

Asian, Migrant & Refugee Health Plan 2017-2019

Waitemata and Auckland District Health Boards



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Foreword

Auckland's population is growing and changing incredibly rapidly. We have more than 180 different ethnicities living in the city, and 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 from China, India, Korea and more recently the Philippines. In 1991, 5.5% of Auckland's population identified themselves as Asian. By 2001 this had risen to 14% and in 2017 it had reached 26%.¹

The overall health outcomes achieved by our Asian populations are very good. The *International Benchmarking of Asian Health Outcomes for Waitemata and Auckland DHBs report* (2017)² highlights that the two District Health Boards (DHB) are national and international leaders in Asian health, with Asian peoples experiencing excellent health outcomes and health status compared to the rest of the population and when benchmarked internationally. Our Asian peoples enjoy very high life expectancy at birth, lower rates of infant mortality and lower mortality from cardiovascular disease (CVD), diabetes and cancer when compared to other population groups.

Importantly, migrants are less likely to experience barriers to social integration in New Zealand. Our Asian population score very highly in terms of personal rights, personal freedom and choice, tolerance and inclusion. The Asian population in both DHBs have attained high levels of educational achievement with the proportion of the population having a bachelor degree/level 7 qualification or above, higher than the New Zealand average.

Our challenge is to maintain these outstanding results and to address those areas where issues are emerging particularly for some 'high-risk' Asian sub groups. While many Asian migrants enjoy good health, we need to be mindful that the 'healthy migrant effect' will diminish over time and the rapidly growing population will create unique challenges for maximising health outcomes into the future.

For 2017-2019, we will progress specific areas of focus outlined in the recommendations of the Benchmarking Report that will help us maintain world class health status for our Asian population. These include the future burden of lifestyle-associated risk factors such as smoking and obesity, youth mental health, preschool oral health, and the ability of the Asian and migrant populations to get timely information on the health and disability system, and access and utilise culturally appropriate health services in a timely manner. Refugee and asylum seeker background health will continue to be a focus to ensure equity of access to healthcare. Waitemata and Auckland DHBs cannot achieve this without the support and advice of our Asian and migrant communities and regional Asian and Middle Eastern, Latin American and African (MELAA) health leaders. This plan includes a commitment to enhance our regional collaboration in Asian, migrant and refugee health gain planning, reporting and monitoring to make best possible use of our collective knowledge and resources.

¹ Accessible online from http://www.stats.govt.nz/tools_and_services/nzdotstat/tables-by-subject/population-projections-tables.aspx

² Accessible online from <http://www.waitematadhb.govt.nz/dhb-planning/health-needs-assessments/international-benchmarking-of-asian-health-outcomes-for-waitemata-and-auckland-dhbs/>

Introduction

'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.

Our Partners

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

The Asian, migrant and refugee health gain team are actively working with Counties Manukau Health and other regional Asian health leaders to learn and share best practice and collaborate where we can to achieve health gain collectively. This includes coordinating and leading governance platforms such as the Asian & MELAA Health Governance Group (Waitemata and Auckland DHBs); Metro Auckland Asian & MELAA Primary Care Working Group; and collegial contribution to the Northern Region Health Plan. We also lead and coordinate other key professional groups such as the Metro Auckland Refugee Health Network Executive Group; Metro Auckland PHO Refugee Services Operational Group; and Multi-Ethnic Health Network.

The Asian Health Service (Waitemata DHB) continues to be an important local partner to support the health of Asian patients and their families within the Waitemata district provider arm services.

A significant national service is the eCALD³ (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.

The metropolitan Auckland DHBs each respectively have their own interpreting service and provide essential language support to CALD patients who use DHB funded health services and primary health services.

Te Tiriti o Waitangi

Waitemata 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 Waitemata 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 and MELAA communities as they contribute to cultural safety and in particular, their contribution to positive health outcomes and experience of care.

³ Accessible online from <http://www.ecald.com/>

National Context

This Plan aligns to the following key national strategies that are important linkages to our Asian, new migrant, former refugee and student health aspirations:

The New Zealand Health Strategy

Value and High Performance - striving for **equitable health outcomes** for our populations

People Powered - enabling our populations to **make choices** about their care or support they receive

Closer to Home - providing **care closer** to where our populations live and study

Smart System - having **data** that improves **evidence informed decisions** and management reporting.

The *Migrant and Integration Strategy*⁴ identifies five measureable settlement and integration outcomes to focus on, with particular alignment to outcome 5: 'Health and Wellbeing'.

Success indicator: **Increased proportion of recent migrants enrolled with primary health organisations.**

The *Refugee Resettlement Strategy*⁵ focuses on refugees' goals for settling here. The strategy has five goals, with particular alignment to goal 3 'Health and Wellbeing'. Success indicators: **Refugees' utilisation of general practitioner services; Refugees' access to mental health services; and Proportion of refugee children receiving age-appropriate immunisations.**

The *New Zealand International Student Wellbeing Strategy*.⁶ sets out focus areas for government agencies that work to support international students. The strategy has four outcome areas with outcome 3: 'Health and Wellbeing' significant to alignment of efforts in this Asian & MELAA Health Plan. Success indicator: **International students are aware of and can access effective healthcare that is culturally appropriate.**

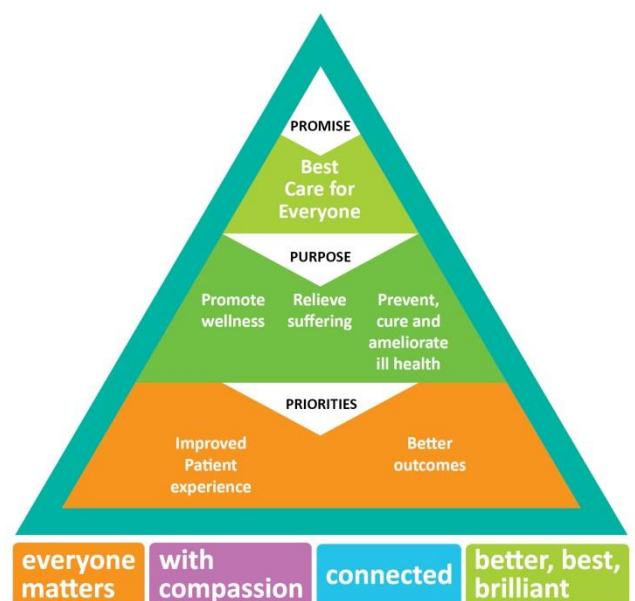
Our Decision Making Kaupapa

Waitemata 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:



⁴ Accessible online from <https://www.immigration.govt.nz>

⁵ Accessible online from <https://www.immigration.govt.nz>

⁶ Accessible online from <http://www.education.govt.nz/ministry-of-education/overall-strategies-and-policies/wellbeing-strategy/>

- 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**. These provide an overarching framework for the way our services will be planned, developed and delivered.

Waitemata DHB Strategic Themes



Community, family/whānau and patient-centred model of care

Patients, whānau and our community are at the centre of our health system. The quality of patient and whānau experience and their outcomes should be the starting point for the way we think, act and invest. Our focus is on empowering people to achieve the health outcomes they want.



Emphasis and investment on treatment and keeping people healthy

We are investing in our people, services and facilities across the spectrum of care, with increasing focus on preventing ill health. Lifestyle and preventative programmes and primary and community-based services will increase wellness and reduce the need for hospital admission. We will direct resources at high needs communities.



Service integration and/or consolidation

We need to **work collaboratively** to ensure that services are delivered by the best provider in the right place. We will focus on **what we do best** deliver higher standards of care through dedicated centres of excellence, and more local health care



Intelligence and insight

The dynamic use of data, information and technology will improve clinical decision making and develop our health insights. Data will be used to support quality improvement, population health management and innovation. Patients will have greater access to information via new technologies



Consistent evidence-informed decision making practice

Delivering safe and high quality care is an integral part of our culture. Evidence from research, clinical expertise, patients and whānau, and other resources will drive our decisions



Outward focus and flexible service orientation

We put patients first and strive for fundamental standards of care. We must have an openness to change, improve and learn and be outward focused and flexible. Strong clinical leadership is embedded at all levels of the organisation. We are an advocate for the health of our population.



Emphasis on operational and financial sustainability

Operational and financial sustainability is critical to our ability to deliver on our organisational promise and purpose. We need a longer-term view. To achieve more with the funding we have we will work with others to develop the best service configuration and optimise models of care for efficiency and the best health outcomes. Our workforce must have the highest standard of expertise.

Auckland DHB strategic direction

Our **vision** is *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 **strategic themes** outlined below provide an overarching framework for the way our services will be planned, delivered, and developed to deliver our vision. Our **values** shape our behaviour and describe the internal culture that we strive for.

Our Vision

Healthy communities | World-class healthcare | Achieved together *Kia kotahi te oranga mo te iti me te rahi o te hāpori*

Our Strategic Themes



Community, family/whānau and patient-centric model of healthcare



Emphasis and investment on treatment and keeping people healthy



Service integration and/or consolidation



Intelligence and insight



Consistent evidence informed decision making practice



Outward focus and flexible service orientation



Emphasis on operational and financial sustainability

Our Values

Welcome | *Haere Mai*

We see you, we welcome you as a person

Respect | *Manaaki*

We respect, nurture and care for each other

Together | *Tūhono*

We are a high performing team – colleagues, patients, families.

Aim High | *Angamua*

We aspire to excellence and the safest care

Auckland DHB Strategic Themes



Community, whānau and patient-centric model of care

Our job is to support people to live well and stay well, making sure that people are well informed about health and able to determine the health outcomes they want. What matters to communities, patients and whānau should guide how the DHB thinks, acts and invests.



Emphasis and investment on treatment and keeping people healthy

We deliver 'world-class healthcare' but also work to prevent ill health. We support people to stay healthy and independent as they age. Our resources are directed to the areas and communities of high need.



Service integration and/or consolidation

Services need to be conveniently located and easy to access. By collaborating around the needs of the patient, we can deliver the right services in the right place and by the best person. The DHB can create a seamless experience of care as people move between services.



Intelligence and insight

The dynamic use of data, information and technology will improve clinical decision making and develop health insights. Data will be used to support quality improvement, population health management and innovation. Patients will have greater access to information via new technologies.



Consistent evidence-informed decision making practice

We aspire to have our practices and decisions based on the best available evidence. Our academic partnerships allow access to world-class training, research and evidence help us to deliver safe, effective, world-class care. Co-design work provides vital information about health.



Outward focus and flexible, service orientation

A focus on long-term population health outcomes is required to reduce inequalities. We need to work efficiently with other agencies to achieve this. We have a statutory accountability for the health of Aucklanders and will speak out on important issues.



Emphasis on operational and financial sustainability

We will shift the focus of planning from the volume of work to the value of work, from outputs to outcomes. Our savings strategy ensures we keep searching for value and efficiency and look for opportunities to increase revenue. We are working to reduce clinical and financial risk through collaborative cost-effective services between the four regional DHBs.

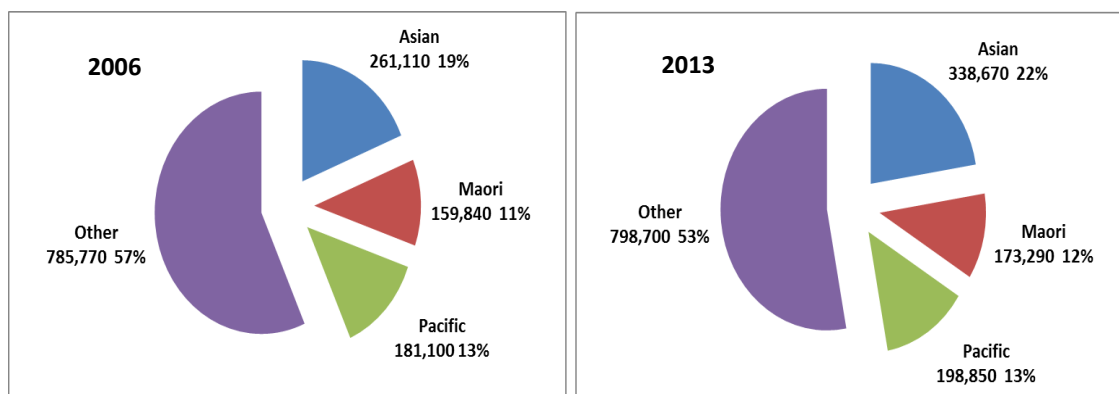
The People We Serve

Auckland Region

Asian populations

Across New Zealand our diverse Asian and migrant communities are growing faster than any other population group. 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 from China, India, Korea and more recently the Philippines.

While there was an increase in the proportion of Asians living in every region, the biggest growth occurred in the Auckland region. In 2006, 1 in 5 people (19 percent) living in the Auckland region identified with one or more Asian ethnic groups. By 2013 it was almost 1 in 4 people (23 percent) and by 2036 it is forecast to be about 1 in 3 people (34 percent). Socio-demographic and health status information tells us that life in New Zealand is changing for these communities.



Source: Population Statistics, Statistics New Zealand, January 2015

Figure 1: Estimated population by prioritised ethnicity, Auckland Region (Auckland metropolitan DHBs), 2006 and 2013

We know that New Zealand and Auckland are the destination of choice for many new migrants both permanent and temporary. In 2016, the top five source countries for work were from non-Asian countries such as United Kingdom, Germany, Australia, South Africa and the United States of America. The top three Asian source countries for work were India (21%), China (19%) and the Philippines (9%).⁷ Over 50 percent of Skilled Migrant Visa Holders settled in the Auckland region.⁸

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.⁹

⁷ Accessible online from <http://www.mbie.govt.nz/publications-research/research/migrants---monitoring/migration-trends-and-outlook-2015-16.pdf>

⁸ Accessible online from <https://www.enz.org/migrants.html>

⁹ Suneela Mehta, *Health Needs Assessment of Asian people living in the Auckland Region* (Auckland: Northern DHB Support Agency, 2012).

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 asylum seekers

Conversely, although some Asian ethnic groups may have arrived on these shores as a new migrant by 'choice', refugees and asylum seekers (and their families) have come to New Zealand asking for refuge and protection.¹⁰ Quota refugees¹¹ who resettle in the metropolitan Auckland DHBs in the last 10 ten years have come from Asian, Middle Eastern and African countries with an increasing number who are Myanmar (Rakhine, Chin, Kachin, Burmese, Karen, Mon, Karenni, Shan) who have/are resettling in the Auckland region.

Immigration New Zealand are receiving an increasing number of asylum seeker¹² claims for refugee and protection status from Asian and Middle Eastern countries. Top five countries are, 1. China, 2. Turkey, 3. India, 4. Sri Lanka, and 5. Iraq (Figure 1).¹³ The majority of asylum seekers who are processing claims are living in the Auckland region.¹⁴

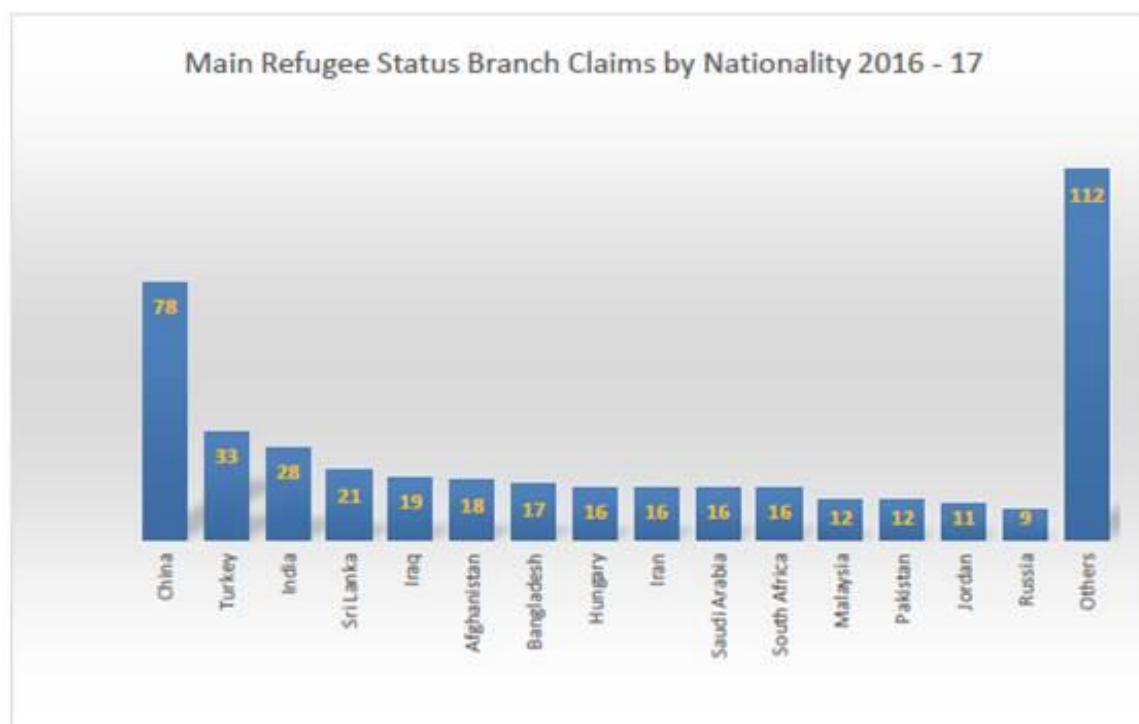


Figure 1: Main Refugee Status Branch Claims by Nationality, 2016-17

Source: Immigration New Zealand, 2017

¹⁰ Lifeng Zhou and Samantha Bennett, *International Benchmarking of Asian Health Outcomes for Waitemata DHB and Auckland DHB*. (Auckland: Waitemata District Health Board, 2017).

¹¹ A person who has entered New Zealand under the United Nations High Commissioner for Refugees mandated quota system.

¹² An asylum-seeker is someone whose request for sanctuary has yet to be processed.

¹³ Accessible online from

<https://www.immigration.govt.nz/documents/statistics/rsbrefugeeandprotectionstatpak.pdf>

¹⁴ Ministry of Business Innovation and Employment Asylum Forum 2017

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 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.

International students

Our International student numbers continue to increase with over 125,000 international students now choose New Zealand to study at our schools and tertiary education organisations. In 2016, over 63 percent were studying in the Auckland region with the vast concentration living in the Auckland district close to city based institutes.¹⁵ A key outcome indicator within the International Student Wellbeing Strategy aims to ensure that International students are aware of and can access effective and culturally appropriate healthcare.¹⁶ Areas of concern for students include timely access to health services; mental health and wellbeing; and sexual and reproductive health.¹⁷

Middle Eastern, Latin American and African populations

According to Census 2013 (Census Usually Residents population, CUR) in the Auckland region, the MELAA populations made up 1.7 percent of the Auckland region total.¹⁸ This population increased by 34 percent from Census 2006 to Census 2013 (acknowledging the growth percentage was based on the relatively small size of the population). The Middle Eastern population made up half of the MELAA group in the Auckland region and the African and Latin American groups made up about a quarter each.

Table 1: MELAA Population by Ethnic Group, Auckland Region, Census 2013 (total response ethnicity, CUR)

MELAA Ethnic Group	Total	%
Middle Eastern	12,888	52.0%
African	6,321	25.0%
Latin American	5,835	23.0%
Total L2 MELAA Responses	24,996	100.0%

20.6 percent of the MELAA population in the Auckland region were born in New Zealand. The younger age brackets had a much higher proportion born in New Zealand. 39.7 percent were under the age of 25 years; 4.0 percent were aged 65+. The top three languages spoken other than English were Arabic, Spanish, and Persian. 8.3 percent of the MELAA population spoke

¹⁵ Ministry of Business Innovation and Employment: Auckland's Migration Statistics and Trends, 2016.

¹⁶ Accessible online from <https://education.govt.nz/assets/Documents/Ministry/Strategies-and-policies/internationalStudentWellbeingStrategyJune2017.pdf>

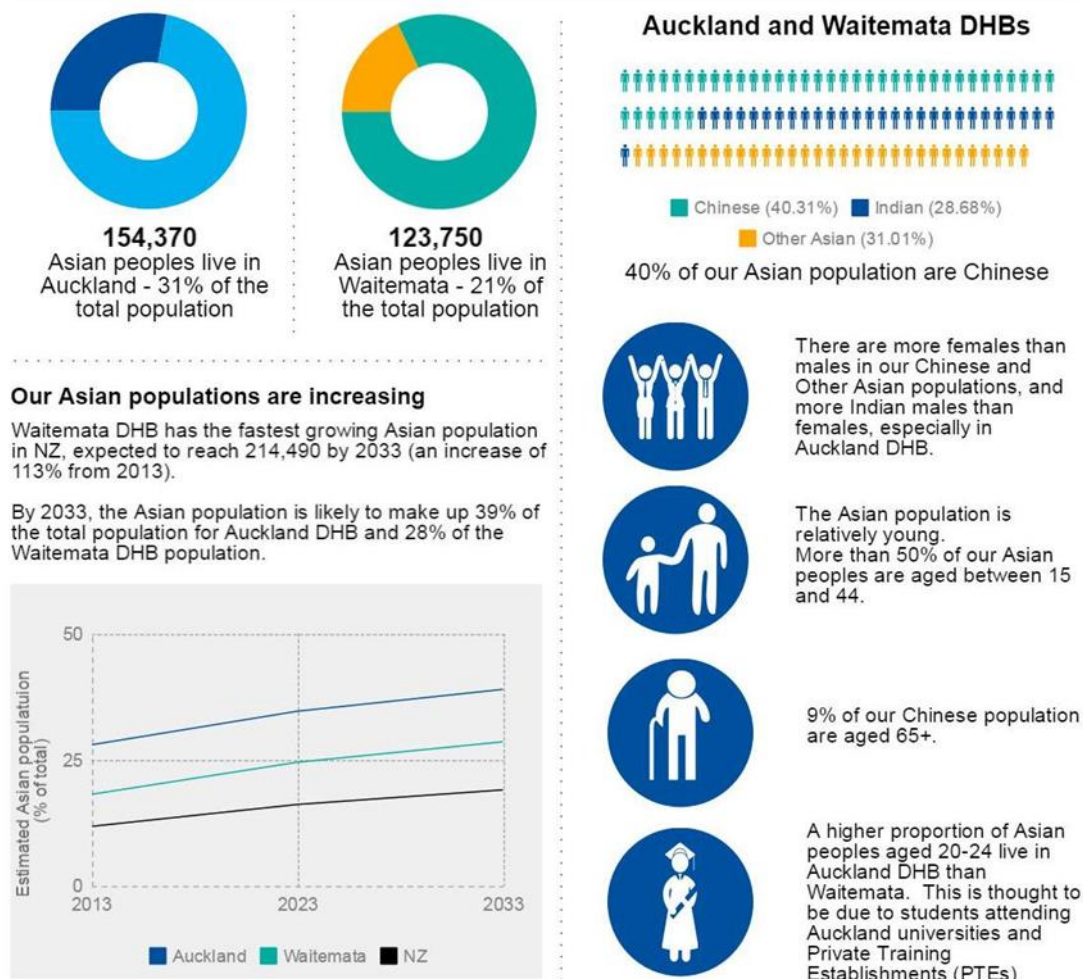
¹⁷ Student consultations as part of Auckland Agency Group

¹⁸ Walker R. Auckland Region DHBs Asian & MELAA: 2013 Census Demographic and Health Profile. Auckland: Northern Regional Alliance (NRA), 2014

no English. This group is one of the fastest growing population groups and has unique health needs not entirely met by mainstream health services.¹⁹

Auckland and Waitemata DHBs

Asian populations



Overall, the findings of the *International Benchmarking of Asian Health Outcomes for Waitemata and Auckland DHBs report* (2017) highlight that the two DHBs are national and international leaders in Asian health with Asian peoples experiencing excellent health outcomes and health status compared to the rest of the population and when benchmarked internationally. This includes high life expectancy at birth, lower rates of infant mortality, lowest rate of years of life lost from CVD and lowest rate of YLLs from cancer.²⁰ The impact from diabetes for both DHBs was also low when considered internationally. These results are consistent with the well-established phenomenon of the 'healthy migrant effect'.²¹

The report also identifies that migrants in New Zealand experience the most equitable entitlement (Migrant Integration Policy Index report 2014) when compared to the

¹⁹ Suneela Mehta, *Health Needs Assessment of Asian people living in the Auckland Region* (Auckland: Northern DHB Support Agency, 2012).

²⁰ 'Cancer' to refer to all neoplasms that may be benign (not cancer), or malignant (cancer)

²¹ Lifeng Zhou and Samantha Bennett, *Asian Benchmarking Technical Report for Waitemata DHB and Auckland DHB*. (Auckland: Waitemata District Health Board, 2017).

comparator countries.²² Asian peoples in both DHBs are highly educated with the proportion of the population having a bachelor degree/level 7 qualification or above higher than the New Zealand average (Appendix 1 & Appendix 2).

If we are 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'. We know that socioeconomic status, language, and awareness and familiarity with the New Zealand health system can affect access to health services when they are needed. At the forefront of our efforts to support newcomers - both temporary and permanent to our districts is to increase awareness of the New Zealand health & disability system, and role and benefits of a regular family doctor (GP) and pathways to primary care.

Other disparities highlighted in the report include a greater risk of CVD for our South Asian population, higher Chinese risk of diabetes, youth mental health and childhood obesity.

Middle Eastern, Latin American and African populations

The MELAA populations are one of the fastest growing population groups in Auckland. 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, Waitemata DHB, Census 2013 (total response ethnicity, CUR)

MELAA Ethnic Group	Total	%
Middle Eastern	4,551	51.0%
African	2,181	25.0%
Latin American	2,142	24.0%
Total L2 MELAA Responses	8,862	100.0%



Table 3: MELAA Population by Ethnic Group, Auckland DHB, Census 2013 (total response ethnicity, CUR)

MELAA Ethnic Group	Total	%
Middle Eastern	4,203	43.0%
African	2,802	29.0%
Latin American	2,721	28.0%
Total L2 MELAA Responses	9,705	100.0%

²² These are: Australia, being a neighbouring country of New Zealand and with a high immigrant population; Canada, the UK and Singapore who all have high immigrant populations and China, Korea and India where the highest volumes of Asian immigrants originate from.

Key Achievements

In 2016/17 the high level findings of the *International Benchmarking of Asian Health Outcomes for Waitemata and Auckland DHBs report (2017)* were:

 Health Outcomes	
Life expectancy	<ul style="list-style-type: none"> Both DHBs experience a higher life expectancy at birth (90 years, Waitemata; 89 years, Auckland; 92.9 years for Chinese in Waitemata) when compared to the comparator countries and to the Asian population of New Zealand.
Cardiovascular diseases	<ul style="list-style-type: none"> Both DHBs had the lowest rate of years of life lost (per 100, 000 population) from cardiovascular disease (Waitemata women 897, men 1,147; Auckland women 894, men 1,617).
Cancer	<ul style="list-style-type: none"> Both DHBs had among the lowest rates of years of life lost from cancer (Waitemata women 1,330, men 2,265; Auckland women 1,633, men 2,020).
Mental health	<ul style="list-style-type: none"> Both DHBs had lower overall years of life lost from Alzheimer's disease and other dementias than the total population of New Zealand (Waitemata women 118 per 100,000, men 129 per 100,000; Auckland 103 per 100,000, for both women and men).
Diabetes	<ul style="list-style-type: none"> Both DHBs had among the lowest rates of years of life lost from diabetes (Waitemata women 154, men 204; Auckland women 174, men 212).
Infant health	<ul style="list-style-type: none"> Both DHBs had a combined infant mortality rate which was amongst the lowest (2.2 per 1,000 live births).
 Risk Factors & Prevention	
Tobacco smoking	<ul style="list-style-type: none"> Both DHBs had slightly lower smoking prevalence among the Asian population (9.9%, Waitemata; 8.8%, Auckland) than the New Zealand average (19%) (New Zealand Healthy survey)
Obesity	<ul style="list-style-type: none"> The rates of obesity in both DHBs (14.1%, Waitemata; 11.6%, Auckland) are lower than New Zealand as a whole.
Physical activity	<ul style="list-style-type: none"> Both DHBs had a lower prevalence for adults meeting the New Zealand guidelines for physical activity (30.5%, Waitemata; 45.2%, Auckland) than the New Zealand average (54.0%) Both DHBs had the lowest prevalence of sufficient physical activity when compared to the comparator countries.
Health service use	<p>Immunisation</p> <ul style="list-style-type: none"> Both 8-month and 2 year old immunisation rates are above the 95% coverage target. Rates are similar to the best performing comparator country (China). <p>Cancer screening</p> <ul style="list-style-type: none"> Asian breast screening rate was lower in Waitemata (66.3%) than the New Zealand average (71.4%) and lower when compared to the comparator countries.

Te Rōpu Whānui o Waitematā me Auckland

- Developed and launched the *International Benchmarking of Asian Health Outcomes for Waitemata and Auckland DHBs report* (2017); and Asian Health Benchmarking Technical Report for Waitemata and Auckland DHBs (2017).
- Increased awareness of the New Zealand health & disability system to Asian, students and former refugee subgroups by developing and delivering a suite of multilingual interventions, such as podcast videos (English, Mandarin, Hindi); Healthcare – where should I go? campaigns; health literate materials; Your Local Doctor websites (English, Simplified Chinese, Korean); and health & wellbeing seminars (21).
- Enhancing Asian health leader regional relationships and collaboration. This included regional advice and support for the new Counties Manukau Health Asian Health Gain Advisor recruitment and streamlining regional Asian efforts; and collegial contribution to the Northern Region Health Plan 2017/18.
- Completed an evaluation of implementation fidelity of the metropolitan Auckland Refugee Primary Care Wrap Around Service Agreements 2013-2017.
- Delivered regional professional development on refugee health to the primary health workforce, such as regional refugee health forums (3) and cross-cultural training to frontline staff (2).

Performance Expectations for 2017-2019

To identify key health inequities as a focus for health planning, we require a comparator population group that shows the **true story of inequities**, i.e. what is the gap in health outcomes and scale of health gain we plan for? Waitemata 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.

Health Priority Area	Indicators ²³	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 2017-2019 Results
Mātua, Pēpi me Tamariki								
Child Health	Percentage of babies exclusively or fully breastfed at 3 months.	61%	64%	63%	61%	64%	60%	60%
Immunisation	Percentage of eligible girls fully immunised with HPV vaccine.	81%	84%	73%	60%	54%	63%	75%
Oral Health	Percentage of children aged birth – 4 years enrolled in DHB-funded Community Oral Health Services. ²⁴	83%	92%	80%	91%	100%	81%	95%
	Percentage of children aged 5 years who are caries free – Asian Ethnicity. ²⁴	60%	80% (European) 45% (MELAA) 58% (African) 54% (Latin American) 35% (Mid-Eastern)	60% (Asian Overall) 60% (Chinese) 63% (Indian) 55% (SE Asian) 60% (Other Asian)	66%	79% (European) 63% (MELAA) 81% (African) 67% (Latin American) 44% (Mid-Eastern)	56% (Asian Overall) 52% (Chinese) 69% (Indian) 51% (SE Asian) 55% (Other Asian)	60%
	Average number of dmft at age of 5 years – L1 and L2 Asian and MELAA Ethnicity. ²⁴	0.72	0.58 (European) 2.45 (MELAA Overall) 1.25 (African) 2.15 (Latin American) 3.31 (Mid-	2.00 (Asian Overall) 2.07 (Chinese) 1.74 (Indian) 2.51 (Southeast Asian) 2.05 (Other	0.68	0.63 (European) 1.64 (MELAA Overall) 1.11 (African) 1.10 (Latin American) 2.37 (Mid-	2.10 (Asian Overall) 2.24 (Chinese) 1.52 (Indian) 2.57 (Southeast Asian) 2.13 (Other	-

²³ Data is Q4 2016/17 unless otherwise stated.

²⁴ 5 Year Olds between 01-Jan-2016 and 31-Dec-2016.

Health Priority Area	Indicators ²³	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 2017-2019 Results
			Eastern)	Asian) 1.25		Eastern)	Asian)	
Rangatahi								
Youth Health	Percentage of pregnant women aged 15–24 years are screened for chlamydia during pregnancy.	44.7%	40.9%	22.6%	31.6%	27.7%	23.5%	80%
	Baseline self-harm hospitalisations (10-24 years) (Rate per 100,000 population).	425	838	114	534	768	112	-
Mātua me Whānau								
Cardiovascular Disease	Percentage of eligible population who have had their cardiovascular risk assessed in the last five years.	92%	92%	91% (Asian) 91% (Indian)	92%	92%	- (Asian) 90% (Indian)	90% ²⁵
	Percentage of patients who are eligible for primary CVD risk prevention on dual therapy (prescribed).	47.3%	41.9%	48.2% (Other Asian) 51.2% (Indian)	45.7%	43.9%	41.6% (Other Asian) 46.3% (Indian)	70% ²⁶
	Percentage of patients with prior CVD who are prescribed triple therapy (prescribed).	55.4%	52.7%	56.5% (Other Asian) 67.8% (Indian)	54.6%	54.2%	50% (Other Asian) 70.5% (Indian)	70% ²⁶
Diabetes	Percentage of eligible population with HbA1c ≤ 64mmol/mol recorded in the last 12-15 months (based on PHO enrolled numerator and denominator).	62%	66.2%	73.1% (Other Asian) 64.7% (Indian)	64.1%	67.6%	69.8% (Other Asian) 66.1% (Indian)	80%
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).	69%	79%	56%	74%	79%	69%	80%
Smoking Cessation	Percentage of PHO enrolled patients who smoke have been	<i>The baseline and target is in development as part of a regional collaboration.</i>						90%

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.

²⁶ NRA CVD Medicine Adherence Report, September 2017.

Health Priority Area	Indicators ²³	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 2017-2019 Results
	offered help to quit smoking by a health care practitioner in the last 15 months.							
	Percentage of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking.	94.7	-	-	98.4	-	-	95%
Immunisation	Percentage of people aged over 65 years receive free flu vaccinations.	51%	51%	51%	46%	46%	47%	75%
	Hospitalisation rates for respiratory illness over 65 years (Rate per 100,000).	3,704	3,243	2,413	4,001	3948	1942	-
Self harm and suicide	Decrease in Asian deaths coded as suicides (Ministry of Health) and provisional suicides (Ministry of Justice), by age. ²⁷	44	33	3	49	36	4	0
	Self-harm hospitalisations 65 years and over by ethnicity (Rate per 100,000 population).	90	91	92 9 cases	38 2 cases	43	24	-
Rōhe o Waitematā me Auckland								
Access To Care	Percentage of the population enrolled in a PHO.	84%	91%	69%	92%	95%	85%	95%
Patient Experience	Percentage English proficient Asians and MELAA ²⁸ rating overall care as 'Very Good' or 'Excellent' in the ADHB Inpatient and Outpatient surveys.	Inpatient 84.6% Outpatient 88.5%	Inpatient 86% (European /Other) 82% (MELAA Overall) 80% (African) 82.8% (Latin American) 83.9%	Inpatient 77% (Asian) 79% (Chinese) 75% (Indian) Outpatient 86.3% (Asian) 86.2% (Chinese)	-	-	-	90%

²⁷ Annual data from the National Mortality Collection 2014. Numbers may differ from preliminary Coroner reports.

²⁸ Annual data 2016/17.

Health Priority Area	Indicators ²³	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 2017-2019 Results
			(Mid-Eastern) Outpatient 89% (European /Other) 84.1% (MELAA Overall) 84.6% (African) 85.3% (Latin American) 85.3% (Mid-Eastern)	88.2% (Indian)				
	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'.	-	-	-	72	80	84 (Asian) 77 (Chinese) 93 (Indian)	65

Asian, Migrant and Refugee Health Gain Focus for 2017-2019

This Health Plan summarises collective business as usual initiatives across the “Funder” (Waitemata and Auckland DHBs) and Waitemata DHB’s Asian Health Service (AHS) provider arm that represents existing work specific to Asian, new migrant, former refugee, asylum seeker and/or student health. The focus of the Plan is on action now, protecting and sustaining the excellent health outcomes that the Asian population experience, increasing access to and utilisation of health services, and continuing to support equitable access to healthcare for former refugee and asylum seeker background populations.

The recommendations of the *International Benchmarking of Asian Health Outcomes for Waitemata and Auckland DHBs* report (2017); consultation with the Asian & MELAA Health Governance Group (Waitemata and Auckland DHBs) members; Metro Auckland Asian & MELAA Primary Care Working group, and aligning to common Counties Manukau Health’s population priorities for health equity define the top four higher level areas for action in this Plan which are:

- i. [Granular data monitoring to level 4](#). Making sure our data tells us about the subgroups we’re interested in. We are working on a national level to get a systems solutions
- ii. [Access to and utilisation of healthcare services](#) e.g. PHO enrolment; better management of long term conditions; smoking cessation; youth mental and sexual and reproductive health; cervical screening; immunisations (over 65 years); and preschool oral health.
- iii. [Health promotion/prevention](#) including 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 asylum seekers in awareness raising of health services and health education; and co-design work with Asian & MELAA ethnic consumers.

Strategic Approach

We will align our efforts in this Plan to the following:

- New Zealand Health Strategy: Future direction
- New Zealand Migrant Settlement and Integration Strategy’s - Outcome 5: Health and Wellbeing
- New Zealand Refugee Resettlement Strategy - Health Outcome
- New Zealand International Student Wellbeing Strategy Outcomes Framework - Outcome 3: Health & Wellbeing
- Plunket Asian Peoples Strategy
- All of Government (AoG) contracting
- Northern Region Health Plan
- Auckland, Waitemata & Counties Manukau Health Alliance, System Level Measures Improvement Plan 2017/18 & 2018/19
- Preschool Oral Health Action Plan for Metropolitan Auckland Region
- Metro-Auckland Healthy Weight Action Plan for Children 2017-2020
- Waitemata DHB Annual Plan 2017/18 & 2018/19

- Auckland DHB Annual Plan 2017/18 & 2018/19
- Counties Manukau Health Annual Plan 2017/18 & 2018/19
- Counties Manukau Health Asian Health Plan 2017/18 & 2018-2020.

This Asian and Middle Eastern, Latin American and African Health Plan 2017-2019 will be overseen by the Asian & MELAA Health Governance Group (Waitemata and Auckland DHBs). A quarterly Asian scorecard (Appendix 3) 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, and the health and community sectors.

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 2017-2019, our action focus for Asian & MELAA infants, children and family is on **breastfeeding, 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?

- 60% of Asian babies are fully or exclusively breastfed at 3 months.

DHB	European/Other	Asian*	Target
ADHB	64%	63%	60%
WDHB	64%	60%	60%

**Q4 2016/17. 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/ Waitemata	YR 1-YR 2 (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: <ul style="list-style-type: none">Promote the benefits of breastfeeding to 6 months and beyond.	Coverage rates for Asian are equal to European/Other.
Auckland/ Waitemata	YR 1-YR 2 (Q1-Q4): Support the Metro-Auckland Healthy Weight Action Plan for Children 2017-2020.	95% of Asian and MELAA infants receive all core WCTO contacts in the first year of life.
Auckland/ Waitemata	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?

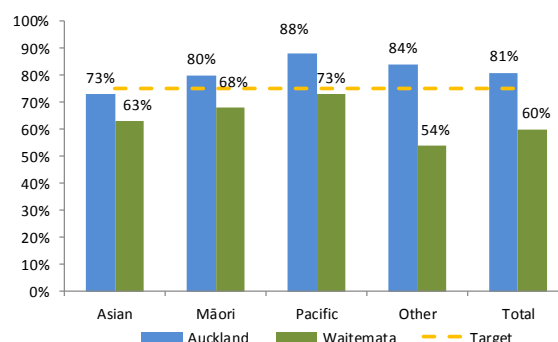
We want Asian & MELAA girls and women to be protected against cervical cancer. Screening and immunisation together will offer the most effective protection.

Why is this a priority?

Cervical cancer is caused by certain types of HPV.²⁹ 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.

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 30 June 2017

To achieve this we will focus on:

Ensure Asian & MELAA girls 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 team, Metro Auckland Asian & MELAA Primary Care Working Group, WCTO Providers, schools, Asian NGOs, and ethnic partners/communities.

DHB	What are we going to do?	Measures
Auckland/ Waitemata	YR 1-YR 2 (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 Asian & MELAA peoples reside.	75% of eligible Asian & Other girls are fully immunised with HPV vaccine
Auckland/ Waitemata	YR 1 (Q3-Q4): Explore parent attitudes towards the HPV vaccination for boys and girls amongst African and Middle Eastern groups.	1 report
Auckland/ Waitemata/ Counties Manukau	YR 1-YR 2 (Q1-Q4): Leverage off learnings from Counties Manukau Health's interviews with parents/families of Asian girls who declined receiving three doses of HPV vaccine to identify the reasons and opportunities to improve.	1 report
Auckland/ Waitemata	Quarterly: Progress of activities and performance against health targets will be monitored and reported to the Asian & MELAA Health Governance Group.	

²⁹ 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.

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 5 years among Asian in both districts. Indian dental caries and dmft was lowest of the Asian subgroups in both districts.

For MELAA groups, African children had the best oral health outcomes for dmft and caries free compared with Latin American and Middle Eastern children. Middle Eastern children had the worst oral health outcomes for dmft and caries free across the three groups in 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?

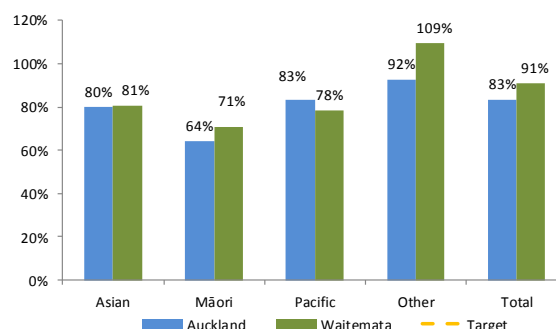
Enable access to health care to reduce inequalities in oral health status for Filipino, Chinese, and Middle Eastern children. This work will also contribute to the Metro-Auckland Healthy Weight Action Plan for Children 2017-2020.

To achieve this we will focus on:

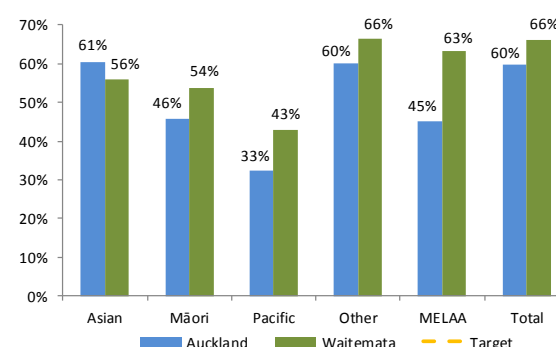
Support the Preschool Oral Health Action Plan for Metropolitan Auckland region, and promote oral health messaging to targeted ethnic communities.

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

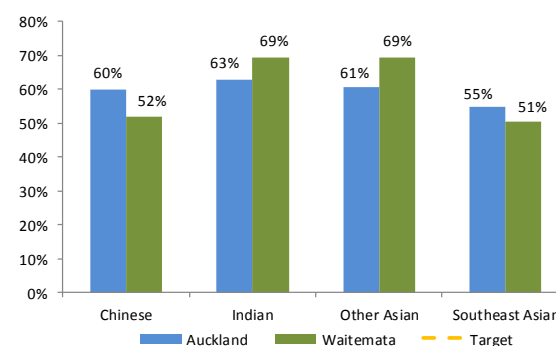
95% of 0-4 year old Asian children enrolled with pre-school oral health services



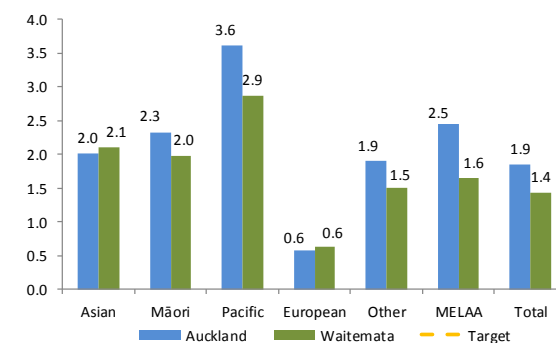
60% of children caries free at age of 5 years, 2016 – L1 Ethnicity



60% of children caries free at age of 5 years, 2016 – L2 Asian Ethnicity



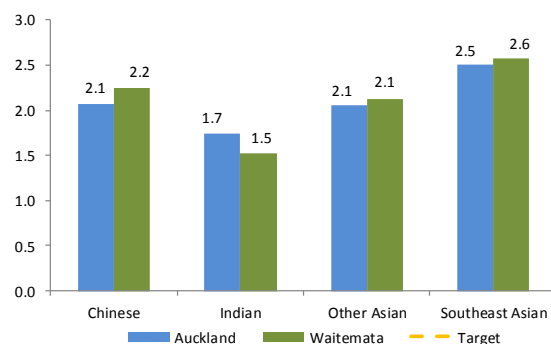
Average number of dmft at age of 5 years, 2016 – L1 Ethnicity



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 age of 5 years, 2016 – L2 Asian Ethnicity



*All coverage as at December 2016

DHB	What are we going to do?	Measures
Auckland/ Waitemata	YR 1-YR 2 (Q1-4): Support Asian & MELAA inputs to the: <ul style="list-style-type: none"> - Preschool Oral Health Action Plan for Metropolitan Auckland region - Metro-Auckland Healthy Weight Action Plan for Children 2017-2020 	Percentage of 0-4 year old children enrolled with pre-school oral health services
Auckland/ Waitemata	YR 1-YR 2 (Q1-Q4): Ensure ARDS promotional materials are translated in various languages.	Percentage of children caries free at age of 5 years – L2 Asian and Other Ethnicity
Auckland/ Waitemata	YR 1-YR 2 (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: <ul style="list-style-type: none"> - Explore parent and caregiver knowledge, attitudes and practices towards their own and their children's healthy eating & oral health habits amongst Indian, Filipino, Chinese and Middle Eastern groups. 	Average number of dmft at age of 5 years, – L2 Asian and Other Ethnicity
Auckland/ Waitemata	Quarterly: Progress of activities and performance against health targets will be monitored and reported to the Asian & MELAA Health Governance Group.	2 reports

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 Waitemata and Auckland DHBs to be healthy, feeling safe and supported. In 2017-2019, our action focus for Asian & MELAA young peoples is on **supporting youth access to - and utilisation of - youth appropriate health services as part of the System Level Measures Improvement Plan 2017/18 & 2018/19.**

Mental Health & Addictions

Why is this priority?

Data from the New Zealand Health Survey (2011-2013) for adults (15+ years) indicate that Asians had a higher rate for psychological distress in Auckland (8.4%) but not in Waitemata DHB (3.6%) compared to European/Other (4.9% Auckland; 4.6% Waitemata).³⁰ Those Asian youth experiencing high rates of mental distress and often present later for treatment due to stigma, shame, not knowing how to access services, and cultural barriers. Edgewalking, substance abuse and family pressures about education/study are cited by former refugee youth as reasons for their mental health concerns.³¹ Accessing services later can be attributed to level of acculturation and years lived in New Zealand.

Asian and former refugee peoples have disproportionately lower access rates to mental health and addictions services compared to other ethnic groups. Of all young people (12 – 19 years) who accessed primary mental health interventions³² in 2016/17 Asian was lower (15% Auckland; 5% Waitemata) compared to European/Other (47% Auckland; 59% Waitemata).

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 addictions (MH&A) care.

To achieve this we will focus on:

Supporting the System Level Measures Improvement Plan 2017/18 & 2018/19, 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 (Waitemata DHB), Asian Mental Health Services teams (Waitemata and Auckland DHBs), Metro Auckland Asian & MELAA Primary Care Working Group, NGO Mental Health Providers, Refugees As Survivors New Zealand, Asian NGOs, Auckland Agency Group, institutes, student associations, youth agencies, and ethnic partners/communities.

³⁰ Age standardised rate of psychological distress (high or very high probability of anxiety or depressive disorder K10 score >=12), adults (15+ yrs), by DHB and Ethnicity, NZHS 2011-13

³¹ Auckland Regional Refugee Network Health Youth Mental Health Forum, 24 August, 2016.

³² Primary mental health interventions includes package of care, or extended consult, or group therapy.

DHB	What are we going to do?	Measures
Auckland/ Waitemata	YR 1-YR 2 (Q1-Q4): Work with the Metro Auckland Asian & MELAA Primary Care Working Group to support the Youth System Level Measure (youth are healthy, safe and supported) for mental health & wellbeing.	Baseline self-harm hospitalisations (10-24 years)
Auckland/ Waitemata	YR 1 (Q3-Q4): Develop and deliver two workshops for youth and parents in Asian, refugee and migrant communities, focused on available mental health services, including evaluation.	2 workshops delivered
Auckland/ Waitemata	YR 1-YR 2 (Q1-Q4): Support the 2017/18 youth-specific actions of the Suicide Prevention and Postvention Action Plan (2015–17).	Reduction in suicide rates across 'at risk' populations including Asian youth
Auckland/ Waitemata/ Counties Manukau	YR1-YR 2 (Q1-Q4): Support the recommendations from the <i>'Improving sexual health provision to international students in general practice - a corporate responsibility of travel and medical insurers in New Zealand'</i> paper: <ul style="list-style-type: none"> - Engage with medical and travel insurance companies to influence policy review cycles on mental health products available to international students in general practice. 	All international student health insurance plans include mental health coverage in general practice
Auckland/ Waitemata	Quarterly: Progress of activities and performance against health targets will be monitored and reported to the Asian & MELAA Health Governance Group.	

Sexual and Reproductive Health

Why is this priority?

Chlamydia is the most common sexually transmitted infection in New Zealand. International modelling suggests annual chlamydia testing of 30-40% of young people reduces disease prevalence. In 2016, 11% of 15-24 year olds living in Metro Auckland were tested for chlamydia; 19% of women, 5% of men. There was significant variation across the region by gender, ethnicity, enrolled PHO, and family doctor (GP) practice. Chlamydia testing is a Youth System Level Measure introduced in 2017.

Sexual and reproductive health is a taboo subject among many Asian cultures. Embarrassment, stigma, shame and confidentiality issues are often barriers preventing Asian young peoples accessing sexual and reproductive health services.

Travel and medical insurance products to international students varies in terms of coverage for sexually transmitted infections (STI) and medication in general practice, resulting in underutilisation and late access for screening and treatment in general practice.

What are we trying to do?

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

To achieve this we will focus on:

Supporting the System Level Measure Improvement Plan 2017/18 & 2018/19, and engage with medical and travel insurers to influence their review cycles for student plans and coverage in general practice for STIs and contraception.

Who will we work with?

Northern Regional Alliance, Primary Care, sexual health services, Metro Auckland Asian & MELAA Primary Care Working Group, Auckland Agency Group, Asian NGOs, student associations, institutes, youth agencies, and ethnic partners/communities.

DHB	What are we going to do?	Measures
Auckland/ Waitemata	YR 1-YR 2 (Q1-4): Work with the Metro Auckland Asian & MELAA Primary Care Working Group and Primary Care to support the Youth System Level Measure (youth are healthy, safe and supported).	Percentage of pregnant women aged 15–24 years are screened for chlamydia during pregnancy.
Auckland/ Waitemata/Counties Manukau	YR1-YR 2 (Q1-Q4): Support the recommendations from the <i>'Improving sexual health provision to international students in general practice - a corporate responsibility of travel and medical insurers in New Zealand'</i> paper: <ul style="list-style-type: none">- Engage with medical and travel insurance companies to influence policy review cycles on sexual health products available to international students in general practice.	All international student health insurance plans include STI coverage in general practice
Auckland/ Waitemata	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, smoking 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. This supports them to look after their loved ones, enjoy lives with them, succeed in careers, and see their grandchildren grow up. In 2017-2019, our action focus for Asian & MELAA adults and their families is on **cardiovascular disease management, diabetes management, cervical screening, smoking cessation, immunisation (over 65 years) and mental health and addictions**.

Long Term Conditions – Cardiovascular Disease and Diabetes

Why is this a priority?

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 Waitemata DHBs.³³

Maintaining the number of eligible Indians who receive a CVDRA and improving management for Indian with CVD is also an amenable mortality contributory measure as part of the System Level Measures Improvement Plan 2017/18 & 2018/19.

What are we trying to do?

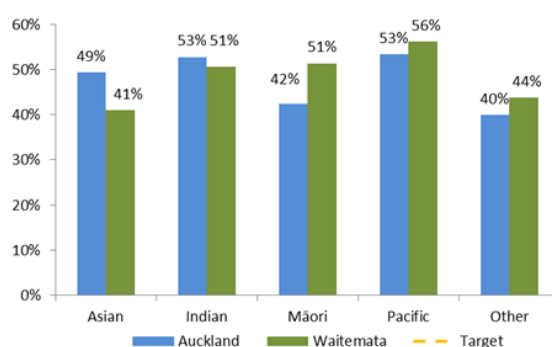
Reduce cardiovascular disease related morbidity and mortality among Indian people via improved access to quality cardiovascular and diabetes care.

To achieve this we will focus on:

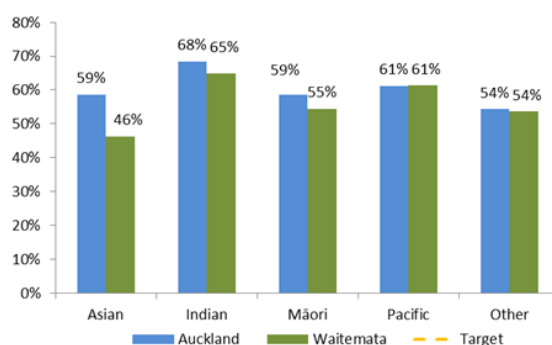
The Auckland and Waitemata DHBs have entered into an Alliance agreement with the PHOs across both districts and the two Memorandum of Understanding partners. Diabetes and cardiovascular disease have been identified by the Alliance Leadership Team as the priority areas in the Alliance

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 September 2017 (prescribed)*

³³ Mehta S, Health needs assessment of Asian people living in the Auckland region. Auckland: Northern DHB Support Agency, 2012.

Work Plan. Cardiovascular disease management includes both secondary prevention (risk factor management) and tertiary prevention (reducing the mortality and morbidity from disease).

Who will we work with?

Northern Regional Alliance, Primary Care team, Metro Auckland Asian & MELAA Primary Care Working Group, Asian Health Services (Waitemata DHB), Asian NGOs, Green Prescription providers, Healthy Families Waitakere, and ethnic partners/communities.

DHB	What are we going to do?	Measures
Auckland/ Waitemata	YR 1-YR 2 (Q1-4): Improve the CVD health outcomes of our population through maintaining CVD risk assessment rates at 90% and improving CVD risk management: <ul style="list-style-type: none"> - Continue to perform More Heart and Diabetes Checks with eligible South-Asian³⁴ and Asian groups. 	90% CVDRA coverage for South-Asian and Asian
Auckland/ Waitemata	YR 1-YR 2 (Q1-4): Support the Diabetes Care Improvement Plan.	80%
Auckland/ Waitemata	YR 1-YR 2 (Q1-4): Support the recommendations from the retinal screening review consistently across Auckland and Waitemata DHBs.	
Auckland/ Waitemata	YR 1-YR 2 (Q1-4): Support the recommendations from the podiatry review consistently across Auckland and Waitemata DHBs.	
Auckland/ Waitemata	YR 1-YR 2 (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.	Percentage of Asian peoples accessing podiatry, dietetics and health psychology
Auckland/ Waitemata	YR 1-YR 2 (Q1-4): Increase the proportion of South Asian participants enrolled with Green Prescription services.	South Asian adults enrolled in Green Prescription <ul style="list-style-type: none"> - 9% Waitemata - 18% Auckland
Auckland/ Waitemata/Counties Manukau	YR 1-YR 2 (Q1-4): Support CVD research for example AUT's 'Primary Prevention of Stroke in the Community (PreventS)' study	
Auckland/ Waitemata	Quarterly: Progress of activities and performance against health targets will be monitored and reported to the Asian & MELAA Health Governance Group.	

Cervical Screening

Why is this a priority?

Asian women continue to have persistent and unacceptable lower participation in the cervical screening programme. The cervical screening coverage rates for Asian women of both DHBs (69% Waitemata; 56% Auckland) were lower than European/Other (79% Waitemata; 79% Auckland).

We intend for the HPV self-sampling research project to provide policy relevant evidence as the National Cervical Screening Programme transitions to a HPV primary screening programme.

³⁴ 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.

What are we trying to do?

Reduce Asian & MELAA cervical cancer mortality.

To achieve this we will focus on:

Implement activities to improve Asian and MELAA women's access to cervical screening services and improving our understanding of the factors which support Asian women to accept HPV vaccinations. Promote packaged screening messaging to Asian, MELAA and former refugee populations.

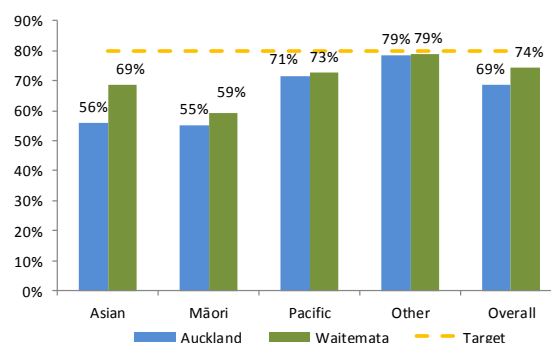
Who will we work with?

Ministry of Health, Northern Regional Alliance, Women, Child and Youth Team, Metro Auckland Asian & MELAA Primary Care Working Group, Well Women Trust, Asian Health Services (Waitemata DHB), Asian NGOs, institutes, settlement agencies, and ethnic partners/communities.

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

- 80% of eligible Asian women received a three yearly cervical screen

Percentage of eligible women receiving a cervical screen in the past three year.



*As at June 2017

DHB	What are we going to do?	Measures
Auckland/ Waitemata	YR 1 (Q2): Complete the HPV self-sampling feasibility study for Asian (Chinese and Indian) women.	Cervical screening rate (25-69 years: 3 year coverage) 80% coverage across all ethnic groups
Auckland/ Waitemata	YR 1 (Q3-4); YR 2 (Q1): Plan and support the larger randomised control trial of the Massey University HPV self-sampling research project for priority Asian women to September, 2019.	
Auckland/ Waitemata	YR 1-YR 2 (Q1-4): Continue to promote and support the National Cervical Screening Programme for Asian & MELAA women in general practice.	
Auckland/ Waitemata	YR 1-YR 2 (Q1-4): Awareness raising of culturally appropriate screening messaging to ethnic communities and students.	
Auckland/ Waitemata	Quarterly: Progress of activities and performance against health targets will be monitored and reported to the Asian & MELAA Health Governance Group.	

Smoking

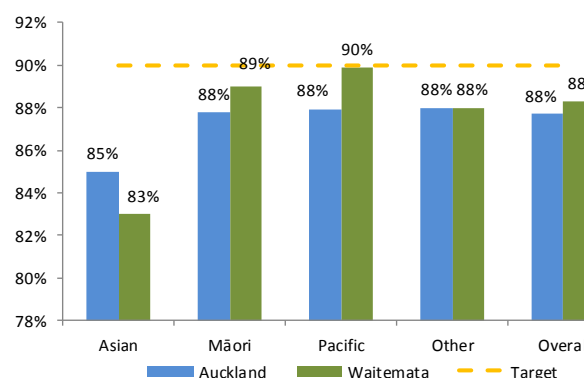
Why is this a priority?

Cigarette smoking is a well-recognised risk factor for many health conditions and is a major cause of preventable death in OECD countries. This associated with health conditions such as cardiovascular disease, respiratory conditions and many cancers.

The age standardised prevalence rate of regular smokers in Chinese men is among the highest in the Asian sub-groups (15.2%, Waitemata; 13.8%, Auckland) and higher than that of the

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

90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months



*Q2 16/17

European/Other population (12.8%, Waitemata; 11.3%, Auckland).³⁵

There is a large inequality in smoking prevalence between sexes, with Asian males having a smoking prevalence five to seven times higher than females.

What are we trying to do?

Asian & MELAA peoples who smoke received smoking cessation advice and support; increase in smokers who successfully quit, and a reduction in smoking prevalence.

To achieve this we will focus on:

Connect communities to targeted Stop Smoking Services and utilise language appropriate resources to support smoking cessation, as well as promotion and education in Asian & MELAA communities.

Who will we work with?

Primary Care team, Metro Auckland Asian & MELAA Primary Care Working Group, ProCare, Asian NGOs, institutes, and ethnic partners/communities.

DHB	What are we going to do?	Measures
Auckland/ Waitemata/ Counties Manukau	YR 1-YR 2 (Q1-4): Work with ProCare's Stop Smoking Services to identify targeted promotional plans to Chinese men: <ul style="list-style-type: none">- Collaborate with Counties Manukau Health to leverage on learnings from their Promotion Plan to Chinese men in the Eastern Locality.	95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking
	YR 1-YR 2 (Q1-4): Utilise language appropriate resources to support smoking cessation messaging to targeted communities.	90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months
Auckland/ Waitemata	Quarterly: Progress of activities and performance against health targets will be monitored and reported to the Asian & MELAA Health Governance Group.	

³⁵ Lifeng Zhou and Samantha Bennett, Asian Benchmarking Technical Report for Waitemata DHB and Auckland DHB. Auckland: Waitemata District Health Board, 2017.

Immunisation against Influenza

Why is this a priority?

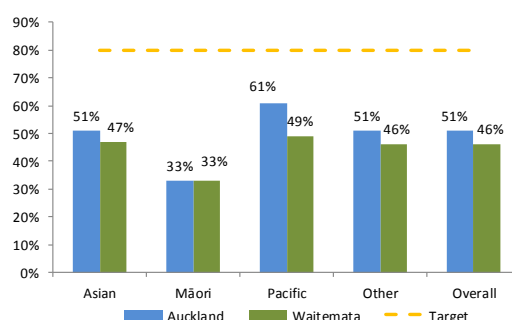
Asian & MELAA elderly peoples may not be aware they are eligible for free Seasonal Influenza vaccines. They often are staying at home looking after infants and children, thus may increase the chances of spreading the flu with family members.

What are we trying to do?

Improve the number of Asian & MELAA elderly peoples who received Seasonal Influenza vaccines.

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

Rate of seasonal influenza immunisation of eligible 65+ years population, Auckland and Waitemata DHBs (January - September 2017)



*Jan-Sep 2017

To achieve this we will focus on:

Promotion of Seasonal Influenza vaccines.

Who will we work with?

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

DHB	What are we going to do?	Measures
Auckland/ Waitemata	YR1-YR 2 (Q1-Q4): Work with PHO Immunisation Coordinators to ensure general practices are recalling and providing the Influenza vaccine for those eligible.	Coverage rates for Asian are equal to European/Other.
Auckland/ Waitemata	YR1-YR 2 (Q1-Q4): During flu season ensure that PHOs (via the Metro Auckland Asian & MELAA Primary Care Working Group) are actively promoting flu vaccinations and are targeting culturally appropriate communications to the eligible 65+ Asian & MELAA populations at the practice level.	Hospitalisation rates for respiratory illness over 65 years
Auckland/ Waitemata	YR1-YR 2 (Q1-Q4): During flu season leverage on the national promotional campaign messaging to promote the funded influenza vaccination to Asian & MELAA communities.	
Auckland/ Waitemata/ Counties Manukau	YR1-YR 2 (Q1-Q4): Leverage off CMH learnings from interviews with Asian elderly people and pregnant women to identify the reasons they didn't receive Seasonal Influenza vaccines and Boostrix.	
Auckland/ Waitemata	Quarterly: Progress of activities and performance against health targets will be monitored and reported to the Asian & MELAA Health Governance Group.	

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 issue. There have been a number of completed suicides and self-harm cases in Aged Care Facilities (ARC) for older Chinese adults that warrants further investigation and coordinated effort, in terms of screening and prevention in primary care and ARC.

What are we trying to do?

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

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

The Asian Mental Health Work Stream Plan includes initiatives that enable Waitemata 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

Supporting the Regional Perinatal and Maternal Mental Health Group, Waitemata Stakeholder Network Mental Health and Addiction Strategic Plan, and Auckland DHB's Mental Health and Addictions Programme Board.

Who will we work with?

Northern Regional Alliance, DHBs, Mental Health & Addictions team, Primary Care team, Asian Health Services (Waitemata DHB), Asian Mental Health Services teams (Waitemata and Auckland DHBs), Metro Auckland Asian & MELAA Primary Care Working 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/ Waitemata/ Counties Manukau	YR1-YR 2 (Q1-Q4): Support the Regional Perinatal and Maternal Mental Health Group to review and advise on equity and access to Perinatal and Maternal Mental Health services.	
Auckland/ Waitemata	YR1-YR 2 (Q1-Q4): Work via the Metro Auckland Asian & MELAA Primary Care Working Group to: <ul style="list-style-type: none">- Identify high Asian enrolled practices screening processes for depression- Promote assertive screening for depression in general practice- Promote cultural competency of the primary health workforce who work with mental health clients in general practice- Promote use of the Primary Health Interpreting services in general practice to older adults.	Decrease in Asian deaths coded as suicides (Ministry of Health) and provisional suicides (Ministry of Justice), by age Self-harm hospitalisations 65 years and over by ethnicity

DHB	What are we going to do?	Measures
Auckland/ Waitemata	<p>YR 1-YR 2 (Q1-Q4): Increase the quality of service provision to Asian residents in Aged Residential Care:</p> <ul style="list-style-type: none"> - Coordinate the Facility Owners Group meeting (including Chinese and Korean) run bi-monthly - Work with Dr. Gary Cheung to support the ARC facilities in this Group with screening approaches for depression, suicide prevention and best practice interventions - Review the effectiveness of the PHQ-9 screening tool in this Group for ARC. 	<p>Number of meetings convened</p> <p>Decrease in number of completed suicides and self-harm within ARC facilities of this Group</p> <p>Best practice screening tools recommended for ARC</p>
Auckland/ Waitemata	<p>YR 1-YR 2 (Q1-Q4): Continue to support the Maungakiekie/Tāmaki locality – Mental Health and Wellbeing project with focus on the new service, 'Awhi Ora'³⁶ – supporting wellbeing, which provides holistic early engagement and prevention for people who experience social challenges and mental health issues.</p>	<p>Tāmaki locality – Mental Health and Wellbeing principles of practice developed with peoples from Asian, former refugee and CALD migrant backgrounds and implemented</p>
Waitemata	<p>YR 1-YR 2 (Q1-Q4): Implement the [Asian Mental Health] Work Stream Plan 2015-2020.</p>	
Auckland/ Waitemata	<p>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 (Waitemata DHB).</p>	

³⁶ The service was co-designed with the community from the outset (including with people from Asian, refugee and CALD migrant backgrounds). Informed by a set of 3 core principles; that support be person-centred, relational and collaborative, the service is now embedded in 13 general practices working with seven NGOs in Tāmaki and beyond. The approach is being rolled out in stages throughout Auckland and Waitemata DHBs.

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 2017-2019, our action focus is on regional planning and reporting, data quality, primary care enrolment, former refugee health, patient experience and community engagement.

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 quota, family support and refugee convention category pathways.

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 asylum seeker populations.

What are we trying to do?

The metropolitan Auckland DHBs have a common goal to improve or accelerate 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 2017-2019, 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 an Asian regional scorecard to apply an equity lens across the three metro DHBs.

Who will we work with?

Northern Regional Alliance, and Counties Manukau Health.

DHB	What are we going to do?	Measures
Auckland/ Waitemata/ Counties Manukau	YR 1 (Q3-Q4): Develop a metropolitan Auckland Asian health equity picture for DHB respective planning, monitoring and governance processes: <ul style="list-style-type: none">- Align to the Northern Region Health Plan (Health Equity section) for Asian & MELAA (where possible).	Metro Auckland Asian Health Scorecard
Auckland/ Waitemata/ Counties Manukau	YR 1 (Q1-Q2): Develop and implement a Metro Auckland Asian & MELAA Primary Care Action Plan 2017-2019.	Metro Auckland Asian & MELAA Action Plan

DHB	What are we going to do?	Measures
Auckland/ Waitemata/ Counties Manukau	YR 1-YR 2 (Q1-Q4): Explore potential opportunities to work regionally to raise Asian and former refugee health equity awareness: <ul style="list-style-type: none"> - Input into the Counties Manukau Health Asian Health Plan 2018-2020 (where possible). 	Auckland Regional Asian Health planning approach
Auckland/ Waitemata/ Counties Manukau	YR 1-YR 2 (Q1-Q4): Continue to streamline the Refugee Primary Care Wrap Around Service Agreements across the metropolitan Auckland region.	PHO Refugee Services Operational Group
Auckland/ Waitemata/ Counties Manukau	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 Working 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?

Improve the quality of ethnicity data collected by Auckland and Waitemata 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 Working Group, and Waitemata and Auckland DHBs provider arm services.

DHB	What are we going to do?	Measures
Auckland/ Waitemata	YR 1-YR 2 (Q1-Q4): Continue to develop a quarterly Asian performance scorecard to monitor trends in health outcomes.	Quarterly Asian Health Outcome Scorecards
Auckland/ Waitemata	YR 1-YR 2 (Q1-Q4): Accuracy of ethnicity reporting in PHO registers as measured by Primary Care Ethnicity Data Audit Toolkit.	Standard of Ethnicity Data Protocols ³⁷ implemented.
Auckland/ Waitemata	YR 1-YR 2 (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').	
Auckland/ Waitemata	YR 1-YR 2 (Q1-Q4): Work with identified services to ensure accurate collecting and reporting of level 2 'Asian' ethnicity subgroups.	
Auckland/ Waitemata	Quarterly: Progress of activities and performance against health targets will be monitored and reported to the Asian & MELAA Health Governance Group.	

³⁷ Accessible online from <http://www.health.govt.nz/publication/hiso-100012017-ethnicity-data-protocols>

Primary Healthcare Enrolment

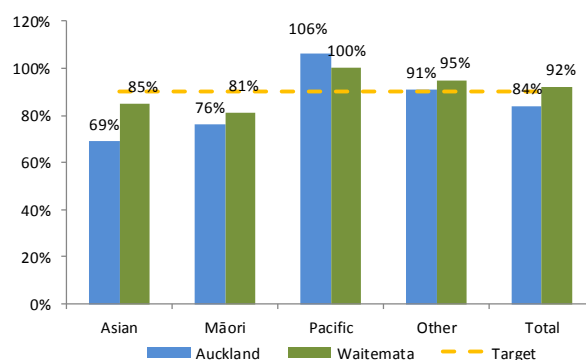
Why is this a priority?

Asian peoples have disproportionately lower PHO enrolment rates compared to European/Other in both districts (85% (Asian), 95% (European/Other), Waitemata; 69% (Asian), 91% (European/Other)).

The Auckland DHB's Asian PHO enrolment rate continues to remain significantly lower than the other metropolitan Auckland DHBs largely due to the high number of international students and transient temporary migrant population living in the Auckland district.³⁸

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

90% of patients are enrolled with a PHO



*Q4 16/17

Equitable access to timely primary care services and language support for newly arrived refugee and asylum background individuals in general practice is imperative to resettlement experiences.

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 2017-2019, 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?

Ministry of Health, Ministry of Business, Innovation and Employment, Primary Care team, Metro Auckland Asian & MELAA Primary Care Working Group, Auckland Agency Group, Homecare Medical, 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/ Waitemata	YR 1-YR 2 (Q1-Q4): Work with the Metro Auckland Asian & MELAA Primary Care Working Group and Primary Care to implement the Action Plan 2017-2019.	2% increase in the proportion of Asians enrolled with a PHO

³⁸ 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.

DHB	What are we going to do?	Measures
Auckland/ Waitemata	YR 1-YR 2 (Q1-Q4): Promote a suite of multilingual interventions, such as podcast videos (English, Mandarin, Hindi), Healthcare – where should I go? campaign, health literate materials, and the Your Local Doctor websites (English, Simplified Chinese, Korean): <ul style="list-style-type: none"> - Deliver the NZ Health & Disability System presentations to universities, Private Training Establishments (PTE), settlement partners, ethnic associations/communities and libraries. 	to meet targets -87% Waitemata -71% Auckland No. of hits to Your Local Doctor websites 2 seminars /month)
Auckland/ Waitemata	YR 1-YR 2 (Q1-Q4): Promote PHO enrolment messaging to Asian & MELAA newcomers to increase the proportion of Asian newborn infants enrolled with PHO at 3 months of age: <ul style="list-style-type: none"> - Leverage on the National Child Health Information Platform (NCHIP) - Work with the PHO Newborn Enrolment Coordinators to support access to Under 5 services and culturally responsive service provision. 	98% of newborns are enrolled with a PHO, general practice, WCTO provider and ARDS
Auckland/ Waitemata	Quarterly: Progress of activities and performance against health targets will be monitored and reported to the Asian & MELAA Health Governance Group.	

Former Refugee Health

Why is this a priority?

Available evidence suggest that both former refugee and asylum seekers face significant barriers to accessing health, mental health, pharmacy, oral health and maternity services. Key barriers to accessing health services (including maternity services), include varied levels of settlement support, difficulty accessing language services, financial and transport stressors, lack of knowledge of the health system, cultural competence of the health workforce, and lack of awareness within health services of refugee and 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.³⁹

Former refugee and/or asylum seeker families have low access to and utilisation of primary health services in New Zealand.⁴⁰

What are we trying to do?

Enable equitable access to mainstream primary care (affordable or no-cost options) for former refugee and asylum seeker patients in general practice, and monitor health service access and utilisation (and long-term outcomes).

To achieve this we will focus on:

Work with PHOs to manage the Refugee Primary Care Wrap Around Service Agreements with their participating general practices in the metropolitan Auckland region, promote the Service among former refugee and/or asylum seeker communities, improve cultural competency among primary

³⁹ Accessible online from <https://www.racp.edu.au/docs/default-source/default-document-library/refugee-and-asylum-seeker-health-position-statement.pdf?sfvrsn=2>

⁴⁰ Accessible online from <https://www.ncbi.nlm.nih.gov/pubmed/28379739>

care practices, promote the use of the DHBs' Primary Health Interpreting services, 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 Working 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, and ethnic partners/communities.

DHB	What are we going to do?	Measures
Auckland/ Waitemata/ Counties Manukau	YR 1-YR 2 (Q1-Q4): Fund and manage the Refugee Primary Care Wrap Around Service Agreements.	Increase in number of former refugees enrolled with the Refugee Primary Care Services.
Auckland/ Waitemata/ Counties Manukau	YR 1 (Q2): Conduct an evaluation of the Refugee Primary Care Wrap Around Service Agreements: <ul style="list-style-type: none"> - Support the recommendations of the report to guide ongoing funding and quality service delivery across both Waitemata and Auckland DHBs. 	1 report
Auckland/ Waitemata/ Counties Manukau	YR 1-YR 2 (Q1-Q4): Coordinate bimonthly meetings with the Metro Auckland PHO Refugee Services Operational Group: <ul style="list-style-type: none"> - Minimum data sets to enable monitoring of service access and health outcomes. 	6 meetings 6 monthly reporting
Auckland/ Waitemata/ Counties Manukau	YR 1-YR 2 (Q1-Q4): Strengthen pathways to PHO enrolment for quota refugees through integrated pathways with Mangere Refugee Resettlement Centre, NZ Red Cross and general practices.	Increase in number of former refugees enrolled with the Refugee Primary Care Services
Auckland/ Waitemata	YR 1-YR 2 (Q1-Q4): Raise awareness within former refugee and asylum seeker communities of Service availability: <ul style="list-style-type: none"> - Work with our stakeholders, outreach services and community leaders to increase awareness, access to and uptake of the Services. 	
Auckland/ Waitemata	YR 1-YR 2 (Q1-Q4): Q4: Lead and coordinate professional development to the primary health workforce: <ul style="list-style-type: none"> - Metro Auckland Refugee Health Network Executive Group - Metro Auckland Refugee Health Network (ARRHN) Forums - Cross Cultural Frontline Training. 	4 Executive Group meetings 4 ARRHN Forums 1 Frontline training
Auckland/ Waitemata	YR 1-YR 2 (Q1-Q4): Encourage and promote CALD training with the participating practices of this Service.	Increase the number of practice staff attending CALD3 'Working with Refugees' training module
Auckland/ Waitemata	YR 1-YR 2 (Q1-Q4): Encourage and promote the use of the DHBs' Primary Health Interpreting services in participating general practices of this Service.	Increase the number of Practices offering this service
Auckland/ Waitemata/ Counties Manukau	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.	

Patient Experience

Why is this a priority?

Patient experience is an important indicator in assessing the quality of care provided and is strongly linked to overall health outcomes. An enhanced patient experience leads to better emotional health, symptom resolution, less reported pain and more effective self-management.

Asian patients of Auckland DHB are less likely to rate their overall care and treatment as 'very good to excellent' (81%), compared to non-Asians (NZ European 84%, Māori 84% and Pacific 84%).⁴¹

58.7% of Chinese patients of Waitemata DHB were 'extremely likely' to 'recommend our ward to friends and family if they need similar care or treatment', compared to non-Asians (NZ European 70%, Māori 69.2%, Samoan 65.2% and Tongan 58.8%).⁴³

What are we trying to do?

Our focus is to improve the care our population receives, and to engage people as partners in their care and providing services that are responsive to the individual needs of patients and their whānau.

Increase opportunities for Waitemata and Auckland communities to access, understand and act on health-related information.

To achieve this we will focus on:

Work in partnership with our communities which results in services, activities and programmes that reflect the strengths, needs and resources of our patients, families and the wider community, and outcomes that are understandable and reflect their values and expectations.

Who will we work with?

Primary Care team, Chief of Strategy Participation & Improvement (Auckland DHB), Director of Participation and Insight (Auckland DHB), Online Participation Manager (Auckland DHB), Director of Patient Experience (Waitemata DHB), PHOs, Asian Health Services (Waitemata DHB), Community Engagement Manager (Waitemata DHB), Health Links, Asian NGOs, and ethnic partners/communities.

DHB	What are we going to do?	Measures
Waitemata	YR 1-YR 2 (Q1-Q4): Monitor patient experience for Asian, Indian, Chinese and Korean reporting 'extremely likely' to 'recommend our ward to friends and family if they need similar care or treatment', compared to European/Other: <ul style="list-style-type: none">- Quarterly Asian scorecard to report Net Promoter Score in Friends Family Test (FFT)- Administer the translated FFT survey versions on the Patient Experience Survey System.	65 score on FFT for Asians rating 'extremely likely' to 'recommend our ward to friends and family if they need similar care or treatment'
Auckland	YR 1-YR 2 (Q1-Q4): Explore inequities for Asian subgroup patient experience applying the Patient and Whānau Centred Care Framework: <ul style="list-style-type: none">- Quarterly Asian scorecard to report % 'very good' or 'excellent' rating for overall care and treatment in the Inpatient survey- Complete a report identifying differences in overall scores for	Percentage of English proficient Asians and MELAA rating overall care as 'Very Good' or

⁴¹ Lifeng Zhou and Samantha Bennett, Asian Benchmarking Technical Report for Waitemata DHB and Auckland DHB. Auckland: Waitemata District Health Board, 2017.

DHB	What are we going to do?	Measures
	Asian subgroups compared to Auckland DHB average ratings in the Inpatient and Outpatient surveys <ul style="list-style-type: none"> - Pilot within key directorates/clinical programmes analysis of reasons for unplanned readmissions and increased length of stay for Asian subgroups compared to European/Other. 	'Excellent' in the Inpatient and Outpatient surveys 2 reports
Auckland/ Waitemata/ Counties Manukau	YR 1 (Q3-Q4): Monitor inequities in Asian patient experience of care in primary care: <ul style="list-style-type: none"> - Establish a list of high enrolled Asian practices to level 3 ethnicity - Establish a baseline from the Primary Health Care Patient Experience Survey (PHC PES) of Asian patient satisfaction rates in the identified high Asian enrolled practices. 	1 list Baseline of Asian level 3 ethnicity patient satisfaction rates in high Asian enrolled general practices
Auckland/ Waitemata	YR 1-YR 2 (Q1-Q4): Advocate for and capture Asian & MELAA health needs in the higher level planning of the Health Literacy Framework: <ul style="list-style-type: none"> - Support those services that have integrated a health literacy lens into service design, celebrate those services and share best practice - Encourage standardisation of successful health literacy initiatives across both organisations - Develop and distribute guidelines that outline the information needs of Asian & MELAA populations e.g. preferred channels, accessibility and language - Ensure health literacy consumer groups include Asian, former refugee and migrant representation (where appropriate). 	Annual Plan patient information benchmark includes specific targets for Asian and MELAA communities Health Links Contracts include targets for ethnic specific groups
Auckland/ Waitemata	YR 1-YR 2 (Q1-Q4): Investigate the barriers to inclusion of disabled people from Asian and MELAA backgrounds within service provision <ul style="list-style-type: none"> - Work with Asian health networks and CALD disability projects. 	
Auckland/ Waitemata	Quarterly: Progress of activities and performance against health targets will be monitored and reported to the Asian & MELAA Health Governance Group; Health Literacy Steering Group; and Director of Participation and Insight (Auckland DHB).	

Community Engagement

Why is this a priority?

To increase health system capacity to address the growing needs of Asian & MELAA peoples and to contribute to achieving the Waitemata and Auckland DHBs' strategic goal of achieving health equity for populations with health disparities.

What are we trying to do?

Asian and MELAA consumer voices are included in service co-design planning cycles.

To achieve this we will focus on:

Develop a range of approaches to improve communication and engagement with Asian and MELAA communities to enable them to participate in, or provide feedback on planning, policies and services so that DHB activities are reflective of the community's ethnically and culturally diverse population.

Who will we work with?

Director of Participation and Insight (Auckland DHB), Community Participation Manager (Auckland DHB), Online Participation Manager (Auckland DHB), Community Engagement Manager (Waitemata DHB), Health Links, Asian NGOs; and ethnic partners/communities.

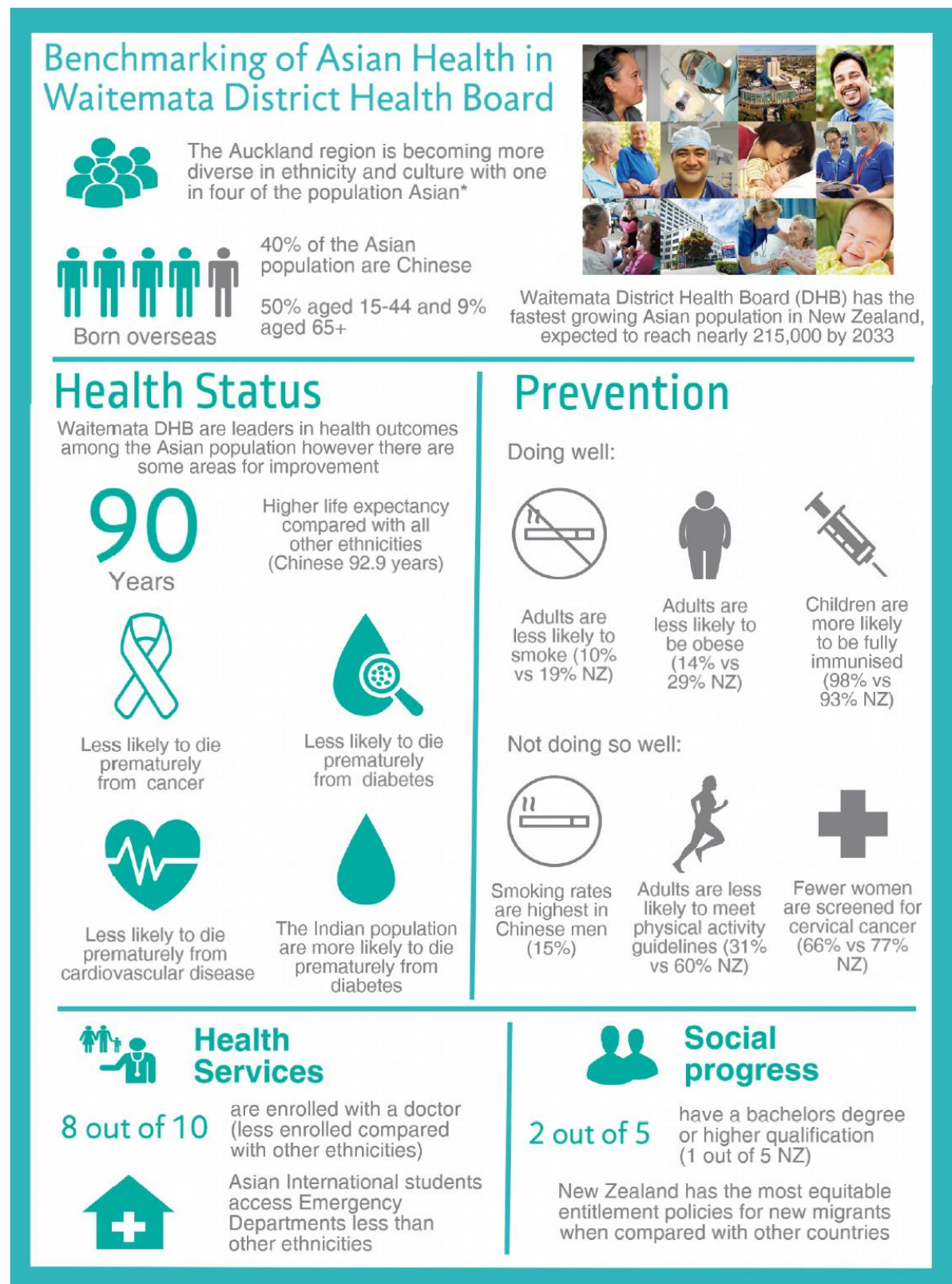
DHB	What are we going to do?	Measures
Auckland/ Waitemata	<p>YR 1-YR 2 (Q1-Q4): Recruit participants to join Reo Ora Health Voice to provide an ongoing opportunity for engagement with Asian and MELAA communities on a range of topics:</p> <ul style="list-style-type: none"> - Identify enablers to uptake to online community panels - Consider different language needs and target information where possible to encourage participation - Use Asian and MELAA social media sites to recruit participants. 	<p>At least 5% of Reo Ora Health Voice members are from Asian and MELAA communities</p> <p>Meet or exceed Asian (30%) & MELAA (2%) Reo Ora Health Voice membership based on general Asian population numbers (Auckland DHB)</p> <p>Targeted recruitment is carried out at Asian and MELAA events and activities to grow overall Asian and MELAA Reo Ora Health Voice membership by 50%</p>
Auckland/ Waitemata	YR 1-YR 2 (Q1-Q4): Link with Asian and MELAA leaders in the communities to grow mutually reciprocal relationships.	
Auckland/ Waitemata	YR 1-YR 2 (Q1-Q4): Leverage on ethnic specific platforms and events to improve communication messaging, and to invite them to provide feedback on planning, policies and services.	
Auckland/ Waitemata	Quarterly: Progress of activities and performance against health targets will be monitored and reported to the Asian & MELAA Health Governance Group; Community Engagement Group (Waitemata DHB); and Director of Participation and Insight (Auckland DHB).	

Glossary

ARC	Aged residential care
ASH	Ambulatory sensitive hospitalisations
CALD	Culturally and linguistically diverse
CBD	Central business district
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)
FFT	Friends and family test
GP	General practitioner
HPV	Human papilloma virus
MELAA	Middle Eastern, Latin American or African
MH&A	Mental health and addictions services
NCHIP	National child health information platform
NGO	Non-government organisation
OECD	Organisation for economic co-operation and development
PHC PES	Primary health care patient experience survey
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)
YLL	Years of life lost

Appendices

Appendix 1: Benchmarking of Asian Health in Waitemata District Health Board



*'Asian' as used in New Zealand refers to very diverse communities with origins in the Asian continent, from Afghanistan in the west to Japan in the east, and from China in the north to Indonesia in the south. This info-graphic summarises some of the high level findings from the report 'International Benchmarking of Asian Health Outcomes for Waitemata and Auckland DHB'. It should be read in the context of the report. It is not an assessment of health need within the Asian population but a comparison of Asian Health against other ethnicities and other Asian countries.

Source: International Benchmarking of Asian Health Outcomes for Waitemata and Auckland DHB by L Zhou and S Bennett: <http://bit.ly/2ktWEXL>

Appendix 2: Benchmarking of Asian Health in Auckland District Health Board

Benchmarking of Asian Health in Auckland District Health Board



The Auckland region is becoming more diverse in ethnicity and culture with one in four of the population Asian*



Born overseas

40% of the Asian population are Chinese

50% aged 15-44 and 9% aged 65+



Auckland District Health Board (DHB) has the largest Asian population in New Zealand with 154,370 or nearly one in three of the population Asian

Health Status

Asian peoples in Auckland DHB have good health compared to Asians living in most other DHBs however there are some areas for improvement

89

Years

Higher life expectancy compared with all other ethnicities



Less likely to die prematurely from cancer



Less likely to die prematurely from diabetes



Less likely to die prematurely from cardiovascular disease



The Indian population are more likely to die prematurely from diabetes

Prevention

Doing well:



Adults are less likely to smoke (9% vs 19% NZ)



Adults are less likely to be obese (12% vs 29% NZ)



Children are more likely to be fully immunised (97% vs 93% NZ)

Not doing so well:



Smoking rates are highest in Chinese men (14%)



Adults are less likely to meet physical activity guidelines (45% vs 60% NZ)



Fewer women are screened for cervical cancer (59% vs 77% NZ)



Health Services

7 out of 10

are enrolled with a doctor (less enrolled compared with other ethnicities)



Asian International students access Emergency Departments less than other ethnicities



Social progress

2 out of 5

have a bachelors degree or higher qualification (1 out of 5 NZ)

New Zealand has the most equitable entitlement policies for new migrants when compared with other countries

* 'Asian' as used in New Zealand refers to very diverse communities with origins in the Asian continent, from Afghanistan in the west to Japan in the east, and from China in the north to Indonesia in the south. This info-graphic summarises some of the high level findings from the report 'International Benchmarking of Asian Health Outcomes for Waitemata and Auckland DHB'. It should be read in the context of the report. It is not an assessment of health need within the Asian population but a comparison of Asian Health against other ethnicities and other Asian countries.

Source: International Benchmarking of Asian Health Outcomes for Waitemata and Auckland DHB by L Zhou and S Bennett: <http://bit.ly/2mK6K9u>

Appendix 3: Auckland and Waitemata DHBs Asian Performance Scorecard (Dec 2017)

Auckland and Waitemata DHBs Performance Scorecard

Asian Health Outcome Scorecard

December 2017
2017/18

Health Targets - Auckland DHB					Health Targets - Waitemata DHB				
	Euro/other Actual	Asian Actual	Target	Trend		Euro/other Actual	Asian Actual	Target	Trend
d. Better help for smokers - Primary Care	88%	85%	90%		d. Better help for smokers - Primary Care	88%	83%	90%	
Faster cancer treatment (62 days)	99%	100%	90%		Faster cancer treatment (62 days)	95%	100%	90%	
Increased immunisation (8-month old)	92%	97%	95%		Increased immunisation (8-month old)	91%	97%	95%	
Raising Healthy kids	100%	100%	95%		Raising Healthy kids	100%	100%	95%	
Access- Auckland DHB					Access - Waitemata DHB				
	Euro/other Actual	Asian Actual	Target	Trend		Euro/other Actual	Asian Actual	Target	Trend
a. Better help for smokers - Hospital	94%	90%	95%		a. Better help for smokers - Hospital	99%	98%	95%	
b. Breast screening	63%	74%	70%		b. Breast screening	66%	70%	70%	
b. Cervical Screening	77%	54%	80%		b. Cervical Screening	77%	70%	80%	
					e. Bowel Screening - Round 2	53%	52%	60%	
					Bowel Screening - Round 3	55%	48%	60%	
	Indian	Euro/other	Asian	Target		Indian	Euro/other	Asian	Target
	Actual	Actual	Actual			Actual	Actual	Actual	
f. More Heart & Diabetes Checks (Indian)	92%	92%	90%	90%	f. More Heart & Diabetes Checks (Indian)	88%	92%	88%	90%
PHO enrolment		90%	69%	90%	PHO enrolment		94%	86%	90%
Increased immunisation (2 year old)		92%	97%	95%	Increased immunisation (2 year old)		89%	96%	95%
Increased immunisation (5 year old)		85%	87%	95%	Increased immunisation (5 year old)		86%	94%	95%
c. Exclusive breastfeeding at 6 weeks (Plunket)		75%	62%	60%	c. Exclusive breastfeeding at 6 weeks (Plunket)		72%	61%	60%
c. Exclusive breastfeeding at 3 months (Plunket)		64%	63%	60%	c. Exclusive breastfeeding at 3 months (Plunket)		64%	60%	60%
Quality - Auckland DHB					Quality - Waitemata DHB				
	Euro/other Actual	Asian Actual	Target	Trend		Euro/other Actual	Asian Actual	Target	Trend
Patient Experience					Patient Experience				
Inpatient rated care as very good or excellent					Net Promoter Score FFT				
All Asian	87%	75%	90%		All Asian	67	69	65	
Chinese subgroup		85%	90%		Chinese subgroup		80	65	
Indian subgroup		73%	90%		Indian subgroup		57	65	
	Overall		Target			Overall		Target	
eCALD Cultural Competency Training					eCALD Cultural Competency Training				
Learners enrolled	166		150		Learners enrolled	341		150	
Learners completed	130		100		Learners completed	239		100	
How to read					How to read				
Performance Indicators:					Trend Indicators:				
Achieved/ On track					Performance improved compared to previous month				
Not Achieved but progress made					Performance declined compared to previous month				
Substantially Achieved but off target					Performance was maintained				
Not Achieved/ Off track									
Key notes									
1. Most Actuals and targets are reported for the reported month/quarter (see scorecard header).									
2. Actuals and targets in <i>grey bold italics</i> 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 30/06/2017									
b. Screens and coverage 25 -69 years, 3 yr ending 31/12/2017.									
c. Jun Q4 2015/16 - no new data									
d. Dec - Q2 2016/17 - no new data									
e. Bowel Screening Round 2 closed (Mar 2016) - Round 3 commenced (participation rate for invites Jan - Jun 2017).									
f. Dec Q2 2017/18									
Contact:									
Victoria Child - Planning & Funding Analyst, Planning & Health Intelligence Team: victoria.child@waitemataadhb.govt.nz									
Planning, Funding and Health Outcomes, Waitemata DHB									
A question?									

