



Asian health in New Zealand—progress and challenges

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Abstract

The recent increase in the population classed as ‘Asian’ in New Zealand (now 9.5%) has seen the establishment of an ‘Asian health’ platform with activities by academic institutions, service providers, and community organisations. However, Asian health remains outside the frames of reference for most health professionals. Three recent reports provide the first large-scale systematic data about the health of Asian peoples in New Zealand. These reports identify the problem of ‘averaging’ if the whole Asian category is used.

Key health concerns include access to health services; cardiovascular disease, and diabetes for Indian peoples; levels of physical activity; and mental health, particularly in young people. Asian peoples born in New Zealand are less healthy than recent migrants classified as Asian. This ‘healthy immigrant effect’ abates with length of settlement in New Zealand. Despite these identified issues, there is a policy void for the health of Asian peoples in New Zealand, with no clear mandate to consider or monitor Asian peoples when undertaking research or formulating policy. Explicit engagement, policy, and service development for this significant and diverse part of the population should build on the agenda laid out by the recent advances in knowledge about Asian health in New Zealand.

Recently, the Ministry of Health released the *Asian Health Chart Book 2006*¹—a comprehensive profile of the health of ‘Asian’ peoples in New Zealand, utilising data from Statistics New Zealand, the New Zealand Health Information Service, the New Zealand Health Survey, and the National Screening Unit. This report follows similar chart books for Māori and Pacific peoples and offers both implicit and explicit recognition of New Zealand’s growing Asian population and the importance of considering this population’s particular health needs.

The Ministry’s report is the culmination of almost a decade of work establishing an ‘Asian health’ platform and consciousness in the New Zealand health sector. Despite this progress, Asian health arguably occupies a marginal space in the health system, outside the frames of reference for the majority of professionals providing public and personal health services. This paper reviews the current status of Asian health, both in terms of the health of Asian New Zealanders and the responsiveness of the New Zealand health sector, and considers the challenges to further work in this field.

Who is ‘Asian’ in New Zealand?

Statistics New Zealand estimates that 9.5% of New Zealand’s current population is Asian, compared to only 3% in 1991.^{2,3} This proportion is expected to grow to almost 15% of the national population by 2020. In some areas, the projected increases are much higher. For example, it is estimated that 34% of the population served by the Auckland District Health Board will be Asian by 2016.⁴

However, who gets defined as Asian in New Zealand raises complex issues. Statistics New Zealand and the state sector use a definition of Asian that is unique to New Zealand,⁵ differing from that used in many other western countries, especially the United Kingdom.⁶

The Statistics New Zealand definition includes peoples as Asian if they have origins in the Asian continent from east and south of Afghanistan (inclusive). It does not consider peoples from the Middle East, such as Iranians and Iraqis, and Central Asia as Asian.

In contrast to the state sector definition, colloquial usage of the term Asian in New Zealand—as reflected in the media⁵—often specifically describes Chinese and other East and Southeast Asian peoples. In this usage, Asian does not include Indian or other South Asian New Zealanders.⁷

In this paper, the Statistics New Zealand definition of Asian is followed.

The Asian grouping in New Zealand is thus very heterogeneous as it includes half the peoples of the World. Beyond this diversity in ethnicity, the Asian grouping differs along many other axes, including settlement history, socioeconomic status, English language ability, and acculturation. For example, the grouping includes recent migrants together with Indian and Chinese New Zealanders whose ancestors arrived in New Zealand over a 100 years ago. The socioeconomic profile of the Asian grouping roughly mirrors that of the total New Zealand population, with an even distribution across the deciles of the New Zealand Deprivation Index.⁸

The health of Asian New Zealanders and the development of an Asian health sector in New Zealand

Following the rapid increase of the Asian population in New Zealand during the 1990s, the first major reports reflecting health issues relating to these peoples began to appear.^{9–11} Small studies revealed concerns around access to health services, mental health, and settlement difficulties.^{12–14} However, in the absence of large-scale data, it was difficult to identify whether these concerns applied to the whole population or specific Asian sub-groups.

The Asian Public Health Project report¹⁵ published by the Ministry of Health in 2003 and the first Asian health conference¹⁶ held in Auckland in 2004 served as important steps forward, signalling the need for a more systematic appraisal of the health of Asian peoples in New Zealand.

Alongside these developments, services and organisations aimed at improving Asian health began to emerge in the context of healthcare institutions (such as the Asian Health Support Service at Waitemata District Health Board and the Asian Health Website hosted by Auckland Regional Public Health Service), academic institutions (including university research centres) and community groups.

During the past year, the first large-scale reports about the health of Asian New Zealanders appeared:

- *Asian Health in Aotearoa: an Analysis of the 2002–2003 New Zealand Health Survey* (The Asian Network Inc.);¹⁷
- *A Health Profile of Young Asian New Zealanders who attend Secondary School: Findings from Youth2000* (The Youth2000 project at the University of Auckland);¹⁸ and
- *Asian Health Chart Book 2006* (Ministry of Health).¹

These three recent reports have recognised that Asian health is a useful banner for organising and facilitating health research and services for Asian peoples in New Zealand—whilst at the same time identifying that Asian is a problematic category for analysis due to the diversity of peoples collected under this grouping.^{5,19}

As such, all three reports have focused on smaller sub-groupings within the Asian category and have shown differences between these sub-groupings. Interestingly, however, the three reports differ in the manner in which they do this, although they all follow the principles of considering Indian and Chinese peoples separately and attempting to consider the effect of duration of residence in New Zealand.

The three reports identify significant concerns that require action. Key issues include access to health services, in particular for Chinese peoples; cardiovascular disease and diabetes for Indian peoples; levels of physical activity; and mental health, particularly in young people. The reports also indicate that whilst Asian peoples in New Zealand are relatively healthy overall, much of this effect is due to the high health status of recent migrants—the ‘healthy immigrant effect’.²⁰

Asian New Zealanders born in this country are in general less healthy than recent migrants across a range of indicators including cardiovascular disease mortality, cancer mortality, and prevalence of health promoting behaviours.^{1,18} This is not surprising given that most migrants to New Zealand need to be in good health to be allowed to emigrate and many have high socioeconomic status in their countries of origin. These migrant groups also have high levels of education which are correlated with better health status.²¹ This positive effect on health abates with increased length of settlement in New Zealand.^{1,18}

The high levels of cardiovascular disease and diabetes in Indian New Zealanders illuminate many of the challenges in considering Asian health in New Zealand. If the Asian grouping is considered as a whole, levels of diabetes and cardiovascular disease do not seem especially high. However, when Indian peoples are considered on their own, they show the highest rates of self-reported diabetes of any ethnic group in New Zealand,¹⁷ a finding supported by other surveys.²² They also show high levels of cardiovascular disease, similar to Māori.

The obscuring of this finding when considering the whole Asian grouping shows the clear potential for the diversity of the category to mask areas of need through ‘averaging’.⁵ In this case, the relatively low levels of diabetes and cardiovascular disease currently in Chinese New Zealanders averages out the high levels in Indian New Zealanders.¹⁹

Despite high levels of disease, Indian New Zealanders rarely figure as a priority group in current diabetes strategies. For example, the otherwise excellent *Let's Beat Diabetes Strategy* by Counties Manukau District Health Board fails to mention Indian peoples, only considering Asian peoples in a relatively undefined way²³—despite a range of studies (some based in South Auckland) confirming Indian peoples' (as discussed above) high levels of diabetes^{1,22,24,25} with low levels of general practitioner consultations.²⁴ In contrast, Indian peoples in New Zealand are identified as a high risk group for cardiovascular disease in New Zealand screening guidelines.²⁶

The pattern of low levels of healthcare service utilisation is seen across most areas for Asian peoples in New Zealand, particularly for Chinese New Zealanders. The Ministry of Health chart book shows particular concerns around primary healthcare and cancer screening, with no evidence that this gap is filled by traditional practitioners.¹ In the Youth2000 study, 15% of young Chinese New Zealanders reported accessing no healthcare at all—over three times the rate reported by their European peers.¹⁸

Factors outside the traditional boundaries of the health sector, but of important relevance to the health and wellbeing of Asian New Zealanders, are difficulties in finding employment and experiences of racism. The importance of these associations is not unique to this population but there are important nuances in the experience.

Asian peoples in New Zealand are more likely than non-Asian New Zealanders to have tertiary qualifications, but have higher levels of unemployment and lower incomes as a group.¹ This is partly due to a lack of effective settlement strategies for migrant Asians to New Zealand as well as failure to appropriately utilise these migrants' potential. Lack of (or under-) employment and difficulties settling into the host community are associated with negative health effects, particularly in terms of mental health—with Chinese migrants appearing to fare worse than other migrants to New Zealand.²⁷

Recent evidence shows that Asian New Zealanders are less likely to be interviewed for vacancies than other New Zealanders (despite similar qualifications and experience, and regardless of duration of residence in New Zealand) if they have non-European names.²⁸ Indeed, other studies note that the experience of racism by Asian New Zealanders is common, with particularly high levels in the employment sector.²⁹

Challenges in advancing Asian health in New Zealand

At a time when several reports and an emerging research literature have identified specific health issues for Asian populations in New Zealand, the apparent policy void for Asian peoples in New Zealand is concerning.³⁰ Furthermore, no clear mandate exists to consider or monitor Asian peoples when undertaking health research or formulating health policy.

Indeed, operational capacity and clear policies to address the health of Asian peoples are yet to be developed by the Ministry of Health. Other government agencies have made less progress in engaging the concerns of Asian peoples. For example, the recent study on New Zealand living standards did not report findings for Asian peoples.³¹

Further research, including qualitative analyses, is also required to consider the contexts and drivers of the health needs and inequalities identified and provide targets

for action. It is, however, important to consider whether there is a case for considering the health of Asian peoples in New Zealand separately to the 'mainstream'.

The New Zealand health sector has made significant progress over the past decade in considering specific health issues for Māori and Pacific peoples, especially in describing inequalities. This approach has been justified on several grounds including the relatively poor health status of these groups, and (for Māori) their constitutional status as *tangata whenua* (people of the land). Despite this progress, much remains to be done and wide inequalities remain. However, there is now an explicit recognition of these groups in policy together with the acknowledgement that the health sector must improve services and access for Māori and Pacific peoples in order to reduce inequalities. These are important milestones.

For Asian peoples, in terms of crude mortality, no such inequalities exist however. In fact, the broad Asian groups appear to have similar or higher life expectancy to the rest of the New Zealand population.¹ If this is the case, is there then any need or utility in attempting to cater for Asian populations beyond what is available in the 'mainstream' health sector? And is there any need for specific health policy and services aimed at Asian peoples in New Zealand, given the apparent success of the health sector in ensuring their health?

Based on the recent reports, the current good health status of Asian populations in New Zealand would appear to have little relation to services provided by the health sector. As discussed above, over a range of services, Asian populations show low utilisation from primary care^{1,17,18} to cancer screening^{1,17} to Accident Compensation Corporation services³² and the favourable health indices appear to primarily reflect the high health status of the recent migrant constituencies of Asian populations.

As the 'healthy immigrant effect' wanes with increased duration of settlement,³³ it is predicted that as migrant communities acculturate, they will begin to resemble other New Zealanders' risk status for major chronic illness (as shown by New Zealand-born Asian populations).

Asian populations also show particular risk factors for chronic illness, with low levels of physical activity and insufficient fruit and vegetable consumption.¹ Combined with low levels of health services utilisation, the chronic disease burden in Asian populations in New Zealand could thus increase dramatically. Such an increase may be seen not just in Indian groups (whose elevated risk for cardiovascular disease and diabetes has been demonstrated in many countries³⁴⁻³⁶), but also in Chinese groups who may mirror the increasing prevalence of obesity and chronic disease in China.³⁷⁻³⁹

Improvements in health policy and service responsiveness for Asian populations in New Zealand thus appear warranted by these risks which could result in increasing morbidity and mortality, and furthermore, increased health expenditure, for a large and growing proportion of the population.

It seems untenable for policy and services to continue to broadly ignore one-tenth of the New Zealand population especially in the context of inequities in access to the 'mainstream' health system for large parts of this population. These inequalities are particularly challenging issues for agencies serving areas with larger Asian

populations, such as district health boards in the Auckland region and some primary health organisations.

Conclusion

Asian New Zealanders now constitute a significant part of New Zealand society. The recent advances in knowledge about health issues faced by this diverse population provide an agenda for progress in building capacity and policy to address these concerns. This agenda must build on the existing work already achieved by a range of service providers, academic institutions, and community groups. However, for this sector to make progress, greater recognition of Asian populations by central government and large 'mainstream' organisations (such as district health boards) is needed.

The challenge posed by the *Asian Health Chart Book 2006* and other recent reports is whether there is sufficient will to recognise the health needs of Asian peoples in New Zealand. If so, explicit engagement, policy and service development are required to address these needs in this significant and diverse part of the New Zealand population.

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