Summary of Asian HNA

February 2009

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Executive summary

Introduction

Asian is the fastest growing ethnic group in New Zealand and comprises the second largest ethnic group (approximately 14%) in Waitemata. However, the Asian ethnic group is also very diverse in language, culture, traditions and health needs. The purpose of this report is to identify the health needs of Asian people living in Waitemata, including the differences and inequalities in health status and health services utilisation between Asian and European/Other ethnic groups and within the Asian ethnic group.

Methods

Consideration was given to the identification of key issues for the Asian population in areas including demography, social-economic determinants of health, risk and protective factors of health, health status, health service utilisation and child and maternal health. Whenever possible, three Asian subgroups i.e. Chinese, Indian and Other Asian were compared. In some cases, such as when data at Asian sub-group level was not available or the numbers were too small to produce reliable results, the Asian ethnic group as a whole was also compared with the European/Other ethnic group.

This report was written using routinely collected data and results from published national surveys and statistical reports. Most information is of a quantitative nature. Data were usually aggregated for 3 years or 4 years (to increase the reliability of results). Both total response and prioritised ethnicity were used (and labelled accordingly). Where appropriate, rates in this report were standardised for age to enable valid comparisons between different populations. 95% confidence intervals have been provided for a good proportion of analyses, though it should be noted that many of these analyses were for population, as opposed to sample survey data.

Two rounds of consultation were undertaken: Round 1 (prior to drafting the Asian HNA) and Round 2 (after data collation). The purpose of Round 1 consultation was to engage with community leaders and to determine the content/framework/scope of the Asian HNA, while Round 2 was a public consultation mainly to prioritise the most important health needs for Asian communities in Waitemata.

Summary of key findings

In Waitemata, Chinese were the largest Asian ethnic subgroup, comprising 40% of Asian population. Indian was the second largest group (about 22%) and Korean was the third largest group (approximately 18%).

About 35% of the population in Waitemata were under the age of 25 while around 11% were 65 years and older. There were some differences in the population age structure of the Asian ethnic subgroups (Chinese, Indian, Korean, Other Asian). The most common age groups were 20-24 years (among Chinese people) and 10-19 and 35-49 years (among Korean people). There was a greater proportion of females than males among the Korean and Other Asian populations. The age structure for Indian people was similar to the pattern of the general population in Waitemata.

Among Asian ethnic groups, Indian people had the largest proportion (20%) born in NZ, followed by Other Asian (excluding Korean, 18%) and Chinese (17%) people, while Korean people had the lowest proportion (7%). By territorial authority (TA), North Shore had the largest proportion of Asian people (55.4%) followed by Waitakere (40.9%).

Compared with European/Other in Waitemata, Asian people were well educated but with a higher unemployment rate, lower income, lower prevalence of regular physical activity and lower prevalence of 3+ servings of vegetables per day. Asian people had higher life expectancy (which may partly reflect the healthy migrant effect), but with lower use of primary care services and significantly lower cervical screening coverage. Asian people had lower rates of potentially avoidable hospitalisation and surgical procedures.

However, Asian as a whole in Waitemata did better in these important indicators compared with the NZ average of Asian: life expectancy, adult potentially avoidable mortality (PAM), all cardiovascular disease (combined) mortality rate, suicide rate, breast screening rate, overall infant mortality, overall child mortality and full immunisation coverage rate (at 2 years).

Within Asian subgroups, Chinese and Korean ethnic subgroups had a higher proportion of people not speaking English (which is associated with their lower health care service use including cancer screening) than Other Asian or Indian people, while Chinese people experienced higher life expectancy and lower avoidable mortality than Other Asian and Indian people. Indian people had a higher prevalence of self-reported high cholesterol, high blood pressure, heart disease, diabetes and asthma than Other Asian and Chinese people. Indian people also had higher use of secondary care services, particularly those related to cardiovascular disease and diabetes than Other Asian and Chinese people. Indian newborns were also more likely to experience low birth weight than Other Asian and Chinese people.

Participation at the 2 rounds of community consultation was high (74 community leaders in Round 1 and 75 people in Round 2). All participants strongly supported the preparation of an Asian HNA for Waitemata. Priority areas for action included: Asian workforce development (Asian doctors/nurses), improved availability of and access to preventative services (HEHA [Healthy Eating Healthy Action], smoke-free, regular health checks especially in the old, screening programmes, improving PHO [Primary Health Organisation] enrolment), mental health (risk factor control, health education and promotion, early intervention and service access) and control of CVD/diabetes in South Asian people.

Strengths

This is the first Asian health needs assessment report for Waitemata and the second nationwide. Whenever possible, important health indicators such as prevalence, mortality and hospitalisation rates were analysed/collated/reported at level 2 ethnicity for the Asian population (Chinese, Indian and Other Asian).

Another important feature of the report is that two rounds of consultation were undertaken, which has made the report unique so far nationwide.

Limitations

This report was undertaken within a short time frame, which made data collection and analysis difficult for some indicators. Analysis of the Korean subgroup (the third largest group of Asian people in Waitemata) was limited because of the way in which this ethnic group is coded (level 3). Data at level 2 ethnicity at a DHB level are difficult to obtain, for both the numerator and denominator. Therefore, for some indicators, only level 1 ethnicity data was able to be included. Data at level 2 was not yet available for the 2006/07 New Zealand Health Survey so 2002/03 data had to be used instead. Even when data at level 2 was available, it was not always possible to undertake rate calculations as frequently the numerators were too small to undertake meaningful analyses. Level 1 and 2 denominators (for calculating health outcome and hospitalisation rates) came from different sources and therefore might not be directly comparable.

Most indicators did not take into consideration duration of residence in New Zealand despite the likely effects of migration, acculturation and settlement on health status and health service utilisation.