. However, it should be noted that participation in screening is also low.[34]

Asians in NZ have a low cancer mortality rate when observed as a whole. However, cancer mortality rates were lowest for the Indian population when compared to other Asian subgroups.[9] It is thought that the relatively lower smoking rates of Indians in NZ may contribute to this.[35] In addition, it was found that Chinese cancer mortality rates increased

with length of time in NZ.[9] This trend was not seen in the Indian and Other Asian (i.e. non-Chinese non-Indian identifying Asian) populations.

The most common cause of cancer death for Asians in NZ is lung cancer, followed by breast cancer and colorectal cancer.[34]

ALCOHOL

Although current evidence shows that Asians report lower rates of drinking when compared to the other major ethnic groups, there has been limited further analysis of Asian subgroups.[32]

Asian adults who were born in NZ or had lived in NZ for more than 10 years were more likely to drink alcohol than those living in NZ for less than 10 years.[28] A similar pattern is seen in Asian youth, with those born in or living in NZ for more than 5 years being more likely to drink alcohol than newer migrants.[36]

There is evidence that drinking is used to help cope with the stress of migration and acculturation.[37]

SMOKING

Asians have the lowest smoking rate in NZ (6.8%) when observed as a whole. Asian men have a significantly higher smoking rate (11.0%) than Asian women (2.8%). This occurs for all Asian ethnicities. Those most likely to report regular smoking were men identifying as Korean (14.6%), Vietnamese (14.4%), Thai (13.4%), or Chinese (12.6%).[5]

PROBLEM GAMBLING

Zhu's recent report[38] found that 66% of Asians participated in gambling activities in the last 12 months, much higher than the national average (38.7%). In contrast to this, results from the 2016 Health and Lifestyles survey reported that Asians were the least likely to participate in gambling activities in the last 12 months compared to other groups (Māori, Pacific, European/Other), much lower than the national average.[39]

Asians in NZ, along with Māori and Pacific, are at higher risk for risky gambling. This risk is also associated with being a current smoker.[37] Despite this, there has been a decrease in Asians reporting having some degree of concern with the level of gambling in their community between 2012-2018.[38]

Although gambling for leisure is common in NZ, gambling-related harm is a long-standing issue. Asians were more likely to be moderate risk/problem gamblers and experience some degree of individual gambling harm than European/Other. However, Asians were least likely of all groups to recognise early signs of gambling harm and are the least likely to contact a gambling problem service.[37]

MENTAL HEALTH

Mental health issues and suicide affecting Asians in NZ remain a relatively hidden problem.[15] Asians in NZ are more likely to seek counsel from friends and family rather than from their primary healthcare provider.[38]

Compared to other groups, Asians are less likely to seek professional support, whether it be doctor or other health professional or organisation.[38] It is therefore unsurprising that Asians are less likely to report mental distress[41] or be diagnosed with depression and anxiety when compared to other groups – even though they are more likely to be at risk for those conditions.[42]

Cultural stigma likely plays a large part in self reporting, along with other cultural differences e.g. believing mental health issues are not a reason to seek support.[15,35,42]

"There is also the stigma for seeking help, where we may feel shame or might feel culturally obliged to not to speak up."[43]

Other factors include healthcare professionals not recognising signs of mental distress – mental health and mental distress may present themselves differently among the different subgroups, genders, and age groups.[35]

Language differences may be of particular importance – both in terms of English language proficiency and cultural language differences. For example there is no word for "depression" in Cambodian Khmer,[44] and no word to describe "mental health" in Vietnamese.[45] Differences may also be generational.

Other barriers to seeking help include lack of awareness of services and lack of culturally appropriate services.

While Asians previously had the lowest overall rate of suicide of all ethnic groups in NZ, the rate is now higher than that of Pacific peoples.[46,47] Asians were the only ethnic group in NZ to show an increase in suicide rate in 2020 (all other ethnicities showed a decrease).[47] There was also a notable increase in the older age group (80-84 years).[47]

Suicide rates for Asians in NZ vary by gender, age group, and socioeconomic status.[15,46] Asian males generally had higher rates of suicide than females, and rates were highest for Asians living in the most deprived areas.[46]

Factors contributing to suicide in Asians in NZ appear to differ by age group.[15] Young Asians report high levels of symptoms of depression and anxiety[36,48] and youth suicide rates are also high, particularly for males.[15,33]

Internationally the suicide rate of people in Asian countries is very high, particularly those in Korea and India.[50,51] It is currently unknown how this could relate to or affect those in NZ.

While the overall suicide rate for Asians in NZ remains lower than that of Māori and NZ Europeans,[47] it is important to not overlook non-fatal health loss due to mental health, particularly as structural issues such as racism and lack of appropriate services may cause and/or exacerbate stress, not to mention stress caused by migration and acculturation.

Despite being less likely to report mental health distress, demand for mental health services by Asians in NZ greatly increased since the beginning of the Covid-19 pandemic.[52] Asian Family Services reported a 150% increase in calls to their telephone counselling service and a 138% increase in non-gambling counselling referrals for the period May to July 2020.[52]

"Different cultures may experience and express stress and mental illness in different ways."[49]

WOMEN'S HEALTH

Attendees of the 13th Annual Asian Forum[7] on Asian women's health described Asian women's healthcare as "*engaging women's physical, mental, spiritual and family spheres in order to achieve healthy lifestyles*", and *"Women being aware of their right to access information and services to ensure & enhance their physical, emotional, mental and spiritual well-being."*[7]

Attendees noted the importance for Asian women in NZ to feel empowered with regards to their health and wellbeing. Barriers brought up included cultural issues, isolation from extended family and community, transport, financial deprivation, and English language proficiency, particularly if they migrated to NZ to accompany their spouse.[7]

During the Covid-19 pandemic Asian Family Services reported an increase in cases of immigrant Asian women reporting family violence.[26] This is particularly concerning given they are often disconnected with services, and have limited means to escape even after reporting abuse.[26]

PREGNANCY

Asians in NZ are at higher risk for gestational diabetes[53] and have higher rates of mental health problems in pregnancy.[54] Birthweights are still low, particularly for Indian babies.[55] Indian women have a higher risk for gestational diabetes and pre-eclampsia,[56] and, along with Other Asian (i.e. non-Chinese non-Indian identifying) women, have a higher maternal mortality ratio than NZ Europeans.[33]

Indian women have the highest rates of mortality for stillbirths and perinatal related death. They are less likely to receive resuscitation attempts than other ethnicities, despite having higher rates of premature birth than NZ Europeans.[56]

Within the first trimester Indian women are also less likely to register with a Lead Maternity Carer than NZ Europeans.[52]

SEXUAL HEALTH & SCREENING

"*Some Asian women do not feel it's culturally appropriate to discuss about their health e.g. sexual health.*"[7]

Cultural barriers exist when it comes to women's sexual health. This extends to issues with screening. Cervical screening is a particular issue, with Asian women having the lowest rates by a significant margin – only 60.9% as at June 2019.[57] A review of cervical cancer patients revealed that over 85% had either never been screened or had been screened infrequently.[58] Waitemata DHB also reported that Asian breast screening rates are lower than the NZ average.[33]

Other aspects identified by stakeholders for improvement included increasing awareness of screening programmes, increasing understanding of the programmes themselves, and increasing the availability of ethnically appropriate smear takers.[7]

The introduction of self-sampling is also an avenue for increasing screening rates.[59] Recent research by Brewer et al. found that self-sampling increases the likelihood of HPV screening for Asians in NZ, as well as Māori and Pacific.[60]

YOUTH & YOUNG ADULTS

As well as dealing with the aforementioned issues facing Asians in NZ, Asian youth also must grapple with issues typically faced by youth the world over – parental expectations, identity and sexuality, relationships, and increasing independence.

Young Asians in NZ, particularly those who are migrants or whose parents are migrants, occupy a particular cross-cultural space. Parental, family and cultural expectations may differ from those they encounter in new friends and within the education system, and they must balance all the above. This can often lead to mental distress, which is often combined with isolation and traditional attitudes to mental health.

Young Asians report high levels of symptoms of depression and anxiety.[36,48] Asian female youth in particular report high rates of significant depressive symptoms,[61] and young Asians also have high rates for intentional injury.[14,33] Youth mortality rates are high, particularly for males, despite Asians in NZ having a relatively low mortality rate as a group.[15,33]

Mental health was highlighted in the recently published Youth19 report on South Asian, East Asian, Chinese, and Indian students.[14] Peiris-John et al. found that many students reported significant distress, emotional and mental. Mental health was of particular concern for female students of all Asian ethnicities and Chinese and East Asian (inclusive of participants identifying as East Asian and Southeast Asian) students of all genders. Those of Chinese and East Asian descent also reported lower access to healthcare than Indian, South Asian, and NZ European participants.[14]

INTERNATIONAL STUDENTS

A large proportion of NZ's international students come from Asia – 80.5% across all levels.[62]

International students also face unique challenges, particularly regarding mental health and access to services. Issues include harassment, lack of support, acculturation, language, and isolation from friends, family and cultural communities.

They also may face barriers based on the type of health and travel insurance coverage they have.[63] Asian mental health services have reported an increase in use by international students, particularly regarding depression, anxiety, gambling, and drug and alcohol addiction.[64]

OLDER PEOPLE

Although the Asian population in NZ is young as a group (median age 30-34 years),[4] older Asian people in NZ face increased barriers when it comes to health. Some of the barriers cited include cultural differences, lack of English speaking skills, health literacy, and available care workers being inappropriate for older clients – this could be due to language, age, gender, or culture.[65]

Significant issues for older Asians include loneliness and isolation, abuse and neglect, and feelings of decreased self-worth and guilt due to culture and language differences.[15,35,66]

"For older adults who are socially and culturally isolated [there is a need to] increase their cultural awareness and connect them to the wider community."[65]

These issues, when combined with traditional attitudes to mental health, make it difficult for older Asians and their families to seek help.

"Education [is needed] to decrease the negative perception of mental health in older Asian people."[65]

Many older Asians in NZ strive to be active contributors to NZ society by strengthening community, by taking care of family and giving service, as well as leveraging their culture knowledge to increase their community's cultural connectedness.[67] These contributions are very much in line with general Asian cultural ideas of family. However, this model of family is often under stress and is vulnerable to breaking down in the NZ context, which can lead to and/or exacerbate the aforementioned issues.

REFUGEES & ASYLUM SEEKERS

Refugees and asylum seekers come to NZ from many countries in Asia, including Afghanistan, Bhutan, China, Myanmar/Burma, Nepal, Pakistan, Philippines, Sri Lanka, and Vietnam.[68] Forced migration due to circumstances in countries of origin along with the journey to NZ can lead to complex mental and physical health needs.

Former refugees and asylum seekers have low rates of use of and access to primary healthcare services,[69] along with mental health services, oral healthcare, pharmacy services, and maternity services.[63] This is compounded by the fact that asylum seekers who are unsuccessful in applying for refugee status may not be able to access healthcare, as they are ineligible for public services.[70,71] Funding for health services can also vary with time lived in NZ, which can lead to decrease in service use – e.g. GP fees were covered for one year after arrival in NZ, and then payment was required after that.[72]

Other key issues influencing access to healthcare include difficulty navigating the health system, financial barriers, racism, language and accessing language services, transport issues, housing instability, and varying levels of settlement support.[63,71]

The majority of refugee youth report being subjected to racism, bullying and discrimination within their first 12 months of moving to NZ. This includes for factors such as religion, ethnicity, and for being 'a refugee'.[15,73]

SERVICE USE

Asians have the lowest rate of accessing healthcare and social support services of all ethnicities in NZ, including primary healthcare, chronic pain services, mental healthcare, screening, and oral healthcare.[28,32,42,74]

Low rates of access are thought to be due to several reasons, including, length of residence, cultural differences, lack of awareness of services, lack of appropriate services, insufficient capacity where appropriate services are available, and racism and discrimination.

Asians in NZ are least likely to have a usual healthcare provider, and least likely to visit the doctor when unwell.[28] Figures from Auckland and Waitemata DHBs report Asians have the lowest PHO enrolment of all ethnic groups.[33] Despite this, immunisation rates (for 8 month and 2 years) are above the 95% target[33] and Asians have the highest uptake of Covid-19 vaccinations in NZ (as of September 2021).[75]

Racism and discrimination can impact both access to services, as well as the quality of services received. For example, South Asians in NZ have a high rate of diabetes and cardiovascular related conditions but are less likely to receive a “Green Prescription” from their primary healthcare provider.[28]

New migrants were less likely to access healthcare, and the shorter the length of residence in NZ, the lower the frequency of healthcare access.[28] Given that more than half have been living in NZ for less than 10 years, this is a concern.

There are several Asian-targeted health services available in NZ, most notably Asian Family Services (nationwide), Asian Health Services (Waitemata DHB), and Asian Mental Health Service (Auckland DHB). These services reported an increase in Asians seeking support for mental health over the last five years,[76] particularly in 2020,[52] and demand may outstrip capacity.[15] Other effective services are only available very locally, for example, Asian Smokefree Communities and The Asian Network Inc (TANI).[77]

Additionally, people who are classified as Asian using the definition outlined in this document may not identify as Asian, so may not be aware of services that are available to them.[63]

LIMITATIONS

This review does not include issues and challenges that many Asians in NZ also experience, including disability, domestic violence and other forms of violence, other addictions, and issues faced by the Asian LGBTQIA+ population. These are all important aspects that play a part in the picture of Asian health, but there is limited data for these groups.

RECOMMENDATIONS & OPPORTUNITIES

While information on Asian public health in NZ is lacking in many ways, this also means there are a great many opportunities for improvement. The Asian population in NZ continues to grow and the greater proportion is made up of migrants, so improvements are needed to increase the levels of access to healthcare, particularly for newer migrants.

1. A PLAN FOR AOTEAROA NEW ZEALAND

While regional strategies, such as those published by Auckland, Counties Manukau, and Waitemata DHBs are comprehensive in their plans to cover Asian health issues,[63,78] they have rarely resulted in increased funding and services thus far. Initiatives vary depending on organisational capacity and priorities.

A national plan or strategy would give a consistent approach to Asian health for the whole of NZ. This could be used as a framework for increasing funding to current Asian health services and provide funding for the establishment of new services. Any plan that is developed must address mental health for Asians in NZ as a key priority.

Just as the NZ Asian community is diverse in background, so too are the circumstances, locations, and socio-economic situations in which they live. A national plan or strategy would give guidance to regional and other organisations for creation of their own strategies and services, as well as give confidence to those organisations that already provide Asian-focused plans and services.

2. MORE TARGETED SERVICES & A MORE CULTURALLY APPROPRIATE WORKFORCE

While Asians are well represented in the general health workforce in NZ,[35] that does not always transfer to the services provided by organisations. There are some Asian-specific services available, though these are generally limited geographically. They are often underfunded and are often are the fruits of the labour of passionate individuals or smaller community groups.

"More Asian providers that speak and share similar cultural norms or concepts of health"[7]

"[There is a] is lack of practitioners from similar ethnic background – so it's having someone in the same shoes as you and knowing what you are going through."[7]

For general services, more care needs to be taken to provide culturally appropriate services to Asian people, preferably by someone of appropriate or similar ethnicity. There are other factors to be taken into consideration as well, including gender, age, and language.

> *"Appropriate gender of the person who provides support especially in Asian families – as in Asian families a male is more comfortable to talk to a male social worker."*[79]

When a culturally suitable healthcare professional is not available or requested, it is imperative that workers are culturally competent. Asian-specific training should be added to cultural competency training for all organisations. This includes education – Liao[33] identified the need for the inclusion of Asian-specific health topics in student medical education, to accompany those that already exist for the Māori and Pacific populations.

"*Effective and efficient cultural support to be provided to Asian families is very important for the holistic approach to help the family, using the family centred care approach.*"[79]

This should not only include the specific health issues faced by Asians in NZ, but also how Asian peoples view health. This includes ways of communicating health needs, treatment, and models of care.

An increase in Asian-specific mental health services is of particular importance. As Asian people in NZ are less likely to report mental health distress there are unmet needs in the Asian communities for services.[15] The Covid-19 pandemic began to show the depth of the issue at service level, with a 150% increase in demand for mental health services in the period from May to July 2020.[52] Rates of suicide for Asians in NZ are already significantly increasing,[45] and it is important to proactively address this at both policy and service levels.[15]

3. INCREASE ENGAGEMENT AND ACCESSIBILITY

The low utilisation of health services of Asians in NZ is of great concern. Increasing cultural suitability and cultural competency is but one aspect. Other areas that can be improved are health promotion, community engagement, connection with services, and accessibility of language and resources..

In order to increase engagement with services, effective health promotion and effective community engagement are important. It is also important to reach out to other Asian subgroups other than Chinese, Korean, and Indian.[65]

"Effective community engagement, this first requires the empowerment of the community by equipping with necessary knowledge. This may mean that one needs to learn the gaps/needs of the community, whereby the implemented initiative is more likely to produce a more effective impact."[80]

Effective community engagement would include connecting communities and individuals with appropriate service providers.

> *"Connecting individuals and migrants, especially to service providers who can then connect to general practices – because they don't normally get into the doors of general practices. And even the other way round."*[7]

The advent of videoconferencing provides opportunities to expand services from local to national. This has drawn a different demographic into local provider The Asian Network Inc (TANI). It does not replace the need for face-to-face local community-led services in other regions of New Zealand where there is an increase in the Asian population.

Vishal Rishi, TANI Director, says: "*We have received requests from migrant communities residing outside Auckland region to have similar TANI services made available in their local areas and we are working towards the same. TANI endeavours to address inclusiveness and health equity for all, including, but not limited to, Asian New Zealanders.*" (Email communication, October 2020)

Accessibility of language is multifaceted – it includes both English language and technical language. Interpreters are already available cost-free for those with inadequate English proficiency through a variety of mediums[81], though awareness of and access to these varies.[72]

Simpler language is preferred, particularly when older people are involved.

"All health professionals, in fact everyone, should be using simple language and avoid medical jargon."[65]

Printed and digital resources need to be available in more languages and translations should be high quality.

"*So while there were things translated, someone pointed out that [they weren't] necessarily relevant.*"[7]

4. IMPROVE DATA, ANALYSIS, & REPORTING

More research on the health status of Asians in NZ is needed, in particular Asian subpopulations. This includes both original research and better reporting and analysis on data that is already being collected.

Although data from Asian people in NZ is often collected, it is usually presented as aggregated – whether that be "Asian" as an ethnic category, or simply "non-Māori" or "non-Māori non-Pacific". At best, as three groups ("Chinese", "Indian" or "South Asian", and "Other Asian").

"[There is an issue of] underrepresentation of different Asian populations in data and how we plan our services."[65]

This is problematic due to the wide-ranging differences between peoples lumped into the Asian category. It has the effect of possibly hiding issues that may be present in Asian subgroups - e.g. people of Indian ethnicity have a higher rate of cardiovascular disease. While it is still the case that people identifying as Chinese and/or Indian are the most populous of the Asian ethnicities in NZ, there are also significant numbers identifying as Filipino, Korean, Japanese, Sri Lankan, Thai, Vietnamese, and Cambodian, among others.[4] This impacts on service planning, as problems are not represented and further data and analyses are not easily available.

Asian data should be disaggregated and reported on at Governmental level and all levels below, so it is possible to better see where – and if – there are issues. Analyses by ethnicity should include "Asian" at a minimum, and preferably include different Asian ethnic groups in further detail than just Indian, Chinese, and Other Asian.

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