Asian, New Migrant, Former Refugee & Current Asylum Seeker Health Plan 2020-2023

Waitematā and Auckland District Health Boards

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

Waitematā District Health Board
Best Care for Everyone

Contents

Foreword

Auckland's population is growing and changing rapidly. More than 180 different ethnicities call this city their home with almost 40 per cent of Aucklanders born outside New Zealand.

The Asian population in particular has experienced rapid growth over the last two decades. Census 2018 data tells us that while there was an increase in the proportion of Asians living in every region in New Zealand, the biggest growth occurred in the metropolitan Auckland region. Over a quarter (28 per cent) of Auckland residents identified with an Asian ethnicity, and Auckland was home to almost two thirds (63 per cent) of all Asian peoples in New Zealand. Closer to home, Asian constitutes 23 per cent in Waitematā DHB and 35 per cent in Auckland DHB, with the greatest population increase principally first from China, India, and more recently the Philippines. Filipinos are now the third largest ethnic group in Auckland DHB and is projected to surpass the total Korean population in Waitematā DHB by the next Census.

Whilst the Asian population contributes a significant share to our districts' diversity, so to do other culturally and linguistically diverse communities such as those from Middle Eastern, Latin American, and African (MELAA) backgrounds. At the 2018 Census, there were 35,838 usual residents living in the metropolitan Auckland region, who identify within the broader MELAA category (2.3% of Auckland's population) – an increase of 10,893 people, or 43.7%, since the 2013 Census. The fastest population growth in the region was from the Latin American communities doubling in population size between 2013 and 2018 and most significantly in the Auckland DHB catchment.

As part of the many new migrants that have arrived in recent years, former refugees and current asylum seekers (and their families) have also made a significant contribution to our diversity. The New Zealand annual refugee quota programme will increase from 1,000 to 1,500 from July 2020 – we will continue to welcome and support those families who engage with our health services in both Waitematā and Auckland DHBs.

As this rapid growth of cultural and ethnic diversity has enriched our districts in a myriad of ways, it also highlights the unique health and wellbeing challenges some of our communities face. Overall the health outcomes of the Waitematā and Auckland DHBs' Asian population - when compared to New Zealand and overseas - are very good and in many areas Asian health status within the two DHBs would make us an international leader in achieving excellent health outcomes.

However, there are some ethnic groups who experience particularly specific health inequities and/or disparities that impact on their health outcomes. Such risk factors include settlement and/or resettlement determinants, equity of access to health services, early and timely access to and utilisation of culturally appropriate health services, burden of lifestyle-associated risk factors, language, and awareness of the health & disability system.

We are highly committed to achieving and maintaining equitable health outcomes for the multiple, varied population groups in Auckland as part of this three-year Health Plan, and look forward to working with our many partners who are passionate about ethnic health and wellbeing in this city.

Dr Dale Bramley,

Chief Executive Officer

Waitematā District Health Board

Introduction

New Zealand and specifically Auckland are experiencing a changing and increasing demography of our culturally and linguistically diverse (CALD) ethnic communities from Asian and Middle Eastern, Latin American and African (MELAA) backgrounds who are very diverse in language, culture, traditions and health needs. This Asian, New Migrant, Former Refugee and Current Asylum Seeker Health Plan 2020-2023 reflects the overarching Government theme 'Improving the well-being of New Zealanders and their families' and summarises collective business as usual initiatives across the "Funder" (Waitematā and Auckland District Health Boards (DHB)) and Waitematā DHB's Asian Health Services (AHS) provider arm that represents existing work specific to Asian, new migrant[1], former refugee[2], and current asylum seekers.

Although some Asian groups experience high life expectancy and overall good health status, there are health disparities experienced for priority Asian & MELAA groups that require targeted effort. The focus of the Plan aims to prioritise effort to:

- Improve health outcomes where there are health inequalities
- Increase equity of access to and utilisation of health services, and
- Continue to fund equity of access to primary healthcare services for former refugee and current asylum seeker background populations.

Our Focus

The Plan focuses on key health areas identified from: i) 2019 Health Needs Assessments (Waitematā[3] and Auckland[4] DHBs), ii) 2017 International Benchmarking of Asian Health Outcomes for Waitematā and Auckland DHBs report[5] (Appendices 1&2), iii) Asian, Migrant & Refugee Health Plan 2017-2019[6] (Waitematā and Auckland DHBs), iv) Consultation with the Metro Auckland Asian & MELAA Primary Care Service Improvement Group, v) Health service utilisation data, vi) Feedback from engagement with partners and stakeholders, and vi) Aligning to common Counties Manukau Health's population priorities for health equity. The following top four higher level areas for action in this Plan are:

i. **Capability and capacity building:** Granular data monitoring to level 4.
   - Making sure our data tells us about the subgroups we're interested in.

ii. **Access:** Equity of access and utilisation of healthcare services:
   - Awareness of the New Zealand Health & Disability System

[1] A new migrant for the purpose of this Plan is considered living in New Zealand less than 2 years.
[2] Information about refugee and protection. Accessible online from https://www.immigration.govt.nz/about-us/what-we-do/our-strategies-and-projects/supporting-refugees-and-asylum-seekers/refugee-and-protection-unit
[3] Accessible online from http://www.waitematadhb.govt.nz/assets/Documents/health-needs-assessments/Health-Needs-Assessment-Waitemata-DHB-2019.pdf
[4] Accessible online from https://adhb.health.nz/assets/Documents/About-Us/Planning-documents/ADHB-Health-Needs-Assessment-2017.pdf
[5] Accessible online from http://www.waitematadhb.govt.nz/dhb-planning/health-needs-assessments/international-benchmarking-of-asian-health-outcomes-for-waitemata-and-auckland-dhbs/
[6] Accessible online from www.waitematadhb.govt.nz/dhb-planning/health-plans/

- PHO enrolment (eligible new migrants, (**equity of access)** to former refugees, and babies at 3 months) and lower access to primary health services
- Better management of long term conditions (**equity of access**) to cardiovascular disease – Indian and South Asian; diabetes – Chinese, Indian and South East Asian (Filipino)
- Mental health and addictions (youth, (**equity of access)** to perinatal maternal mental health)
- Immunisations (HPV, 5 year event, Influenza over 65 years), and
- Preschool oral health (Chinese, Filipino and Middle Eastern).

iii. Health promotion/prevention including culturally tailored and/or targeted preventive healthy lifestyle activities.

iv. Adopting a partnerships approach to engage segments of the population i.e. students, former refugees and current asylum seekers in awareness raising of health services and health education; and collaborative work with Asian & MELAA ethnic consumers.

Strategic Approach

We will align our efforts in this Plan to national, regional and local directions (Appendix 3).

Governance

This Plan will be managed by the Asian, Migrant and Former Refugee Health Gain Manager, and overseen by the Asian & MELAA Health Governance Group (Waitematā and Auckland DHBs). Progress updates will be shared with the Community & Public Health Advisory Committee (CPHAC) and Auckland DHB Funder. A quarterly Asian scorecard (Appendix 4) will guide monitoring on progress of the key areas of focus where data is available. Successful implementation of the Plan will require collaboration across the three metropolitan DHBs (where appropriate), and the health and community sectors.

Limitations and Risks

There are limitations to this Plan largely due to the challenges when needing to plan in a fiscally constrained environment where funding must be applied to those populations with the greatest need – ie. Maori and Pacific in the first instance. This necessarily impacts on the activities chosen and the need to work innovatively and collaboratively to improve the health outcomes for 'targeted' Asian and MELAA groups and foreseeable risk factors such as a rapidly growing diverse population, ageing population, and waning 'healthy migrant effect'.

Te Tiriti o Waitangi

Waitematā and Auckland DHBs recognise and respect Te Tiriti o Waitangi as the founding document of New Zealand. Te Tiriti o Waitangi encapsulates the fundamental relationship between the Crown and Iwi. The four Articles of Te Tiriti o Waitangi provide a framework for Māori development, health and wellbeing by guaranteeing Māori a leading role in health sector decision making in a national, regional, and whānau/individual context. The New Zealand Public Health and Disability Act 2000 furthers this commitment to Māori health advancement by requiring DHBs to establish and maintain a responsiveness to Māori while developing, planning, managing and investing in services that do and could have a beneficial impact on Māori communicates.

Te Tiriti o Waitangi provides four domains under which Māori health priorities for Waitematā and Auckland DHBs can be established. The framework recognises that all activities have an obligation to honour the beliefs, values and aspirations of Māori patients, staff and communities across all activities.

Article 1 – Kawanatanga (governance) is equated to health systems performance. That is, measures that provide some gauge of the DHBs' provision of structures and systems that are necessary to facilitate Māori health gain and reduce inequities. It provides for active partnerships with mana whenua at a governance level.

Article 2 – Tino Rangatiratanga (self-determination) is in this context concerned with opportunities for Māori leadership, engagement, and participation in relation to DHBs' activities.

Article 3 – Oritetanga (equity) is concerned with achieving health equity, and therefore with priorities that can be directly linked to reducing systematic inequities in determinants of health, health outcomes and health service utilisation.

Article 4 – Te Ritenga (right to beliefs and values) guarantees Māori the right to practice their own spiritual beliefs, rites and tikanga in any context they wish to do so. Therefore, the DHBs have a Tiriti obligation to honour the beliefs, values and aspirations of Māori patients, staff and communities across all activities.

These guiding principles are applicable to our diverse Asian, new migrant, former refugee, current asylum seeker and international student communities as they contribute to cultural safety and in particular, their contribution to positive health outcomes and experience of care.

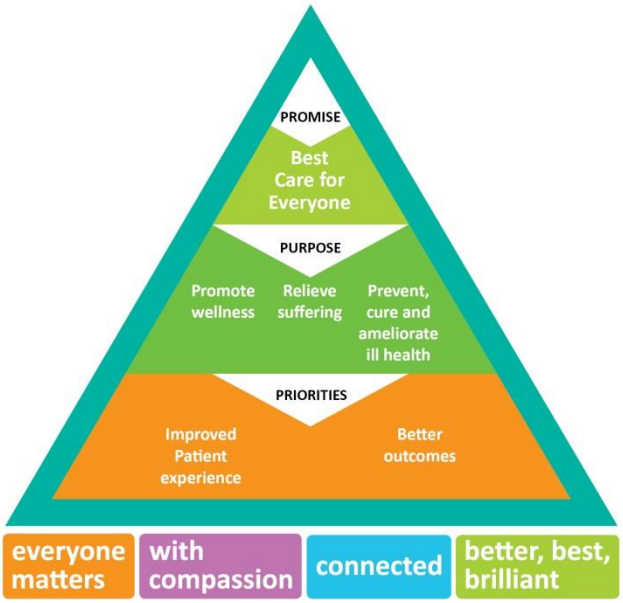
Our Decision Making Kaupapa

Waitematā DHB strategic direction

Best care for everyone

Our promise, purpose, priorities and values are the foundation for all we do as an organisation.

- Our **promise** is that we will deliver the **'best care for everyone'**. This means we strive to provide the best care possible to every single person and their family engaged with our services. We put patients first and are relentless in the pursuit of fundamental standards of care and ongoing improvements enhanced by clinical leadership.
- Our **purpose** defines what we strive to achieve, which is to:
    - Promote wellness
    - Prevent, cure and ameliorate ill health
    - Relieve suffering of those entrusted to our care.



- We have two **priorities**:
  - Better outcomes
  - Patient experience.

The way we plan and make decisions and deliver services on a daily basis is based on our **values** – **everyone matters; with compassion; better, best, brilliant** and **connected**. Our values shape our behaviour, how we measure and continue to improve.

To realise our promise of providing 'best care for everyone' we have identified seven **strategic themes** outlined below. These provide an overarching framework for the way our services will be planned, developed and delivered.

Auckland DHB strategy to 2023

Our **vision** is Kia kotahi te oranga mo te iti me te rahi o te hāpori - *Healthy Communities, World-class Healthcare, Achieved Together*. This means we are working to achieve the best outcomes for the populations we serve, people have rapid access to healthcare that is high quality and safe, and that we work as active partners across the whole system with staff, patients, whānau, iwi, communities, and other providers and agencies.

Our **purpose** is:

- Support our population to be well and healthy
- Manage within our means
- Put hauora for patients and their whānau at the heart of our transformation work
- Commission health and disability services across the whole system mai te whenua ki te whenua/ mō te katoa
- Provide specialist healthcare services to patients and whānau from the Northern Region, across districts, and New Zealand.

Our **strategic priorities** are:

- Te Tiriti o Waitangi in action
- Eliminate Inequity
- Digital transformation
- People, patients and whānau at the centre
- Resilient services.

Our **values** shape our behaviour and describe the internal culture that we strive for.

Haere Mai Welcome | Manaaki Respect | Tūhono Together | Angamua Aim High

Our Partners

Waitematā and Auckland DHBs acknowledge that maintaining national and international leadership in Asian health requires strong collaborative partnerships. This means a committment to working with with and alongside communities, government agencies, Primary Health Organisations (PHO), Non-Governmental Organisations (NGO), health and social service providers, academia, institutes, associations, and settlement/resettlement agencies; and learning from our regional health colleagues across the Auckland region and nationally.

The Asian, migrant and former refugee health gain team are actively working with Counties Manukau Health and other regional Asian, migrant and former refugee health leaders to learn and share best practice and collaborate where we can to improve targeted disparities collectively. This includes coordinating and leading governance platforms such as the Asian & MELAA Health Governance Group (Waitematā and Auckland DHBs); Metro Auckland Asian & MELAA Primary Care Service Improvement Group; and contributions to other mainstream groups (where appropriate). We also lead and coordinate other key professional groups such as the Metro Auckland Regional Former Refugee Health Network Executive Group; and Metro Auckland PHO Former Refugee Services Operatonal Group.

The Asian Health Services (Waitematā DHB) continues to be an important local partner to support the health of Asian patients and their families within the Waitematā district provider arm services. We will work in partnership with the Asian Health Services.

A significant national service is the eCALD[7](Culturally and Linguistically Diverse) programme of courses and resources to support the health workforce to develop their cultural competence for working with CALD patients, clients, families and colleagues. We will cross-promote cultural competency courses to our health partners.

Engagement with interpreters services is key to enable access to essential language support to CALD patients who use DHB funded health services and primary health services. We will promote access to our in-house interpreter services.

Community engagement with Asian, migrant, former refugee, current asylum seeker and international student partners and communities is essential to enable them to participate in, or provide feedback on planning, policies and services is so that DHB activities are reflective of the community's ethnically and culturally diverse population. We will work with Waitematā DHB's Community Engagement Manager, and other DHB colleagues.

An overarching enabler is patient experience which aims to improve the care our population receives, engage people as partners in their care and provide services that are responsive to the individual and cultural needs of patients and their whānau. We will work with Waitematā DHB's Patient Experience Team, and support Auckland DHB's efforts for Asian and MELAA patients.

[7] Accessible online from http://www.ecald.com/

The People We Serve

‘Asian’ as defined in New Zealand

The New Zealand health and disability sector classifies ethnicity data according to the Ministry of Health protocols. 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 United States of America.

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 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.

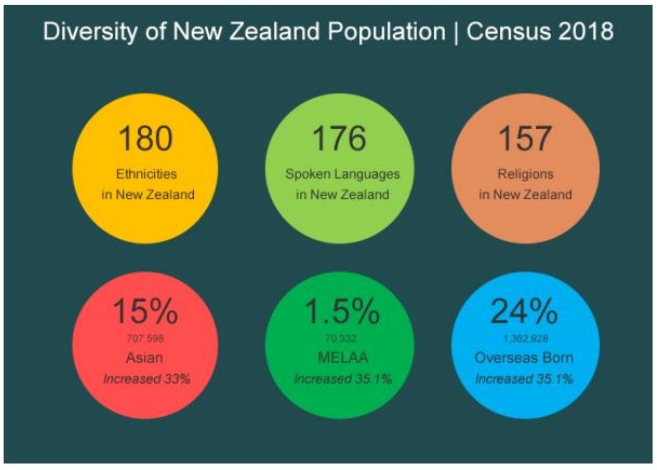
‘MELAA’ as defined in New Zealand

The Middle Eastern, Latin American and African (MELAA) populations ethnicity grouping consists of extremely diverse cultural, linguistic and religious groups. There are two key challenges for planners and funders of services to MELAA groups with respect to collecting and reporting ethnicity, 1. Reports only capture MELAA at level 1 ‘Other’ category, and 2. Reports capture MELAA as a single aggregated ethnic group output at level 2 category which is problematic to inform, plan, and monitor services that target the unique needs of the Middle Eastern, Latin American and African ethnic groups separately.

Changing Demography

Diversity of New Zealand population

Across New Zealand our diverse Asian and new migrant communities are growing faster than any other population group based on the Census 2018. The Asian population is the 3rd largest major ethnic group in New Zealand, making up 15% of the New Zealand population (707,598), which almost doubled in size since 2001.



Source: Ecald, Census 2018

Auckland and Waitematā

Asian

While there was an increase in the proportion of Asians living in every region in the Census 2018, the biggest growth occurred in the metro Auckland region. In 2018, the Asian population was made-up of 28% of the total population across the region and for Auckland and Waitematā Asian constitutes 35% (191,300) (Auckland DHB) and 23% (147,210) (Waitematā DHB)[8].

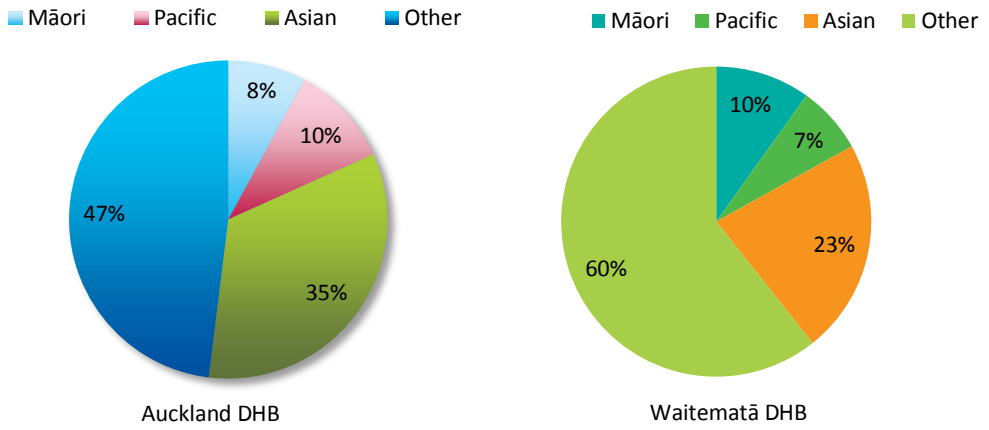


Figure 1: Ethnicity of Auckland DHB and Waitematā DHB populations, 2018/19
Source: Based on Census 2013, '2018 Update' by Stats NZ

Metro Auckland's population is growing and changing with more than 180 ethnicities living in the city, almost 40% of Aucklanders were not born in New Zealand. In the last 15 years the greatest increase of any ethnic group has been in those of Asian origin, principally first from China, India, then Korea, however more recently the Philippines with significant population growth in Waitematā DHB. Filipinos are the third largest ethnic group in Auckland DHB and will soon overtake Korean in Waitematā. The top five in-demand languages in both DHBs in 2018/19 are outlined in table 1. Access to language support and culturally appropriate information and services are key.

Table 1: Top five in-demand languages in Auckland DHB and Waitematā DHB, 2018/19

	Auckland DHB	%	Waitematā DHB	%
1	Mandarin	35	Mandarin	38
2	Cantonese	17	Korean	16
3	Tongan	8	Cantonese	10
4	Samoan	6	NZ Sign Language	5
5	Korean	5	Samoan	3

By 2025, Asian is expected to grow to make-up 38% (Auckland DHB) and 26% (Waitematā DHB) of the total population across the metro DHBs. Socio-demographic and health status information tells us that life in New Zealand is changing for these communities.

[8] Projected population by ethnicity (prioritised), 2019/20 financial year. Based on Census 2013, '2018 Update' by Stats NZ

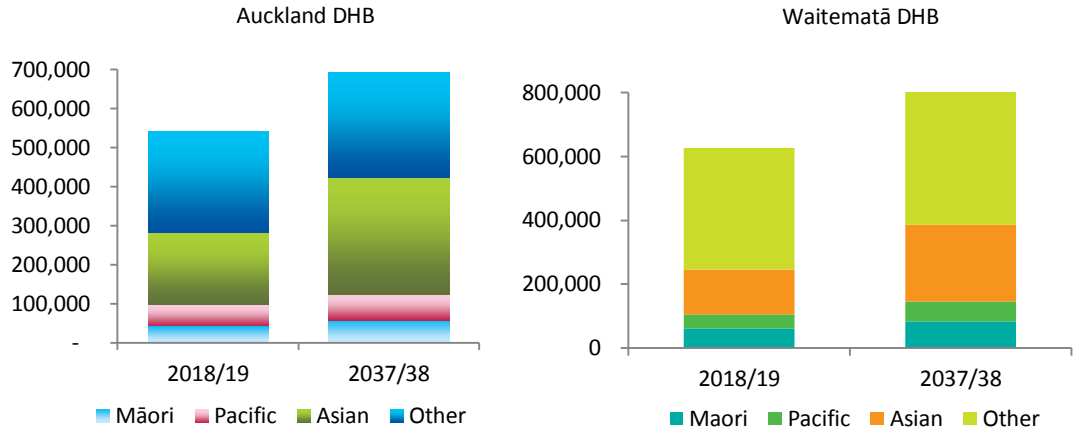


Figure 2: Projected change in Auckland DHB and Waitematā DHB populations by ethnicity, 2037/38
Source: Census 2013

Migrants

We know that New Zealand and Auckland are the destination of choice for many new migrants both permanent and temporary. Both Auckland and Waitematā DHBs have a large migrant population with Filipinos the fastest growing ethnic group. Two out of five (42%) Auckland and over a third (37%) Waitematā residents were born overseas (compared to 25% nationally). In Auckland, this includes 63,113 peoples of European/Other ethnicity, 23,486 Pacific peoples and 115,700 Asian peoples; as a percentage, 82% of Asian peoples, 45% of Pacific peoples and 27% of peoples of European/Other ethnicity. Of these migrants, 28% have lived in New Zealand less than 5 years. Census 2018 highlights that 70% of new migrants live in Auckland DHB.[9]

In Waitematā, this includes 104,077 peoples of European/Other ethnicity, 17,539 Pacific peoples and 87,356 Asian peoples; as a percentage, 81% of Asian peoples in Waitematā were born overseas, 43% of Pacific peoples and 29% of peoples of European/Other ethnicity. Of these migrants, 20% have lived in New Zealand less than 5 years.

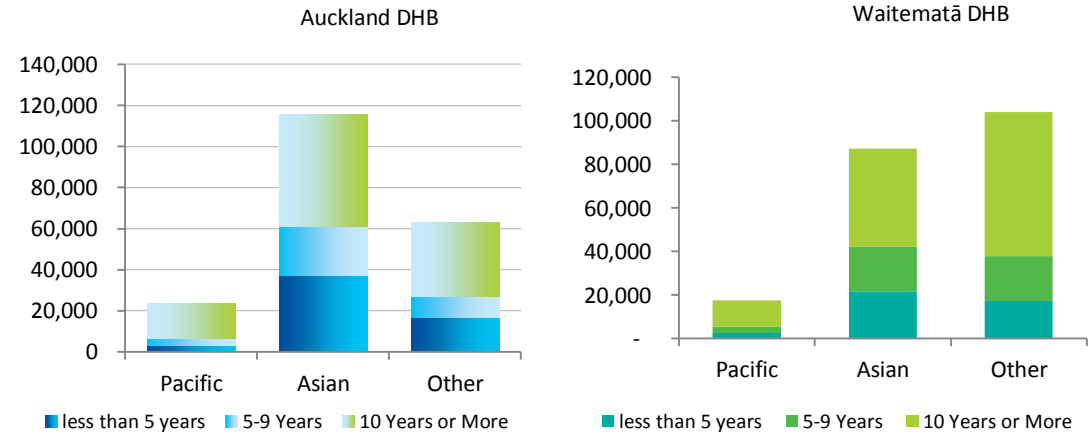


Figure 3: Number of migrants living in Auckland DHB and Waitematā DHB by duration of residence 2013
Source: Census 2013 Usually Resident population

[9] Census Usually Resident, CUR

Other than ethnic origins, the people grouped under the generic label of 'Asian' are very diverse in health status, health beliefs and practices, housing, geographical distribution, migration history, English language proficiency and socioeconomic status.[10]

These factors alongside available services and community networks impact how we monitor population health, design and deliver supporting health services. While the three metropolitan Auckland DHBs are committed to collaboration, each will need to complement these activities with a focus on specific health improvement actions that are specific to local population needs.

Former refugees and current asylum seekers

Conversely, although some ethnic groups may have arrived on these shores as a new migrant by 'choice', refugees and current asylum seekers (and their families) have come to New Zealand asking for refuge and protection.[11] Auckland has been home to former refugees from Africa, the Middle East and Asia since the 1980s. Former refugees have come from countries including Cambodia, Vietnam, Laos, Iraq, Iran, Somalia, Ethiopia, Eritrea, Rwanda, Burundi, Sudan, Sri Lanka, Congo, Afghanistan and Burma. More recently, there have been an increasing number of Quota refugees[12] who are Myanmarese (Rakhine, Chin, Kachin, Burmese, Karen, Mon, Karenni, Shan), African (Somali, Eritrean, Ethiopian) and Middle Eastern (Afghani and Persian) who have/are resettling in the Auckland region.

In September 2018, the New Zealand government announced the annual refugee quota would increase to 1,500 from July 2020. The delivery of government funded health services for quota refugees will change from 2020 as a result of this quota increase[13]. A national Quota Refugee Health Services Model will roll out across the country. Auckland and Waitematā DHBs are working closely with Immigration New Zealand (INZ) and Ministry of Health (MoH) to support the implementation of the onshore health services with a key focus on primary care as an enabling setting.

In 2018/19, there were 510 claims for refugee and/or protected person status with INZ's Refugee Status Unit - of which 153 asylum seeker[14] claims were approved largely from Asian and Middle Eastern countries (MBIE, 2019).[15]

Top five claims by nationality are:
1. China, 2. India, 3. Sri Lanka, 4. Iran, and 5. Saudi Arabia (Figure 4).[16]

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[10] Suneela Mehta, *Health Needs Assessment of Asian people living in the Auckland Region* (Auckland: Northern DHB Support Agency, 2012).
[11] Lifeng Zhou and Samantha Bennett, *International Benchmarking of Asian Health Outcomes for Waitemata DHB and Auckland DHB*. (Auckland: Waitemata District Health Board, 2017).
[12] A person who has entered New Zealand under the United Nations High Commissioner for Refugees mandated quota system.
[13] The Refugee Quota Increase Programme (RQIP). Accessible online from https://www.immigration.govt.nz/about-us/what-we-do/our-strategies-and-projects/refugee-resettlement-strategy/rqip
[14] A current asylum-seeker is someone whose request for sanctuary has yet to be processed.
[15] There are over 500 claims for refugee and protected person status per year (INZ, 2019)
[16] Accessible online from https://www.immigration.govt.nz/documents/statistics/rsbrefugeeandprotectionstatpak.pdf

Top five approvals by nationality were:
1. China, 2. Iran, 3. Saudi Arabia, 4. Egypt, and 5. Russia.

Top five in-demand languages are:
1. Mandarin, 2. Arabic, 3.Spanish, 4.Dari/Farsi, and 5.Turkish.

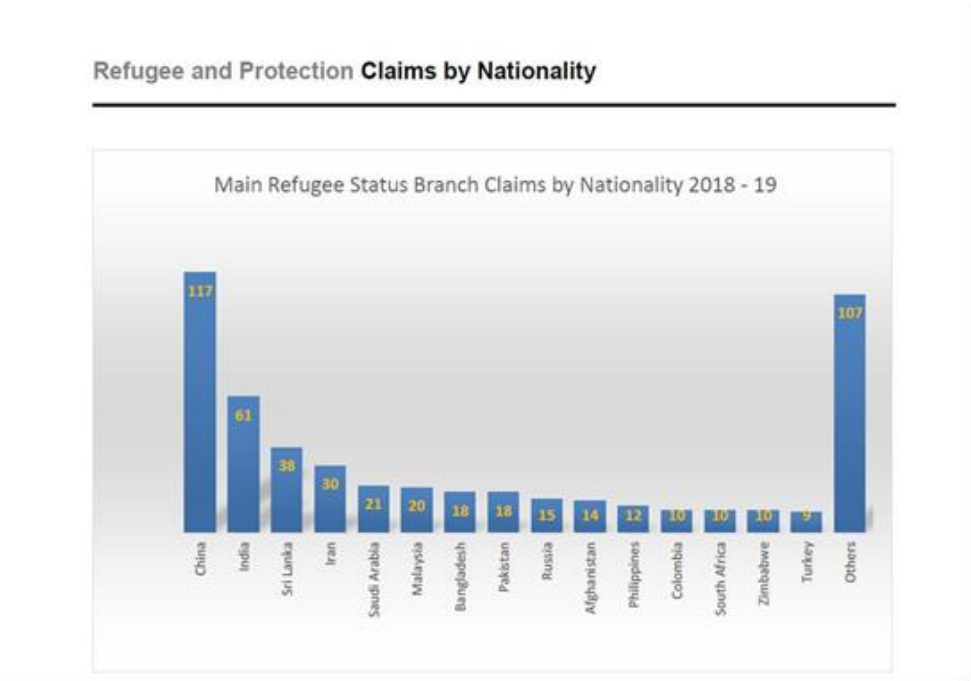


Figure 4: Main Refugee Status Branch Claims by Nationality, 2018/19
Source: Immigration New Zealand, 2019

From what is available, we know that former refugees and asylum seekers arrive with unique health care needs including: musculoskeletal and pain issues; poor oral health; longstanding undiagnosed chronic conditions; infectious diseases; neglected injuries; and mental health problems including Post-Traumatic Stress Disorder (PTSD); depression; and anxiety. Many conditions often require long term management and support at both a primary or secondary care level. Although, the health profile of an asylum seeker may vary from that of a former refugee individual, language support is a key enabler to positive health outcomes for these vulnerable groups.

Furthermore, individuals from transgender, non-binary and gender diverse backgrounds are among those who are seeking refugee and protection status, and require equitable access to primary care services in the first instance. The majority of claimants are living in the Auckland region and require early access to and utilisation of culturally appropriate health services in particular primary care, and language support.

International students

In 2018, our International student numbers reached 68,004 in Auckland (INZ & MOE, 2018). The majority of students live in the Auckland CBD and inner fringe suburbs close to city based institutes. A key outcome indicator within the New Zealand International Student Wellbeing Strategy aims to ensure that International students are aware of and can access effective and culturally appropriate healthcare.[17] Areas of concern for students include timely access to health services; mental health and wellbeing; and sexual and reproductive health.[18]

Middle Eastern, Latin American and African populations

According to Census 2018 (Census Usually Residents population, CUR) the MELAA populations was made up of 1.5% of the total population (70,332) in New Zealand, and were the fastest growing ethnic groups increasing by 35.1%. In the metro Auckland region, MELAA constitutes 2.2% of the total population[19] (Tables 2-4) and has increased 0.3% (10,950) between 2013 to 2018. The Middle Eastern population made up close to half of the MELAA group in the metro Auckland region followed by Latin American at over 30% then African over 20%, however the fastest population growth in the region was in the Latin American communities doubling in population size between 2013 (5,835) and 2018 (11,205) and most significantly in the Auckland DHB catchment.

Similar to Asians, MELAA face significant barriers to accessing health care. In addition, areas of focus to improve health outcomes are long term conditions e.g. CVD/Diabetes; oral health, women's health screening, prevention, and management programmes.

Table 2: MELAA Population by Ethnic Group, Metro Auckland Region, Census 2018 (total response ethnicity, CUR)

MELAA Ethnic Group	Total	%
Middle Eastern	17,103	47.5
African	7,794	21.6
Latin American	11,205	31.1
Total L2 MELAA Responses	35,946	100

Table 3: MELAA Population by Ethnic Group, Waitematā DHB, Census 2018 (total response ethnicity, CUR)

MELAA Ethnic Group	Total	%
Middle Eastern	6,375	48.9
African	2,706	20.7
Latin American	3,999	30.7
Total L2 MELAA Responses	13,023	100

Table 4: MELAA Population by Ethnic Group, Auckland DHB, Census 2018 (total response ethnicity, CUR)

MELAA Ethnic Group	Total	%
Middle Eastern	5,511	38.1
African	3,255	22.5
Latin American	5,763	39.8
Total L2 MELAA Responses	14,454	100

[17] Accessible online from https://education.govt.nz/assets/Documents/Ministry/Strategies-and-policies/internationlStudentWellbeingStrategyJune2017.pdf
[18] Student consultations as part of Auckland Agency Group
[19] Accessible online from https://knowledgeauckland.org.nz/media/1446/melaa-2018-census-info-sheet.pdf

Performance Expectations for 2020-2023

To identify key health inequities as a focus for health planning, we require a comparator population group that shows the **true story of inequities and inequalities**, i.e. what is the gap in health outcomes and scale of health gain we plan for? Waitematā and Auckland DHBs along with Counties Manukau Health have chosen the New Zealand 'European/Other' population as our health equity comparator group. For this reason, our baseline measures and related trend graphs in this Plan reflects this as our "local health equity target" in addition to the national targets reflecting government performance expectations. See appendix 5 for definitions of indicators/measures.

Health Priority Area	Indicators[20]	ADHB Baseline Data Total	ADHB Baseline Data European/ Other	ADHB Baseline Data Asian	WDHB Baseline Data Total	WDHB Baseline Data European/ Other	WDHB Baseline Data Asian	Target 2020-2023 Results
Mātua, Pēpi me Tamariki								
Immunisation	Percentage of babies are fully or exclusively breastfed at 3 months[21]	59%	69% (European)	62%	59%	69% (European)	61%	70%
	Percentage of pregnant women receiving pertussis vaccination in pregnancy	58%	61%	68%	54%	53%	66%	50%
	Percentage of five year olds will have their primary course of immunisation on time	88%	88%	90%	86%	83%	91%	95%
	Percentage of two year olds will have their primary course of immunisation on time	93%	92%	97%	91%	89%	96%	95%
	Percentage of eight month olds will have their primary course of immunisation on time	95%	96%	97%	93%	90%	98%	95%
	Percentage of eligible girls fully immunised with HPV vaccine	75%	83%	63%	57%	54%	63%	75%
Oral Health	Percentage of children aged birth – 4 years enrolled in DHB-funded Community Oral Health Services[21]	91%	111%	82%	95%	106%	95%	95%

[20] Data is Q1 2019/20 unless otherwise stated.
[21] June 2019.

Health Priority Area	Indicators[20]	ADHB Baseline Data Total	ADHB Baseline Data European/ Other	ADHB Baseline Data Asian	WDHB Baseline Data Total	WDHB Baseline Data European/ Other	WDHB Baseline Data Asian	Target 2020-2023 Results
	Percentage of children aged 5 years who are caries free – Asian Ethnicity[22]	58%	81% (European) 45% (MELAA) 55% (African) 65% (Latin American) 44% (Mid-Eastern)	55% (Asian Overall) 52% (Chinese) 61% (Indian) 54% (SE Asian) 59% (Other Asian)	58%	77% (European) 63% (MELAA) 62% (African) 58% (Latin American) 29% (Mid-Eastern)	47% (Asian Overall) 44% (Chinese) 59% (Indian) 38% (SE Asian) 46% (Other Asian)	ADHB 61% WDHB 67%
	Average number of DMFT at year 8 – L1 and L2 Asian and MELAA Ethnicity	0.63	0.36 (European) 0.80 (MELAA Overall) 0.69 (African) 0.74 (Latin American) 0.93 (Mid-Eastern)	0.59 (Asian Overall) 0.58 (Chinese) 0.50 (Indian) 1.08 (Southeast Asian) 0.52 (Other Asian)	0.61	0.49 (European) 1.09 (MELAA Overall) 1.12 (African) 0.39 (Latin American) 1.33 (Mid-Eastern)	0.63 (Asian Overall) 0.67 (Chinese) 0.5 (Indian) 0.83 (Southeast Asian) 0.57 (Other Asian)	ADHB <0.65 WDHB <0.59 at year 8
Rangatahi								
Youth Health	Chlamydia test rate of the youth aged 15-24 years[23]	11.3%	27.4 (Females) 7.7 (Males)	8.1 (Females 1.6 (Males)%	12.4%	25.1% (Females) 5.8% (Males)	10.7% (Females) 1.7% (Males)	6%
	Baseline self-harm hospitalisations (10-24 years) (Rate per 100,000 population)	412	448	202	493	553	158	-
Mātua me Whānau								
Cardiovascular Disease[24][25]	Percentage of eligible population who have had their cardiovascular risk assessed in the last five years	93%	94%	92% (Asian) 92% (Indian)	84%	87%	64% (Asian) 90% (Indian)	90%

[22] Dec 2019. Results for this measure will likely continue to deteriorate as ARDS recently changed their recall timeframe for children with caries, who will be seen more often (6-monthly) than those who are caries free (18-monthly).
[23] Q2 2019.
[24] No data going forward.
[25] To align with 2018 Ministry of Health Cardiovascular Disease Risk Assessment and Management for Primary Care Guidelines, South-Asians include: Indian, including Fijian Indian, Sri Lankan, Afghani, Bangladeshi, Nepalese, Pakistani and Tibetan.

Health Priority Area	Indicators[20]	ADHB Baseline Data Total	ADHB Baseline Data European/ Other	ADHB Baseline Data Asian	WDHB Baseline Data Total	WDHB Baseline Data European/ Other	WDHB Baseline Data Asian	Target 2020-2023 Results
	CVD Secondary Prevention: Percentage of enrolled patients with known cardiovascular disease who are on triple therapy (Statin + BP lowering agent + Antiplatelet/Anticoagulant)[26]	62%	61%	62% (Asian NFD) 57% (Chinese) 70% (Indian) 62% (Other Asian) 56% (South East Asian)	61%	61%	59% (Asian NFD) 55% (Chinese) 65% (Indian) 57% (Other Asian) 64% (South East Asian)	70%
	CVD Primary Prevention: Percentage of enrolled patients with cardiovascular risk ever recorded >20%, (aged 35 to 74 years, excluding those with a previous CVD event) who are on dual therapy (statin + BP Lowering agent)[26]	48%	44%	39% (Asian NFD) 43% (Chinese) 54% (Indian) 50% (Other Asian) 68% (South East Asian)	46%	45%	44% (Asian NFD) 34% (Chinese) 48% (Indian) 33% (Other Asian) 55% (South East Asian)	70%
Diabetes	HbA1c Glycaemic control: Percentage of eligible population with HbA1c ≤ 64mmol/mol recorded in the last 15 months (based on PHO enrolled numerator and denominator)[26]	60%	65%	75% (Asian NFD) 75% (Chinese) 67% (Indian) 69% (Other Asian) 67% (South East Asian)	61%	64%	58% (Asian NFD) 73% (Chinese) 65% (Indian) 68% (Other Asian) 65% (South East Asian)	80%
	Blood pressure control: Percentage of enrolled patients with diabetes (aged 15 to 74 years) whose latest systolic blood pressure recorded in the last 15 months is <140mmHg[26]	65%	64%	73% (Asian NFD) 71% (Chinese) 68% (Indian) 68% (Other Asian) 72% (South	62%	62%	54% (Asian NFD) 65% (Chinese) 65% (Indian) 71% (Other Asian) 78% (South	80%

[26] July 2019 (Metro Auckland data).

Health Priority Area	Indicators[20]	ADHB Baseline Data Total	ADHB Baseline Data European/ Other	ADHB Baseline Data Asian	WDHB Baseline Data Total	WDHB Baseline Data European/ Other	WDHB Baseline Data Asian	Target 2020-2023 Results
				East Asian)			East Asian)	
	Management of Microalbuminuria: Percentage of enrolled patients with diabetes (aged 15 to 74 years) who have microalbuminuria in the last 18 months and are on an ACE inhibitor or Angiotensin Receptor Blocker [26]	72%	75%	74% (Asian NFD) 55% (Chinese) 71% (Indian) 71% (Other Asian) 77% (South East Asian)	76%	78%	85% (Asian NFD) 61% (Chinese) 77% (Indian) 71% (Other Asian) 78% (South East Asian)	90%
Cancer	Percentage of women aged 25–69 years who have had a cervical screening event in the past 36 months (Statistics NZ Census projection adjusted for prevalence of hysterectomies)[27]	62%	74%	50%	70%	72%	69%	80%
Immunisation	Percentage of people aged over 65 years receive free flu vaccinations	52%	51%	58%	51%	51%	53%	75%
	Respiratory infection hospitalisation rate, over 65 years (Rate per 100,000)[28]	1,897	1,665	1,364	12,072	1,994	942	-
Self harm and suicide	Decrease in Asian deaths coded as suicides (Ministry of Health) and provisional suicides (Ministry of Justice), by age[29]	40	23	7	51	36	6	-
	Self-harm hospitalisations 65 years and over by ethnicity (Rate per 100,000 population)	89	88	69	67	68	70	-

[27] Sep 2019.

[28] Respiratory infection hospitalisation rate (per 100,000) by prioritised ethnicity, 65+ yrs, combined females and males, Waitematā and Auckland DHBs, 2018/19.

[29] Annual data from the National Mortality Collection 2016. Numbers may differ from preliminary Coroner reports.

Health Priority Area	Indicators[20]	ADHB Baseline Data Total	ADHB Baseline Data European/ Other	ADHB Baseline Data Asian	WDHB Baseline Data Total	WDHB Baseline Data European/ Other	WDHB Baseline Data Asian	Target 2020-2023 Results
Rōhe o Waitematā me Auckland								
Access To Care	Percentage of the population enrolled in a PHO[30]	83%	90%	71%	92%	93%	94%	95%
	98% of newborns are enrolled with a PHO, general practice by 3 months of age	93%	100%	93%	92%	100%	94%	98%
Patient Experience	Percentage of Asians and MELAA[31] rating overall care as 'Very Good' or 'Excellent' in the ADHB Inpatient and Outpatient surveys	**Inpatient** 85%	**Inpatient** 86% (European /Other)	**Inpatient** 82% (Asian) 84% (Chinese) 78% (Indian)	-	-	-	90%
	Net promoter score on WDHB Friends and Family Test for Asians rating 'extremely likely' to 'recommend our ward to friends and family if they need similar care or treatment'[31]	-	-	-	77	79	85 (Asian) 83 (Chinese) 87 (Indian)	65

[30] Sep 2019.
[31] Annual data 2018/19.

Mātua, Pēpi me Tamariki - Parents, Infants and Children

Good child health is important not only for children and family now, but also for good health later in adulthood. A number of the risk factors for many adult diseases such as diabetes, heart disease and some mental health conditions such as depression arise in childhood. In addition, child health, development and wellbeing have broader effects on educational achievement, violence, crime and unemployment. In 2020-2023, our action focus for Asian & MELAA infants, children and family is on **breast feeding, immunisation (human papillomavirus), healthy weight and good oral health.**

Breastfeeding

Why is this a priority?

Research shows that children who are exclusively breastfed for the early months of life are less likely to suffer adverse effects from childhood illnesses such as respiratory tract infections, gastroenteritis, otitis media, etc. Breastfeeding benefits the health of mother and baby, as well as reducing the risk of Sudden Unexpected Death in Infancy (SUDI), asthma, diabetes and obesity.

Where do we want to get to?

- 70% of Asian babies are fully or exclusively breastfed at 3 months.

DHB	European/Other	Asian*	Target
ADHB	69%	62%	70%
WDHB	69%	61%	70%

**Q4 2018/19. Plunket data only.*

What are we trying to do?

Maintain the number of exclusively or fully breastfed Asian & MELAA babies at 3 months of age.

To achieve this we will focus on:

Continue to promote breastfeeding information and support for Asian & MELAA women.

Who will we work with?

Women, Child and Youth team, Well Child Tamariki Ora (WCTO) Providers, Health Babies Healthy Futures (Asian providers), Asian NGOs, midwives, and ethnic partners/communities.

DHB	What are we going to do?	Measures
Auckland/ Waitematā	YR 1-YR 3 (Q1-Q4): Continue to support the Healthy Babies Healthy Futures programme which targets Asian mothers to support them to exclusively breastfeed their babies for the first six months: - Promote the benefits of breastfeeding to 6 months and beyond.	70% of babies are fully or exclusively breastfed at 3 months. Coverage rates for Asian equal to European/Other. 95% of Asian and MELAA infants receive all core WCTO contacts in the first year of life.
	YR 1-YR 3 (Q1-Q4): Support the Metro-Auckland Healthy Weight Action Plan for Children 2017-2020.	
	YR 1-YR 3 (Q1-Q4): Support the development and promotion of breast feeding resources to Asian and MELAA communities.	
	Quarterly: Progress of activities and performance against health targets will be monitored and reported to the Asian & MELAA Health Governance Group.	

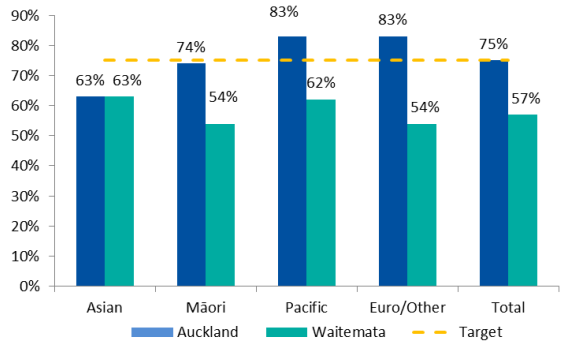
Immunisation - Children

What are we trying to do?

We want up-to-date immunisations for pregnant women and children up to five years. We want MELAA (and Asian) girls and women to be protected against cervical cancer. Screening and immunisation together will offer the most effective protection.

Where are we at and where do we want to get to?

75% of eligible Asian girls are fully immunised with HPV vaccine



** All coverage as at Sep 2019*

Source: MoH Quarterly NIR Report.

Why is this a priority?

Cervical cancer is caused by certain types of HPV.[32] There is no treatment for persistent HPV infections but immunisation is now available to help protect young women against the two common types of high-risk HPV that cause up to 70 percent of cervical cancer.

To achieve this we will focus on:

Ensure MELAA (and Asian) girls and boys (and their families) are aware of availability of the HPV vaccine to support improved uptake of the vaccine.

Who will we work with?

Women, Child and Youth teams, Metro Auckland Asian & MELAA Primary Care Service Improvement Group, WCTO Providers, schools, Asian NGOs, and ethnic partners/communities.

DHB	What are we going to do?	Measures
Auckland/ Waitematā/ Counties Manukau	YR 1-YR 3 (Q1-Q4): Develop and implement the Metro Auckland Asian & MELAA Primary Care Health Action Plan 2020-2023 to engage PHOs and institutes in opportunistic promotion of the HPV vaccination with focus on 'Other' – MELAA groups.	75% of eligible Asian & 'Other' girls are fully immunised with HPV vaccine
Auckland/ Waitematā	YR 1-YR 3 (Q1-Q4): Ensure promotional materials (in priority Asian & MELAA languages) developed by the Ministry of Health are available for the Asian & MELAA communities and promoted in localities where high number of MELAA (and Asian) peoples live.	
	YR 1-YR 2 (Q1-Q4): Explore parent attitudes towards the HPV vaccination for boys and girls amongst African and Middle Eastern groups.	1 report
	YR 1-YR 3 (Q1-Q4): Promote immunisations including five year old event and the pertussis vaccination in pregnancy to Asian & MELAA partners and communities: • Active promotion of culturally appropriate messaging within high enrolled Asian and former refugee general practices • Leveraging on ethnic partner's cultural events, outreach and communication platforms to promote culturally appropriate messaging.	50% of pregnant women receiving pertussis vaccination in pregnancy 95% of eight month olds, two year olds and five year olds will have their

[32] HPV stands for human papillomavirus, a group of very common viruses that infect about four out of five people at some time in their lives. HPV causes cells to grow abnormally, and over time, these abnormalities can lead to cancer.

		primary course of immunisation on time
	Quarterly: Progress of activities and performance against health targets will be monitored and reported to the Asian & MELAA Health Governance Group.	

Oral Health

Why is this a priority?

Good oral health practices in the first five years of a child's life are critical for lifelong oral health. Early childhood caries or dental decay remains the most prevalent chronic and irreversible disease in the western world.

In New Zealand, disparities still exist in oral health by ethnicity, deprivation level, and age group. This is evident where South East Asian e.g. Filipino and Chinese children have higher rates of caries and decayed, missing and filled teeth (dmft) at age of 8 years among Asian in both districts. Indian had the best oral health outcomes of all the Asian subgroups in both districts.

For MELAA groups, Latin American have the best oral health outcomes for both dmft and caries free as compared to African and Middle Eastern groups across both districts.

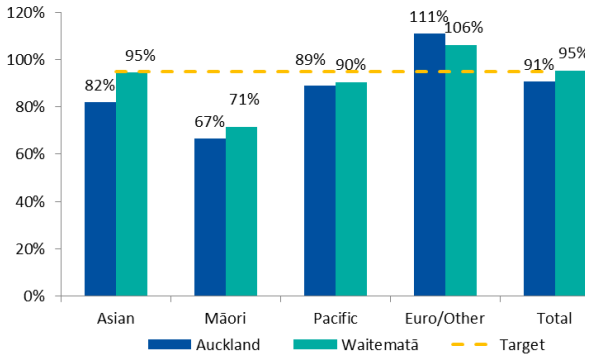
Prevention of oral disease in infants and pre-schoolers reduces the risk of dental, gingival and periodontal disease in permanent teeth and will have positive impact on their long term oral health, general health and well-being.

What are we trying to do?

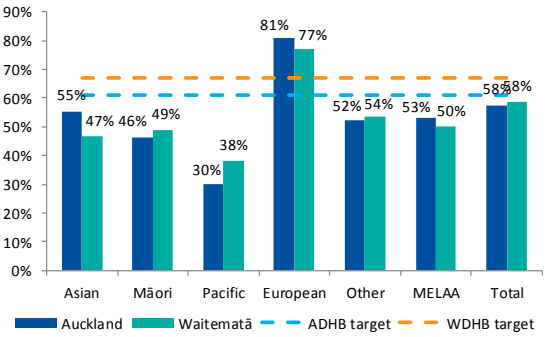
Enable access to health care to reduce inequalities in oral health status for Filipino, Chinese, and Middle Eastern children. This work will also contribute to the Metro-Auckland Healthy Weight Action Plan for Children 2017-2020.

Where are we at and where do we want to get to?

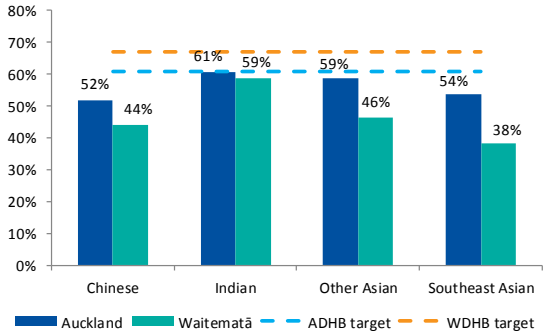
95% of 0-4 year old Asian children enrolled with pre-school oral health services



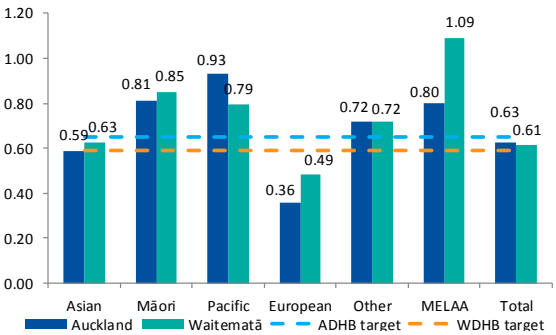
Children caries free at age of 5 years, 2019 – L1 Ethnicity



Children caries free at age of 5 years, 2019 – L2 Asian Ethnicity



Average number of dmft at year 8, 2019 – L1 Ethnicity



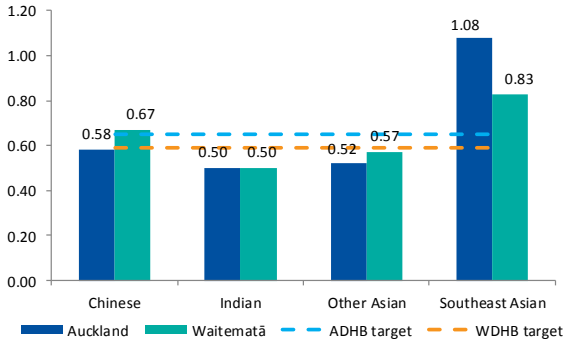
To achieve this we will focus on:

Support the implementation of the Preschool Oral Health Action Plan for Metropolitan Auckland region, and promote oral health messaging to targeted ethnic communities.

Who will we work with?

Auckland Regional Dental Services (ARDS), Women, Child and Youth team, WCTO providers, midwives, Asian NGOs, and ethnic partners/communities.

Average number of dmft at year 8, 2019 – L2 Asian Ethnicity



**All coverage as at June 2019*

DHB	What are we going to do?	Measures
Auckland/ Waitematā	YR 1-YR 3 (Q1-4): Support Asian & MELAA implementation of the: • Preschool Oral Health Action Plan for Metropolitan Auckland region • Metro-Auckland Healthy Weight Action Plan for Children 2017-2020	95% of pre-schoolers enrolled in DHB oral health services 61% (ADHB) and 67% (WDHB) children caries free at the age of 5 years – L2 Asian and Other Ethnicity Average number of dmft at year 8 <0.65 ADHB and <0.59 WDHB – L2 Asian and Other Ethnicity
	YR 1 (Q1-Q4): Publish the study findings from the *Investigating Chinese, Indian, Filipino and Middle Eastern parents' and caregivers' knowledge, attitudes and behaviours towards their child's healthy eating and oral health*	
Auckland/ Waitematā /Counties Manukau	YR 1-3 (Q1-Q4): Work with ARDS to develop or redesign culturally tailored oral health and healthy eating information for Filipino, Chinese and Middle Eastern groups.	
Auckland/ Waitematā	YR 1-YR 3 (Q1-Q4): Engage with ethnic partners and communities to promote culturally appropriate oral health messaging to Indian, Filipino, Chinese and Middle Eastern parents/caregivers and children.	
	Quarterly: Progress of activities and performance against health targets will be monitored and reported to the Asian & MELAA Health Governance Group.	

Rangatahi – Young People

Good health enables young people to succeed in their studies, opportunities to achieve their dreams and aspirations, and to make meaningful contributions to their families and communities. We are committed to supporting young people living in Waitematā and Auckland DHBs to be healthy, feeling safe and supported. In 2020-2023, our action focus for Asian, new migrant and former refugee young people is on **supporting youth access to - and utilisation of - youth appropriate health services** as part of the System Level Measures Improvement Plan, and other initiatives.

Mental Health & Addictions

Why is this priority?

Findings from the Suicide Mortality Review Committee's *Understanding deaths by suicide in the Asian population of Aotearoa New Zealand report* highlights that suicide is increasing for Asian peoples in Aotearoa New Zealand combined with challenges of their integration and settlement in this country, has implications for social services and the mental health system. The rate of Asian suicide fluctuates but has been slowly rising, from 5.93 per 100,000 in 2007/08 to a high of 8.69 in 2017/18; in 2018/19 the rate was 7.63[33]. Asian self-harm hospitalisations rates (10-24 years) have increased in 2017 (168) and 2018 (202) in Auckland DHB.

Table 5: Self-harm hospitalisations (10-24 years) (Rate per 100,000 population), Auckland and Waitematā DHBs, 2018

Self-harm hospitalisations (10-24 years) (Rate per 100,000 population)						
	ADHB Total	**ADHB Eur/Other**	**ADHB Asian**	**WDHB Total**	**WDHB Eur/Other**	**WDHB Asian**
Rate	412	448	202	493	553	158
Events Number	466	213	77	599	370	39

Those Asian youth are experiencing high rates of mental distress and late presentation for treatment due to a number of factors[3435] such as:

- socio-cultural and familial factors
- stigma and shame to ask for help
- ability to recognise the signs or symptoms of mental distress
- lack of awareness of the health and disability system and not knowing how to access services
- cultural barriers and the need for culturally appropriate services, and
- institutional racism and discrimination, and mental health.

We know that accessing services later can be attributed to level of acculturation and years lived in New Zealand.[36] Edgewalking, substance abuse, discrimination, family pressures about education/study are cited by former refugee youth as reasons for their mental health concerns.

[33] Accessible online from https://www.hqsc.govt.nz/assets/SUMRC/PR/Understanding-deaths-by-suicide-Asian-population.pdf

[34] Accessible online from https://www.asianfamilyservices.nz/uploads/7/5/0/8/75085209/korean_suicide_prevention_resources_development_v8_final_2.pdf

[35] Waitematā DHB, 2019. Asian Youth Suicide Prevention Project #WannaTalk- Asian Youth Life Skills Workshop Evaluation Report.

What are we trying to do?
Reduce self-harm and interpersonal violence amongst Asian & former refugee youth (15-24 years old), and improve their wellbeing through earlier intervention and access to integrated culturally appropriate mental health and additions (MH&A) care.

To achieve this we will focus on:
Support the roll out of the Integrated primary mental health and addiction service, System Level Measures Improvement Plan, and other ethnic targeted initiatives so that young people experience less mental distress and disorder, and are supported in times of need.

Who will we work with?
Northern Regional Alliance, Mental Health & Addictions team, Primary Care team, Asian Health Services (Waitematā DHB), Asian Mental Health Services teams (Waitematā and Auckland DHBs), Metro Auckland Asian & MELAA Primary Care Service Improvement Group, NGO Mental Health Providers, Refugees As Survivors New Zealand, Asylum Seeker Service Trust, Asian NGOs, Auckland Agency Group, Rainbow health services/partners, institutes, student associations, youth agencies, and ethnic partners/communities.

DHB	What are we going to do?	Measures
Auckland/ Waitematā/ Counties Manukau	YR 1-YR 3 (Q1-Q4): Work with the Metro Auckland Asian & MELAA Primary Care Service Improvement Group to support the: • Roll out of the Integrated primary mental health and addiction service to ensure the initiatives are culturally appropriate.	Baseline self-harm hospitalisations (10-24 years) Reduction in suicide rates across 'at risk' populations including Asian youth
Auckland/ Waitematā	YR 1-YR 3 (Q1-Q4): Support the youth-specific actions of the: • Every Life Matters - He Tapu te Oranga o ia Tangata: Suicide Prevention Strategy 2019–2029 • Suicide Prevention Action Plan 2019–2024 for Aotearoa New Zealand • Waitematā and Auckland DHB Suicide Prevention and Postvention Action Plan 2020-2023. ○ Raise awareness of the cultural barriers and nuances that influence low uptake of youth-based mental health services.	
Auckland/ Waitematā/ Counties Manukau	YR 1-YR 3 (Q1-Q4): Support the Auckland Agency Group to provide guidance, from an Auckland perspective, for health initiatives which support achievement of the outcomes of the International Education Strategy regarding international student experience and wellbeing.	
Auckland/ Waitematā	Quarterly: Progress of activities and performance against health targets will be monitored and reported to the Asian & MELAA Health Governance Group.	

[36] Accessible online from https://www.hqsc.govt.nz/assets/SUMRC/PR/Understanding-deaths-by-suicide-Asian-population.pdf

Sexual and Reproductive Health

Why is this priority?

Sexual and reproductive health is a taboo subject among many Asian cultures. Religious, cultural, financial, language, embarrassment, stigma, shame, confidentiality issues and lack of health education are often barriers preventing Asian young peoples accessing sexual and reproductive health services. These issues extend out to gender identity and transgender needs for young people who are more likely to have limited family understanding and support for their needs.

In relation to international students, host countries have a degree of pastoral responsibility to their students. It is well documented that international students have a higher need for mental health and sexual health due to the change in environment and the limited exposure some students have to sex and relationship education in their country of origin. To compound this issue, travel and medical insurance products to international students - in relation to coverage for sexually transmitted infections (STI) testing and treatment in general practice - is limited. This results in the underutilisation and late access to treatment.[37]

What are we trying to do?

Young people are less likely to see a family doctor (GP) each year than older adults. Promote opportunistic preventive care at every family doctor (GP) visit and STI testing in sexually active young people, irrespective of symptoms in settings such as universities.

To achieve this we will focus on:

Support monitoring of trends in STIs such as chlamydia, gonorrhoea, syphilis and HIV. Work with partners to support gender diverse youth and families through a Community Engagement approach. We hope to increase understanding within these communities of the needs of young people and to reduce the social stigma and isolation experienced by them.

Who will we work with?

Auckland DHB's Transgender Health Worker, Primary Care team, Auckland Sexual health Services Metro Auckland Asian & MELAA Primary Care Service Improvement Group, Auckland Agency Group, Asian NGOs, Body Positive, NZ Aids Foundation, Rainbow Youth, Transgender groups and networks, student associations, institutes, youth agencies, and ethnic partners/communities.

DHB	What are we going to do?
Auckland/ Waitematā	YR 1-YR 3 (Q1-Q4): Monitor STI trends for Asian (and if possible by visa/immigration status) via: • Syphilis Weekly IMT Report • ESR STI Surveillance Dashboard[38]
	YR 1-YR 3 (Q1-Q4): Support engagement with Auckland DHB's Transgender Health Worker, and Transgender groups and

[37] Accessible online from https://www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/guide-eligibility-publicly-funded-health-services/eligibility-limited-range-publicly-funded-health-services-0/people-receiving-treatment-infectious-diseases

[38] Accessible online from https://www.esr.cri.nz/our-services/consultancy/public-health/sti/

DHB	What are we going to do?
	networks.
	YR 1-YR 3 (Q1-Q4): Support the Auckland Agency Group to provide guidance, from an Auckland perspective, for health initiatives which support achievement of the outcomes of the International Education Strategy regarding international student experience and wellbeing.
	Quarterly: Progress of activities and performance against health targets will be monitored and reported to the Asian & MELAA Health Governance Group.

Mātua me Whānau– Adults and Family Group

Adults and older people face different health issues than younger people. Diabetes, heart disease, cancer, and mental health and addictions are some of the conditions adults experienced. We are committed to supporting adults and older people living in our districts to be healthy, and managing their health conditions well. This supports them to look after their loved ones, enjoy lives with them, succeed in careers, and see their grandchildren grow up. In 2020-2023, our action focus for Asian & MELAA adults and their families is on **cardiovascular disease management, diabetes management, mental health and addictions, health of older people and immunisation (over 65 years).**

Long Term Conditions – Cardiovascular Disease and Diabetes

Why is this a priority?

Equity of health outcomes and improved health outcomes for people with diabetes including Asian is a priority for the Diabetes Service Level Alliance.

Cardiovascular disease is one of the leading causes of death among Asian peoples. In particular, Indian people have a higher prevalence of risk factors associated with CVD, and Indian aged 35 to 74 years had higher CVD hospitalisation rates as compared to the European/Other group in Auckland and Waitematā DHBs.[39]

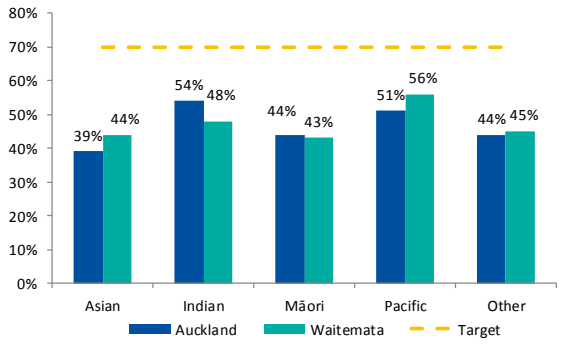
Maintaining the number of eligible Indians who receive a CVDRA, improving management for Indian with CVD and diabetes management for Other Asian and South East Asian are areas of focus in this Plan.

What are we trying to do?

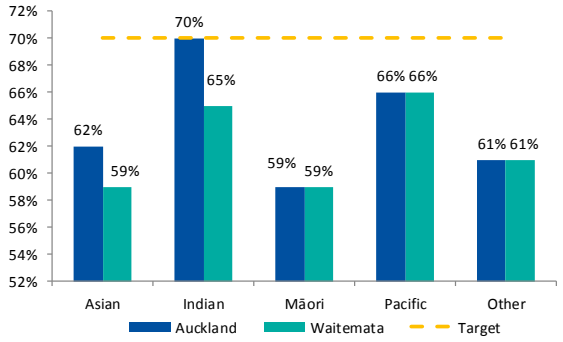
Reduce cardiovascular disease related morbidity and mortality among Indian people via improved access to quality cardiovascular and diabetes care. Improve diabetes management for Other Asian and South East Asian.

Where are we at and where do we want to get to?

CVD Primary Prevention: Percentage of enrolled patients with cardiovascular risk ever recorded >20%, (aged 35 to 74 years, excluding those with a previous CVD event) who are on dual therapy (statin + BP Lowering agent)



CVD Secondary Prevention: Percentage of enrolled patients with known cardiovascular disease who are on triple therapy (Statin + BP lowering agent + Antiplatelet/Anticoagulant)



**All coverage as at July 2019 (prescribed)*

[39] Mehta S, Health needs assessment of Asian people living in the Auckland region. Auckland: Northern DHB Support Agency, 2012.

To achieve this we will focus on:

The Auckland and Waitematā DHBs have an established Alliance agreement with the PHOs across both districts and the two Memorandum of Understanding partners. Diabetes and cardiovascular disease have been identified by the Alliance Leadership Team as the priority areas in the Alliance Work Plan.

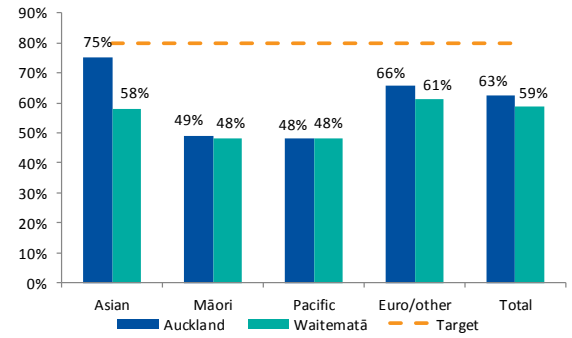
Cardiovascular disease management includes both secondary prevention (active triple therapy prescription in the past 6 months to patients who have had a CVD event – excluding haemorrhagic stroke) and primary prevention (prescribed dual therapy in the past 6 months to patients aged 35 – 74 years with a CVD risk score > 20%). Supporting the Transforming Diabetes Care Roadmap 2018 with the aim of equity of health outcomes and improved health outcomes for people with diabetes.

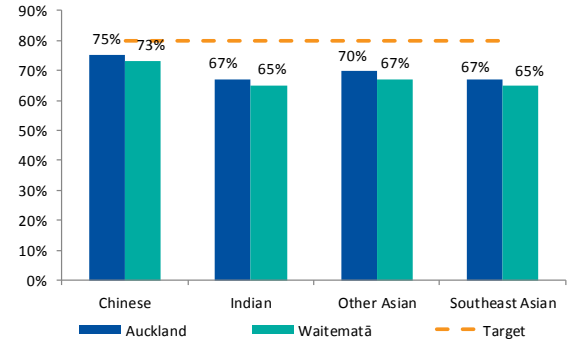
Who will we work with?

Northern Regional Alliance, Primary Care team, Metro Auckland Asian & MELAA Primary Care Service Improvement Group, Asian Health Services (Waitematā DHB), Asian NGOs, Green Prescription providers, and ethnic partners/communities.

Where are we at and where do we want to get to?

HbA1c Glycaemic control: Percentage of eligible population with HbA1c ⩽ 64mmol/mol recorded in the last 15 months (based on PHO enrolled numerator and denominator) 29





All coverage as at July 2019 (prescribed)

DHB	What are we going to do?	Measures
Auckland/ Waitematā	YR 1-YR 3 (Q1-4): Improve Heart Health: • Continue to perform CVDRA checks with eligible South-Asian[40] and Asian groups. • Implementation of updated CVDRA guidelines to ensure best practice, including lifestyle and exercise guidance.	90% CVDRA coverage for South-Asian and Asian 70% of CVD patients on triple therapy 70% of CVD risk patients on dual therapy
	YR 1-YR 3 (Q1-4): Support the Transforming Diabetes Care Roadmap 2018:	1 report

[40] To align with 2018 Ministry of Health Cardiovascular Disease Risk Assessment and Management for Primary Care Guidelines, South-Asians include: Indian, including Fijian Indian, Sri Lankan, Afghani, Bangladeshi, Nepalese, Pakistani and Tibetan. -Eligible age range change for Maori, Pacific or South Asian peoples: Men - Age 30 yrs (previously 35 yrs); Women – Age 40 yrs (previously 45 yrs)

DHB	What are we going to do?	Measures
	• Coordinate and facilitate one Asian focus group to better understand the experiences of people who live with Type 2 Diabetes.	80% of diabetes patients have good HbA1c glycaemic control 80% of diabetes patients have good blood pressure control 90% of diabetes patients with microalbuminuria are under management
	YR 1-YR 3 (Q1-4): Support the recommendations from the retinal screening review consistently across Auckland and Waitemata DHBs.	
	YR 1-YR 3 (Q1-4): Support the implementation of the Metro Auckland Foot Screening and Community Foot Protection Service Standards- 2019 across Auckland and Waitemata DHBs	
	YR 1-YR 3 (Q1-4): Ensure Asian peoples are accessing podiatry, dietetics and health psychology at the same rates as other ethnicities by providing these services in community based settings.	% of Asian peoples accessing podiatry, dietetics and health psychology* **Waitematā only*
	YR 1-YR 3 (Q1-4): Increase the proportion of South Asian participants enrolled with Green Prescription services.	2% of clients engaged with Green[41] Prescriptions - 9% Waitematā - 18% Auckland
	Quarterly: Progress of activities and performance against health targets will be monitored and reported to the Asian & MELAA Health Governance Group.	

[41] As at June, 2019, Auckland (17.2%, 758 people); Waitematā (6%, 332 people).

Mental Health & Addictions

Why is this a priority?

Asian peoples in Auckland have significantly lower rates of access to Perinatal Maternal Mental Health services (PMMH), and Mental Health & Addiction services compared to other ethnic groups, despite a high and increasing burden of mental health issues.

What are we trying to do?

Improve early access rates to PMMH services, and MH&A services.

In Waitematā DHB, there is an Asian Mental Health Work Stream Plan 2017-2020 which has been developed in alignment to the Waitematā Stakeholder Network Mental Health and Addiction Strategic Plan 2015-2020.

The Asian Mental Health Work Stream Plan includes initiatives that enable Waitematā DHB mental health services to demonstrate cultural capability and improve the equity and wellbeing of Asian peoples through better access to MH&A Services.

To achieve this we will focus on

Support the Regional Perinatal and Infant Mental Health Clinical Governance Group, Collaborative Primary Mental Health and Addictions Nurse Credentialing Programme Governance Group, Waitematā Stakeholder Network Mental Health and Addiction Strategic Plan, and Auckland DHB's Mental Health and Addictions Commissioning Board.

Who will we work with?

Northern Regional Alliance, DHBs, Mental Health & Addictions team, Primary Care team, Asian Health Services (Waitematā DHB), Asian Mental Health Services teams (Waitematā and Auckland DHBs), Metro Auckland Asian & MELAA Primary Care Service Improvement Group, Metro Auckland Collaborative Group, NGO Mental Health Providers, Refugee As Survivors New Zealand, Asian NGOs, eCALD services, and ethnic partners/communities.

DHB	What are we going to do?	Measures
Auckland/ Waitematā / Counties Manukau	YR 1-YR 3 (Q1-Q4): Develop an action plan to include activities to promote wellbeing, respond to suicide distress, respond to suicidal behaviour and support people after a suicide.	Decrease in Asian deaths coded as suicides (Ministry of Health) and provisional suicides (Ministry of Justice), by age
	YR 1-YR 3 (Q1-Q4): Work with the Metro Auckland Asian & MELAA Primary Care Service Improvement Group to: • Support the roll out of the Integrated primary mental health and addiction service to ensure the initiatives are culturally appropriate. • Link with the Metro Auckland Collaborative Group on the implementation of the Integrated primary mental health and addiction service.	
	YR 1-YR 3 (Q1-Q4): Support the Regional Perinatal and Infant Mental Health Clinical Governance Group:	

DHB	What are we going to do?	Measures
	• Research on *'Supporting Equitable Perinatal Mental Health Outcomes (Asian communities)'.*	
	YR 1-YR 3 (Q1-Q4): Support the Collaborative Primary Mental Health and Addiction Nurse Credentialing Programme Governance Group.	
Auckland/ Waitematā	YR 1-YR 3 (Q1-Q4): Support the: • Every Life Matters – He Tapu te Oranga o ia Tangata: Suicide Prevention Strategy 2019–2029 and Suicide Prevention Action Plan 2019–2024 for Aotearoa New Zealand. • Waitematā and Auckland DHB Suicide Prevention and Postvention Action Plan 2020-2023 ○ Raise awareness of the cultural barriers and nuances that influence low uptake of mental health services.	
Waitematā	YR 1-YR 3 (Q1-Q4): Implement the [Asian Mental Health] Work Stream Plan 2017-2020.	
Auckland/ Waitematā	YR 1-YR 3 (Q1-Q4): Support early engagement with mental health services for current asylum seeker claimants.	
Auckland/ Waitematā	Quarterly: Progress of activities and performance against health targets will be monitored and reported to the Asian & MELAA Health Governance Group; and Asian Mental Health & Addictions Stakeholder Network Group (Waitematā DHB).	

Sexual and Reproductive Health

Why is this priority?

Reported cases of infectious syphilis have steadily increased in New Zealand since 2013, with most cases reported from areas with large cities. This is reflective of the global increase in reported syphilis cases. There is an increasing proportion of syphilis cases reported in heterosexual males and females, and the rise in cases of congenital syphilis, suggest increasing transmission in groups not considered as high risk in recent years.[42] 'Based on surveillance data from the Syphilis outbreak, we see high numbers from the Asian community and when broken down by specific Asian communities such as the Indian community, the rates are even higher. At least two thirds of the Indian community affected by Syphilis were from men who have sex with men (MSM) background and some from quite complex social environments (Appendix 6).

The Ministry of Health has confirmed that testing costs as well as treatment costs for HIV, syphilis and gonorrhoea (section C diseases) are covered by the public health act for non-eligible individuals including those who get tested and the result is not positive.[43]

Two Long Acting Reversible Contraceptions (LARC) - Mirena® and Jaydess® intrauterine systems (IUS) are now fully funded for eligible publically funded women who are seeking long-term contraception.

[42] ESR Dec 19 data

[43] Accessible online from https://www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/guide-eligibility-publicly-funded-health-services/eligibility-limited-range-publicly-funded-health-services-0/people-receiving-treatment-infectious-diseases

What are we trying to do?
Gain insight into the needs of the Asian communities in areas such as Syphilis (which can be different to that of the general population) to guide culturally appropriate planning and delivery of sexual health services.

To achieve this we will focus on:
Support monitoring of trends in Syphilis. Provide culturally appropriate information to women about DHB women's health services.

Who will we work with?
Primary Care, sexual health services, Metro Auckland Asian & MELAA Primary Care Service Improvement Group, Gynaecology Day Stay Clinics, Asian NGOs, Body Positive, NZ Aids Foundation, Auckland Sexual Health Services, Transgender groups and networks, and ethnic partners/communities.

DHB	What are we going to do?	Measures
Auckland/ Waitematā	YR 1-YR 3 (Q1-Q4): Monitor STI trends for Asian (and if possible by visa/immigration status) via: • Syphilis Weekly IMT Report • ESR STI Surveillance Dashboard[44]	
	YR 1-YR 3 (Q1-Q4): Promote culturally appropriate information about Epsom Day Unit and LARC information to ethnic women.	
	Quarterly: Progress of activities and performance against health targets will be monitored and reported to the Asian & MELAA Health Governance Group.	

Health of Older People

Why is this a priority?
The Healthy Ageing Strategy recognises that inequities in health status need to be reduced, in particular for Māori, Pacific peoples, migrant and refugee communities, and people with disabilities. People age in different ways, and our population is diverse. We must recognise and respect the range of ways older people access and interact with services for Asian and MELAA populations. The foreseeable risk to migrant Asian groups is the waning 'healthy migrant effect', intergenerational issues, language, financial and the significant population size living in metro Auckland that is ageing (7.8%, Auckland; 9.0% ,Waitematā).[45] Older people interacting in our health system should experience culturally appropriate care that meets the health and support needs of an increasingly ethnically diverse population.

What are we trying to do?
Improve the health outcomes and independence of older Asian & MELAA peoples by supporting the national Healthy Ageing Strategy's vision that Older people live well, age well and have a respectful end of life in age-friendly communities, and key strategic themes.

[44] Accessible online from https://www.esr.cri.nz/our-services/consultancy/public-health/sti/

[45] Population projections based on '2018 Update' based on Census 2013

To achieve this we will focus on:

Activities that include Asian and MELAA older peoples' health and support needs and voice in the planning, implementation and monitoring of projects and/or groups .

Who will we work with?

Health of Older People's team, Disability Advisor, NGOs e.g Age Concern, Aged Care providers, Asian DHB geriatricians.

DHB	What are we going to do?	Measures
Auckland/ Waitematā	YR 1 (Q1-Q4): Supporting the work on models of care and services for people with dementia and their carers.	
	YR 1 (Q1-Q4): Review current resources available to older adults and families about aged residential care services.	1 report
	YR 1-YR 3 (Q1-Q4): Increase the quality of service provision to Asian residents in Aged Residential Care: • Coordinate the Facility Owners Group meeting (including Chinese and Korean) run bi-monthly (6).	
	Quarterly: Progress of activities and performance against health targets will be monitored and reported to the Asian & MELAA Health Governance Group.	

Immunisation against Influenza

Why is this a priority?

Asian & MELAA peoples 65 years and over may not be aware they are eligible for free Seasonal Influenza vaccines. They often are staying at home looking after infants and children, thus may increase the chances of spreading the flu with family members.

What are we trying to do?

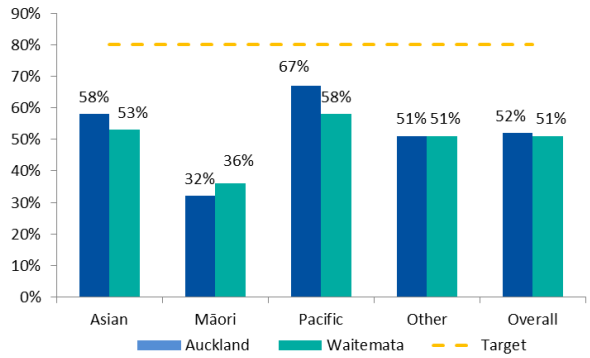
Increase the number of Asian & MELAA older peoples who received Seasonal Influenza vaccines.

To achieve this we will focus on:

Promotion of Seasonal Influenza vaccines through culturally appropriate activities and communication.

Where are we at and where do we want to get to?

Rate of seasonal influenza immunisation of eligible 65+ years population, Auckland and Waitematā DHBs (January - September 2019)



**Jan-Sep 2019*

Who will we work with?

Primary Care team, Metro Auckland Asian & MELAA Primary Care Service Improvement Group, WCTO providers, Asian NGOs, and ethnic partners/communities.

DHB	What are we going to do?	Measures
Auckland/ Waitematā	YR 1-YR 3 (Q1-Q4): Work with PHO Immunisation Coordinators to ensure general practices are recalling and providing the Influenza vaccine for those eligible.	75% of people aged over 65 receive a flu vaccine Respiratory infection hospitalisation rate, over 65 years (per 100,000)
Auckland/ Waitematā /Counties Manukau	YR 1-YR 3 (Q1-Q4): Starting 1 April 2020: • Targeted activities as part of CMH's Community Flu Fighters programme in Asian communities • Active promotion of culturally appropriate messaging within high enrolled Asian and former refugee general practices • Leveraging on Asian and migrant partner's cultural events, outreach and communication platforms to promote culturally appropriate messaging • Leveraging on mainstream services/activities e.g. community pharmacies to promote culturally appropriate messaging.	
Auckland/ Waitematā	Quarterly: Progress of activities and performance against health targets will be monitored and reported to the Asian & MELAA Health Governance Group.	

Rōhe o Waitematā me Auckland

There are health systems that are potential barriers to health gain for Asian and MELAA peoples in our districts. In 2020-2023, our action focus is on regional planning and reporting, data quality, primary care enrolment, former refugee and current asylum seeker health.

Regional Asian Health Gain Planning and Reporting

Why is this a priority?
In order to maintain or improve Asian health status we must address the disparities within Asian 'high-risk' subgroups associated with access to and utilisation of health and disability services for newcomers, distribution of health determinants and risk factors, and a diminishing protective 'healthy migrant effect'.

Former refugee communities continue to resettle across the metropolitan districts under the Refugee Quota Programme; Family Reunion Refugees; Convention Refugee or Protected Person (Asylum Seeker),

A regional response is necessary to achieve best value from available resources, experience and skills by working collaboratively (where possible) to make a positive change in health outcomes for Asian, migrant, former refugee and current asylum seeker populations.

What are we trying to do?
The metropolitan Auckland DHBs have a common goal to improve or maintain health gain in their respective Asian populations. Together, we aim to review and learn from our health gain activities, insights and outcomes so we can benefit from our collective knowledge and relationships with community and health leaders.

What will we focus on?
Collectively work towards the areas of focus in the Metropolitan Auckland Asian & MELAA Primary Care Action Plan 2020-2023, share available Asian health status data, and leverage respective Asian health oversight, advisory and governance forums.

Where do we want to get to?
We will aim to develop a Metropolitan Auckland Asian & MELAA Primary Care Action Plan 2020-2023.

Who will we work with?
Northern Regional Alliance, PHOs, and Counties Manukau Health.

DHB	What are we going to do?	Measures
Auckland/ Waitematā/	YR 1-YR 3 (Q1-Q4): Support coordination of a Northern Region COVID-19 cultural response for our diverse ethnic communities across key functions	

DHB	What are we going to do?	Measures
Counties Manukau	(when needed): • Communications: Develop and promote translated COVID-19 resources to communities, and content for the ARPHS communities webpage[46] • Intelligence: Provide cultural advice and planning to the Intelligence team • Welfare: Provide advice and support to Welfare case management.	
	YR 1-YR 3 (Q1-Q4): Develop and implement a Metro Auckland Asian & MELAA Primary Care Action Plan 2020-2023.	1 Plan
	YR 1-YR 3 (Q1-Q4): Explore potential opportunities to work regionally to raise Asian and former refugee health equity awareness: • Input into the planning of Counties Manukau Health Asian initiatives to avoid duplication of effort and streamline resources (where possible).	
	YR 1-YR 3 (Q1-Q4): Continue to streamline the '*Improving Access to General Practice for Former Refugees and Current Asylum Seekers Agreements*' across the metropolitan Auckland region: • PHO Refugee Services Operational Group.	
	Quarterly: Progress of activities and performance against health targets will be monitored and reported to the Asian & MELAA Health Governance Group; Metro Auckland Asian & MELAA Primary Care Service Improvement Group; Metro Auckland PHO Refugee Services Operational Group; and Counties Manukau's Asian Advisor.	

Data Quality

Why is this a priority?

Accurate data is imperative for policy, planning and monitoring of many indicators important for Asian Health. A key area of interest is to establish complete and accurate breakdown data on level 2 Asian subgroups to identify 'at risk' subgroup population health outcomes.

What are we trying to do?

Advocate to improve the quality of ethnicity data collected by Auckland and Waitematā DHBs.

To achieve this we will focus on:

Implement the Standard of Ethnicity Data Protocols and action plans to improve ethnicity data collection.

Who will we work with?

Primary Care team, Health Intelligence team, Metro Auckland Asian & MELAA Primary Care Service Improvement Group, and Waitematā and Auckland DHBs provider arm services.

DHB	What are we going to do?	Measures
Auckland/ Waitematā	YR 1-YR 3 (Q1-Q4): Continue to develop a quarterly Asian performance scorecard to monitor trends in health outcomes	Asian Scorecard (4)
	YR 1-YR 3 (Q1-Q4):Promote via the Metro Auckland Asian & MELAA Primary Care Service Improvement Group accuracy of ethnicity reporting	Standard of Ethnicity Data Protocols[47]

[46] Accessible at https://www.arphs.health.nz/public-health-topics/covid-19/covid-19-information-for-our-communities/

DHB	What are we going to do?	Measures
	in PHO registers as measured by Primary Care Ethnicity Data Audit Toolkit.	implemented.
	YR 1-YR 3 (Q1-Q4): Identify services where there are gaps in collecting and reporting of level 1 'Asian' and 'Other' and level 2 categories subgroups ('Other Asian', 'Chinese', 'Indian', 'South East Asian' and 'Asian NFD').	
	YR 1-YR 2 (Q1-Q4): Work with identified services to ensure accurate collecting and reporting of level 2 'Asian' ethnicity subgroups (at a minimum).	
	Quarterly: Progress of activities and performance against health targets will be monitored and reported to the Asian & MELAA Health Governance Group.	

Primary Healthcare Enrolment

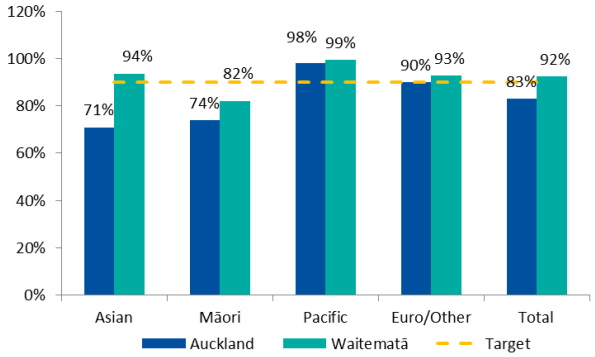
Why is this a priority?

Asian peoples have disproportionately lower PHO enrolment rates compared to European/Other in Auckland DHB (71% (Asian), 90% (European/Other).

The Auckland DHB's Asian PHO enrolment rate continues to remain significantly lower than the other Metro Auckland DHBs largely due to the high number of international students and transient temporary migrant population living in the Auckland district. [48]

Where are we at and where do we want to get to?

90% of patients are enrolled with a PHO



**Sep 2019*

Awareness of the New Zealand Health & Disability System is a key enabler to timely access and appropriate use of health services. The National Migrant Consultations 2018 report[49] highlighted that for new migrants -particularly those on working visas and skilled migrant visas - understanding how the health system works and addressing misconceptions is imperative to settlement experiences. Similarly, ethnicities from Chinese, Indian, Filipino and Middle Eastern backgrounds also expressed a lower level of awareness of the health system as part of the oral health study findings conducted in 2018.

Equitable access to timely primary care services and language support for newly arrived migrants, former refugee and current asylum seekers in general practice is essential. The role of primary care and access to a family doctor (GP) is critical to resettlement experiences for former refugees and current asylum seekers. The new national Quota Refugee Health Services Model will require greater engagement and support at the general practice level, and increasingly, the majority of current

[47] Accessible online from http://www.health.govt.nz/publication/hiso-100012017-ethnicity-data-protocols

[48] International students and temporary migrants domiciled in a district for 1 year are included in the denominator when calculating a DHB's PHO enrolment rate even though they are ineligible to enrol with a PHO. The Auckland DHB's PHO enrolment rate appears to be diluted as a result of a high ineligible healthcare population unable to enrol with a family doctor (PHO) yet included in the denominator.

[49] Accessible online from https://www.immigration.govt.nz/documents/about-us/national-migrant-consultations-2018.pdf

asylum seeker claimants live in Auckland during their claim process and require ongoing mental health support as part of their determination process.

What are we trying to do?

Deliver a suite of initiatives to increase newcomers' awareness of the New Zealand health & disability system; role and commensurate benefits of enrolling with or seeing a regular family doctor (GP) for holistic care including timely health checks, immunisations, family health services, integrated wrap around services; and knowing where to go for healthcare to get help when you're fee – for urgent, less serious conditions, injury and when it's an emergency.

To achieve this we will focus on:

Implement the Metropolitan Auckland Asian & MELAA Primary Care Action Plan 2020-2023, and support the health & wellbeing outcome areas for the: New Zealand Refugee Resettlement Strategy; New Zealand Migrant Settlement and Integration Strategy; and New Zealand International Student Wellbeing Strategy.

Who will we work with?

Uri Ririki - Child Health Connection Centre Service, Women, Child and Youth team, Primary Care team midwives, Ministry of Health, Ministry of Business, Innovation and Employment, , Metro Auckland Asian & MELAA Primary Care Service Improvement Group, Auckland Agency Group, New Zealand Red Cross, WCTO Providers, ARDS, institutes, settlement agencies, student associations, and ethnic partners/communities.

DHB	What are we going to do?	Measures
Auckland/ Waitematā	YR 1-YR 3 (Q1-Q4): Work with the Metro Auckland Asian & MELAA Primary Care Service Improvement Group and Primary Care to implement the Action Plan 2020-2023.	95% of the population enrolled in a PHO

	YR 1-YR 3 (Q1-Q4): Promote the suite of multilingual interventions, such as podcast videos, Healthcare – where should I go?, health literate materials, and the Your Local Doctor websites (English, Chinese and Korean):
	• NZ health system podcast videos:
	  ○ Refresh English and Mandarin videos
	  ○ Develop Korean video
	• Develop online New Zealand Health & Disability System materials for Rohingya, Karen, Kayah, Amharic, Cambodian/Khmer, Farsi, Punjabi, Somali, Swahili, Tamil, Thai, Tigrinya, and Urdu.
	• Develop online Healthcare – where should I go? flyer for Rohingya, Karen, Kayah, Amharic, Cambodian/Khmer, Farsi, Punjabi, Somali, Swahili, Tamil, Thai, Tigrinya, and Urdu.
	• Deliver the NZ Health & Disability System presentations to universities, Private Training Establishments (PTE), settlement partners, ethnic associations/communities and libraries.	

	YR 1-YR 3 (Q1-Q4): Increase the proportion of Asian & MELAA newborn infants enrolled with a PHO at 3 months of age: • Work with the Uri Ririki - Child Health Connection Centre (CHCC) service to identify gaps and trends to late PHO enrolment, and identify solutions in partnership with the Service and Sector to increase early enrolment • Promote culturally appropriate PHO enrolment messaging to	98% of newborns are enrolled with a PHO, general practice at 3 mths of age

DHB	What are we going to do?	Measures
	Asian & MELAA newcomers • Work with the PHO Newborn Enrolment Coordinators to support access to Under 5 services and culturally responsive service provision.	
	Quarterly: Progress of activities and performance against health targets will be monitored and reported to the Asian & MELAA Health Governance Group.	

Former Refugee & Current Asylum Seeker Health

Why is this a priority?

Available evidence suggest that both former refugee and current asylum seekers including those from transgender, non-binary and gender diverse backgrounds face significant barriers to accessing primary care, mental health and addiction, pharmacy, oral health and maternity services. Key barriers to accessing health services (including maternity services), include varied levels of resettlement support, difficulty accessing language services, financial and transport stressors, lack of knowledge of the health system, cultural competence of the health workforce, discrimination and lack of awareness within health services of refugee and current asylum seeker unique needs and experiences. Financial constraints mean individuals are generally not able to access private services and depend on public or community-based services.[50]

Former refugee and/or current asylum seeker families have low access to and utilisation of primary health services in New Zealand and thus require equity of access to general practice.[51]

What are we trying to do?

Enable equitable access to mainstream primary care (affordable or no-cost options) for former refugee and current asylum seeker patients in general practice; monitor health service access and utilisation (and long-term outcomes); and support the national Quota Refugee Health Services Model implementation and monitoring.

To achieve this we will focus on:

Fund the PHOs to manage the delivery of the '*Improving Access to General Practice for Former Refugees and Current Asylum Seekers Agreements'* with their participating general practices in the metropolitan Auckland region, promote the Service among former refugee and/or current asylum seeker communities, improve cultural competency among primary care practices, promote the use of language support, and deliver professional development to the primary health workforce.

Who will we work with?

Primary Care team, DHBs, Metro Auckland PHO Refugee Services Operational Group, Metro Auckland Asian & MELAA Primary Care Service Improvement Group, PHOs, community health workers, New Zealand Red Cross, Mangere Refugee Resettlement Centre, Immigration New Zealand, Asylum Seeker Support Trust, asylum seeker lawyers/barristers, settlement agencies, Rainbow health services/partners, and ethnic partners/communities.

[50] Accessible online from https://www.racp.edu.au/docs/default-source/default-document-library/refugee-and-asylum-seeker-health-position-statement.pdf?sfvrsn=2

[51] Accessible online from https://www.ncbi.nlm.nih.gov/pubmed/28379739

DHB	What are we going to do?	Measures
Auckland/ Waitematā/ Counties Manukau	YR 1-YR 3 (Q1-Q4): Fund and manage the Improving Access to General Practice for Former Refugees and Current Asylum Seekers Agreements	Increase in number of former refugees enrolled with the Refugee Primary Care Services[52]
	YR 1-YR 3 (Q1-Q4): Strengthen pathways to PHO enrolment for former refugees: • Support the roll out of the Quota Refugee Health Services Model in primary care. • Promote pathways to primary care for Family Reunion Refugees (Refugee Quota Family Reunification Category and Refugee Family Support Category), and Convention Refugee or Protected Persons	
	YR 1-YR 3 (Q1-Q4): Coordinate bimonthly meetings with the Metro Auckland PHO Refugee Services Operational Group: • Minimum data sets to enable monitoring of service access and health outcomes.	
	YR 1-YR 3 (Q1-Q4): Raise awareness within former refugee and current asylum seeker communities of Service availability: • Work with our stakeholders, outreach services and community leaders to increase awareness, access to and uptake of the Services.	
Auckland/ Waitematā	YR 1-YR 3 (Q1-Q4): Q4: Lead and coordinate professional development to the primary health workforce: • Metro Auckland Refugee Health Network Executive Group • Metro Auckland Refugee Health Network (ARRHN) Forums • Cross Cultural Frontline Training.	
Auckland/ Waitematā / Counties Manukau	YR 1-YR 3 (Q1-Q4): Encourage and promote CALD training with the participating practices of this Service.	
	YR 1-YR 3 (Q1-Q4): Encourage and promote the use of interpreting services such as the DHBs' Primary Health Interpreting services in participating general practices of this Service.	
	Quarterly: Progress of activities and performance against health targets will be monitored and reported to the Asian & MELAA Health Governance Group; and Metro Auckland PHO Refugee Services Operational Group.	

[52] As at 1 March, 68 practices participating

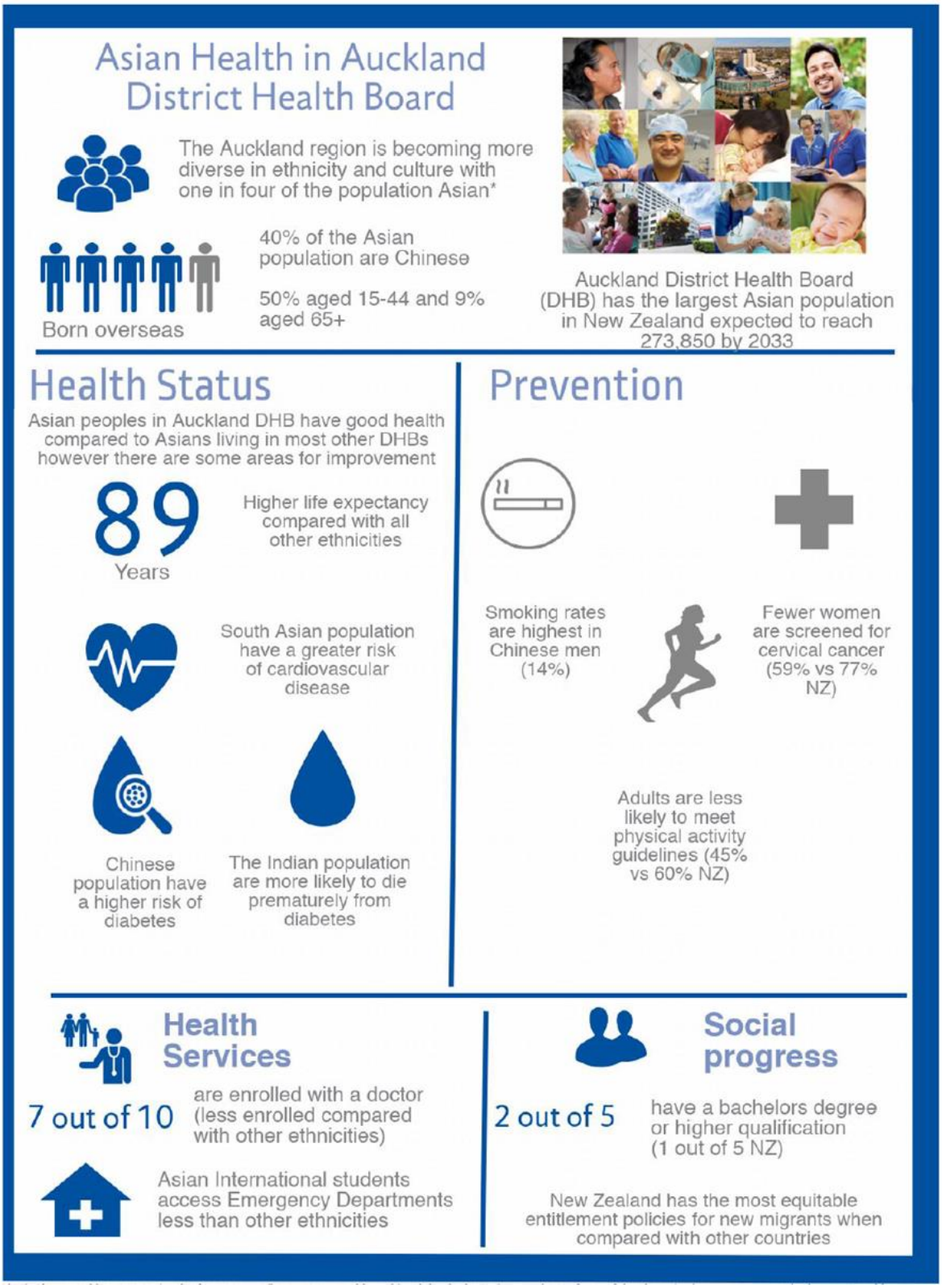
Glossary

ASH	Ambulatory sensitive hospitalisations
CALD	Culturally and linguistically diverse
CBD	Central business district
CHCC	Child Health Connection Centre
CPHAC	Community & Public Health Advisory Committee
CUR	Census Usually Residents population
CVD	Cardiovascular disease
CVDRA	Cardiovascular disease/cardiovascular disease risk assessment
DHB	District health board
dmft	Measure of children's oral health (Decayed/Missing/Filled/Teeth)
GP	General practitioner
HPV	Human papilloma virus
INZ	Immigration New Zealand
IUS	Intra uterine system
LARC	Long acting reversible contraceptions
MELAA	Middle Eastern, Latin American or African
MH&A	Mental health and addictions services
MoH	Ministry of Health
MSM	Men who have sex with men
NGO	Non-government organisation
PHIS	Primary health interpreting services
PHO	Primary health organisation
PMMH	Perinatal maternal mental health
PTE	Private training establishment
SLM	System level measure (national set of six health indicators)

Appendices

Appendix 1: Asian Health Benchmarking in Waitematā District Health Board, 2017

Appendix 2: Asian Health Benchmarking in Auckland District Health Board



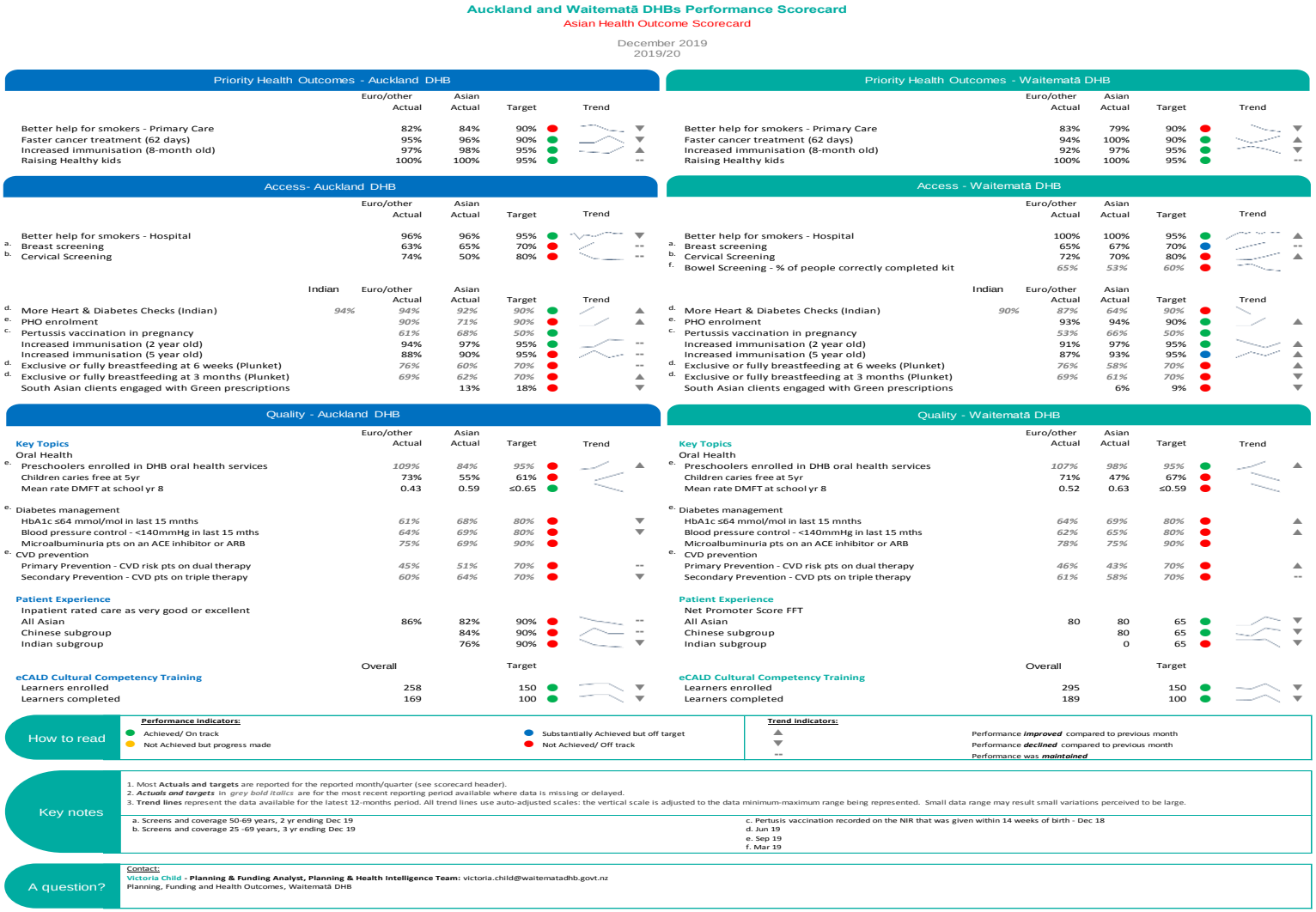
Appendix 3: Strategic Directions

- New Zealand Health Strategy: Future direction[53]
- New Zealand Migrant Settlement and Integration Strategy's - Outcome 5: Health and Wellbeing[54]
- New Zealand Refugee Resettlement Strategy - Health Outcome[55]
- New Zealand Community Engagement Framework[56]
- New Zealand International Student Wellbeing Strategy Outcomes Framework - Outcome 3: Health & Wellbeing[57]
- Plunket Asian Peoples Strategy
- All of Government (AoG) contracting
- Northern Region Health Plan
- Waitematā DHB Health Services Plan 2015-2025
- Waitematā DHB Primary and Community Care Plan
- Waitematā DHB Asian Mental Health & Addiction Governance Group's Asian Mental Health Work Stream Plans 2015-2020
- Auckland DHB Strategy
- Auckland Regional Public Health Service Strategic Plan 2017-2022
- Counties Manukau Health 2018/19-2019/20 Asian Health Outcome Priorities
- Counties Manukau Health 2018/19-2019/20 Asian Health Action Roadmap
- Auckland Metro Regional System Level Measures Improvement Plan.

Note, within the timeframe of this Plan, these Strategies/Plans below may be refreshed.

[53] Accessible online from https://www.health.govt.nz/system/files/documents/publications/new-zealand-health-strategy-futuredirection-2016-apr16.pdf
[54] Accessible online from https://www.immigration.govt.nz/about-us/what-we-do/our-strategies-and-projects/how-we-support-migrants
[55] Accessible online from https://www.immigration.govt.nz/about-us/what-we-do/our-strategies-and-projects/refugee-resettlement-strategy
[56] Accessible online from https://www.immigration.govt.nz/about-us/what-we-do/our-strategies-and-projects/refugee-resettlement-strategy/rqip
[57] Accessible online from https://www.education.govt.nz/our-work/overall-strategies-and-policies/international-student-wellbeing-strategy/

Appendix 4: Auckland and Waitematā DHBs Asian Performance Scorecard (Dec 2019)



Auckland and Waitematā DHBs Performance Scorecard

Asian Health Outcome Scorecard

December 2019
2019/20

Priority Health Outcomes - Auckland DHB

	Euro/other Actual	Asian Actual	Target	Trend
Better help for smokers - Primary Care	82%	84%	90%	▼
Faster cancer treatment (62 days)	95%	96%	90%	▼
Increased immunisation (8-month old)	97%	98%	95%	▲
Raising Healthy kids	100%	100%	95%	--

Priority Health Outcomes - Waitematā DHB

	Euro/other Actual	Asian Actual	Target	Trend
Better help for smokers - Primary Care	83%	79%	90%	▼
Faster cancer treatment (62 days)	94%	100%	90%	▲
Increased immunisation (8-month old)	92%	97%	95%	▼
Raising Healthy kids	100%	100%	95%	--

Access- Auckland DHB

	Euro/other Actual	Asian Actual	Target	Trend
Better help for smokers - Hospital	96%	96%	95%	▼
a. Breast screening	63%	65%	70%	--
b. Cervical Screening	74%	50%	80%	--

	Indian	Euro/other Actual	Asian Actual	Target	Trend
d. More Heart & Diabetes Checks (Indian)	*94%*	*94%*	*92%*	*90%*	▲
e. PHO enrolment		*90%*	*71%*	*90%*	▲
c. Pertussis vaccination in pregnancy		*61%*	*68%*	*50%*	
Increased immunisation (2 year old)		94%	97%	95%	--
Increased immunisation (5 year old)		88%	90%	95%	--
d. Exclusive or fully breastfeeding at 6 weeks (Plunket)		*76%*	*60%*	*70%*	--
d. Exclusive or fully breastfeeding at 3 months (Plunket)		*69%*	*62%*	*70%*	▲
South Asian clients engaged with Green prescriptions			13%	18%	▼

Access - Waitematā DHB

	Euro/other Actual	Asian Actual	Target	Trend
Better help for smokers - Hospital	100%	100%	95%	▲
a. Breast screening	65%	67%	70%	--
b. Cervical Screening	72%	70%	80%	▲
f. Bowel Screening - % of people correctly completed kit	*65%*	*53%*	*60%*	

	Indian	Euro/other Actual	Asian Actual	Target	Trend
d. More Heart & Diabetes Checks (Indian)	*90%*	*87%*	*64%*	*90%*	
e. PHO enrolment		93%	94%	90%	▲
c. Pertussis vaccination in pregnancy		*53%*	*66%*	*50%*	
Increased immunisation (2 year old)		91%	97%	95%	▲
Increased immunisation (5 year old)		87%	93%	95%	▲
d. Exclusive or fully breastfeeding at 6 weeks (Plunket)		*76%*	*58%*	*70%*	▲
d. Exclusive or fully breastfeeding at 3 months (Plunket)		*69%*	*61%*	*70%*	▼
South Asian clients engaged with Green prescriptions			6%	9%	▼

Quality - Auckland DHB

Key Topics	Euro/other Actual	Asian Actual	Target	Trend
Oral Health				
e. Preschoolers enrolled in DHB oral health services	*109%*	*84%*	*95%*	▲
Children caries free at 5yr	73%	55%	61%	
Mean rate DMFT at school yr 8	0.43	0.59	≤0.65	
e. Diabetes management				
HbA1c ≤64 mmol/mol in last 15 mnths	*61%*	*68%*	*80%*	▼
Blood pressure control - <140mmHg in last 15 mths	*64%*	*69%*	*80%*	▼
Microalbuminuria pts on an ACE inhibitor or ARB	*75%*	*69%*	*90%*	
e. CVD prevention				
Primary Prevention - CVD risk pts on dual therapy	*45%*	*51%*	*70%*	--
Secondary Prevention - CVD pts on triple therapy	*60%*	*64%*	*70%*	▼
Patient Experience				
Inpatient rated care as very good or excellent				
All Asian	86%	82%	90%	--
Chinese subgroup		84%	90%	--
Indian subgroup		76%	90%	▼

	Overall	Target	
eCALD Cultural Competency Training			
Learners enrolled	258	150	▼
Learners completed	169	100	▼

Quality - Waitematā DHB

Key Topics	Euro/other Actual	Asian Actual	Target	Trend
Oral Health				
e. Preschoolers enrolled in DHB oral health services	*107%*	*98%*	*95%*	▲
Children caries free at 5yr	71%	47%	67%	
Mean rate DMFT at school yr 8	0.52	0.63	≤0.59	
e. Diabetes management				
HbA1c ≤64 mmol/mol in last 15 mnths	*64%*	*69%*	*80%*	▲
Blood pressure control - <140mmHg in last 15 mths	*62%*	*65%*	*80%*	▲
Microalbuminuria pts on an ACE inhibitor or ARB	*78%*	*75%*	*90%*	
e. CVD prevention				
Primary Prevention - CVD risk pts on dual therapy	*46%*	*43%*	*70%*	▲
Secondary Prevention - CVD pts on triple therapy	*61%*	*58%*	*70%*	--
Patient Experience				
Net Promoter Score FFT				
All Asian	80	80	65	▼
Chinese subgroup		80	65	▼
Indian subgroup		0	65	▼

	Overall	Target	
eCALD Cultural Competency Training			
Learners enrolled	295	150	▼
Learners completed	189	100	▼

How to read

Performance indicators:
- Achieved/ On track
- Substantially Achieved but off target
- Not Achieved but progress made
- Not Achieved/ Off track

Trend indicators:
- ▲ Performance ***improved*** compared to previous month
- ▼ Performance ***declined*** compared to previous month
- -- Performance was ***maintained***

Key notes

1. Most **Actuals and targets** are reported for the reported month/quarter (see scorecard header).
2. ***Actuals and targets*** in *grey bold italics* are for the most recent reporting period available where data is missing or delayed.
3. **Trend lines** represent the data available for the latest 12-months period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. Small data range may result small variations perceived to be large.

a. Screens and coverage 50-69 years, 2 yr ending Dec 19
b. Screens and coverage 25 -69 years, 3 yr ending Dec 19
c. Pertusis vaccination recorded on the NIR that was given within 14 weeks of birth - Dec 18
d. Jun 19
e. Sep 19
f. Mar 19

A question?

Contact:
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Planning, Funding and Health Outcomes, Waitematā DHB

Appendix 5: Definitions of scorecard indicators/performance measures

Better help for smokers – Primary Care - % of PHO enrolled patients who smoke and are seen by a health practitioner in General Practice are offered brief advice and support to quit smoking. Quarterly report from MOH.

Faster Cancer treatment - % of patients referred urgently with a high suspicion of cancer whose first treatment (or other management) occurred within the last 6 months and the treatment was within 62 days of the referral being received by the hospital.
Quarterly report from NRA.

Immunisation (8-month old, 2, 5-year old) – % of children who turned the milestone age in the reporting quarter who have completed their age appropriate immunisations by the time they turn the milestone age. Quarterly report from MOH.

Raising Healthy kids - % of children who had a B4 School Check and were identified as obese (BMI>98th percentile) and were referred to a registered health professional and acknowledged within 30 days or were already under care or declined the referral. Quarterly report from MOH.

Better help for smokers – Hospital – % of hospitalised smokers provided with advice and help to quit. Reported monthly from internal reporting.

Breast screening - Breast screen Aotearoa coverage (%) 50-69 years, 2 years ending at current quarter. Quarterly report from NSU website.

Cervical screening - National Cervical Screening Programme coverage (%) 25 -69 years, 3 years ending at current quarter. Based on statistics NZ census population projection adjusted for prevalence of hysterectomies. Quarterly report from NSU website.

Bowel Screening - % 60-74 year olds, 2 years ending at reported quarter who return correctly completed kits.

More Heart and Diabetes Checks/Cardiovascular Disease (CVD) risk assessment - % of the eligible PHO enrolled population who have had their cardiovascular risk assessed in the last five years. Quarterly report from MOH.

CVD Primary Prevention: Percentage of enrolled patients with cardio-vascular risk ever recorded >20%, (aged 35 to 74 years, excluding those with a previous CVD event) who are on dual therapy (statin + BP Lowering agent).

CVD Secondary Prevention - Percentage of enrolled patients with known cardio-vascular disease who are on triple therapy (Statin + BP lowering agent + Antiplatelet/ Anticoagulant).

PHO enrolment – % of population (latest census based projections) who are enrolled with a PHO. Quarterly enrolment figures from MOH and latest census population projections.

Pertussis vaccination in pregnancy - % of pregnant women receiving pertussis vaccination in pregnancy. Pertussis vaccination recorded on the NIR that was given within 14 weeks of birth. Reported quarterly from NIR and NMDS records.

HPV vaccination - Percentage of eligible girls fully immunised with HPV vaccine. Final dose: The dose that completes HPV immunisation. For people aged under 15 years of age, two HPV vaccine doses are required to complete immunisation provided that the second dose is given more than 21 weeks after the first dose. For those aged 15 years and older, or those in whom the second dose was given less than 21 weeks after the first dose, three HPV vaccine doses are required to completeimmunisation.* Estimated HPV eligible population includes 12yrs female, male and total (includes female,male and indeterminate) on each tab and is based on the selected denominator. 2018/19, the national target is 75% of girls born in 2005 are fully immunised for HPV.

Flu vaccination – Percentage of individuals within the age band 65+yrs at the date of the report run date who have completed their annual influenza immunisation using Census estimated population projection denominator for the given vaccination year. MOH annual report.

Respiratory infection hospitalisation rate – Rate per 100 000 population of male and female 65+ year olds hospitalised for respiratory infections . Conditions include acute upper respiratory infections, influenza and pneumonia, and other acute lower respiratory infections.

Breastfeeding at 6 weeks, 3 months – % of newborn babies who are exclusively or fully breastfed at 6 weeks or 3 months as determined at WCTO contact. Quarterly data from Plunket report.

Clients engaged with Green prescriptions – Number of adults engaged in Green prescriptions. Data provided by Harbour Sport for WDHB, Sport Auckland for ADHB. South Asian data only available currently.

Oral Health

Pre-schoolers enrolled in DHB oral health services – % of 0-4 year olds enrolled with ARDS (Auckland regional dental service). Reported quarterly from ARDS enrolment data and Census population projections. High enrolment figures for the “other” ethnicity group is due to the mismatch of the census population projection and ARDS database ethnicity categorisations and the nature of projections based on census data from 2013.

Children caries free at 5 yr – % of children examined that are caries free at five years of age. Reported quarterly from ARDS data. Asian subgroup information not regularly available, masking trends in these subgroups..

Mean rate DMFT at school year 8 – Ratio of mean decayed, missing, filled teeth (DMFT) of children examined at year 8. Reported quarterly from ARDS data. Asian subgroup information not regularly available, masking trends in these subgroups.

Diabetes Glycaemic control: Percentage of eligible population with HbA1c ≤ 64mmol/mol recorded in the last 15 months (based on PHO enrolled numerator and denominator).

Diabetes Blood pressure control: Percentage of enrolled patients with diabetes (aged 15 to 74 years) whose latest systolic blood pressure recorded in the last 15 months is <140mmHg.

Diabetes Management of Microalbuminuria: Percentage of enrolled patients with diabetes (aged 15 to 74 years) who have microalbuminuria in the last 18 months and are on an ACE inhibitor or Angiotensin Receptor Blocker.

Inpatient rated care ADHB KPI = Patient Experience survey results ADHB - quarterly results for the % of patients who rate their overall stay in hospital as excellent or very good. Quarterly results calculated from monthly internal reports.

WDHB Net promoter score – The friends and family test is a patient feedback survey that produces the Net Promoter Score. The proportion of responses that are promoters and the proportion that are detractors are calculated and the proportion of detractors is then subtracted from the proportion of promoters to provide an overall 'net promoter' score. Those that say they are 'extremely likely' are counted as promoters. 'Likely' is neutral, 'neither unlikely nor likely', 'unlikely' and 'extremely unlikely' are all counted as detractors. Quarterly results from monthly internal reporting.

eCALD cultural competency training - Number of learners enrolled and learners that have completed eCALD cultural competency training in the previous quarter (online course participants are given 6 weeks to complete the course).
Quarterly report provided by Sue Lim (WDHB).

Deaths coded as suicides - Annual data from the National Mortality Collection 2016. Numbers may differ from preliminary Coroner reports

Traffic light criteria as per the Hospital Advisory Committee (HAC) report methodology:

Variance from target		Interpretation	Traffic light
On target or better		Achieved	
95-99.9%	0.1% - 5% away from target	Substantially Achieved	
90-94.9%*	5.1% - 10% away from target AND improvement from last month NB. The trend indicator in this case should always be ▲	Not achieved, but progress made	
<94.9%	5.1% - 10% away from target, AND no improvement, OR >10% away from target	Not Achieved	

Appendix 6: Ethnic groups with 10 or more Syphilis cases (2017-2020), as at 28 February, 2020

Ethnicity	2017	2018	2019	2020*	Total	Rank
New Zealand European	97	112	98	15	322	1
Maori	65	59	52	9	185	2
Indian	24	27	25	5	81	3
Latin American	13	22	16	3	54	4
Other European	26	22	25	4	77	5
Southeast Asian	10	14	19	1	44	6
Other Asian	7	12	8	2	29	7
Samoan	13	12	17	4	46	8
Cook Island Maori	2	10	7	1	20	9
Fijian	8	9	13	4	34	10
Chinese	8	8	16	2	34	11
European NFD	1	6	3	2	12	12
Middle Eastern	2	5	6	0	13	13
Tongan	1	4	8	2	15	14
African	4	3	4	1	12	15
Niuean	1	3	5	1	10	16

* *year in progress*

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

Waitematā District Health Board
Best Care for Everyone