

COUNTIES  
MANUKAU  
HEALTH

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# Asian Health Plan 2016/17

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**Kind**

Manaakitanga

**Excellent**

Rangatiratanga

**Valuing everyone**

Whakawhanaungatanga

**Together**

Kotahitanga

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## Foreword

The diversity of our Asian and migrant people living in Counties Manukau is unique and valuable. By 2025, we estimate that 27 percent of the people living in our district will identify with one or more Asian ethnicities. That is approximately 167,000 people, twice the total population of Palmerston North.

Our Asian communities are not the same. They have different languages, cultures, religions and health beliefs. In addition to ethnicity, we cannot lose sight that many of them are migrants to New Zealand. Language and understanding of the New Zealand culture and health system can affect their engagement with and access to health services when they are needed. It is important for Counties Manukau Health to recognise this great diversity to provide a better experience of health care for patients and their families.

***“We know that broadly defining people as “Asian” isn't good enough given Auckland's diversity”.***

***Dr Lee Mathias, Counties Manukau District Health Board***

For 2016/17, we challenged our staff to look deeper into the health of our Asian communities. What we have found is that there are growing differences in health, and many opportunities for improvement.

The actions in this Asian Health Plan build on our health developments both in the community and hospital services. This means targeting support for communities where we need to improve health equity by focussing on health issues for specific communities. In addition, we will challenge ourselves to learn more about culturally and linguistically diverse communities.

Counties Manukau Health cannot achieve this without the support and advice of our Asian and migrant communities and regional Asian health leaders. We look forward to learning more and building partnerships that will result in action and positive results for our Asian people living in Counties Manukau.

A handwritten signature in blue ink, reading "Dr Lee Mathias".

Dr Lee Mathias  
Chair

A handwritten signature in blue ink, reading "Geraint A Martin".

Geraint A Martin  
Chief Executive

## 1.0 Executive Summary

The term 'Asian' is used in New Zealand to describe culturally diverse communities with origins from the Asian continent.<sup>1</sup> This definition excludes people originating from the Middle East, Central Asia (except Afghanistan) and Asian Russia. Asian and migrant people are a very diverse population group that come from a variety of different geographic areas and have widely varying cultures and languages. An additional diversity factor relates to the number of years lived in New Zealand and their understanding of how and where to access the health system. This issue is common to people from Middle Eastern, Latin American, African (termed MELAA) countries and refugees. For this reason a number of actions in this plan support this group as part of a Northern regional approach.

### **Our Asian communities currently represent 24 percent of all people living in Counties Manukau.**

Counties Manukau is home to approximately 127,000 people that have identified themselves as 'Asian'. By 2025, we estimate our Asian community to comprise 27 percent of our total population. Across the Auckland and North Region, Counties Manukau is home to the largest local board population of over 52,000 Asian people living in Howick, our largest Chinese community. Our second largest Asian population of almost 25,000 that live in the Otara-Papatoetoe local board has a significant Indian population.

Counties Manukau Health (CM Health) contributes to the national health vision of the future for "all New Zealanders to live well, stay well and get well".<sup>2</sup> We need to look deeper than the combined 'Asian' health statistics to identify health disparities in some of our Asian communities. Useful health data at a sub-ethnicity level is still evolving with gaps across key health measures. Despite this, we have enough information to know where we could invest energy, time and resources to make a meaningful and positive impact now. What we do know is that there are common and unique health disparities across our South Asian and Chinese communities that have either not improved or worsened since 2006.

### **We need to work together to better support Asian people to live well, get well and stay well.**

The New Zealand Health Survey comparisons of 2006 to 2013 tell a story of opportunities to work with others to do better for Asian people living in Counties Manukau, i.e.

- Persistent low levels of physical activity and intake of fruit and vegetables in South Asian and Chinese adults alongside growing prevalence of hypertension, cholesterol and diabetes. This tells us that ill-health prevention and treatment approaches are not working equitably.
- In five year old Auckland children, the Chinese and Indian burden of dental caries is about mid-way between New Zealand European and Other and Pacific peoples.
- Indian people have a high age-specific prevalence of diabetes similar to Pacific people, who have the highest levels. Prevalence in Chinese people is slightly higher than 'NZ European and Other' ethnicities who have the lowest prevalence.
- Compared to Europeans, Asian people are more likely to experience being treated unfairly by health professionals at work, renting or buying a house. This requires us to consider how we develop and support health workforce capability through the perspectives of values, culture and language.

CM Health considered in 2014/15 the potential health issues and opportunities to make the most meaningful impact on the health status of today and tomorrow's Asian and migrant communities. The themes arising from health data analysis and conversations with community members and health staff remained consistent across the 2014 and 2016 reviews. This 2016/17 plan reflects ongoing action commitments from 2014/15 and new actions identified for 2016/17.

### **We have a lot to learn from our well established PHO approaches to working with communities in health promotion.**

Primary Health Organisations (PHOs) were consulted in 2014 as part of our first Asian Health work plan development. Their feedback identified a range of Asian groups and networks available to support community lifestyle and health improvement approaches, e.g. Auckland Indian Association. In addition, local PHO community based health promotion activities were well established. The opportunity they identified in working together related to sharing health promotion materials in the key languages, learning from the PHO experience of what works and reducing unnecessary duplication of information. This theme was supported by the regional Asian and MELAA Primary Care Group. Actions in this plan will further explore sharing of available resources.

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<sup>1</sup> Mehta S, Health needs assessment of Asian people living in the Auckland region. Auckland: Northern DHB Support Agency, 2012.

<sup>2</sup> The New Zealand Health Strategy was published in April 2016 and is available from <http://www.health.govt.nz>

This plan also reflects actions that focus on building workforce cultural capability to improve the experience of care for Asian people. This was a core requirement for action identified by the community and DHB staff, but was not such a strong theme with the PHOs consulted. The potential reason for this in general practice is that people have the option to choose that is not the same for hospital services.

Our Healthy Together strategic goal provides a lens to consider current or emerging health disparities and inequities across our vibrant and diverse residents of Counties Manukau. This means we need to be mindful of the constrained health funding realities and the need to explore targeted resources where they will have the most meaningful contribution to achieving health equity in our community. To achieve this, our Asian health improvement, prevention and experience of care opportunities were developed with our Healthy Together strategic goal and objectives (Figure 1) as our planning focus.

**Figure 1: Healthy Together strategic objectives and Asian health priorities**



Our strategic goal:

“Together, the Counties Manukau health system will work with others to achieve equity in key health indicators for Māori, Pacific and communities with health disparities by 2020.”

- **Healthy Services** - more effective information, communication and experience of health services for Asian people and those new to New Zealand and culturally capable workforces.
- **Healthy People, Whaanau & Families** - targeted support for those services that are best placed to reduce emerging Asian health disparities such as mental health and addictions, oral health in children, prevention and management of cervical cancer, cardio metabolic disease and diabetes in adults.
- **Healthy Communities** - stronger voice and dedicated resource to promote, coordinate and support the health and wellbeing of our Asian and migrant communities with key stakeholders in the community, primary care and the Auckland region.

#### **This 2016/17 plan focuses on service improvements and workforce development with a health equity lens**

To avoid unnecessary duplication with CM Health’s Annual Plan, this Asian Health Plan focuses on service improvements with a health equity lens. This complements our strategic Alliance priorities for integrated care initiatives and enhanced general practice that focus on prevention and early intervention in the community.

The 2016/17 year represents an opportunity to progress a core set of actions that will make meaningful progress towards achieving health equity and improve the experience of care. An important development approach for CM Health over this year will be to build linkages with existing PHO Asian health improvement approaches, identify and build connections with the many Asian community networks, groups and service providers.



## 2.0 Asian Health Planning Context

### 2.1 'Asian' as defined in New Zealand

The New Zealand health and disability sector classifies ethnicity data according to the Ethnicity Data Protocols for the Health and Disability Sector formulated by the Ministry of Health. The term 'Asian' used in the New Zealand Census and related data sets, refers to people with origins in the Asian continent, from China in the north to Indonesia in the south and from Afghanistan in the West to Japan in the East. This differs from the definition used in other countries such as the United Kingdom or the USA.<sup>3</sup>

This definition includes over 40 sub-ethnicities and these communities have very different cultures and health needs. Reviewing health data using this broad 'Asian' classification is problematic if the health status of Chinese, Indian and Other Asian communities is averaged. The risk is that averaged results can appear 'healthy', but potentially masks true health disparities such as cardiovascular disease (CVD) and diabetes in sub-ethnicity groups. Furthermore, many people classified as being 'Asian' do not identify with the term which may lead to under-utilisation of 'Asian' targeted services.

In recognising this limitation, we actively started working in 2014/15 to identify health data at a sub ethnicity level across available data sets. The support of general practices and Primary Health Organisations to record and report Asian sub-ethnicity coding is critical to identifying the true status of health measures in our populations.

Improving the visibility of health data at an Asian sub-ethnicity level for stakeholders across Counties Manukau includes an ongoing focus on accuracy and access to health information.

### 2.2 Our Asian Health Planning Approach

Life expectancy at birth of people identified as Asian in Counties Manukau is higher at 87 years than NZ European/Other ethnic groups at 81.3 years<sup>4</sup>. Despite this seemingly favourable health measure, service leaders across the district suspected that the true story of health was likely to be different for some Asian communities.

In October 2014, the CM Health Strategic Development Directorate was tasked with exploring planning approaches which would take into account the health of the district's growing and diverse Asian population. At this time, we reviewed available literature, population data and spoke with a range of people. This included regional health experts and leaders, CM Health staff forums and selected Asian community members about 'what mattered the most' for Asian health and wellbeing. This process acknowledged, but sought not to duplicate, the existing Asian mental health service coordination work and related forums.

A 3-year Asian Health work plan was developed and approved by CM Health's Community and Public Health Advisory Committee in late 2014. The work plan was shaped by executive expectations of 'working within existing budget and resources' through a range of stakeholders to:

- Increase recognition of Asian health and wellbeing needs within the Counties Manukau health system.
- Build organisational workforce capability and confidence in working cross-culturally to respond to the health needs of the Counties Manukau Asian population (and other Culturally and Linguistically Diverse [CALD] communities).
- Build and strengthen Asian health networks within the Counties Manukau health system and in the Auckland region.
- Support and enable service planning and delivery for the Counties Manukau Asian population.

In 2016, CM Health's Strategic Development Directorate was asked to review this plan with a greater focus on service delivery based actions. In a review of the demographic data and related publications, we found the key drivers for Asian Health Plan actions remained consistent with that of our 2014 findings, i.e.

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<sup>3</sup> Mehta S, Health needs assessment of Asian people living in the Auckland region. Auckland: Northern DHB Support Agency, 2012.

<sup>4</sup> Chan WC, Winnard D, Papa D (2015) Life expectancy and leading causes of death in Counties Manukau. Auckland: Counties Manukau Health.

- Recognise the super-diversity and changing demography and health profile of people living in Counties Manukau.
- Asians people are now the second largest ethnic group in Counties Manukau and will continue to be the fastest growing group in the next 10 years.
- Look at the health literacy of our health system and workforce to make a difference to our patients/service users and their families' health and experience of care.

## 2.3 Integrating our Asian Health Plans

This plan includes key Asian mental health service improvement actions. Asian mental health service development work started in 2007 and has culminated in the establishment of the:

- Intersectoral Steering Group for Asian Mental Health and Addictions Service Development (LOTUS Group)
- Asian mental health service development plans
- Asian Mental Health & Addictions Staff Forum
- Establishment of the Asian mental health interagency groups (The LONG GAME Group)

In 2015, the Asian Clinical Governance Committee was established to support development of cultural responsive clinical services for Asian communities. The Mental Health Services Cultural Capability Plan 2016/17 – 2017/18 was developed to enhance the cultural capability and responsiveness of all mental health services and challenges us to work towards the objective that “75% of assessments will demonstrate cultural capability by 2017”.

The barriers that prevent Asian people accessing and utilising health services are the very same barriers that prevent access and utilisation to mental health and addiction services. For Asian people, mental health access can be especially difficult. The barriers to access can be divided into practical, cultural and systemic barriers.<sup>5</sup>

This Asian Health Plan seeks to learn from the Asian mental health and addiction services experience and add to, not duplicate their work in our planning. We will look into the opportunity for mental health services to extend its LOTUS Group, the Asian Clinical Governance Committee, the Asian Mental Health & Addiction Staff Forum and the LONG GAME Group to widen CM Health services to share expertise and resources. This will support CM Health moving towards an integrated care model.<sup>6</sup>

## 2.4 Applying a Health Equity Lens

CM Health's population health team looked across a range of health measures to better understand actual and potential health disparities. This enabled us to identify opportunities to focus our engagement with health service leaders on key actions for 2016/17. In addition, we contracted an independent project manager to engage with key stakeholders to assess where the how we could best achieve Asian health gains. The collective planning findings led us to focus this 2016/17 Asian Health Plan on the following action areas:

- Continue **organisational capacity and capability** building focus of the existing 3-year Asian Health work plan and Asian Mental Health plan with the addition of a new Asian Health Coordinator role to drive progress.
- Key population health areas of potential **service improvement** in mental health, oral health of children and diabetes in adults (refer to section 5.1 for demographic and health service information related to these health focus areas).
- Additional focus areas provided by service leaders to improve the **early detection and early intervention** of cervical cancer and engagement with refugee and migrant health.
- Integrated focus on **Asian mental health and addictions**.

This plan complements our on-going strategic integrated care initiatives and focus on prevention and early intervention in the community.

<sup>5</sup> Ko, S. W. K. (2013). A Review of Asian Mental Health Service Development in Auckland, New Zealand. Auckland: University of Auckland.

<sup>6</sup> LOTUS group is for community development; ACGC is for developing cultural appropriate clinical services; AMH&ASF is for developing leadership skills among Asian staff; LONG GAME Group is for community development among each Asian sub-group. As at 2016, the Chinese Group, Korean Group and South Asian Group are active. The Filipino Group is currently on hold and the Japanese Group is no longer involved.



## 2.5 Local and Regional Engagement

### *Asian community views*

Community views about 'what mattered' in the health and wellbeing of Asian communities remained consistent across the 2014 and 2016 reviews, i.e.

- Understanding how and when to use the health system
- Language and communication barriers, particularly for older and isolated Asian people
- Health services and leaders to connect with existing community groups and networks

We engaged further with community members during our 2016 Lunar New Year Celebration event held at Ko Awatea. Asian community and staff participants were invited to share with us their thoughts and experiences through two questions:

- What is most important to you and your family to live and stay well in your community?
- What are the most important ways we can improve your experience of health services?

Their feedback included those themes from 2014 plus an additional request for "action now" that would specifically target Asian health improvement. Recommendations included an Asian champion (or equivalent role) to lead an Asian health plan implementation and ensure an appropriate and timely links with Asian communities. A focus on addressing language and culture barriers and support for Asian people to navigate the health system to help them remained strong themes.

### *Internal views*

In April 2015, a CM Health-led Pan Asian Health Interest Group (PAHIG) was established to initiate a formal means by which health stakeholders with an Asian health interest were able to input into CM health systems planning. PAHIG consists of 13 members of mainly CM Health staff members, plus members of the community from the education sector and non-governmental organisations such as The Asian Network Inc. (TANI) and Plunket (see section 5.3). This group continues to provide advice to CM Health on Asian health matters. For example, this group provided input into the 2015 strategy and value refresh process, advice for community communications on the 2016 Winter Wellness Plan and development of this 2016/17 Asian Health Plan.

The Pan Asian Health Interest Group members are connected with their communities. Through their advice, CM Health has a valuable opportunity to better understand how and where to engage more broadly with Asian communities.

### *Regional views*

CM Health is a participant in regional Asian health forums. This has involved building collegial networks with Auckland and Waitemata DHB Asian health leaders and related forums. This includes the Auckland Regional Public Health Service Asian Health group and the regional Asian and MELAA Primary Care Group.

In 2016, we approached this group with a view to sharing planning intentions and to identify where it could be most useful to work together. Agreement was reached to learn from our collective experiences, align 'action areas' and targets across DHBs where it was meaningful to do so. A further regional collaboration opportunity identified included data quality review, translating educational materials and key health messages for health prevention programmes. Our commitment to regional work is through this group that meets monthly.

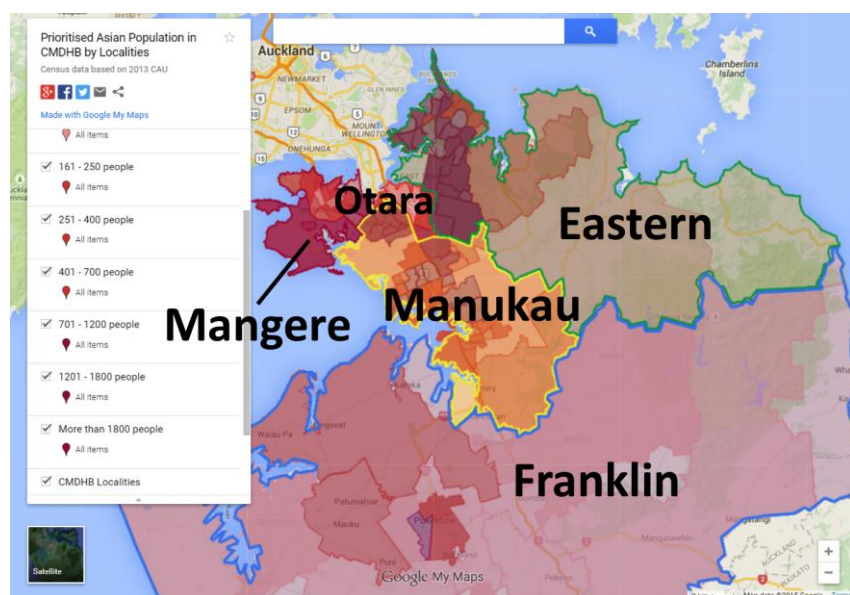
## 3.0 Health Profile of Asian people living in Counties Manukau

### 3.1 Population Profile

Across New Zealand our diverse Asian and migrant communities are growing faster than any other population group with two thirds of the Asian population of New Zealand living in the Auckland region. Almost a quarter (23.1 percent) of Auckland residents identified with an Asian ethnicity in the 2013 Census. This is a much higher proportion than for New Zealand as a whole at 11.8 percent (estimated at 471,711 people) and higher than 18.9 percent recorded at the last census (2006).

By 2018, about 1 in 3 people living in Auckland will be of Asian ethnicity<sup>7</sup>. Socio-demographic and health status information tells us that life in New Zealand is changing for these communities. The increasing Asian population is still largely driven by net migration and to a lesser extent natural increases.<sup>8</sup>

**Figure 2: Distribution of Asian people in CM Health district, by census area unit and locality (2013 census)**<sup>9,10</sup>



In Counties Manukau, the Howick local board in our Eastern Locality (seen in Figure 2) is home to the largest Asian population (estimated at 52,400 in 2013) per local board or territorial authority in New Zealand.

To provide some perspective, this is about 15 percent of the Auckland region's entire Asian population<sup>11</sup> and greater than the combined Asian populations of Wellington, Upper Hutt, Lower Hutt and the Kapiti coast. The largest Asian ethnic groups in Counties Manukau, based on Census 2013 total response ethnicity, consist of Indian and Chinese people. Indian people comprise 47 percent (almost half) and Chinese 34 percent (a third) of all 'Asian' people in the district (refer Figure 3).

Recognising the super-diversity of Asian people living in Counties Manukau matters in terms of patient and family experience of CM Health services. In parts of our district, more than 1 in 2 people you meet will have been born overseas, with areas like Papatoetoe, Manukau, Dannemora and Botany being more than 50 percent Asian. Indian communities are the largest in Papatoetoe, Ormiston and surrounding suburbs and Mangere South. Chinese communities live more commonly in the Eastern suburbs such as Ormiston, Millhouse, Meadowland, Highland Park and Murvale. From a health service point of view, how these groups engage with health services will make a big difference to population health overall.

<sup>7</sup> It is important to note that the census ethnicity data reflects group or groups that people identify with, and can be different from ancestry, birthplace and nationality.

<sup>8</sup> Subnational Ethnic Population Projections: 2013 Census (base) to 2038. Statistics New Zealand, 30 September 2015

<sup>9</sup> Maps are interactive and available online at the following URLs (best viewed in either a Mozilla Firefox or Google Chrome web browser):

Total Asian: <https://www.google.com/maps/d/edit?mid=z2VZcf4Y96j8.kZjDYVxSgPY>

South Asian: <https://www.google.com/maps/d/edit?mid=z2VZcf4Y96j8.kkMO509Gw8WM>

Chinese: <https://www.google.com/maps/d/edit?mid=z2VZcf4Y96j8.koh0QF-be7AM&usp=sharing>

Filipino: <https://www.google.com/maps/d/edit?mid=z2VZcf4Y96j8.klkvqPbNz0c8>

<sup>10</sup> Densely populated Asian regions are represented by darker shades of maroon. Interactive maps are available online

<sup>11</sup> Subnational Ethnic Population Projections: Asian ethnic population of territorial authority and Auckland local board areas, 1996–2038 (2013-base)

Figure 3: People of Asian ethnicity living in CM Health region<sup>12</sup>

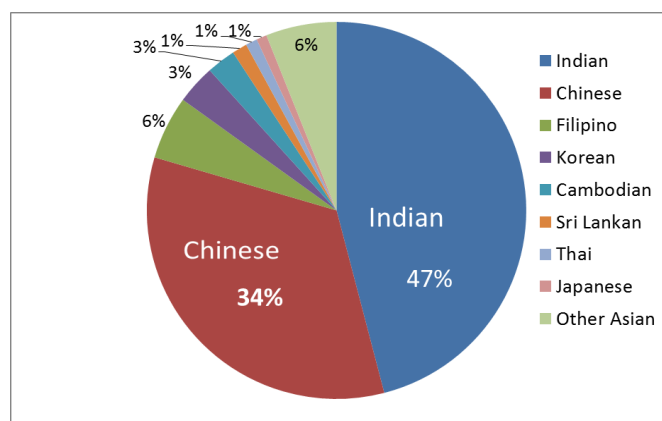
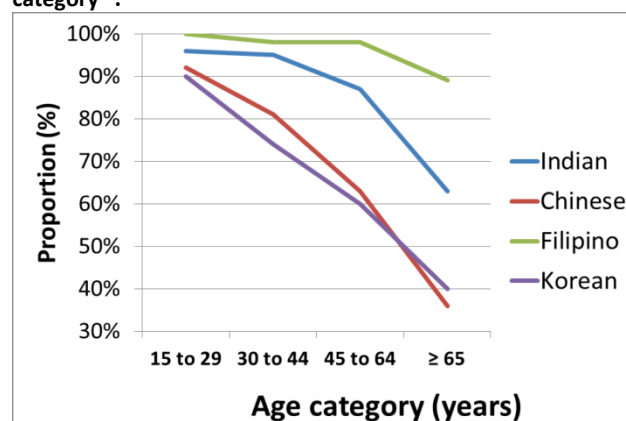


Figure 4: Proportion of Asian people who speak English, by age category<sup>13</sup>



In addition to ethnicity, we cannot lose sight that many of these people are migrants to New Zealand. As such, language and familiarity with the New Zealand health system can affect access to health services when they are needed. In general, Asian people who live in Counties Manukau have high levels of English ability at younger ages, but this falls to 40 percent or less in older Korean and Chinese peoples. Indian and Filipino people report higher proportions of English speakers at all ages, compared to Chinese and Korean people. Conversely, older Asian people are more likely than younger ones to speak a selected language from their country of origin. Older people of Chinese, Korean and Indian ethnicities have relatively limited ability to speak English (refer Figure 4).

One of the actions for 2016/17 includes analysing health service access by Asian sub-ethnicity to assess opportunities to reduce language and communication barriers.

## 3.2 Socio-demography and Lifestyle

A recent report regarding Asian health in New Zealand in 2011-2013<sup>14</sup> highlighted both favourable and unfavourable health status and disparities in the health of Asian sub groups compared to other populations. In general the Asian community is highly educated, with all three Asian ethnicities being more likely to have a University bachelor or post-graduate degree than non-Asian groups. However, Asian people along with Maaori and Pacific peoples, were distributed more towards low household income categories than European.

Of the people living in Counties Manukau that utilised health services in 2013, 18 percent of the Counties Manukau Asian population lived in areas classified as being the most socio-economically deprived (Quintile 5) in New Zealand. This compares to 11 percent for European/Other and 69 percent for Pacific people and 56 percent of Maaori people. Health data for people living in areas of high deprivation shows they are more likely to experience health inequities.

Lifestyle factors such as being smokefree, eating well and regular physical activity protect from long term health problems like obesity, diabetes and cardiovascular disease. All Asian ethnicities, along with Maaori and Pacific, had lower proportions of people eating the recommended daily number of serves of fruit and vegetables ( $\geq 5$ ) than Europeans and Others. The proportion of Asian men and women eating the recommended daily number of 5 or more serves of fruit and vegetables did not change over the three survey periods from 2002/03 to 2011/13.

Adults from all three Asian ethnic groups, along with Maaori and Pacific, were less likely to be physically active than European and Others. Activity levels for Asian men and women have changed little over the three survey periods from 2002/03 to 2011/13.

Overall, smoking prevalence at the time of census 2013 for the prioritised Asian population, was estimated at 6.6 percent and was the lowest of all large reported ethnic categories. Within this group, male smoking prevalence (11.7 percent) was much higher than female (1.8 percent).

Given the relatively young age of our Asian communities compared to Europeans, focusing on opportunities to improve lifestyle choices is a particularly important role within mainstream health services. Achieving improvements requires a whole of district approach across the life course of our population.

<sup>12</sup> Census 2013 total response ethnicity; 2013 'Usually Resident' population

<sup>13</sup> Census 2013; CM Health usually resident population; total response ethnicity.

<sup>14</sup> Scragg, R. *Asian Health in Aotearoa in 2011 - 2013: trends since 2002-2003 and 2006-2007*. Auckland: Northern Regional Alliance Ltd, 2016.

### 3.3 Barriers to Mental Health Service Access

Practical barriers refer to the lack of English language proficiency and inadequate knowledge and awareness of existing mental health services. These factors prevent migrants, refugees and minority groups from accessing and utilising services.<sup>15</sup>

Cultural barriers are brought about by cultural differences. They include the intense stigmatisation around mental illness that exists among many Asian cultures. In addition, religious beliefs and cultural differences in the presentation and treatment of mental illness can act as barriers to accessing and utilising the mental health system by migrants, refugees and ethnic minority groups.<sup>16</sup>

Systemic barriers are the policies, procedures or practices within the mental health system that unfairly discriminate and can often prevent vulnerable populations from fully utilising services.<sup>17</sup>

Key systemic barriers include lack of interpreter services or culturally/linguistically appropriate mental health information, lack of bilingual mental health professionals, incompatible Western mental health treatment models, and lack of cultural competence in mental health care.

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<sup>15</sup> Kung, W.W. (2004) Cultural and practical barriers to seeking mental health treatment for Chinese Americans. *Journal of Community Psychology*. Vol. 32(1), 2004, pp 27-43.

<sup>16</sup> Ko, S.W.K. (2013) *A Review of Asian Mental Health Service Development in Auckland, New Zealand*. Auckland: University of Auckland).

<sup>17</sup> Hernandez, M., Nesman, T., Mowery, D., Acevedo-Polakovich, ID. and Callejas, LM. (2009). Cultural competence: A literature review and conceptual model for mental health services. *Psychiatric Services*. Vol. 60 (8), 2009, pp 1046-1050.

## 4.0 Plan Actions

This Asian Health Plan outlines **targeted actions that focus on enhancing (not duplicating)** current work programmes and projects. These have been informed by data and information about our Asian community needs now and into the future and tested against our health equity strategic goal. This plan therefore does not outline all actions across primary, community and hospital services that will improve Asian health outcomes. It highlights complementary actions outlined in our 2016/17 Annual Plan and Alliance approaches in primary care.

This Asian Health Plan incorporates previous work carried out by CM Health including collaboration with Waitemata and Auckland DHBs and Auckland Regional Public Health Service and CM Health's Pan Asian Health Interest Group (PAIHG).

### 4.1 Build Cultural Capacity and Capability

#### 4.1.1 Asian Health Improvement Coordination

**Aim:** To increase health system capacity to address the growing needs of Asian people and to contribute to achieving the DHB's strategic goal of achieving health equity for our Asian population.

This will be achieved by working through Localities to ensure that areas with significant numbers of Asian people (e.g. East and Manukau) have services that are best tailored to their populations.

##### Who will we work with?

- CM Health Alliance PHOs
- Auckland Regional Dental Service
- Service Providers
- Pan Asian Health Interest Group (PAIHG)
- Asian Community Groups

##### Monitoring Processes

- Six monthly progress reports to Alliance and Executive Leadership Teams (ALT & ELT)
- Six monthly progress reports to the Community and Public Health Advisory Committee (CPHAC)

##### Establish an Asian Health Coordinator role within CM Health

- Q1: Recruit an Asian Health Coordinator to support a whole of system approach
- Q2: Carry out a stocktake of all Asian Health initiatives across Counties Manukau Health

- Table report findings and recommendations for ongoing improvement with key forums

##### Continue to increase recognition of Asian health and wellbeing needs and planning responses within the CM health system

- Q2-4: Increase visibility and availability of Asian Health information and data across CM Health leadership groups
- Q2-4: Complete a communications plan for Asian health improvement
- Q3-4: Link health service development (population and personal health initiatives) to At Risk Asian individuals, families and communities
- Q3-4: Work with service leaders and data analysts to improve data collection for the major Asian ethnic groups (level 2)

- Present to new staff every 2 weeks on CM Asian health at the Welcome Days
- Complete presentation on Asian Health issues and activities across CM Health leadership groups
- Expand scope of Asian health and wellbeing cultural champions in the health system
- Link existing work programmes for improving PHO enrolment data in primary care
- Enhance Asian health status information across CM Health leadership groups

##### Develop links between CM Asian communities and CM Health

- PAIHG to provide advice and support to groups such as Locality Leadership Groups on engagement with relevant Asian community leaders, community groups
- Ongoing membership drive for more members to become engaged with PAIHG issues

- Patient/service users are engaged where an Asian perspective is required for evaluation of existing health services or planning of additional or new health services

##### Collaborate with regional and central agencies working for Asian health and wellbeing improvement

- Work to enhance CM Health participation in regional Asian Health forums relevant to Asian people in Counties Manukau

- Improved regional and national collaboration
- Where appropriate, alignment of key Asian health targets

## 4.1.2 Health Literate Workforce and Systems

Aim: Increase recognition of Asian health and wellbeing needs within the CM health system.

### Who will we work with?

- CM Health Alliance PHOs
- Regional leaders and resources with expertise in Asian health needs
- Pan Asian Health Interest Group
- Asian Community Groups
- Service providers

### Monitoring Processes

- Six monthly progress reports to ALT and ELT
- Six monthly progress reports to CPHAC

### Build workforce capability and confidence to work cross culturally to respond to the health needs of the Culturally and Linguistically Diverse (CALD) CM Asian population

- Q1-Q4: Work alongside key stakeholders responsible for the proposed initiatives (diabetes and oral health)
- Q2-Q3: Complete a stocktake of CALD training with staff at locality level
- Q2-Q4: Work with locality leaders to increase CALD training uptake for staff both at locality level and at general practice

- Patient survey: Improved overall patient experience for Asian patients
- Increased uptake of CALD training modules in CM Health staff
- Increased uptake of CALD training modules in primary care staff

### Enhance access to health information in the major Asian languages

- Survey key clinical services about the top three information sheets that would be most beneficial in additional languages
- Develop generic translated information resources in main languages with appropriate cultural context

- Patient survey: Improved overall patient experience for Asian patients

### Evaluate service access and language barriers across health services delivered in Counties Manukau

- Q2-3: Analyse CM Health service access by Asian sub ethnicity within available data sets
- Q2-3: Analyse CM Health Interpreter and Translation Service utilisation by ethnicity and requesting service to engage leaders and patients regarding potential language barrier improvements

- Prepare report for service leader review and consideration of potential 2017/18 service improvements

### Support development of a Bilingual Support Course

- Q3-4: Work with Ko Awatea to develop capability for more day-to-day language assistance within teams/ services when working with CALD patients and families

## 4.2 Enhance Service Delivery and Health Outcomes

### 4.2.1 Asian Mental Health and Addictions

The Asian Mental Health and Addiction Service Development Action Plan 2016/17 -2017/18 is developed in alignment to the Healthy Together Strategic Plan 2015 – 2020, CM Health Mental Health 5 Year Plan and the Cultural Capability Plan 2015/16 -2017/18.

The Asian Plan includes initiatives that enable CM Health mental health services achieve the expected outcome (Big Dot Goal) *“75% of assessments will demonstrate cultural capability across Counties Manukau Mental Health Services by 2017”* and initiatives delivered directly to the Asian communities.

### Who will we work with?

- CM Health Mental Health Services
- Mental Health Non-Government Organisations
- CM Health Alliance PHOs
- Asian Non-Government Organisations
- Asian Communities
- Asian Mental Health Services at Waitemata DHB, Auckland DHB and other DHBs
- Northern Regional Alliance



The initiatives are categorised into four broad national mental health policy directions including: 1) building culturally appropriate and responsive services, 2) workforce development, 3) research and 4) community development to address the needs of Asian communities living in Counties Manukau.

In 2016/17, Mental Health Services aim to achieve:

- Mental Health workforce is competent in working with Asian service users and their families
- Mental Health workforce receives clinical cultural advice when assessing and treating Asian service users
- Asian community develops capability and leadership to address their mental health and addictions needs

#### Monitoring Processes

- Monthly reporting against the Mental Health and Addictions Business Plan
- Quarterly report to the LOTUS Group, Asian Clinical Governance Committee
- Bi-annual progress updates at the Mental Health Clinical Governance meeting

#### Action 1: CALD Training

- Q1: Stocktake of Mental Health Services staff completed CALD Cultural Competency training (Modules 1 & 4)
- Q2: All new Mental Health Services staff completed CALD Cultural Competency training (Modules 1 & 4)
- Q3: 20% of Mental Health Services staff completed CALD Cultural Competency training (Modules 1 & 4)
- Q4: 30% of Mental Health Services staff completed CALD Cultural Competency training (Modules 1 & 4)

- Percentage of Mental Health Services staff completed CALD training
- Percentage of Mental Health Services staff completed CALD training
- Increased completion of CALD training in Mental Health Services staff

#### Action 2: Asian Clinical Cultural Advisor Role

- Q1: Gap analysis of current procedure for providing clinical cultural advice for Asian service users
- Q2: Proposal to establish the Asian Clinical Cultural Advisor role for Asian service users is documented
- Q3-Q4: Proposed Asian Clinical Cultural Advisor role is piloted

- Asian clinical cultural advice gaps needs are identified
- Patient survey: Improved overall patient experience for Asian service users and their families

#### Action 3: Community Development

- Q1-Q4: The LONG GAME Group is supported to develop, coordinate, deliver, and evaluate Asian community mental health initiatives to be held in Sept-Oct in 2016

- One community mental health initiative is delivered to the Chinese, Korean and South Asian communities in Sept-Oct. in 2016

## 4.2.2 Diabetes Management

### To increase visibility of Asian health needs and contribute to achieving health equity for Asian people with diabetes

Diabetes has been identified as one of the areas of health inequity for Asian people living in Counties Manukau. Although Pacific people have the highest prevalence of diabetes (almost a third of people aged 55 to 59 years and 45% in those aged 65 to 74 years), our Indian population has a similar prevalence. In contrast, Chinese people have a lower prevalence, similar to that of NZ European/Other groups (about 1:10 people age 55 to 59 years). The 'Other Asian' group have a prevalence that is similar to Māori.

Our actions acknowledge existing initiatives to better support women with diabetes in pregnancy and adults requiring care coordination support through their general practice.

#### NOTE:

*The Metro Auckland Clinical Governance Forum has agreed five cardiovascular disease and diabetes indicators. The PHOs have agreed to send population level data on these indicators to support baseline and ongoing performance monitoring. A quality improvement process is underway and we anticipate a confirmed baseline, target and reporting capability by 30 September 2016.*

	2015/16 Baseline	2016/17 Target
<b>HbA1c Glycaemic control:</b> Percentage of enrolled patients with diabetes (aged 15 to 74 years) who have good or acceptable glycaemic control with HbA1c ≤ 64 mmol/mol	TBC in Q2	TBC in Q2
<b>Blood pressure control:</b> Percentage of enrolled patients with diabetes (aged 15 to 74 years) whose latest systolic blood pressure measured in the last 12 months is < 140mmHg	TBC in Q2	TBC in Q2
<b>Management of Microalbuminuria:</b> Percentage of enrolled patients with diabetes (aged 15 to 74 years) who have microalbuminuria and are on an ACE inhibitor or angiotensin receptor blocker	TBC in Q2	TBC in Q2

<b>Actions</b> <ul style="list-style-type: none"> <li>Q1: Implementation of a new targeted model of care, to focus on patients with poor glycaemic control, and introducing virtual reviews between primary and secondary care</li> <li>Q1: Five diabetes indicators will be reported by ethnicity so performance can be monitored and analysed with the aim of reducing variation between practices and variation between ethnicities</li> <li>Q1-Q4: Ensuring Asian peoples are accessing podiatry, dietetics and health psychology at the same rates as other ethnicities by providing these services in community based settings</li> <li>Q1: Ensure Asian peoples who have high risk feet are identified proactively within primary care and referred to a podiatrist for on-going care</li> <li>Q1-Q4: Practices will work to identify Asian people who have not had a retinal screen, or who are overdue for a retinal screen and ensure they are referred to the service or follow up</li> <li>Q1-Q4: Ensure improved access to self-management support services, including self-management education, to enhance health literacy, healthy lifestyles, adherence to medication and overall health and wellbeing for Asian patients</li> </ul>	<b>Who will we work with?</b> <ul style="list-style-type: none"> <li>Northern Region Diabetes Network</li> <li>Primary health, community and hospital clinicians and Clinical Champions</li> <li>Diabetes Service Level Alliance Team</li> <li>Pan Asian Health Interest Group</li> <li>Existing Indian Community Groups</li> <li>Wider Asian Community Groups</li> </ul> <b>Monitoring Processes</b> <ul style="list-style-type: none"> <li>Quarterly report to Diabetes SLAT, ELT and ALT</li> <li>Six monthly reports to CPHAC</li> </ul> <b>Measures</b> <ul style="list-style-type: none"> <li>Reduction in the proportion of patients with HbA1c above 64, 80 and 100 mmol/mol</li> </ul>
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4.2.3 Oral Health Services			
<p><b>Increase early detection and intervention for improved oral health among Asian preschool children aged 0-4 years of age</b></p> <p>There are large differences by ethnicity group in the measure of caries<sup>18</sup> free proportion by age of pre-schoolers. The incidence of early childhood caries before primary teeth are fully erupted at 2.5 years indicates that risk of caries is high in children at very young ages. This is likely due to an excessive early intake of sugar and low engagement in quality dental hygiene behaviours.</p> <p>Our 2016/17 objectives are to:</p> <ul style="list-style-type: none"><li>Improve access and engagement for children aged 0-4 years to Community Oral Health Services (COHS)</li><li>Prevent Early Childhood Caries thus reducing prevalence of early DMFT<sup>19</sup> in ages 0-4 years and improving the percentage of childhood caries free at five years</li></ul> <p>All activities and services are expected to contribute to these outcome measures.</p>		<b>2015/16 Baseline<sup>20</sup></b>	<b>2016/17 Target</b>
	Enrolment in children aged 0-4 years		
	Maaori	64%	95%
	Pacific	73%	
	Asian	69%	
	Total	76%	
	Percentage of children caries free at age 5 years		
	Maaori	37.3%	55%
	Pacific	29.6%	
	All Other (includes Asian)	63.6%	
	Total	48.7%	
<b>Who will we work with?</b>			
<ul style="list-style-type: none"><li>Auckland Regional Dental Service</li><li>Service Providers</li><li>Well Child Providers, e.g. Plunket</li><li>Intersectoral / Education</li><li>Pan Asian Health Interest Group</li><li>Asian Community</li><li>Early Childcare Centres</li></ul>			
<b>Monitoring Processes</b>			
<ul style="list-style-type: none"><li>Service Contracts (CM Health / Regional)</li><li>Ethnic specific data on Asian enrollees</li><li>Primary care data / Well Child Tamariki Ora</li><li>Hospital data</li><li>Quarterly reporting to ELT, ALT, Ministry of Health</li></ul>			
<b>Actions</b>			
<ul style="list-style-type: none"><li>Q1-Q2: Develop a targeted engagement strategy with the three main Asian groups [Indian, Chinese and Filipino communities] that will link to the following initiatives (Asian Health Coordinator)</li><li>Early enrolment in Community Oral Health Services of babies at 5 months with associated oral health education of tooth brushing and nutrition before solids start followed by</li></ul>			

<sup>18</sup> Dental caries, also known as tooth decay, cavities, or caries, is a breakdown of teeth due to activities of bacteria.

<sup>19</sup> The decayed, missing, and filled teeth (DMFT) index is one method for assessing population dental caries prevalence [& dental treatment needs].

<sup>20</sup> Baselines for all oral health measures are as at December 2015.

examination in a dental clinic at 1 year of age

- An initiative to promote milk or water versus sugar drinks is key for preschool children to prevent early childhood caries by 2 years, e.g. 2015 data shows 13% of Asian children at 2 years have caries (dental decay), at 4 years 42% have caries
- Q1-Q2: Translated oral health pamphlet in three different languages of Hindi, Mandarin and Korean
- Q2-Q3: Translated brief key messages on the three local papers in the above three different languages
- Q2-Q3: Translated poster about the initiative promoting milk or water versus sugar drinks (Advertorial type poster)
- Q2-Q4: A 15 minutes on air weekly – education and reinforcing key messages on the above translated material in the different languages

#### Outcome Measures

- Percentage of children caries-free at age five years.
- Number of children <5 treated under general anaesthetic

#### Output Measures

- Percentage of infants at 6 months of age enrolled in DHB funded oral health service
- Percentage of preschool children 0-4 years enrolled in DHB funded oral health service
- Reduction in Did Not Attend (DNA) rates

## 4.2.4 Cervical Cancer

### Improve early detection and early intervention for cervical cancer in Asian women

Cervical cancer is preventable. The National Screening Unit recommends cervical screening for early identification of cervical cancer and prevention of invasive disease. Asian women have a lower coverage rate for cervical screening compared with non-Asian women. Improving cervical screening coverage rate for Asian women will support a reduction in cervical cancer mortality.

During the 2015/16 year CM Health and PHOs in the district worked together on key activities to improve cervical screening coverage. This enabled development of a district-wide cervical screening action plan approved by the Alliance Leadership Team. Each PHO then developed a PHO-specific cervical screening action plan. A High Needs Cervical Screening Coordinator has been working with PHOs and within community settings such as temples, mosques and outreach clinics to deliver smear taking services for Priority Group Women (including Asian women).

In addition, the CM Health Alliance has taken a leadership role within the sector to improve the quality, accuracy and timeliness of cervical screening coverage data. Our 2016/17 actions will build on the achievements to date with the expectation that this will translate into real improvements in cervical screening coverage, particularly for Asian women who are overdue for a cervical smear or who have never been screened.

Percentage of eligible women aged 25-69 years who have had a cervical smear in the past 36 mths

**2015/16  
Baseline**

**2016/17  
Target**

Asian

65.7%

80%

Total

74.1%

#### Who will we work with?

- CM Health Alliance PHOs
- Independent Service Providers

#### Monitoring Processes

- Quarterly reporting to PHOs
- Reporting against the PHO Cervical Screening Action Plans

#### Actions

- Q1: CM Health and the PHOs in the district will work together to update the district-wide and PHO level cervical screening action plans. The plans will focus on improving screening coverage for Asian and other Priority Group Women, particularly those who are unscreened and under-screened
- Q1-4: PHOs will ensure there is a named coordinator in the PHO and cervical screening champions in practices who are responsible for actions to improve cervical screening coverage
- Q1-4: CM Health will improve access to cervical screening for Asian women by contracting with PHOs to provide free smears for Priority Group Women
- Q1-4: Each PHO will access the monthly cervical screening data match reports and will use the reports to carry out data matches, to identify women who are overdue for their three yearly cervical smears and to target recall, invite, engagement and smear-taking activity at this group
- Q1-4: Work with PHOs to provide training for practice staff on

#### Measures

- CM Health district-wide and PHO-level cervical screening action plans are completed for the 2016/17 year by the end of Q1
- Cervical Screening Action Plans prioritise actions and outcomes for Asian and other Priority Group Women
- Each PHO has a dedicated cervical screening coordinator and PHOs work with their general practices to support the establishment of a cervical screening champion role by the end of Q4
- Contracts with each PHO for free smears for Priority Group Women are in place by the end of Q1
- PHOs are accessing and actively managing monthly cervical screening data match lists on a quarterly basis
- Number of training sessions provided for CM Health practices on how to have the conversations about cervical screening by Q4
- Quarterly description of activity related to the ISP

<p>how to have the conversations about cervical screening</p> <ul style="list-style-type: none"> <li>Q1-4: Work with PHOs, practices and Independent Service Providers (ISP) to implement the cervical screening referral pathway for Priority Group Women</li> <li>Q1-4: Employ a High Needs Cervical Screening Coordinator to work with general practice teams that have low screening coverage rates for Asian women and to assist with smear-taking, recall and invite and quality improvement systems</li> <li>Q1-4: The High Needs Cervical Screening Coordinator will work closely with independent service providers and PHOs to deliver smear-taking clinics in settings that are appropriate and acceptable for Asian women</li> <li>Q1-4: The High Needs Cervical Screening Coordinator will work within community settings and with local media to raise cervical screening awareness and to ensure messages are targeted at Asian women</li> </ul>	<p>cervical screening referral pathway for Priority Group Women</p> <ul style="list-style-type: none"> <li>Quarterly description of support provided within practices</li> <li>Three yearly cervical screening coverage rates for Asian women</li> <li>Quarterly description of smear taking activity / clinics provided in community settings</li> <li>Quarterly description of activity to raise cervical screening awareness, particularly amongst Asian women</li> </ul>
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## 4.2.5 Refugee Health

<p><b>Improve access to and utilisation of primary health services for our refugee families by providing early opportunities for interventions that are culturally and linguistically responsive.</b></p> <p>Regional collaboration in 2015/16 has enabled development of a reliable baseline refugee population through information provided by Immigration New Zealand (refugees settled in our district) and identification of those accessing primary care services. This has led to further development of the Refugee Wrap Around Services contract and related data reporting.</p> <p>In 2016/17 we will focus on implementation of this contract across the region and refining our business and information processes to better understand how accessible health services are for our refugee population. We expect to learn what works, how best to engage with communities and service providers with a view to improving each year.</p>	2015/16 Baseline
	TBC in Q1
<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>Q1-3: Determine what resources are available to promote GP enrolment for Asian, Refugee and Migrants groups</li> <li>Q2-4: Raise awareness amongst the Refugee community of the services available through primary care for refugees and work with other stakeholders to increase access to and uptake of the services amongst the eligible refugee population</li> <li>Q2-4: Offer and promote information about Primary Health Interpreting Services (PHI services) to non-English speakers about PHO and Primary Care Organisation (PCO) Services</li> <li>Q3-4: Encourage and promote CALD training within the Refugee services contract</li> </ul>	<p><b>Who will we work with?</b></p> <ul style="list-style-type: none"> <li>CM Health Locality General Managers</li> <li>CM Health PHOs</li> <li>Independent Service Providers</li> <li>Auckland DHB / Waitemata DHB</li> <li>Asian communities</li> </ul> <p><b>Monitoring Processes</b></p> <ul style="list-style-type: none"> <li>Quarterly reporting from PHOs on the Refugee Wrap Around Services contract</li> </ul>
	<p><b>Measures</b></p> <ul style="list-style-type: none"> <li>Stocktake completed and information used to improve promotion and access to care</li> <li>Increase in number of Refugees enrolled with refugee primary care services in CM Health</li> <li>Number of PHOs/GPs aware of Primary Health Interpreter services offered</li> <li>Increase the number of practice staff attending CALD 3 “Working with Refugees” training module</li> </ul>

## 5.0 Appendices

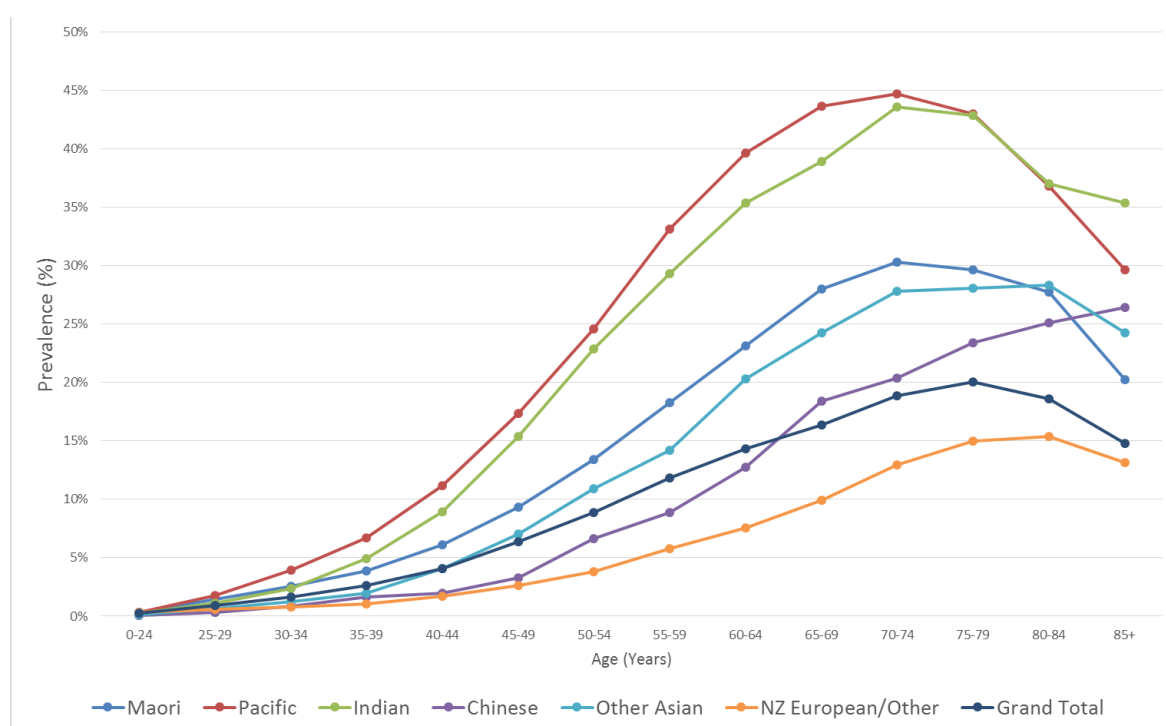
### 5.1 Asian Health Status in Counties Manukau

#### 5.1.1 Diabetes Prevalence

Diabetes is an important disease due to its high prevalence, high likelihood of complications, high mortality, and significant costs associated with treatment. The prevalence of diabetes can be calculated by aggregating diabetes-related test results available in the Auckland region. Figure 5 below shows the prevalence of diabetes in Auckland by age and (prioritised) ethnic group. Diabetes prevalence is strongly related to age with prevalence increasing up to the age of 70 years from a very low prevalence in the early 20s.

Pacific people have the highest prevalence of the disease (almost a third of people aged 55 to 59 years and 45 percent in those aged 65 to 74 years) however, Indian people also have a high prevalence. In contrast, Chinese people have a lower prevalence, similar to that of NZ European/Other groups (about 1:10 people aged 55 to 59 years). People in the 'Other Asian' group have a prevalence similar to Māori.

Figure 5: Diabetes prevalence, by age and ethnicity (Auckland, 2013)<sup>21</sup>



#### 5.1.2 Child Oral Health

Dental caries (tooth decay) is a diet and saliva-modified bacterial disease which can have a negative impact on oral health as well as general health and well-being. Caries is a disease process that ends in *decayed, filled or missing teeth* (DMFT).

Disease in primary teeth results in disease being three times more likely in permanent teeth. The implication is that caries status in the primary teeth can be used as a risk indicator for predicting caries in permanent teeth. Caries may cause years of discomfort and pain before requiring treatment or extraction.

Our data indicates opportunities to improve for young Asian children (0-4 years of age), as evidenced by the low rates of enrolment with oral health services (refer Table 1) and relatively high rates of dental disease in Chinese and Indian children compared with NZ Europeans (Figures 6 & 7).

<sup>21</sup> Derived from TestSafe data, personal communication Wing Cheuk Chan.

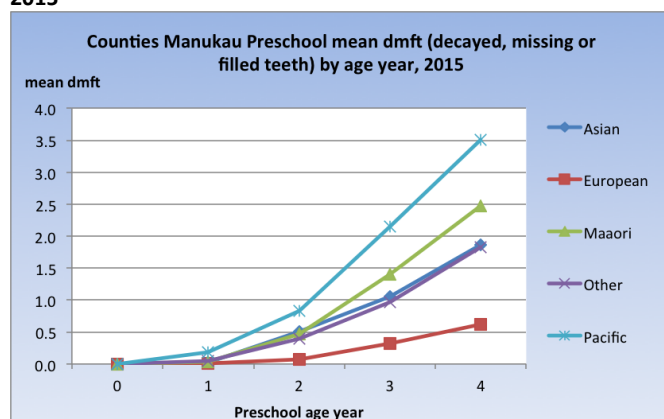
**Table 1: CM Health total oral health service enrolments by age by ethnicity in Counties Manukau<sup>22</sup>**

Age Group	Asian	European	Maaori	Other	Pacific	Total
0-2 years enrolled	3,306	3,448	3,061	975	3,972	14,762
0-2 years % enrolled	62%	89%	44%	-	50%	59%
3-4 years enrolled	3,038	3,587	3,771	805	4,908	16,109
3-4 years % enrolled	80%	145%	84%	-	93%	97%
Total 0-4 years enrolled	6,344	7,035	6,832	1,780	8,880	30,871
Total 0-4 years % enrolled	69%	102%	64%	-	73%	76%

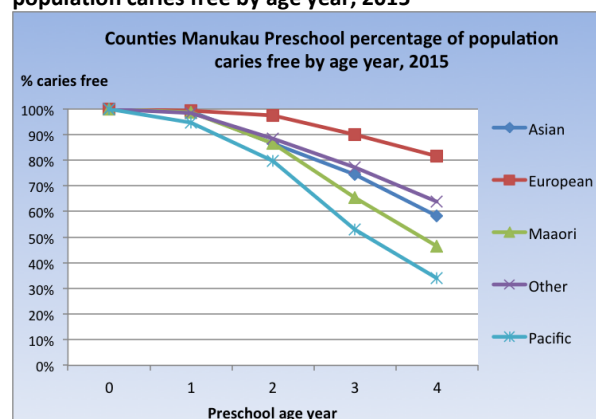
Source: Auckland Regional Dental Service (ARDS) Titanium reporting, 2015

In 5 year old Auckland children during 2014 (n = 3,072), Chinese and Indian burden of dental caries (mean number of decayed, missing from caries, or filled primary teeth: 1.9 and 1.5 respectively) were about mid-way between New Zealand European and Other (mean 0.7; lowest), and Pacific (mean 3.2; highest) ethnic groups.

**Figure 6: Counties Manukau Preschool mean DMFT by age year, 2015<sup>23</sup>**



**Figure 7: Counties Manukau Preschool percentage of population caries free by age year, 2015<sup>20</sup>**



Asian children who enrolled at the Counties Manukau preschools in 2015:

- At age 2 years 87 percent were caries free
- At age 3 years 58 percent were caries free
- At age 4 years 58 percent were caries free

This highlights our opportunity to focus on oral hygiene improvement, e.g. tooth brushing, at an early age.

### 5.1.3 PHO Enrolment

Comparisons suggest that ethnicity data derived from both PHO and National Health Index (NHI) datasets underestimate Maaori and Asian populations, while over estimating Pacific and European/Others. It seems likely that some people identified as Pacific or European/Other in the PHO registers would be identified and prioritised as Maaori or Asian in census-based population projections.

It is also important to be aware that there are different 'views' of the enrolled population. Presented here is the enrolment data for Asian people who are resident in the Counties Manukau area and who are enrolled with any PHO (some practices and PHOs are outside the Counties Manukau area). Another 'view' is that of Asian who are enrolled with practices within the Counties Manukau area and who may live inside or outside the Counties Manukau area boundary.

Based on PHO enrolment data for January - March 2016, 105,489 Asian people living in Counties Manukau are enrolled in a PHO, 83 percent of the estimated resident Asian population for 2016<sup>24</sup>. Table 2 shows that the majority

<sup>22</sup> Data for the period Jan - March 2016, sourced from PHO Register.

<sup>23</sup> Source: Auckland Regional Dental Service (ARDS) Titanium reporting



are enrolled with Procure (44 percent) or East Health practices (23 percent), therefore practices with the most engagement with Asian residents for health improvement actions.

**Table 2: Counties Manukau PHO enrolment for Asian residents<sup>25</sup>**

PHO	Number of Asian enrolled	Percentage of total Asian enrolled
Procure	46,290	44%
Total Healthcare	16,627	16%
National Hauora Coalition	5,869	6%
Alliance Health+	10,659	10%
East Health	24,770	23%
Other PHOs	1274	1%

Table 3 shows the breakdowns by PHO for Level 1 Asian Ethnicity (Jan – Mar 2016 quarter). This is done by using the enrolled practice view (therefore includes patients enrolled in CM Health practices but living outside the DHB) so will look different to the resident view above.

**Table 3: Counties Manukau PHO enrolments by ethnicity (includes patients enrolled and living outside of DHB area)<sup>22</sup>**

Ethnicity	PHO					Grand Total
	Alliance Health+	East Health	National Hauora Coalition	Procure	Total Healthcare	
Asian (No Further Defined)	368	1,441	37	1,885	1,236	4,967
Chinese	775	17,169	4,129	6,615	1,487	30,175
Indian	3,906	3,771	215	17,771	13,218	38,881
Other Asian	861	2,509	79	3,205	4,108	10,762
South East Asian	687	1,596	484	4,590	215	7,572
Grand Total	6,597	26,486	4,944	34,066	20,264	92,357

Primary health analysts have suggested Asian ethnicity accuracy would need to be reviewed before any conclusions could be drawn from these data. PHO enrolment is an action area of interest to the Auckland and Waitemata DHBs therefore CM Health will explore this further with a regional collaboration approach.

## 5.2 Asian Mental Health Status in Counties Manukau

A detailed Asian mental health needs analysis<sup>26</sup> has been completed by our Population Health team in consultation with service and clinical leaders. This information is accessible through the CM Health website.

<sup>24</sup> Denominator used for this calculation is the estimated resident population for 2015 (n=83,160), based on the 2013 Census (Stats NZ 2015 update of Population Projections).

<sup>25</sup> Data for the period Jan - March 2016, sourced from PHO Register; provided by Bede Oulaghan, Business Analyst CM Health.

<sup>26</sup> Winnard, D., Watson, P., Papa, D., Hallwright, S., Russell, S., Ahern, T., Lee, M., Boladuadua, S. and Butler, K. (2014). *Populations who have received care for mental health disorders. An Overview*. Auckland: Counties Manukau Health. Accessible from: <http://countiesmanukau.health.nz>

## 5.3 Pan Asian Health Interest Group (PAHIG) – Terms of Reference

*Version Date: 22 April 2015*

### Purpose

The inaugural Counties Manukau Pan-Asian Health Interest Group is focussed on the health and wellbeing of Asian people and the development of healthy Asian communities in Counties Manukau, with the purpose of:

- Bringing together the perspectives of our diverse Counties Manukau Asian communities in a coherent and constructive manner to input into health planning within the Counties Manukau health system
- Linking key Asian community stakeholders, community and professional networks to ensure a broad perspective is brought to consideration of health planning issues

### Reporting Line

PAHIG reports to the Master Planner, Strategic Development, CM Health.

### Membership

Membership was confirmed through an Expression of Interest process to identify and select the relevant mix to ensure Pan-Asian representation.

Organisation	Role/ Affiliations/Interests
CM Health	Senior Medical Officer, Women's Health
CM Health	Violence Intervention Programme Coordinator, CMDHB; Social work background
CM Health	Senior Medical Officer, Medicine. Auckland Chinese Medical Association and Chinese Health Awareness Initiative
CM Health	Home Health Care
CM Health	Asian Mental Health; links with Asian groups in the Eastern/ Botany areas and metro-Auckland
CM Health	Child and Adolescent Mental Health Service; links with Japanese Mental Health Interest group and community cross-cultural interest group
CM Health	Nurse Educator, Child Health
CM Health	Needs Assessor and Service Coordinator; links with Manukau East Council of Social Services, Shanti Nivas, Asian Health Foundation, The Asian Network, Manukau East multi-ethnic panel
CM Health	Nurse, South Asian Mental Health Inter-Agency Group
Education	School Guidance Counsellor; links to South Auckland School GC cluster; Catholic parenting network and Catholic Filipino community
Primary Health	GP registrar, Auckland Chinese Medical Association, Royal NZ College of General Practice Trainee Chapter
Provider	The Asian Network Inc. (TANI); links with Asian community groups across metro-Auckland
Provider	Plunket; Chinese New Settlers Services Trust (Trustee), and the Centre for Asian and Ethnic Minority Health Research (CAHRE) (Advisory Committee Member)

### Meeting Frequency

Up to four meetings per year will be held. Meeting frequency will be contingent on demand for the Group's services.

The Group will operate for an initial term of 12 months upon which time a review will be undertaken to determine effectiveness and value added.

### Conflicts of interest

Prior to the start of any meetings, conflicts of interest will be stated and recorded in a Conflicts of Interest register.

Where a conflict of interest exists, the member will advise the Chair and withdraw from all discussion.

### Support

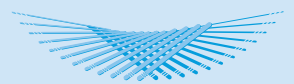
PAHIG will be convened by a CM Health Planning Advisor (until an Asian Health Coordinator is appointed) who will manage its agenda and ensure provision of administrative support for its meetings.

## 5.4 Glossary

Term	Definition
ALT	Counties Manukau Health Alliance Leadership Team; comprising five Primary Health Organisations and Counties Manukau DHB clinical and executive leaders
CAHRE	Centre for Asian and Ethnic Minority Health Research
CALD	Culturally and Linguistically Diverse (CALD)
CM Health	Counties Manukau Health, representing all service provision within the Counties Manukau district
COHS	Community Oral Health Services
DMFT	Decayed, filled or missing teeth
ELT	CM Health's Executive Leadership Team
NGO	Non-Government Organisation
PAHIG	CM Health's Pan Asian Health Interest Group
PHO	Primary Health Organisation
TANI	The Asian Network Incorporated
MELAA	Middle Eastern, Latin American, African



**Kind** | **Excellent** | **Valuing everyone** | **Together**  
Manaakitanga | Rangatiratanga | Whakawhanaungatanga | Kotahitanga



COUNTIES  
MANUKAU  
HEALTH