

1. Why do we need to address Asian, migrant and refugee health needs?

- 1.1 Waitemata DHB's Health Gain and Service Improvement Priorities, 2005 considered addressing health inequalities as a priority area stated that in order to achieve this, health services should be accessible, culturally appropriate and safe to meet the healthcare needs of the population, including Asian people, migrants and refugees.
- 1.2 Ministry of Health DHB Operations Policy Framework 2006-2007 requires all DHB's to consider Ethnic peoples
 - In the policy framework for consultation
 - Contribution to strategic development for Ethnic peoples' health improvement
 - In workforce development: capacity building in health and disability sector; contribution to ethnic specific provider and workforce development
 - In the reducing inequalities framework
 - In service provision process: to acknowledge and ensure integrity of consumer's culture
 - In service satisfaction process: to include significant local ethnic groups to assess services
- 1.3 National and Regional Mental Health Strategies: The following strategic documents have included the need for DHB consideration to ensure responsiveness of mental health and addiction services for people from diverse culture and ethnic groups
 - Te Tahuhu: Improving Mental Health 2005-2015: The Second NZ Mental Health & Addiction Plan
 - Te Kokiri: The Mental Health & Addiction Action Plan 2006-2015
 - Northern Regional Mental Health & Addictions Services Strategic Direction 2005-2010
 - Mental Health Commission's Recovery Competencies of Mental Health Workers 2001
 - Auckland Regional Mental Health & Addictions Implementation Plan 2006-2010: Improving mental health services responsiveness to Asian communities
- 1.4 The recently developed Auckland Regional Settlement Strategy, 2006 (not yet published) concluded the need for health providers to consider responsiveness for migrant and refugee populations in funding, planning, service delivery and workforce development areas.
- 1.5 Legislation and Acts: the following are some of the legislation requiring health practitioners and service providers to ensure the provision of culturally responsive and competent services to consumers from culturally and linguistically diverse backgrounds.
 - The Health and Disability Commissioner Act 1995 and the Health and Disability Code of Rights 1996 give consumers the right to be provided with services that take into account the needs, values and beliefs of different cultural, religious, social and ethnic groups. The Code gives consumers the right to freedom from discrimination, coercion, harassment and exploitation.
 - Right 5 of the Code of Health and Disability Services Consumers' Rights gives clients the right to communication:
 - The Mental Health (Compulsory Assessment and Treatment) Act 1992 and the 1999 amendments promote a culturally sensitive approach.
 - The Health Professional Competency Assurance Act (2003) incorporates the basic principles of ongoing competence, requiring the Medical Council to ensure the cultural competence of medical practitioners
- 1.6 Growing migrant population
 - Migration influx of Asian peoples into New Zealand began in the late 1980's, peaked in 1995 and continued to lead the net migration figures with an average of over 15,000 people per year over 1996 to 2002, making Asian people the fastest growing population in New Zealand.
 - Migrants make up 20% of the population of New Zealand, really high number by international standards according to an official report.
 - New Zealand accepts an annual quota of approximately 750 United Nations mandated refugees for re-settlement. New Zealand accepts also asylum seekers for processing. Approximately 700-1,000 asylum seekers seek refugee status and about 300-500 are accepted as refugees. New Zealand also accepts an annual quota of family reunification refugees, usually totalling about 300.

- In WDHB, Asian population makes up nearly 10% of the overall WDHB population (Census, 2001), other ethnic groups make up approximately 5%. Asian population is the second largest population after Europeans. Chinese are the largest Asian group with about 42% of all Asian people in WDHB, followed by Korean (18%) and then Indian (17.8%)

1.7 Growing number of culturally and linguistically diverse migrant population and increasing utilisation of interpreting services.

- For migrants, English, may or may not be the first or second language of these peoples, is used with varying degrees of proficiency.
- Asian Health – Interpreting service has provided language interpreting support for 89 dialects/languages to 8,229 non-English speaking migrant and refugee clients who have been accessing WDHB services (between 2001-2005).
- WDHB secondary health services: utilisation of interpreters increased from 3600 (2000-2001) to 7300 (2005-2006) – doubled.

1.8. **Health needs of Asian, migrant and refugee communities**

1.8.1 Asian population has diverse health issues

In 1996, Asians had the highest life expectancy of people within the Waitemata DHB. One reason for this is because most Asians are recent immigrants who have had to have a good health status to be accepted for immigration. However there are a range of health issues and concerns identified in various publications:

Leading causes of death were cancer and heart disease, similar to that of the total population. The four major causes of death for Asians since 2001 were stomach, large bowel, lung, and breast cancers. The top three potentially avoidable deaths for Asian people in Waitamata region were cancer, cardiovascular disease and ischaemic heart disease

List of health status indicators and key issues of Asian peoples

- Asian people generally have a positive focus on health and wellbeing and will seek medical advice early, however language and cultural barriers can affect their access to health services
- The top 6 potentially avoidable deaths in the Auckland region are heart disease, motor vehicle crashes, stroke, lung cancer, diabetes and suicide
- The 6 leading causes of preventable hospitalisations are angina, respiratory infections, cellulites, gastroenteritis, road injuries and asthma
- After migration Asian people may have an increased risk for cardiovascular disease and diabetes due to lifestyle changes physical activity and changes in diet
- Asian immigrants have higher than average rates of communicable diseases, in particular TB
- Asian people have statistically higher rates of traffic injuries
- Lack of breastfeeding is common practice
- Asian teenagers: higher rate of iron deficiency (15.4%) than Europeans (8.3%), lower than Maori (25.5%) and Pacific peoples (20.9%).
- A high rate of abortions among Asian peoples: 36.4% known Asian pregnancies (22.6% whole population)
- *Less physically active*
- Asian women less likely to have had mammography or cervical screening in last 3 yr than other NZ women
- Less use telephone helpline last 12 months (6% v. 16%); Plunketline (2%).
- Less Asian women accessing screening
- Language and cultural barriers were considered Asian migrants and refugees as key barriers to accessing health services
- Lack of understanding of their rights and NZ health system
- Lack of culturally aware health services
- Asian life expectancy higher than the NZ average and avoidable mortality rates are lower
- Cervical screening and mammography rates for Asian women are lower than the rates for NZ European women
- Self reported diabetes rates among Indian people are three times higher than average
- Cardiovascular disease hospitalisation rates are also higher

List of health issues of Young Asians:

"Many do not access healthcare, especially young Chinese NZers (<5 years)

- Mental health is a major health issue for young Asian NZers: many report significant depressive symptoms and anxiety, with females and Indian young people are more vulnerable
- Female students report low levels of physical activity

List of mental health risk factors affecting Asian population:

- Language barriers
- Social isolation
- Unemployment /under-employment
- Disruption of family and social networks
- Pre-migration traumatic experiences (refugees)
- Barriers accessing services
- Shame and stigmatisation
 - Somatisation of mental illnesses
 - Late presentation

1.8.2 Barriers to accessing healthcare perceived by overall migrants and refugees include:

- Little knowledge of NZ healthcare system, services and entitlements
- Language and / or literacy barriers; insufficient interpreting services; discourages their utilisation of primary health system
- Lack of cultural awareness of health providers; which impact on the service delivery and practice on the health of migrants and refugees; some migrants and refugees have expectations and health seeking patterns different from common norms in NZ
- Stigma associated with mental health prevents individuals and family members of migrants and refugees assessing appropriate assessment and treatment services
- Financial barriers, cost of consultation fees, medicine and travel (poor public transport systems), especially impact on refugees with minimal assets and have more complex health needs requiring them to have access to a range of health services

1.8.3 Health needs of refugees relating to pre and post settlement experiences include:

- Infectious diseases e.g. tuberculosis, HIV infection, hepatitis B.
- Mental health conditions e.g. post traumatic stress disorder, depression.
- Women's health needs e.g. antenatal health, contraception, screening and management of conditions such as female genital mutilation (FGM).
- Chronic diseases e.g. diabetes.
- Smoking.