

The Asian Peoples
Strategy
2015 - 2020 —



Draft

Plunket

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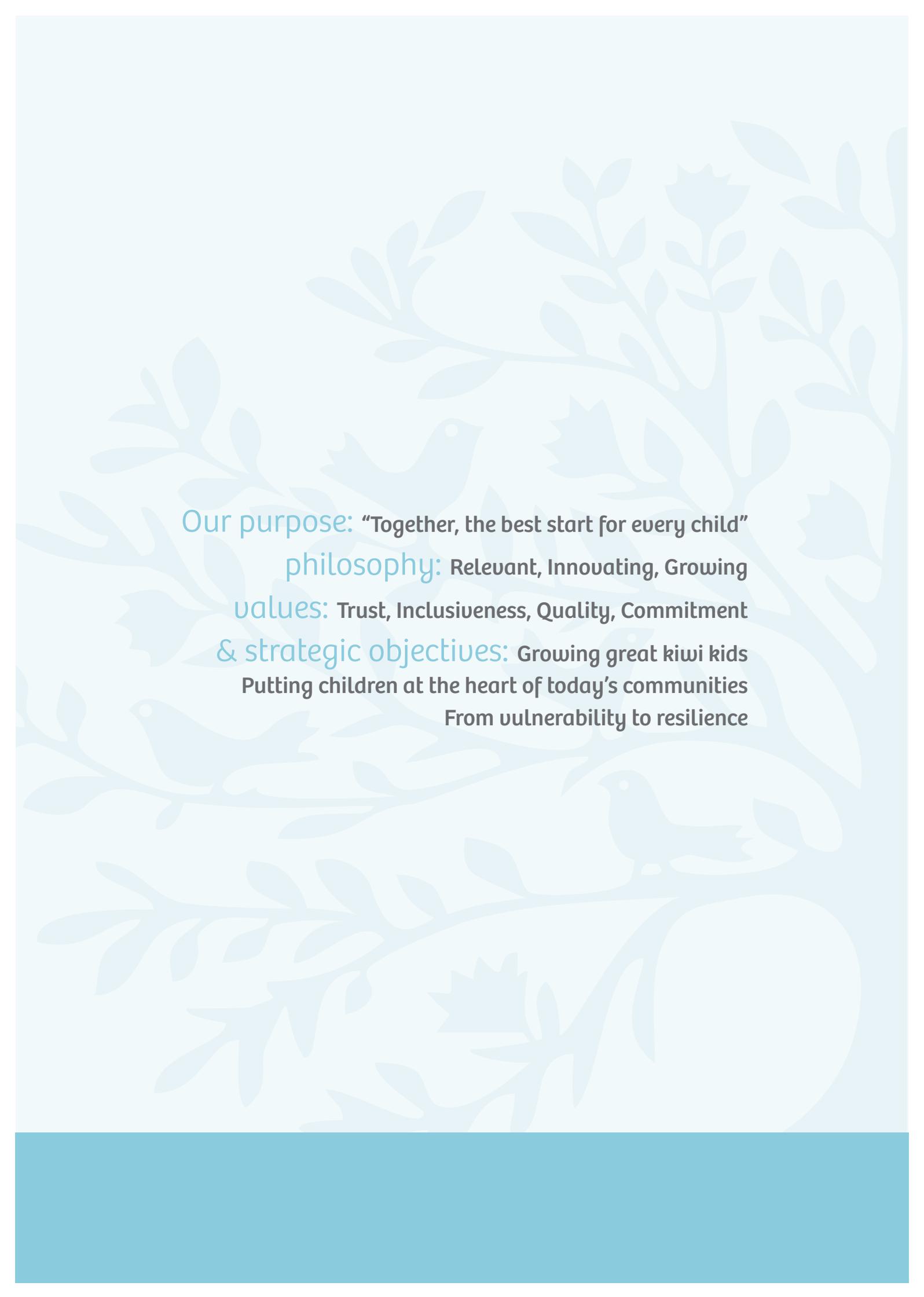
Draft

We are seeking your feedback on the Draft Asian Peoples Strategy.

Any feedback can be emailed to:
asianstrategy@plunket.org.nz

Feedback closes on 31 October 2015





Our purpose: “Together, the best start for every child”

philosophy: Relevant, Innovating, Growing

values: Trust, Inclusiveness, Quality, Commitment

& strategic objectives: Growing great kiwi kids

Putting children at the heart of today’s communities

From vulnerability to resilience

Executive Summary

New Zealand's population is changing rapidly in ethnic makeup. The fastest growth is in the number of people with Asian ethnicity living in New Zealand.

This growth is reflected in the 47% increase in Asian new baby cases in Plunket between 2006 and 2012. The 2013 Census recorded Asian as the third largest ethnic group in New Zealand making up 11.8% of the population (behind NZ European at 74% and Māori at 14.9%). In recognition of this growth the Plunket National Board set a goal for the organisation to “explore and define an Asian strategy and Asian models of care” in the organisation. This strategy describes how this will be achieved over the coming five years.



New Zealand population ethnic groups, Census 2013



Most Asians reside in the Auckland region, followed by Wellington, Canterbury, Waikato, and Bay of Plenty region.

Asian Peoples in New Zealand

1. Asian is the third largest ethnic group in New Zealand. Most Asians reside in the Auckland region, followed by Wellington, Canterbury, Waikato, and Bay of Plenty region. The number of people living in New Zealand born overseas has reached 1 million for the first time with the most common birthplace being Asia (31.6%), followed by UK and Ireland (26.5%)¹.

2. Chinese is the largest ethnic group within the Asian community, followed by Indian, Filipino, Korean, and Japanese. The Indian ethnic group has grown faster

¹ Measured by regions rather than by countries.



than the Chinese, and the Filipino population has more than doubled since 2006.

3. Generally Asian infant and children are healthy, although there are some sub-group differences. However the healthy migrant effect can dissipate in time and can even reverse with prolonged residence in the host country particularly in subsequent generations of migrants.

4. The Asian community is a very diverse group that includes Asian people who have been living in NZ for many generations, recent migrants, and refugees. It is also very diverse in terms of the languages they can speak, where they are from, and religious affiliation.

Asian Peoples and Plunket

1. The number of Asian clients in Plunket has almost doubled since 2005/2006. In 2013/2014, approximately 15% of new baby cases were from an Asian background.

2. At the same time, 4% of Plunket paid staff, volunteers and governance board members identified themselves as Asian.

3. Generally speaking, most Asian clients are satisfied with Plunket services and feel they are listened to.

4. Plunket research indicates Asian peoples are not aware of Plunket and its services. Participants note that more resources and staff being able to speak Asian languages will assist in breaking down language and cultural barriers.

Key recommendations made include:

- developing resources in Asian languages;
- employing more staff who are able to speak different languages;
- developing services that cater for the specific needs of Asian families;
- and supporting front-line staff to increase their understanding of Asian cultural beliefs and practices.

It also stressed the importance of working closely with the Asian community to develop and implement these initiatives.

Plunket Asian Peoples Strategy

The Plunket Asian Peoples Strategy is a 5 year strategy (2015-2020) with yearly milestones. Communities are invited to provide feedback on it. The strategy has three strategic directions, each with its own workstreams and outcomes.

Purpose: Working with Asian families and communities to provide the best start for every child.

Strategic Direction 1: Increase Plunket's capability and capacity

Workstream 1: Workforce Development

Workstream 2: Responsive Systems and Strategies

Strategic Direction 2: Increase access, utilization, and satisfaction

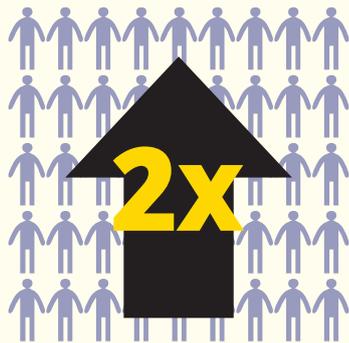
Workstream 1: Access and Awareness in the Asian Community

Workstream 2: Utilization of Relevant Professional Services

Workstream 3: Customer Satisfaction

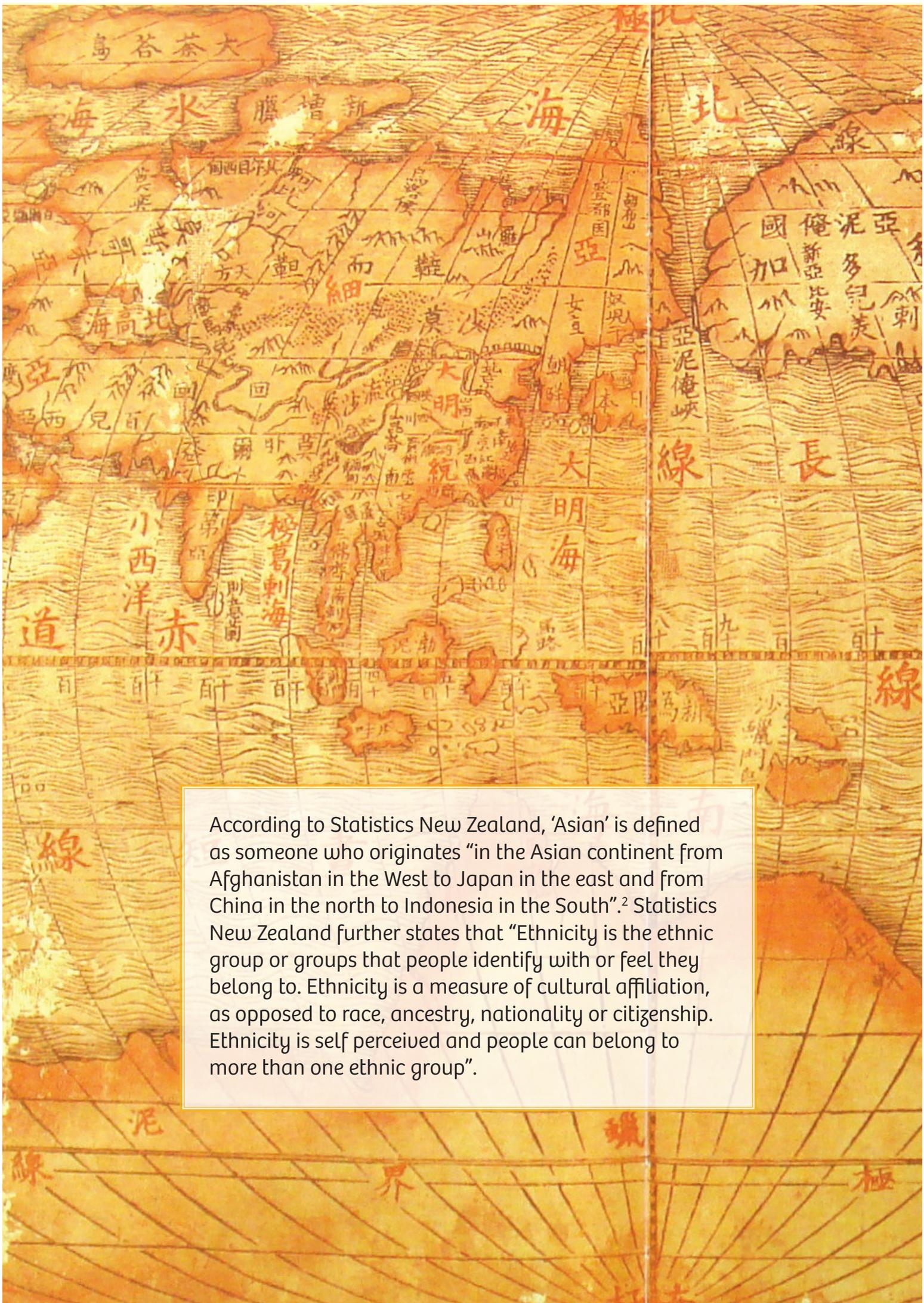
Strategic Direction 3: Increase community engagement

Workstream 1: Building Meaningful Relationships



The number of Asian clients in Plunket has almost doubled since 2005/2006. In 2013/2014, approximately 15% of new baby cases were from an Asian background.





According to Statistics New Zealand, 'Asian' is defined as someone who originates "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".² Statistics New Zealand further states that "Ethnicity is the ethnic group or groups that people identify with or feel they belong to. Ethnicity is a measure of cultural affiliation, as opposed to race, ancestry, nationality or citizenship. Ethnicity is self perceived and people can belong to more than one ethnic group".

Asian Peoples in New Zealand

In the most recent Census 2013, Asian is the third largest ethnic group in New Zealand. The biggest ethnic group is NZ European (74%), followed by Māori (14.9%), Asian (11.8%), Pacific Peoples (7.4%), and the MELAA group (1.2%)³. Amongst the Asian community, Chinese is the largest ethnic group (171,411), followed by Indian (155,178), Filipino (40,350), Korean (30,171), and Japanese (14,118). In 2013, England at first place and the People's Republic of China at second place remained the most common countries of birth for overseas-born people living in New Zealand. India replaced Australia as the third most common. The Indian ethnic group is also growing faster than the Chinese with a 29.5% increase in numbers since 2006 and the Filipino population more than doubled in the same time (138.2% increase).

Most Asians live in the Auckland region (65%), followed by Wellington (10%), Canterbury (8%), Waikato (6%), and Bay of Plenty (3%). Specific Asian communities can congregate in particular places. For example, although most Japanese people live in the Auckland region almost one fifth of them live in the Canterbury region. The table below indicates where the top five Asian groups live⁴.

The diversity of NZ's Asian community is also highlighted by the number of people who can speak more than one language. According to the 2013 Census, 737,910 people (18.6%) claimed they were multi-lingual. Of these, about 81,483 people can speak Chinese⁷, and 63,342 people can speak Hindi. In 2013, of those people who stated they were able to have a conversation about everyday

| Region | Chinese ⁵ | Indian ⁶ | Filipino | Korean | Japanese |
|---------------|----------------------|---------------------|----------|--------|----------|
| Auckland | 69% | 68% | 51% | 77% | 48% |
| Waikato | 4% | 6% | 4% | 4% | 5% |
| Bay of Plenty | 1% | 4% | 6% | 3% | 3% |
| Wellington | 10% | 10% | 13% | 3% | 8% |
| Canterbury | 8% | 4% | 12% | 11% | 18% |
| Otago | 2% | 0.4% | 2% | 3% | 7% |

² A full listing of the classification Asian can be found in: Ethnicity Data Protocols for the Health and Disability Sector, Statistics New Zealand.

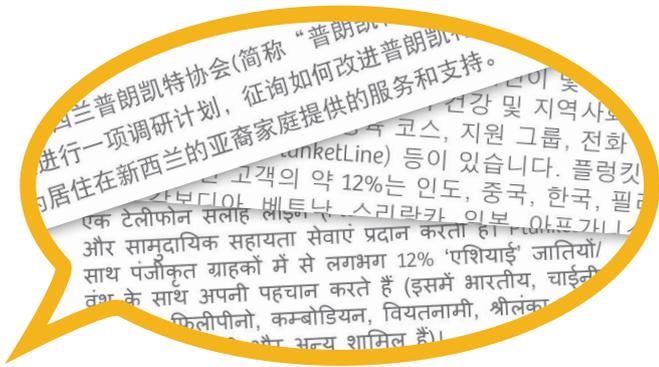
³ MELAA Group: Middle Eastern, Latin American and African group.

⁴ Information extracted and analysed from the table builder tool, Statistic New Zealand.

⁵ Chinese – Chinese nfd only (Chinese not further defined)

⁶ Indian – Indian nfd only (Indian not further defined)

⁷ This includes Northern Chinese languages (including Mandarin) – 44,967, and Yue (including Cantonese) – 36,516.



things in at least one language, 87,534 people did not include English as one of their languages. The most common languages spoken by non-English speakers were undefined Sinitic (the language family that includes the many forms of Chinese) – 13.7%; Yue (including Cantonese) – 12.1%; Northern Chinese (including Mandarin) – 11.7%; Samoan (11.2%); and te reo Māori (10.2%). For most of these non-English speakers, more than half (65.3%) reside in Auckland region, 8.3% in Wellington region, 6.5% in Canterbury and 5.7% in Waikato region.

Christianity remains the biggest religious group in New Zealand. In 2013, 89,916 people affiliated with Hinduism (an increase of 39.6%), 58,407 Buddhism (an increase of 10.3%), 46,146 Islam/Muslim (27.9% increase), and 19,191 Sikh (50.4% increase).

In 2013 the number of people living in New Zealand born overseas reached 1 million for the first time – a total of 1,001,787 people (25.2%). The most common birthplace for people living in New Zealand but born overseas was Asia 31.6%, followed by UK and Ireland (26.5%)⁸. That means some Asian children in NZ have a parent who was born overseas.

Many new Asian migrants (voluntary migrants rather than refugees) are (initially) healthier on average than the native population (the healthy migrant effect), and are generally highly educated. However, the healthy migrant effect is not permanent. This initial health advantage can dissipate and even reverse with prolonged residence in a host country and in subsequent generations of migrants⁹. In NZ, recent migrants have better health than longstanding migrants or those born in NZ, indicating that length of stay in NZ, and acculturation, is an important determinant of health¹⁰.

The healthy migrant effect does not always translate to a high socioeconomic status once resided in NZ¹⁰. Asian people tend to have higher under- and unemployment and lower incomes than NZ Europeans^{10,11} which may be due to lack of English language proficiency¹². For migrant families, a positive experience of migration and its effect on their health and well-being, depends on many factors, including being accepted and having a sense of belonging in the host country, their ability to find work, participating in society with connections with others in the community, and being respected despite cultural differences¹³.

Several health needs assessments were completed for the Asian population in New Zealand^{10, 11}, especially in the Auckland region¹³,^{14,15}. The comparative population

⁸ Born overseas are measured by regions rather than by countries.

⁹ Tse, S., Tong, K., Wong, G.H., Hong, C., & Rasalingam, N. (2013). Chapter 7 in St. George IM (ed.). Cole's medical practice in NZ. Medical Council of NZ, Wellington.

¹⁰ Asian Health Chartbook, Ministry of Health (2006).

There were no significant differences between the three Asian groups examined and the European/Other infants for infant mortality rate¹⁶. Potentially avoidable hospitalization rates (PAH) in Auckland region showed Chinese boys aged 0-14 had a significantly lower rate of potentially avoidable hospitalizations compared with European/Other children, but there were no significant differences between the PAH rates of Indian, Other Asian and European/Other boys. For girls aged 0-14, Chinese girls had a significantly lower PAH rate as compared to both European/Other and Indian girls, and a lower rate as compared to Other Asian girls although this difference was not significant. There were no significant differences in the PAH rate of Indian, Other Asian and European/Other girls across Auckland.

The top three causes to PAH rates among children from each of the ethnic

groups examined were ENT infections, dental conditions or asthma. The PAH rates for both dental conditions and asthma among Other Asian and Indian children were significantly higher than among their European/Other counterparts.

In all areas examined, a greater percentage of Indian babies born between 2008 and 2010 had birth weight below 2,500 grams as compared with European/Other babies. The proportion of Chinese and Other Asian babies with low birth weight was similar to European/Other babies in all areas except ADHB, where a greater percentage of Other Asian babies had low birth weight as compared to their European/Other counterparts.

Chinese, Indian and Other Asian children had similar or higher rates of being fully immunized at two years, and five years of age, as compared to European/

Other children. Chinese had the largest proportion of fully immunized children at both two years and five years among all the ethnic groups examined.

Auckland Regional Dental Service data indicated that a lower proportion of Chinese, Indian and Other Asian five years old across the three DHBs had caries-free teeth as compared to European/Other five years old. Chinese five year olds had the worst oral health of the ethnic groups examined. Among Auckland children between 2008 and 2010, Other Asian children had a significantly higher hospitalization rate for dental conditions as compared to European/Other children. Indian children had a slightly greater rate of dental hospitalizations, and Chinese children had a similar rate as compared to their European/Other counterparts.

was NZ European in all reports, so that Asian health was compared with the majority population. Above is an extract from the *Health Needs Assessment of Asian People Living in the Auckland Region*¹³, published by the Northern Regional Alliance (formerly known as the Northern DHB agency), the report analyzed data gathered from the three DHBs in Auckland (ADHB, WDHB, CMDHB).

A small proportion of Asian peoples also have a refugee and asylum seeker background, and are more

likely to have higher health needs, including physical and psychological trauma from experiences relating to being a refugee. Asian refugee families are more likely to have poor health and difficulties accessing health care, due to 'cultural, language and financial constraints, lack of awareness of available services, and lack of health provider understanding of [their] complex health concerns'¹⁷. NZ accepts a quota of up to 750 refugees per year, including Middle Eastern and African refugees¹⁸.

¹¹ Scragg, R (2010). Asian Health in Aotearoa in 2006-2007: Trends since 2002-2003. Auckland: Northern DHB Support Agency, 2010.

¹² Strategic Social Policy Group (2008a). Diverse Communities – Exploring the migrant and refugees experience in New Zealand, Vol.2. Wellington.

¹³ Mehta, S. (2012). Health Needs Assessment of Asian People Living in the Auckland Region, Auckland: Northern DHB Agency, 2012, p.70.

¹⁴ Gala, G. (2008). Health Needs Assessment for Asian People in Counties Manukau, Auckland: Counties Manukau DHB.

¹⁵ Zhou, L. (2009). Health Needs Assessment for Asian People in Waitemata, Auckland: Waitemata DHB.

¹⁶ The infant mortality rate represents the number of infants who die in their first year of life, per thousand live births.

¹⁷ Davidson, N., Skull, S., Burgner, D., Kelly, P., Raman, S., Silove, D., Steel, Z., Vora, R., and Smith, M. (2004). An issue of access: Delivering equitable health care for newly arrived refugee children in Australia. *Journal of Paediatrics and Child Health* 40 (9-10): 569-75.

¹⁸ Refugee Health Care: A Handbook for Health Professionals. Ministry of Health 2012.

Asian Peoples and Plunket

As the proportion of Asian people within the NZ population has grown, so has the proportion of Asian clients who use Plunket services. In the 2013/14 financial year, Plunket recorded a total of 54,296 new baby cases (NBC). Between 2005/06 and 2013/14, the number of NBC enrolled in the Plunket Well Child service and whose ethnicity was identified as Asian grew from 4,513 (8% of all NBC) to 7,539 (14% of all NBC)¹⁹. This increase of nearly 50% in Asian clients is far greater than for any other ethnic group. Of these Asian clients, 38% are Chinese, 33% are Indian, 16% Other Asian, 11% South East Asian and 2% Asian not further defined.

Asian clients' access to Plunket services: Well Child/Tamariki Ora

As the numbers of Asian clients has increased over the last decade, we can also see increases in the number of contacts²⁰ with Asian clients over time. For Asian communities throughout this time, the proportion of ANKs (appointments not kept) has remained stable at around 8% and NAHs (not at home) at around 3-4%.



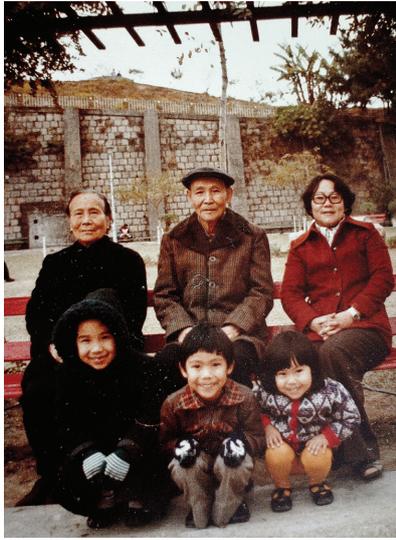
Asian clients' access to Plunket services: PlunketLine and other services

PlunketLine provides a 24/7 nationwide Well Child telephone service. While the majority of callers to PlunketLine will have their ethnicity elicited and recorded, this is not done for every call. For example, ethnicity may not be recorded from short calls that do not include care delivery or anonymous calls. For the year July 2012–June 2013, PlunketLine recorded ethnicity in 74% of over 91,000 calls. Of these, 9% identified as Asian by level one prioritized ethnicity reporting.

PlunketLine services include the PlunketLine Chinese Service which was established in 2007. This service is for callers to PlunketLine who want to speak with a Chinese

¹⁹ Six percent of new baby cases from Plunket's dataset has 'unknown' ethnicity in that year.

²⁰ Well Child Contacts: Each child is scheduled 8 Well-Child Contacts between 6 weeks and 5 years old. Please go to www.wellchild.org.nz for more information. Additional contacts can be arranged if required.



Plunket Nurse and operates on a call back system, this Chinese service was used 424 times for the year July 2012-June 2013. No other Asian language interpreting

service was recorded during this time.

In 2012-2013, just over 17,000 people received Plunket parenting programmes such as PEPE courses – 13% of these were of Asian ethnicity. Specific information on the access of Asian clients to car seat services is not available, as ethnicity data is not collected at these contacts.

Asian communities: Service Feedback

The 2012 Plunket Client Satisfaction Survey (CSS) was conducted through a telephone survey to gather feedback on Plunket Well Child/Tamariki Ora and other services. The survey contacted a random sample of parents identified from the Plunket database as being first-time parents with at least three contacts with Plunket in 2012. The telephone survey was completed by 700 clients, of whom 64% were

European/Other ethnicity, 14% were Māori, 17% were Asian and 5% were Pacific. Most respondents were first-time parents (89.4%), mothers (96.3%) and represented a range of ages, with nearly a third of respondents aged 30-34 years.

Differences by ethnicity in satisfaction with “listening to you” were not significant ($p=0.08$), although dissatisfaction/neutral ratings were lower in Asian and Pacific clients. Rating of “convenient location” varied significantly by ethnicity. Clients of Asian ethnicity were more likely to disagree or be neutral about services being in a convenient location (11.4%), than Pacific (5.6%), European/Other (6.3%) and Māori (7.2%) clients. However, when asked, “satisfaction with providing home visits”, higher dissatisfied/neutral ratings for this were found in Māori (14.4%) and European/Other (18.7%) than Asian (10.7%) and Pacific (8.3%) clients. One can assume that Asian peoples are generally satisfied that Plunket provides home visits, but are not quite satisfied about the location of other services, and that can contribute to the accessibility of these services and the families’ access to available transportation. Overall satisfaction also varied significantly by ethnicity, where the highest dissatisfied/neutral ratings were from those of European/Other ethnicity (16.0%), followed by Asian (9.0%), Māori (8.2%) and Pacific (2.8%) clients²¹.

²¹ Plunket Client Satisfaction Survey 2012. If comparing within the Asian ethnic group, 91% of Asian respondents are “somewhat satisfied” and “very satisfied” with overall Plunket services, as opposed to 9% of Asian respondents who were ‘dissatisfied’ with Plunket services.

Asian communities: Service Directions

Plunket provides Well Child Services to the community and is a universal service to all children living in New Zealand. Plunket sees more than 90% of newborn babies in NZ each year and offers parenting support as well as developmental assessments. One of the core services Plunket provides through the Well Child contracts is regular home or clinic visits for children up to 5-years-old. It is understood this scheme is unique and it is not known whether any Asian countries provide free regular health checks to children under 5.

Between 2011-2013^{22,23,24} Plunket has worked closely with the Asian community and relevant key stakeholders to identify needs and opportunities to improve their services. Gaps identified included lack of information for Asian families

(on topics such as breastfeeding, settling baby and car seat safety) in different languages; insufficient number of front-line staff who are able to converse in Asian languages; not enough playgroups specifically catering to the needs of the Asian community; and some front-line staff having limited understanding of Asian cultural beliefs and practices.

Recommendations for addressing these issues included recruiting more Asian staff; increasing staff knowledge around cultural diversity and practices; providing more Asian-specific services; making information in different languages available; and increasing engagement with the Asian community. It is also noted the importance of collaboration with community services and organisations that already support Asian or migrant and refugee families in order for these initiatives to be successful.



²² 2011 - Plunket Forum: Plunket Forum for staff addressing how to better support Asian clients.

²³ 2012 - Plunket National Scan of Plunket services for Asian families.

²⁴ 2013 - Improving Support for Asian Families in New Zealand: Project Report. The Royal New Zealand Plunket Society, Inc.

The Asian Peoples Strategy

Purpose: Working with Asian families and communities to provide the best start for every child

Development: The Asian Peoples Strategy (“The Strategy”) states Plunket’s intentions for working in partnership with the Asian community from 2015 to 2020.

It is a five year strategic plan with yearly milestones.

| Strategic Direction | Workstream | Outcome |
|---|-----------------------------------|---|
| 1. Increase Organisation Capability & Capacity | Workforce Development | A1 Diverse Workforce |
| | | A2 Cultural Competency |
| | | A3 Accessible Information |
| | Systems & Strategies | A4 Reporting & Research |
| | | A5 Policies & Advocacy |
| 2. Increase Access, Utilization & Satisfaction | Increase Access & Awareness | A6 Raising Awareness |
| | | A7 Accessible & Relevant Services |
| | Increase Utilization | A8 Utilizing Existing Services |
| | | A9 Use of Interpreters |
| | | A10 Professional Services |
| | Increase Satisfaction | A11 Customer Satisfaction |
| | | A12 Appropriate & Effective Feedback Channels |
| 3. Increase Community Engagement | Building Meaningful Relationships | A13 Asian Communities |
| | | A14 Relevant Agencies |

In 2013 Plunket conducted research looking at the needs of Asian families in New Zealand. A summary of the findings can be found on Plunket’s website. Findings and recommendations from the research form the basis of this strategy.

Strategic Directions, Workstreams, and Outcomes

The Asian Peoples Strategy has three strategic directions, each with its own workstreams and outcomes.

Strategic Direction 1: Increase Plunket's capability and capacity

Workstream 1: Workforce Development

Workstream 2: Responsive Systems and Strategies

Strategic Direction 2: Increase access, utilization, and satisfaction

Workstream 1: Access and Awareness in the Asian Community

Workstream 2: Utilization of Relevant Professional Services

Workstream 3: Customer Satisfaction

Strategic Direction 3: Increase community engagement

Workstream 1: Building Meaningful Relationships

Strategic Direction 1: Increase Plunket's capability & capacity

Workstream 1: Workforce Development

- Diverse workforce
 - Plunket staff, volunteers and governance members better reflect the population served
 - Asian staff are well connected and supported by Plunket
- Cultural competency – Plunket people are culturally competent to enable them to effectively address the needs of Asian peoples
- Accessible information – Plunket people have easy access to Asian-specific resources (in-house and external)

Workstream 2: Systems and Strategies

- Reporting and Research
 - Reporting processes ensure high quality ethnicity data is available to support informed planning and evaluation
 - Health outcomes for Asian Children improve
 - Research decision-making and planning is informed by increased understanding of and collaboration with Asian communities
 - Best practice models of care that meet Asian community needs are implemented
- Responsive Policies and Advocacy
 - Plunket policies and strategies are responsive to the needs of Asian Peoples

- Needs of Asian Peoples are advocated where relevant
- Strategic advice is actively sought from the Asian Community

Strategic Direction 2: Increase access, utilization & satisfaction

Workstream 1: Access and Awareness in the Asian Community

- Raising Awareness
 - Asian communities understand and are knowledgeable about Plunket services
 - Plunket responds to topical issues for Asian families in ways which are inclusive of Asian values and beliefs
- Accessible and Relevant Services - services which cater for the specific needs of Asian families have been designed, implemented and promoted with Asian communities

Workstream 2: Utilization of Relevant Professional Services

- Utilizing Existing Services - existing Plunket services most relevant to Asian families have been identified and promoted
- Use of Interpreters – the use of professional interpreters within Plunket services as a means of effective communication with Asian clients is increased
- Professional Services – referrals of Asian clients by Plunket people to professional services that offer specific cultural support increase

Workstream 3: Customer Satisfaction

- Increase Customer Satisfaction – improved customer satisfaction levels by Asian clients result in Plunket being the preferred provider of Well Child and other parent support services for Asian families
- Appropriate and Effective Feedback – Asian families can easily provide feedback to Plunket which, in turn, actively responds so consumer needs are heard and acted upon

Strategic Direction 3: Increase community engagement

Workstream 1: Meaningful Relationships

- Asian Communities – community-led partnerships are developed to enable the implementation of sustainable local initiatives which are valued and used by the community
- Relevant Agencies – Plunket’s capability to work with Asian communities is increased through strategic relationships with professional, clinical, allied health and academic groups

Appendix 1:

The Asian Peoples Strategy – Tactical Plan



Strategic Direction 1: Increase Plunket's capability & capacity

Workstream 1: Workforce Development

| Pathway A1: Diverse Workforce | | |
|--|---|---|
| Outcomes Statements | Key Performance Indicators | Key Milestones |
| B1. Plunket staff, volunteers and governance members better reflect the population served. | C1. Regular monitoring of ethnicity data of Plunket staff, volunteers and governance members. Help ensure such data collection process is appropriate. | D1a: 2015: Plunket people ethnicity data ²⁵ (Asian peoples) identified. D1b: 2016 onwards: Process for monitoring ethnicity data within Plunket established. |
| | C2. Asian Recruitment and Retention (R&R) Strategy developed and implemented. | D2a: 2015-2017: Asian Recruitment and Retention Strategy developed. D2b: 2018-2020: Asian Recruitment and Retention Strategy implemented and monitored. |
| | C3. Staff-mix reflects population. | D3a: 2015-2016: High priority areas identified. D3b: 2017-2020: Asian R&R Strategy implemented in 2018 with a focus on high priority areas. |
| | C4. Increase the number of Asian volunteers nationally by 2%, and by 5% in Auckland region, by 2020. | D4a: 2015-2016: Asian volunteer numbers identified. Contribution to wider Plunket Volunteers Strategy to ensure an Asian voice. D4b: 2015-2016: Position created to focus on developing volunteers' resources in Asian languages and to maintain Asian volunteer database in Auckland ²⁶ . – Position created and filled. D4c: 2016-2018: Position similar to D4b in 2 other high priority areas created. D4d: 2015-2020: Potential Asian volunteers identified and regular support provided to them. |
| | C5. Increase representation of Asian peoples in governance roles in priority areas. | D5a: 2015-2017: Suitable candidates identified for governance roles in high priority areas. D5b: 2017- 2020: Suitable candidates elected to relevant governance boards. |
| | C6. Closer linkages with training institutes and better support for in-training worker/students who might have an interest serving the Asian community. | D6a: 2015-2017: Relationships established with relevant training institutes; placement and employment opportunities for Asian health professionals identified. D6b: 2017-2020: Contribute to KPI C2 and C3. |
| B2. Asian staff are well connected and supported by Plunket. | C7. Asian staff satisfaction rate measured with the aim of achieving 75-80% satisfaction by 2020. | D7a: 2015-2016: Existing Asian staff satisfaction rate ascertained. D7b: 2017-2018: Key factors contributing to staff satisfaction rate identified. D7c: 2018-2020: Key staff satisfaction factors implemented and continuously monitored. |
| | C8. Asian front-line staff turnover rate measured with the aim that it be no greater than 15% by 2020. | D8a: 2015-2016: Existing Asian front-line staff turnover rate ascertained. D8b: 2017-2018: Reasons for turnover identified and mitigating support measures implemented, see Key Milestones D2a and D2b. |
| | C9. Asian staff network established and meeting regularly to provide support to Asian staff, and contributing to the wider Plunket information base. | D9a: 2015: Asian staff network set up and meeting regularly in Auckland– Completed. D9b: 2016-2017: Identify way to set up an Asian staff network nationally that will allow regular connection between all Asian Plunket staff. D9c: 2015: Information on Asian staff network (including meeting documentations and guest lecture notes) available to all Plunket staff. – Completed and on-going. |

²⁵ Currently high proportions (37%) of Plunket people have not declared their ethnicity.

²⁶ This position is currently part-time and on a voluntary basis.

Pathway A2: Cultural Competency

| Outcomes Statements | Key Performance Indicators | Key Milestones |
|--|--|--|
| B3. Plunket people are culturally competent to enable them to effectively address the needs of Asian Peoples. | C10: Identify cultural competency measures specifically required to address the needs of the Asian community. | D10a: 2015-2016: CALD ²⁷ resource investigated as an option to achieve cultural understanding by Plunket people when working with Asian families. D10b: 2016-2017: Key cultural competency measures specifically addressing the needs of Asian Peoples and which are relevant to Plunket's business are identified (additional to CALD, if any) ²⁸ . D10c: 2016 onwards: CALD utilization rate monitored. D10d: 2017 onwards: Utilization measures (that are additional to CALD) monitored. |
| | C11: Identify options to achieve identified cultural competency measures and to attain 50% completion rate in high priority areas by 2020. | D11a: 2015-2016: High priority areas identified; CALD accessible in these areas. D11b: 2020: See D10c, and to ensure a 50% completion rate is achieved in the high need areas by 2020. D11c: 2020: See D10d, and to ensure a 50% completion rate is achieved in the high needs areas by 2020. |
| | C12: Working in partnership with the Asian community, identify 2 topical issues prevalent to that community; develop, implement and evaluate cultural competency projects based on these topics by 2020. | D12a: 2015-2016: Two topical issues important to the Asian community and high priority areas are identified. D12b: 2017-2018: Resources developed with relevant staff and the Asian community on these issues. D12c: 2018-2020: Implement cultural competency projects based around these topics in high priority areas and evaluated. |
| Example: These can be how to engage and interact with grand-parents either in clinical or in community settings. | | |

Pathway A3: Accessible Information

| Outcomes Statements | Key Performance Indicators | Key Milestones |
|--|--|---|
| B4. Plunket people have easy access to Asian-specific resources (in-house and external). | C13: Asian online Information Pages (Resource Bank) to be established and maintained. Approved ²⁹ resources to be added and updated to the Resource Bank regularly. | D13a: 2015-2016: Platform established to store resources. Asian intranet pages – Completed. D13b: 2016-onwards: Relevant resources on the Asian intranet pages continuously identified and uploaded. |
| Example: A resource bank of all approved educational resources to be uploaded in intranet so that it is accessible to staff. | | |

²⁷ CALD Resource is a cultural competency resource free to Plunket people within the Auckland Region. More information can be found on www.eCALD.com

²⁸ CALD Resource provides cultural perspectives on general health. Additional content that is outside of the existing CALD resource can be workshops (or induction for new front-line staff) specifically focuses on maternal and infant health.

²⁹ Resource usually published by NZ government agencies. If resource has a clinical nature, resource will require approval from Plunket clinical staff.

Workstream 2: Systems and Strategies

| Pathway A4: Reporting and Research | | |
|---|---|---|
| Outcome Statements | Key Performance Indicators | Key Milestones |
| B5. Reporting processes ensure high quality ethnicity data is available to support informed planning and evaluation. | C14: Level 4 coding is used to capture ethnicity data. Processes and protocol for the collection, collation, storage and reporting for ethnicity-data are implemented and monitored across all relevant business units. | D14a: 2015: Level 4 coding to used in ePHR ³⁰ . Ethnicity questions used from Statistic NZ applied to ePHR – Completed. D14b: 2016-2017: Protocols on Plunket’s ethnicity data (collection, collation, storage, and reporting) ³¹ monitored. D14c: 2017 onwards: Agreed protocols and processes implemented. |
| B6. Health outcomes for Asian children improve. | C15: Regular reporting and monitoring of health indicators include Asian Peoples where relevant. Target two health issues and targets set for improvement. Achievement strategies formulated with relevant agencies. | D15a: 2015 onwards: Relevant internal reports which include Asian peoples as a reporting measure are identified. D15b: 2015-2016: Two health indicators to improve Asian Peoples health outcomes identified. D15c: 2016-2017: Targets with relevant agencies on these 2 health indicators are set, and relevant strategies to improve outcomes developed. D15d: 2017-2020: Strategies implemented and evaluated. |
| B7. Research decision-making and planning is informed by increased understanding of and collaboration with Asian communities. | C16: Conduct 2 community-based and participatory research projects that increase Plunket’s responsiveness to serve the Asian community by 2020. | D16a: 2015: High-need research areas prioritized and relevant research partners identified. Conduct research. D16b: 2018: Research completed. D16c: 2018 onwards: Research continuously identified and conducted where relevant. Findings disseminated to inform decision making where appropriate. |
| | C17: Ensure Asians are included in relevant in-house surveys. | D17a: 2015 onwards: Asians included in relevant in-house surveys with a sample size significant enough to establish baseline. Trend analysis and targets set where relevant for these in-house surveys. |
| | Example: To ensure the Asian sample in any Plunket survey is significant enough to establish baseline or any meaningful interpretation. | |
| B8. Best practice models of care that meet Asian community needs are implemented. | C18: Ensure Plunket’s models of care incorporate Asian beliefs and values; and are relevant to the Asian communities. | D18a: 2015 onwards: Plunket models of care incorporating Asian beliefs and values are identified and applied where applicable. |

³⁰ ePHR – Electronic Public Health Record. Plunket is transitioning from paper-based to electronic-based client record and data collection. Previously, paper-based recorded Level 4 ethnicity, but only Level 2 ethnicity is entered in the electronic database.

³¹ These can include prioritization protocols, standardized script for extracting queries, coding for multi-ethnic clients etc.

Pathway A5: Responsive Policies and Advocacy

| Outcome Statements | Key Performance Indicators | Key Milestones |
|---|--|--|
| B9. Plunket policies and strategies are responsive to the needs of Asian Peoples. | C19: Good practices when working with Asian families identified and promoted. Policies, Strategies, Business Plans updated to reflect this. | D19a: 2015 onwards: Good practices identified and incorporated in relevant policies, strategies and business plans where appropriate. D19b: 2015 onwards: Relevant advocacy remits ³² for Asian communities are identified and submitted to conferences. |
| B10. Needs of Asian Peoples advocated where relevant. | C20: Identify high priority needs and advocate to relevant agencies to make positive changes. | D20a: 2015 onwards: Ongoing areas for advocacy are identified. D20b: 2015 onwards: Where appropriate, Asian Peoples are included in relevant advocacy initiatives. |
| | Example: If there is a remit about advocating safety at home, it is important to include an Asian element in the development and implementation of the initiative. | |
| B11. Strategic advice is actively sought from Asian Community. | C21: Asian Advisory Group is set up to ensure Asian values and beliefs are incorporated in Plunket services. | D21a: 2015: Terms of Reference are established and a National Asian Advisory Group set up – Completed. D21b: 2015 onwards: National Asian Advisory Group provides strategic advice and support as required. |

³² Remits are submitted to Plunket by local Plunket boards and are discussed in the Plunket conference. Remits passed by members of Plunket at the conference are driven by our commitment to promote what's best for children's health and development within their family and community groups. A successful remit operates as the mandate for focused advocacy on significant issues likely to succeed in promoting young children's health and that of their families.

Strategic Direction 2: Increase access, utilization & satisfaction

Workstream 1: Access and Awareness in the Asian Community

| Pathway A6: Raising Awareness | | |
|---|--|--|
| Outcome Statements | Key Performance Indicators | Key Milestones |
| B12. Asian communities understand and are knowledgeable about Plunket services. | C22: Develop and implement an Asian Communication Strategy in partnership with the Asian community. | D22a: 2015-2017 Asian Communication Strategy with identified key messages and communities to be targeted is developed. D22b: 2017 onwards: Asian Communication Strategy is implemented, monitored and evaluated. |
| | Example: Asian Communication Strategy will target both internal and external audience. These can be making more resources in Asian languages available through the Plunket website, or targeted message with a particular audience (it can be a Health Promotion message). | |
| B13. Plunket responds to topical issues for Asian families in ways which are inclusive of Asian values and beliefs. | C23: Collaborations with the community to develop and strengthen (if existing) key messages on 2 topical issues experienced by Asian communities. These are appropriate and relevant to the Asian families (issues can be the same as identified in C12). | D23a: 2015-2016: Two topical issues important to the Asian community are identified. D23b: 2016-2017: Key messages and projects developed where appropriate to raise awareness around these two issues. Key messages modified to incorporate Asian values and beliefs. D23c: 2017-2020: Projects with key messages implemented and targeted communities. Evaluate. |
| | Example: Understand cultural reasons behind co-sleeping and working with Asian community on promoting safe-sleeping practices. | |

| Pathway A7: Accessible & Relevant Services | | |
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| Outcome Statements | Key Performance Indicators | Key Milestones |
| B14. Services which cater for the specific needs of Asian families have been designed, implemented and promoted with Asian communities. | C24: Working in partnership with the Asian community, establish 2 new services which are beneficial to Asians families. | D24a:2015-2016: Working closely with the Asian community, two new services that are particularly valuable for these communities are identified. D24b: 2017-2018: Two new services in high-priority areas are developed and established. D24c: 2018 onwards: New services are sustainable and are regularly monitored and feedback collated to reflect the changing needs of the community. |
| | An example would be a parenting course for grand-parents. | |

Workstream 2: Utilization of Relevant Professional Services

| Pathway A8. Utilizing Existing Services | | |
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| Outcome Statements | Key Performance Indicators | Key Milestones |
| B15. Existing Plunket services most relevant to Asian families have been identified, promoted and extended. | C25: Trend analysis developed and targets identified for 2 services which would be beneficial to Asian families and which are currently underused. | D25a: 2015-2016: Two existing Plunket most beneficial to the Asian community but underused are identified. Target utilization rates set for these two services. D25b: 2016-2017: Access barriers to these services are identified and action taken to remove these barriers. These two services promoted in targeted communities. D25c: 2018-onwards: Utilization rates for these two services measured to against set targets. |
| Example: PlunketLine has a Chinese service, and by promoting such services to the community is particularly valuable. | | |

| Pathway A9. Use of Interpreters | | |
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| Outcome Statements | Key Performance Indicators | Key Milestones |
| B16. The use of professional interpreters within Plunket services as a means of effective communication with Asian clients is increased. | C26: Increase utilization rate of interpreters by 5% in high priority areas. | D26a: 2015 onwards: Interpreter service providers provide regularly reporting. D26b: 2015-2016: Existing utilization rate of interpreters by areas analyzed. Identify high priority areas. D26c: 2016-2017: Access barriers to interpretation services are identified and action taken to remove these barriers. Set access targets for high priority areas. |

| Pathway A10. Professional Services | | |
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| Outcome Statements | Key Performance Indicators | Key Milestones |
| B17. Referrals of Asian clients by Plunket people to professional services that offer specific cultural support is increased. | C27: Establish 5 formal relationships with professional cultural services to support early intervention and case management. | D27a: 2015: Five services that specialize in cultural support to Asian community identified and ascertain those which Plunket can refer clients. D27b: 2016: Agreed MoUs for mutual support between these services and Plunket. Seamless referrals to cultural support services by Plunket staff. D27c: 2017 onwards: MoU and utilization rates for these services reviewed regularly. |
| Example: a Plunket nurse identifies family violence issues within a family, and can identify and refer to culturally appropriate and professional support services. | | |

Workstream 3: Customer Satisfaction

| Pathway A11. Increase Customer Satisfaction | | |
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| Outcome Statements | Key Performance Indicators | Key Milestones |
| B18. Improved Customer Satisfaction levels by Asian clients results in Plunket being the preferred provider of Well Child and other parent support services for Asian families. | C28: Customer satisfaction levels among Asian clients are benchmarked, measured and monitored. | D28a: 2015-2016: Two key Plunket services that are beneficial to Asian communities identified, client satisfaction rate with these two services identified. D28b: 2016 onwards: Satisfaction rate for these two services monitored, any detrimental factors affecting service levels identified and measures taken to remove these factors. |

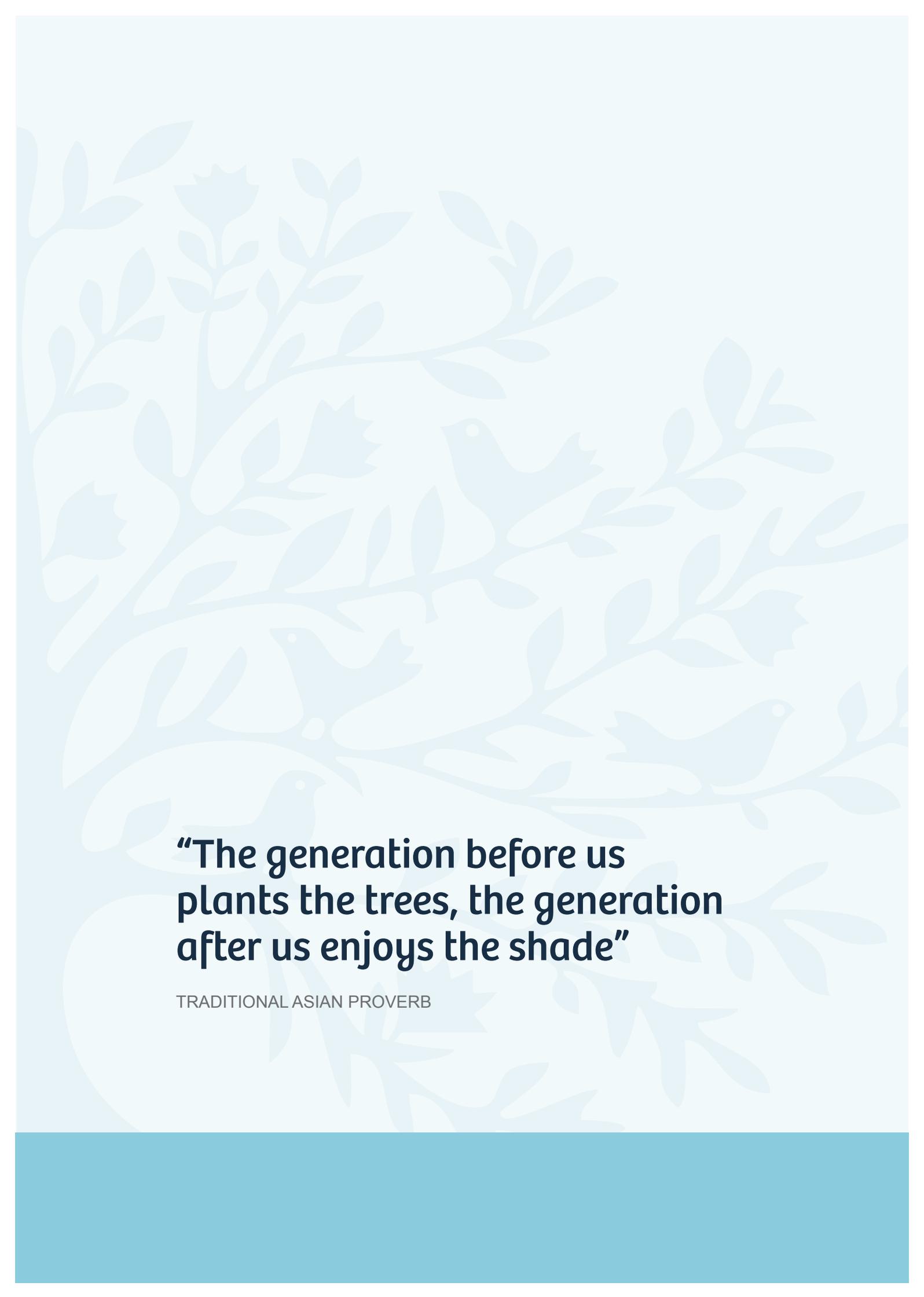
| Pathway A12. Appropriate & Effective Feedback | | |
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| Outcome Statements | Key Performance Indicators | Key Milestones |
| B19. Asian families can easily provide feedback to Plunket which, in turn, actively responds so consumer needs are heard and acted upon. | C29: Appropriate and effective feedback channels for Asian families are identified and established with the Asian community. System implemented to monitor and act on feedback received. | D29a: 2015-2016: Options identified for establishing feedback from Plunket clients. D29b: 2017-2018: Appropriate feedback channels established and piloted to service users. Pilot evaluated. D29c: 2019 onwards: Feedback channels improved according to evaluation recommendations and implemented as business as usual. Process established to respond and implement actions from feedback. |
| | Example: To partner with an Asian community group as a conduit to receive feedback from Plunket consumers. | |

Strategic Direction 3: Increase community engagement

Workstream 1: Meaningful Relationships

| Pathway A13. Asian communities | | |
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| Outcome Statements | Key Performance Indicators | Key Milestones |
| B20. Community-led partnerships are developed to enable the implementation of sustainable local initiatives which are valued and used by the community. | C30: Develop 5 sustainable projects with the Asian community to improve support for Asian families. | D30a: 2015-2016: Two community-led projects to build sustainable local family support initiatives within Asian communities developed. Improved access, utilization and satisfaction levels with support services. This can be a crossover of KPIs between C22-C29. Refer the milestones for those KPIs. |
| | C31: Working closely with the Asian community on relevant performance indicators, particularly on indicator C4, C5, C12, C16, C22, C23, C24, C28, C29. | D31a: 2015 onwards: Working closely with the Asian community particularly on KPI C4, C5, C12, C16, C22, C23, C24, C28, C29. |
| | Example: In consultation with the community on identifying needs and initiative, an example would be to establish local playgroups with the Asian communities with the help of Asian volunteers and local Plunket groups. | |

| Pathway A14. Relevant agencies | | |
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| Outcome Statements | Key Performance Indicators | Key Milestones |
| B21. Plunket's capability to work with Asian communities is increased through strategic relationships with professional, clinical, allied health, and academic groups. | C32: Formalize 5 relationships (via documents such as Annual Plans or Strategy, MoUs and service level agreements) with relevant agencies on shared KPIs or health outcomes. | D32a: 2015-2016: Relevant agencies that have shared agendas with Plunket identified and prioritized for developing relationships. D32b: 2016-2017: Shared KPIs and collaborative initiatives with key agencies agreed. D32c: 2017 onwards: Initiatives implemented and evaluated; shared KPIs measured. |
| | Example: To have shared KPIs with DHBs. Or working with TCM (Traditional Chinese Medicine) to develop key messages targeting Chinese grandparents. | |



**“The generation before us
plants the trees, the generation
after us enjoys the shade”**

TRADITIONAL ASIAN PROVERB



Together, the best start for every child | Whānau āwhina