



Making Education Easy

Issue 7 – 2014

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Welcome to the seventh issue of Asian Health Research Review.

The population of Asian ethnic groups in New Zealand has increased considerably over recent decades. Their health issues, sources of resilience and diverse experiences are relevant to the communities involved as well as service providers and wider society. Asian Health Research Review is a unique New Zealand publication bringing you the latest research on the health and wellbeing of Asians in New Zealand together with local commentary.

In this issue, we have the pleasure of profiling an interesting range of articles on life-limiting illnesses, mental health problems, health and risk communication, and concerns with smokeless tobacco use. In addition, we examine the opportunity to understand the health of our young people (drawing attention to the latest Youth2000 survey), and draw attention to the insidious manifestations of racism on health, and opportunities to address the very significant challenges involved in and outside of the healthcare system.

Once again, I'd like to thank Associate Professor Elsie Ho for contributing to this review.

We look forward to receiving any feedback you may have.

Kind Regards,

Professor Shanthi Ameratunga

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Asian health service development in Aotearoa: progress and challenges

Author: Ho E

Summary: The Asian population group is one of the fastest growing groups in NZ and as such their health status has been the focus of a number of large-scale investigations in recent years. Reports from these investigations highlight substantial differences in health status among a diverse group of Asian ethnicities. Across all Asian groups one major concern is the underutilisation, compared to other ethnic groups, of health care services, in particular primary health, cancer screening, mental health and disability support services.

Comment: (Shanthi) It is my privilege to draw your attention to a keynote address given at the 2013 Public Health Association Annual Conference by my co-editor for Asian Health Reviews, Associate Professor Elsie Ho. The Programme Chair (Marty Rogers) opened this conference with the words “Dreams become reality when we take action”. Elsie’s talk (pages 39-46 of the Conference Proceedings report, accessible in full at the URL below) provided a comprehensive overview of the historical and current contexts that have determined and influenced the variability in healthcare accessible to Asian communities. While she draws particular attention to issues in the Auckland region, this well-referenced commentary outlines challenges in advancing Asian health in Aotearoa. It is high time the concerns noted were taken seriously at a national policy level.

As a related aside, I highly commend the published Conference Proceedings as a whole – there are many excellent papers. The Public Health Association including the work of the Asian Caucus is to be applauded for their efforts to promote the equitable health and wellbeing of all peoples in our country.

Reference: *Proceedings of the 2013 Public Health Association Conference*

[Proceedings of the 2013 Public Health Association Conference](#)

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Auckland Regional Settlement Strategy Migrant Health Action Plan



Making a healthy difference to the community



The Asian Health Review has been commissioned by the Northern DHB Support Agency (NDSA) on behalf of the Auckland Regional Settlement Strategy Migrant Health Action Plan Programme which represents Waitemata, Auckland and Counties Manukau District Health Boards.

The Migrant Health Action Plan is available on this website: <http://www.ssnz.govt.nz/publications/AuckRSS.pdf>

The practice of hope: a longitudinal, multi-perspective qualitative study among South Asian Sikhs and Muslims with life-limiting illness in Scotland

Authors: Kristiansen M et al.

Summary: This longitudinal, multi-perspective qualitative Scottish study examined the role of faith and religious identity in determining end-of-life experiences among 25 South-Asian Muslims and Sikhs, using up to three semi-structured interviews with the patients, 15 family members and 20 health care professionals over a period of 18 months. In the accounts of illness constructed by the participants, hope emerged as a central construct, with clinical encounters and religious beliefs in some providing sources of hope. Hope was an active process that developed during the course of their illness and enabled them to accept its personal and social ramifications. Images of hope changed through formulation and reflection as illness progressed and/or treatments failed. These included hoping for a cure, prolongation of life, regaining of lost capabilities, or death when suffering and the family consequences became hard to bear.

Comment: (Elsie) Healthcare professionals often feel challenged by the need to discuss end-of-life care with patients and their relatives from ethnic and religious minority backgrounds, while at the same time support their hope. This study explored the perspectives of South Asian Sikhs and Muslims with life-limiting illness in Scotland, and drew attention to the complex and changing notions of hope articulated in patients' accounts of illness. Religious beliefs, relatives and friends were important sources of hope that enabled the patients to maintain hope and cope with the stress of their illness. As illness progressed, sustaining a hopeful attitude became a complex challenge and many patients also spoke about how they felt unable to talk about fading hopes, fears, death and dying with their relatives. To improve end-of-life care a holistic approach is important in order to address patients' cultural concerns and to enable them to discuss the possible role of religious beliefs as a way of making sense of, and managing, life-limiting illness.

Reference: *Ethn Health* 2014;19(1):1-19

[Abstract](#)

Advance care planning for Māori, Pacific and Asian people: the views of New Zealand healthcare professionals

Authors: Frey R et al.

Summary: This descriptive analysis aimed to examine palliative care provider views (11 individual interviews, 2 joint interviews, 3 focus groups) in the community and hospital setting, with regards to barriers to advance care planning (ACP) adoption and methods for increasing ACP knowledge among Māori, Pacific and Asian groups in NZ. Identified challenges related to issues based on culture, included family decision-making style, a 'do everything' need and a reluctance to discuss dying and death. Knowledge of ACP could be increased by using techniques to improve information access and foster discussion between Māori, Pacific and Asian health professionals and their patients and families/whānau by use of shared norms and values.

Comment: (Elsie) In many Asian cultures, addressing the topic of death is believed to discourage individuals from having hope for the future. Some families even withhold prognostic information from their loved ones on the basis that it might cause a loss of hope. A reluctance to discuss severe illness, death and dying is a major barrier to advance care planning for Asian people. This study provides a number of recommendations for health practitioners to address these cultural barriers to improve ACP engagement.

Reference: *Health Soc Care Community* 2013;Dec 12 [Epub ahead of print]

[Abstract](#)

Impact of the "Like Minds, Like Mine" anti-stigma and discrimination campaign in New Zealand on anticipated and experienced discrimination

Authors: Thornicroft C et al.

Summary: This questionnaire based survey of 1135 people with mental illness (including 225 Māori, 196 Pacific, and 152 Asian persons) investigated the nature and degree of anticipated and experienced discrimination and their views on the "Like Minds, Like Mine" anti-stigma and discrimination programme. Just over half of the participants (54%) reported reduced discrimination over the past 5 years, while 48% considered that the programme had assisted in reducing discrimination. However, 89% reported at least "a little" unfair treatment in the past year because of mental health problems. The family was the primary source of both positive and negative discrimination. More than half (57%) had concealed or hidden mental health issues from others, while 33% had not applied for work because of anticipated discrimination.

Comment: (Elsie) The overall results of the survey are encouraging, as they show that the "Like Minds, Like Mine" programme is contributing to reducing mental health-related stigma and discrimination in New Zealand. However, as with other similar studies, the family has been identified as the most common source of discrimination. This is likely to relate to family being the people with whom service users have the most contact. In Asian cultures, mental illness is often considered shameful as it is typically viewed as the result of supernatural punishment for wrongdoing, or poor parenting. Hence family members may themselves experience "stigma by association" and need as much support as service users.

Reference: *Aust N Z J Psychiatry* 2013;Nov 19 [Epub ahead of print]

[Abstract](#)

Asian Health Review

Independent commentary by Professor Elsie Ho.

Associate Professor Elsie Ho is Director of Population Mental Health and Director of the Centre for Asian and Ethnic Minority Health Research at the School of Population Health, the University of Auckland. **For full bio** [CLICK HERE](#).



What is Listen Please?

Listen Please is a clinical translation application (app) for the Apple iPad.

It makes patient-clinician communication possible, where a patient cannot speak at all (e.g. because he/she has a breathing tube in their airway) and/or the patient can only speak Mandarin/Cantonese Chinese, Korean, Samoan, or Tongan. It includes about 400 questions and statements which have printed/audio translations for the above languages, and pictures/photos to further help understanding. It is a stand alone app and does not need internet access to work. It is not intended to replace trained medical interpreters; rather, it is for those situations where an interpreter cannot be obtained in time or cannot be obtained for all the time.

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Is it time to talk? Interpreter services use in general practice within Canterbury

Authors: Seers K et al.

Summary: The intent of this mixed methods study was to determine a pattern of general practice need and use of trained interpreters in the Canterbury region, and to identify barriers and enablers to interpreter service. Database quantitative analysis was used to derive interpreter need and utilisation, while focus groups transcripts and general practitioner, practice nurse and practice administration staff interviews were analysed to identify barriers and enablers to interpreter service. From 2008-10, 10,742 consultations/year involved a non-English speaking patient; however, only 74.8 (0.7%) consultations/year utilised interpreter services. Four global themes were identified as barriers to interpreter use; practicalities, expectations, knowledge of service and systems.

Comment: (Elsie) The current use of trained interpreters in primary care settings in the Canterbury region appears to be significantly low. The results draw attention to the potential clinical risks and ethical problems of using ad hoc interpreters. Further studies to investigate the uptake of trained interpreter service in other parts of NZ are warranted.

Reference: *J Prim Health Care* 2013;5(2):129-37

[Abstract](#)

Cultural dilemmas of choice: Deconstructing consumer choice in health communication between maternity-care providers and ethnic Chinese mothers in New Zealand

Authors: Guo SP et al.

Summary: This analysis examines the consumer choice discourse embedded in health communication interactions between NZ maternity-care providers and migrant ethnic Chinese mothers. Chinese mothers, as 'customers' of New Zealand maternity and health care services, are encouraged to "fit in"; however, cultural predispositions for childbirth and communication have a significant impact on the ways in which Chinese mothers respond to and resist the Western discourse of choice. Theoretical insights from post-colonialism and Third World feminism highlight cultural dilemmas in a discourse of choice that is taken for granted in Western style health contexts. The study of intercultural health communication builds a platform for a multicultural and inclusive maternity care and health environment.

Comment: (Elsie) This study examined the intercultural complexities of consumer choice discourse in health communications between ethnic Chinese mothers and maternity-care providers. Although consumer choice is about empowering patients to make informed choices and eliminating health status disparities between patients and their healthcare practitioners, the application of these practices is complicated. The findings revealed that some Chinese mothers viewed choice as vulnerability and felt more comfortable in accepting directions in childcare processes. In other cases, Chinese mothers' choices were constrained by presumed cultural norms. This is an area that warrants further investigation with implications for maternity-care and healthcare practitioners in multicultural contexts.

Reference: *Health Commun.* 2014: Jan 21 [Epub ahead of print]

[Abstract](#)

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Asian Health Review

Smokeless tobacco consumption in the South Asian population of Sydney, Australia: prevalence, correlates and availability

Authors: Hossain MS et al.

Summary: This cross-sectional self-administered questionnaire aimed to estimate the prevalence of smokeless tobacco consumption and identify correlates among 1600 Indian, Pakistani and Bangladeshi residents of Sydney. The survey response rate was 26% (419 respondents) and among these the prevalence rate of ever consumption was 72.1%, consumption more than 100 times was 65.9% and current consumption was 17.1%. The prevalence was higher in men (74.3%) than women (67.6%). Smokeless tobacco products were purchased from ethnic shops in Sydney by more than 96% of consumers. Correlates of current consumption were country of birth, with Indians (OR 5.7; 95% CI 2.3-14.5) and Pakistanis (OR 3.1; 95% CI 1.5-6.5) more likely to be consumers than Bangladeshis. Correlates of ever consumption were age ($p = 0.013$) and male gender (OR 2.1; 95% CI 1.5-3.1).

Comment: (Shanthi) Although the response rate to this survey in Sydney was low, the results confirm a well-recognised impression that smokeless tobacco consumption is relatively common among some South Asian communities. With the increasing burden of chronic diseases (e.g., heart disease, strokes) in these ethnic groups as well as known-associations of smokeless tobacco products with cancers of the mouth, throat and other body regions, it would be important to consider the likely scenario and implications on this side of the Tasman.

Reference: *Drug Alcohol Rev.* 2014;33(1):86-92

[Abstract](#)

Racism and Health II: A needed research agenda for effective interventions

Authors: Williams DR and Mohammed SA

Summary: This review of empirical evidence suggests that systematic research should be conducted on the ways that interventions to reduce the multi-dimensional effects of racism may improve health and reduce disparities. Policies and procedures that aim to reduce institutional racism can improve health, through improving neighbourhood and educational quality and increasing access to employment opportunities, additional income and other resources. Research also shows that potential improvements in health may be achieved by interventions that reduce both societal and individual racism. Finally, it suggests that the adverse consequences of racism on health may be lessened by policies that maximise the health-enhancing capacities of medical care, address risk behaviours initiated and sustained by social factors, and by empowering communities and individuals to take control of their health.

Comment: (Shanthi) In a review preceding this article, the same authors note that "despite marked declines in public support for negative racial attitudes in the United States, racism, in its multiple forms, remains embedded in American society". They highlighted the profound impact of institutional and cultural racism on psychosocial stress that results in adverse health outcomes directly as well as indirectly via increased risk behaviours. Although not researched to the same extent and studies of impacts on Asian ethnic groups are uncommon, there are many examples of similar associations in New Zealand. This review critically examines the range of options available to policy makers, service providers and others in positions of power within and outside the health sector, to address these unfair and unjust influences on population health.

Reference: *Am Behav Sci.* 2013;57(8):1200-26

[Abstract](#)



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Initial thoughts: building a social movement to transform institutional racism

Authors: Came H et al.

Summary: Since the 1980s, systemic institutional racism within the administration of the public sector has been publicised through a series of reports, while the health sector was required to engage with the Treaty of Waitangi. Despite this, 20 years later, inequitable health outcomes are still observed between Māori and non-Māori (such as a life expectancy gap of 7.3 years), partly as a result of institutional racism within the health system administration. The Public Health Association (PHA) last year passed a remit committing the public health sector to take action to address institutional racism. The authors suggest that the sector should aim to eliminate institutional racism by 2017.

Comment: (Shanthi) This paper is a very useful complement to the previous review – as this provides a clear exposition of the determinants and risks of racially-biased health services and outcomes. The paper focuses on the significant inequities in Māori compared with non-Māori population health. The arguments to eliminate institutional racism are compelling. The commentary relating to the manifestations of racism in policy making and funding practices will resonate strongly with readers of the Asian Health Research Review.

Reference: *Proceedings of the 2013 Public Health Association Conference*

[Abstract](#)

Health and well-being of secondary school students in New Zealand: trends between 2001, 2007 and 2012

Authors: Clark T et al.

Summary: This analysis of data from three surveys between 2001 and 2012 aimed to describe indicators of wellbeing and health of secondary school students in New Zealand. Significant improvements (adjusted OR) between 2001 and 2012 were reported for cigarette use (0.27; 95% CI 0.23-0.32), alcohol use (0.39; 95% CI 0.33-0.46), marijuana use (0.37; 95% CI 0.31-0.43), sexual abuse (0.52; 95% CI 0.46-0.58), fighting (0.63; 95% CI 0.55-0.73), seatbelt use (1.47; 95% CI 1.31-1.65) and risky driving behaviours (0.39; 95% CI 0.33-0.45). There were also improvements (adjusted OR) in positive connections to school for variables including the perception that the school cares (1.22; 95% CI 1.10-1.35) liking school (1.55; 95% CI 1.33-1.82), and good family relationships also improved (1.83; 95% CI 1.70-1.97). Parameters that failed to improve and were poor in comparison with international estimates were condom use at last sexual intercourse (adjusted OR 0.77; 95% CI 0.68-0.87), daily physical activity (0.88; 95% CI 0.78-0.99) and being overweight/obese (1.09; 95% CI 0.92-1.31). Other indicators that did not improve were exposure to family violence (adjusted OR 1.37; 95% CI 1.11-1.68) and depressive symptoms (1.03; 95% CI 0.91-1.17).

Comment: (Shanthi) In the mid-2000s, I had the pleasure of chairing the Adolescent Health Research Group of the University of Auckland responsible for the Youth2000 series of surveys. It is heartening to see the excellent work that this team has continued to progress, using innovative methodology, youth-friendly technology and engagement of schools up and down the country. This paper provides a valuable overview of the trends in the health and wellbeing of secondary school students across the three surveys. As noted in the summary, there is good news and continuing concerns. Importantly, at least 7.2%, 12.4% and 12.4% of the survey respondents in the 2001, 2007 and 2012 surveys, respectively, identified with Asian ethnic groups. It is hoped that with appropriate funding support, the research team will be able to examine the trends and current health relating to Asian students in particular. The 2001 and 2007 surveys demonstrated some important differences from the national patterns (see www.Youth2000.ac.nz for other reports and publications from this project).

Reference: *J Paediatr Child Health* 2013;49(11):925-34

[Abstract](#)

Asian Health Review

Independent commentary by Professor Shanthi Ameratunga.

Professor Shanthi Ameratunga has a personal chair in Epidemiology at the University of Auckland. A paediatrician and public health physician by training, Shanthi's research focuses on trauma outcomes, injury prevention, disability and youth health.



For full bio [CLICK HERE](#).

Disclaimer: This publication is not intended as a replacement for regular medical education but to assist in the process. The reviews are a summarised interpretation of the published study and reflect the opinion of the writer rather than those of the research group or scientific journal. It is suggested readers review the full trial data before forming a final conclusion on its merits.

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It contains research material and guidelines to enhance the knowledge, attitudes and skills of practitioners.

The purpose of the CALD Family Violence Resource is to enable health care workers to gain understanding around what is required to provide culturally appropriate family violence screening and interventions.

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