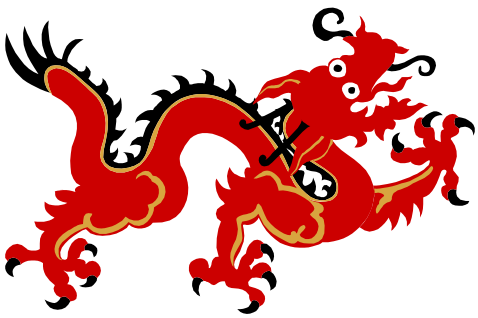
Waitemata
District Health Board

Te Wai Awhina

Final Report on Healthcare Needs of Asian People: Surveys of Asian People and Health Professionals In the North and West Auckland

March 2001



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- Distribution of the questionnaires through personal networks,
- Coding and cross-checking the questionnaires,
- Graphic and computer work

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Executive Summary

In May 1999, in collaboration with the Health Funding Authority, Waitemata Health (now Waitemata District Health Board)[1] pioneered the project "Asian Health Support Service". The primary goal of the Asian Health Support Service is to provide support to both Asian clients/patients and health professionals.

To achieve this goal, the Asian Health Support Service conducted two surveys in 1999/2000. The *Asian Survey* and The *Health Professional Survey* aimed to identify the healthcare needs of Asian people and to explore issues and concerns of health professionals in caring for Asian patients. The survey findings provide important information and recommendations for the Ministry of Health and Waitemata District Health Board (Waitemata DHB).

The following is a summary of the findings of the surveys.

Asian Survey:

- The project surveyed 4771 individuals, the majority of them resided in the Waitemata DHB (North and West Auckland) area.
- 65% of the respondents arrived in New Zealand between 1995 and 1999.
- The majority of the respondents were Chinese, followed by Korean; separate profiles for different national groups are presented in the appendices.
- Their social support system relies heavily on family relationship and friends from their own culture.
- Their main negative experience is with employment.
- When encountering health problems, the majority of respondents indicated that they would visit their GP, a pattern similar to that reported in the National Health Survey.
- Generally, the pattern of illnesses was similar to that identified in the National Health Survey.

[1] For clarity purpose, the use of the name Waitemata District Health Board also includes Waitemata Health, its precursor.

- Respondents were dissatisfied with the cost of GP and private medical services, and with waiting times and the health information available in publicly provided services.
- They requested support services to meet their language and cultural needs. The 5 most frequent suggestions on how this could be done were:
  - Helpline
  - Information in their own language
  - Availability of interpreters
  - Asian health support workers
  - Asian health professionals
- Majority of the respondents indicated that pamphlets printed in their own languages would be helpful and the most useful information would be on NZ healthcare system, followed by the Accident & Emergency service.

Health Professional Survey:

- 87% of the 300 health professionals who responded to the survey work within Waitemata DHB's catchment area.
- Approximately half of the respondents were nurses, midwife and therapists.
- The language barrier and cultural differences in assessment and treatment were the major difficulties experienced by the health professionals; mental health workers identified cultural perspectives differences as their most difficult area.
- The availability of interpreters at health services is regarded as most useful for improving services to Asian patients, followed by pamphlets printed in Asian languages, an Asian helpline service, Asian health support workers, more Asian health professionals and healthcare services with cultural sensitivity.
- The health professionals requested information and training on Asian customs and cultural perspectives. They also felt that support from Asian health professionals and Asian health support workers would facilitate their care to Asian patients/clients.

Recommendations:

Based on the findings of the two surveys and the experience of the Asian Health Support Service, recommendations have been developed for the Ministry of Health and the Waitemata DHB.

Recommendations to the Ministry of Health

This report recommends that:

- Asian health care needs be addressed in the National Health Policy and Strategies;
- Ethnic-specific demographic profiles be provided in the national data;
- Data collection on health status be categorized accordingly to different ethnic groups;
- The Asian Health Support Service model be funded and expanded into other regions;
- Funding be made available to improve the accessibility of health service information in Asian languages;
- Policy guidelines be developed to encourage mainstream health services to provide Asian staff to improve services to Asian clients;
- Funding be made available to develop models of community based services that overcome language and cultural barriers;
- Further research be done on Asian health issues;
- Requirements on training and practice guidelines on cultural awareness for health professionals be established.

Recommendations to the Waitemata District Health Board

The report recommends that:

- Demographic detail on ethnicity in the data collection systems be reviewed and standardized;
- Development of pamphlets in Asian languages be continued, if possible in collaboration with other district health boards;
- The Interpretation service be regulated to ensure quality of service;
- Other support services be initiated such as an Asian diabetes programmes;
- Regular in-service training programmes on culturally appropriate practice be provided both at corporate and service levels;
- A communication package in different languages be made available in hospital services;
- Collaboration with external agencies such as tertiary institution, social services and communities be encouraged to promote the training, teaching and research on Asian patients care;
- Volunteers be supported with regular in-service training and reimbursement of expenses for home visits to clients.

Section. 1 Introduction

According to the 1996 Census, there were 160,683 Asian people living in New Zealand, comprising five percent of the total population. The Asian population has almost doubled from 1991 to 1996 and is projected to double to nine percent in the year of 2016 (New Zealand Statistics, 1996). With the growing number of Asians living in New Zealand, more healthcare providers are recognising the challenge of caring for patients form diverse linguistic and cultural background.

Both the provider and the patient each brings their respective cultural background and expectations to the medical process. These cultural differences can present barriers to appropriate care and health outcomes. With 92,856 of Asian people in Auckland[2], Waitemata DHB in collaboration with the Health Funding Authority pioneered the Asian Health Support Service in May 1999. The Asian Health Support Service aims to identify and provide support services to meet the healthcare needs of Asians in Waitemata DHB's catchment area[3].

Two surveys were conducted between October 1999 and March 2000. The survey results provide an indicator for Waitemata DHB in identifying Asian healthcare needs and developing strategies for future services. The framework of these surveys is based on the findings presented in the report: *New Zealand's Asian Population: Views on Health and Health Services* (Walker, Wu, Soothis-O-Soth, & Parr, 1998).

There are 1,334 respondents in the *Asian Survey*, representing 4,771 individuals. The *Asian Survey* examined issues such as health status, social support system, health service quality, and future development strategies regarding the healthcare needs of Asians. It is important to note that the questionnaire was designed in a way that required the respondents to respond in regard to the experience and opinion of the family instead of as an individual. Therefore, the result derived from the *Asian Survey* represents a population of 4,771 individuals.

[2] Including: Rodney, North Shore, Waitekere, Manukau and Auckland City
[3] Wellsford, Warkworth, Hibiscus Coast, Helensville, Pt. Chevaliers, North Shore & Waitekere

The views and the opinions of health professionals on the provision of cultural appropriate service to Asian patients were explored. The *Health Professional Survey* provides an indicator for policy makers to plan and develop future service for patients who came from a diverse background. There are 300 health professionals responded to the survey, with 87% of them working in the Waitemata DHB's catchment area. The goal of the two surveys is twofold, first is to identify the healthcare needs of Asian people and secondly, to explore issues and concerns of health professionals in caring for Asian patients. The survey findings serve as an indicator to the Ministry of Health and Waitemata DHB for developing future services and strategic planning in the care of Asian patients.

1.2 Information on Waitemata DHB Asian Health Support Service

The Asian Health Support Service was established in May 1999. This service has been operating for 20 months. During this period, considerable work has been undertaken through two part-time positions and volunteers. Services provided have included:

- Cultural support to inpatients and community clients in bridging the day-to-day communication between patients and health professionals. During the 20 months, the Asian Health Support Service has made 1,936 inpatients contacts, 551 community client contacts and 2,954 health professional contacts.
- In collaboration with Waitemata DHB Corporate Communications and the Committee of Clinical Board, information pamphlets on health services in three Asian languages and a booklet on cultural perspectives in Asian patients' care were issued.
- Two surveys aimed at identifying the healthcare needs of Asian people in North and West Auckland were undertaken.
- In-service training sessions and presentations at Corporate Orientations were held in the collaboration with The Learning and Development Department.

- Promotions and presentations were made to the public on Asian Health Support Service and Asian healthcare needs, including liaison with Asian communities, exhibitions, and media releases in Asian languages and local newspapers.
- Recruitment of Asian casual workers associated with the Home Health Services for Older Adults.
- Training base for social work students and other Asian students.
- Facilitation of an Asian Reference group for the re-development project of the two hospitals, in collaboration with the Orion Programme of Waitemata DHB.
- In addition, a health service Helpline will be provided as from 2001 in three Asian languages. Due to limited budget, this service will only be provided in the form of enquiry services.

Section 2. Objectives and the methodology of the *Asian Survey*

2.1 Objectives of the Asian Survey

The objectives of the Asian Survey are:

1. To explore the healthcare needs of Asian people, their social support system and their ways of handling health problems;
2. To investigate the various types of health information that Asians need in their own languages;
3. To explore their views regarding the quality of health services; and
4. To identify future service needs.

2.2 Methodology of the *Asian Survey*

An advisory group was set up to advise and monitor the process of the survey design and implementation. The questionnaire was piloted from June 1999 to September 1999. Other than the original English version, the *Asian Survey* was translated into three languages: Chinese[4], Korean and Hindi as these three national groups are the largest Asian groups in New Zealand. The three versions of questionnaires were then reviewed and edited by medical professionals of the corresponding ethnicity regarding medical terminology and services.

Between October 1999 and March 2000, the *Asian Survey* questionnaires were distributed to the Asian communities through volunteers, churches, schools and libraries in the northern and western region of Auckland. Promotional activities were undertaken to raise public concern on the Asian health care needs and appeal for their response to the surveys.

Among the 3,500 questionnaires distributed, 1,342 questionnaires were returned (response rate of 38%). Eight returned questionnaires were discarded due to inadequate demographic information provided. The process of pre-coding, coding and

the translation of qualitative data were undertaken by the staff and volunteers in the Asian Health Support Service. Data collected was then entered by the Massey University Coding Office.

2.3 Defining Asian respondents

Given that some respondents may prefer to identify their country of origin rather than their ethnicity, survey respondents were asked to identify the national group or groups they belong to. Respondents from the survey come from a wide range of countries including: Burma, Cambodia, China, Hong Kong, India, Japan, Korea, Laos, Malaysia, Nepal, Pakistan, Philippines, Singapore, Sri Lanka, Taiwan, and Thailand. For respondents who circled two nationalities, such as *(1) Chinese* and *(5) Malaysian*, *Malaysian* is entered, because Malaysia represents the cultural group they identify with. The researchers are aware that respondents who identified themselves as Chinese are a heterogeneous group with different set of values and socio-economic background. For presentation purpose, respondents from Mainland China, Hong Kong, and Taiwan are grouped under the category *Chinese*. A separate profile on the response obtained from the Taiwanese respondents is provided in the appendix.

Where a child's nationality is not the same as both parents, for example, if one parent is Malay and the other English, the children were coded under the Asian nationality so as to facilitate the survey to find out Asian health needs. If the two parents are from different Asian nationalities, the children were assigned the nationality of the parent who completed the form.

2.4 Limitations of the survey methodology

Since a sampling frame for the Asian population is not available randomization was not possible. The project's objective was to obtain the views of respondents from the Waitemata DHB catchment area, and the findings reflect the view of Asians living in that area. Nonetheless, this survey can be viewed as a preliminary study for health services in other areas.

[4] Chinese language has different dialects, but with the same written script.

Section. 3 Objectives and the methodology of the *Health Professional Survey*

The objectives of the Health Professional Survey are:

1. To identify areas of difficulties experienced by health professionals with regard to the care of Asian patients;
2. To explore possible solutions to improve /facilitate health service provision for the benefits of Asian patients/ clients; and
3. To understand the opinion of health professionals with regard to their perception of the healthcare needs of Asian people.

3.1 Methodology of the *Health Professional Survey*

Methodology, design and pre-test were undertaken from July 1999 to September 1999. The *Health Professional Survey* was preliminary based on *New Zealand's Asian Population: Views on Health and Health Service,* (Walker et al., 1998). Three external meetings with GPs, ten meetings with other health professionals were conducted to gather ideas and feedback on the design of the survey. The finalized questionnaires were distributed to the public from December 1999 to February 2000 to health sectors in Auckland's north/western region. Questionnaires were allocated to all services of Waitemata DHB, covering North Shore Hospital and Waitakere Hospital, mental health services, community health, Home Health and child disability services. In addition, the survey questionnaires were distributed to all GPs through Comprehensive Health Services, Integrated Primary Care Services and the Auckland Chinese Medical Association; also to community health providers such as Plunket, Spectrum, Bernardo, Information of Disabilities Services, Age Concern, and The Stroke Foundation, etc.

A total of 1,000 questionnaires were distributed and 300 questionnaires were returned, with a response rate of 30%. The present survey aims to identify the view of health professionals regarding the care of Asian patients. The survey finding does not necessarily reflect the opinion of health professionals working in other districts of greater Auckland area or in other regions in New Zealand. Further studies are recommended to be carried out in various regions in order to understand the issues concerned in the corresponding districts.

Among the 300 health professional respondents, 146 worked in the northern region of Auckland and 106 worked in the west Auckland area. Responses obtained were analyzed independently for North Shore and West Auckland. Since the response patterns are identical for these two districts, no attempt was made to split them into different sections. However, the response profile for each of the districts can be found separately in the appendix section.

In this report, separate analyses were carried out for four different health services. Such analyses were conducted based on the assumption that different health services have different needs. Therefore, four different types of service were delineated based on the kind of the health service that the respondents provide. These four services include GPs, hospital staff, community health workers and mental health workers. The GP profile only include general practitioners, while the hospital staff profile includes staff who classified themselves as hospital medical service, hospital surgical service, emergency department, outpatients/dayward, maternity service and services for older people. The community health profile contains health professionals working in the following area: child and family, disability service, needs assessment, school dental service and community health service. Details on the four profiles are enlisted in Table 5.1.

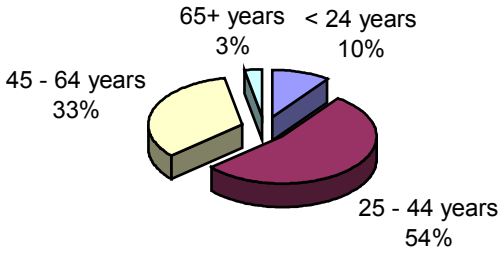
Section 4. *Asian Survey* on Healthcare needs and services

4.1 Demographics profile of Asian respondents and their families

Respondents

The Asian Survey was designed in a way that requests the principal member of the family to complete the questionnaire on behalf of themselves and their families. 1334 questionnaires were returned, where it not only represent the 1334 individual who completed the questionnaires but also their 3437 family members. Therefore, the present survey findings reflected the opinion of 4771 individuals. Among the 1334 respondents, more than half of (54%) the respondents were in the age group 25-44 years. A further 33% were between 45-64 years, 3% were 65+ and 10% were less than 24 years.

Figure 4.1: Age groups of respondents

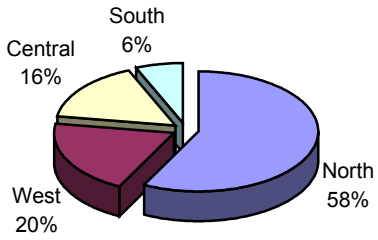


As explained above, the respondents supplied information about themselves and their family members. The remainder of this section described the characteristics of the total population covered by the survey; that is, both the respondents and their families. This group is also referred to as the survey population.

Place of Domicile of respondents and their families

As the survey targeted people living in Waitemata DHB's catchment area, the majority of respondents and their families lived in the north and west districts (Fig 4.2).

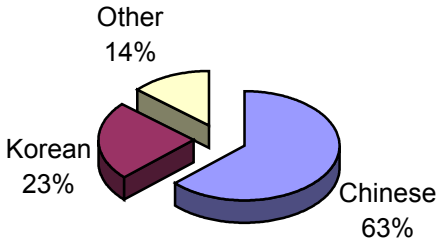
Figure 4.2: District of residence of the respondents and their families.



National group of respondents and their families

Respondents were asked to identify the national group they belonged to, and to do the same for each of their family members. As depicted in Figure 4.3, the majority of the respondents identified their national group as Chinese (63%), followed by Korean (23%).

Figure 4.3: National groups of respondents and their families



There was a much higher proportion of Chinese in the present survey than was shown in the 1996 census (Table 4.1).

Table 4.1: National groups of Asians in the 1996 census and in the survey population

	1996 Census		Survey	
National Group	**North**	**West**	**North**	**West**
Chinese	44%	38%	58%	66%
Korean	27%	11%	29%	21%
Other Asian	29%	51%	13%	13%
Total	100%	100%	100%	100%

The numbers and percentages of nationalities in the survey are shown in Table 4.2

Table 4.2: National groups of the survey population

National Group	Number	Percent
Chinese (excl. Taiwan)	2043	42.9%
Taiwan	964	20.3%
Korean	1118	23.4%
Filipinos	173	3.6%
Malaysian	169	3.5%
Indian	59	1.2%
Indonesian	52	1.1%
Singapore	28	0.6%
Cambodian	22	0.5%
Japanese	21	0.4%
Other	122	2.6%

Because the number of people in the national groups other than Chinese and Korean are small, they have been categorized under "Other Asians" for analysis purpose of the survey. However, it is essential to note that even they are grouped into one category, they comprise of very diverse groups of people.

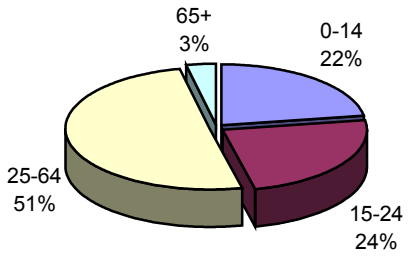
Fifty-six percent of Chinese in the survey lived in the North, 22% in the West and 21% in other parts of Auckland. Seventy-two percent of Koreans in the survey lived in the North, 18% in the West and 10% in other parts of Auckland. Seventy-two percent of "Other Asians" in the survey live in the North, 25% in the West and only 3% in other parts of Auckland.

Age and gender of respondents and their families

The age profiles of the respondents and their families were similar to the age profiles of Asian national groups in the 1996 census, with high proportions of adults and

young people (Fig 4.4).

Figure 4.4: Age groups of respondents and their family members



However, there were age differences between different national groups. The Korean national group showed a slightly younger age distribution and the Chinese national group had a slightly older one (Table 4.3).

Table 4.3: Age distribution of national groups

Age Group	Chinese	Korean	Other
0-14	21%	27%	25%
15-24	22%	20%	19%
25-44	30%	32%	36%
45-64	23%	19%	18%
65+	5%	2%	3%
Total	100%	100%	100%

When compared with the 1996 census, the survey population appears to be older, with a greater proportion of women, and proportionally fewer males in the 25-44 year age group, as can be seen on the following table.

Table 4.4: Age and gender of survey population compared to the 1996 census

	Survey Population		1996 Census Asian Population	
Age Group	Male	Female	Male	Female
0-14	11%	12%	13%	12%
15-24	10%	10%	10%	11%
25-44	12%	19%	17%	20%
45-64	11%	11%	7%	7%
65+	2%	2%	1%	2%
Total	46%	54%	48%	52%

These characteristics were most marked in the Chinese national group as depicted in Table 4.5.

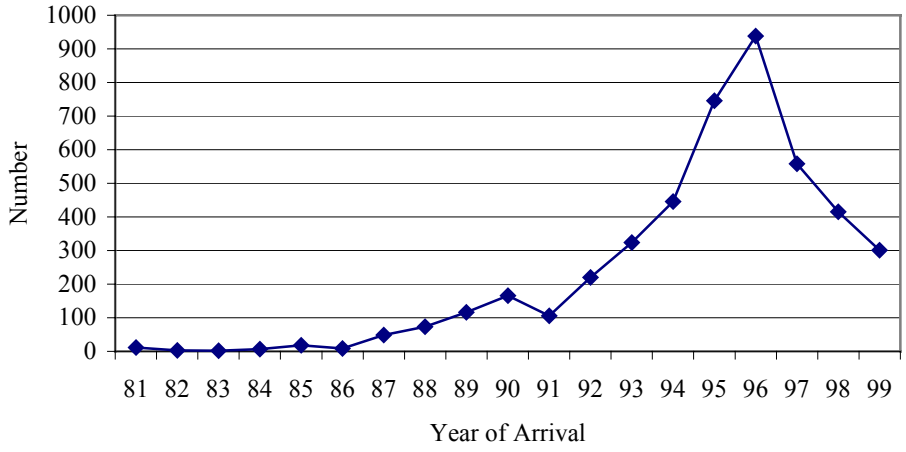
Table 4.5: Age and gender of national groups

	Chinese		Korean		Other Asian	
Age Grp	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**
0-14	10%	11%	13%	14%	12%	13%
15-24	11%	11%	11%	10%	8%	10%
25-44	11%	19%	14%	19%	16%	20%
45-64	11%	12%	10%	9%	9%	9%
65+	3%	2%	1%	1%	1%	2%
Total	46%	54%	48%	52%	46%	54%

Year of arrival in New Zealand

The majority (65%) of respondents and their families arrived in New Zealand between 1995 and 1999. While the numbers arriving peaked in 1996, a large proportion (28%) arrived in 1997-1999, following the last census.

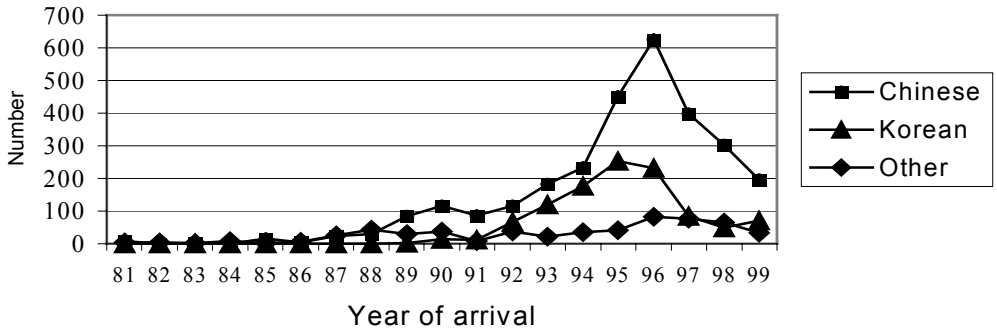
Figure 4.5: Year of arrival in New Zealand



Note: Forty-seven people who arrived prior to 1981 are not shown in the chart.

Migration rates were similar for peoples of Korean and Chinese nationalities, with 68% of Chinese and 64% of Korean respondents and their families arriving between 1995 and 1999. Only 52% of Other Asian respondents and their families arrived during this time period.

Figure 4.6: Year of arrival by national group

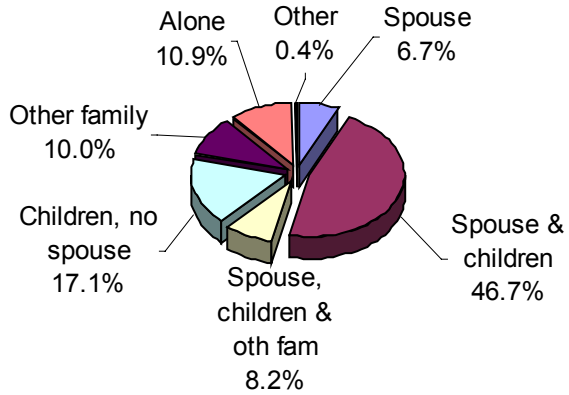


Living arrangement of respondents

The majority of respondents (89%) lived in a family arrangement (Fig 4.7). Seventeen percent of the respondents lived with children but no spouse, indicating that they may be astronaut families i.e. those with a spouse working back in their homeland. This is greater than the 13% found in the 1996 Census.

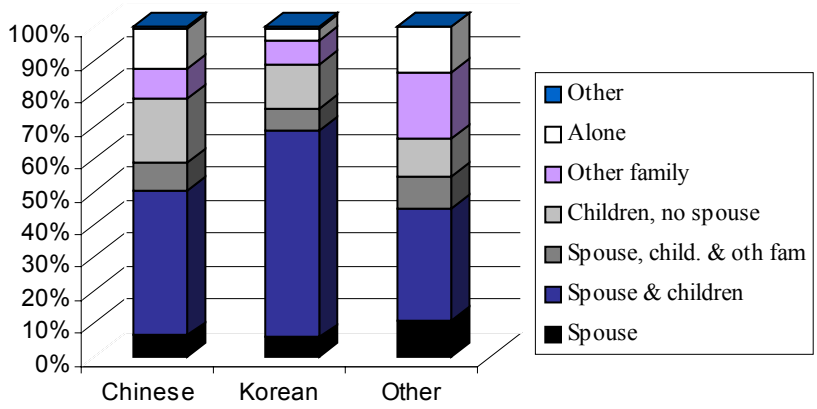
Almost 11% of respondents lived alone, compared with 4.3% in the 1996 Census. Of those living alone, 64% were female, and 77% were Chinese. Almost half (49%) of those living alone lived in North Auckland, a further 26% lived in Central Auckland and 17% lived in West Auckland. Twenty percent were in the age group 15-24 years, 47% were 25-44 years, and 28% were 45-64 years.

Figure 4.7: Living arrangements of respondents



The living arrangements varied between the three main national groups, with Korean respondents showing a much higher proportion living with spouse and children.

Figure 4.8: Living arrangements of respondents by national group

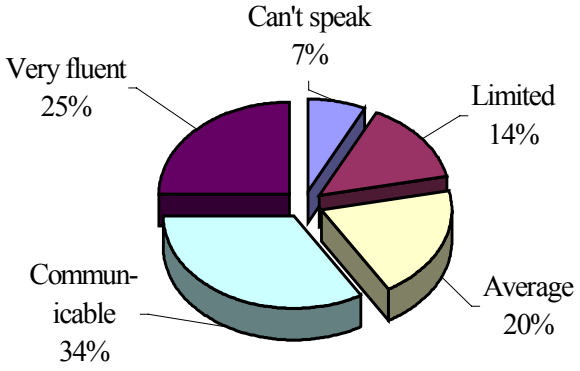


Chinese showed a higher proportion living with children and no spouse, and this was particularly high within the Taiwanese group.

Fluency in spoken English

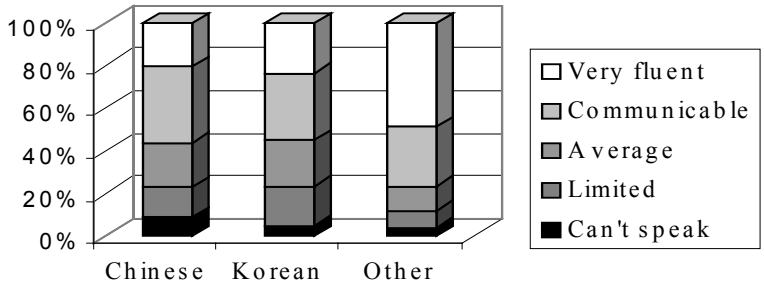
Respondents were asked to provide for themselves and for each of their family members an assessment of their spoken English, using 5 categories: *Can't speak*, *Limited*, *Average*, *Communicable* and *Very fluent*.

Figure 4.9: Respondents assessment of fluency in spoken English of themselves and their families



Males reported a slightly higher fluency than females, with 63% of the males rated their English fluency as '*Communicable'* or '*Very fluent'* compared to 55% of females. Young Adults, aged 14-24 years, reported the highest level of fluency, with 82% rating themselves as having fluency as '*Communicable'* or '*Very fluent'*.
There were differences in the assessment of English fluency by different national groups, with Other Asians' assessment showing the greatest fluency (Fig 4.10).

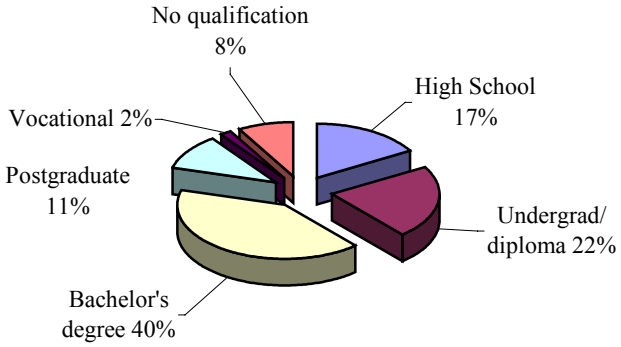
Figure 4.10: Fluency in English by national group



Educational attainment of respondents and their families

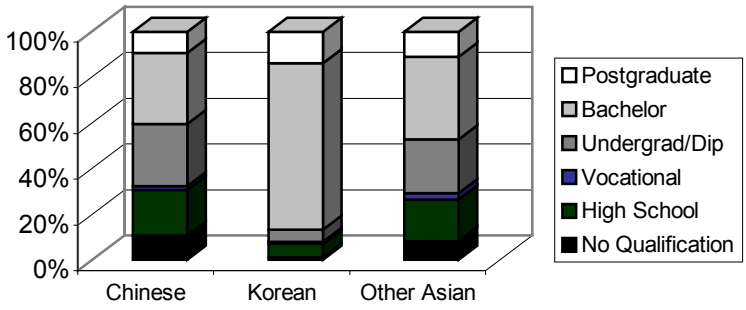
Respondents were asked to provide information about the highest level of education they had attained, and that of their family members. The adult respondents of the survey were quite well educated, with 75% of adults aged 25 years and over having post-secondary education (Fig 4.11).

Figure 4.11: Highest education level attained by adult respondents age 25 years and over



Males in general showed a higher level of education than females, with 34% of the males having a Bachelor's degree or postgraduate qualification, compared with 29% of the females. The Korean national group showed a higher level of educational attainment than the other national groups.

Figure 4.12: Highest level of education by national group



4.2 Perception of social experiences and coping strategies

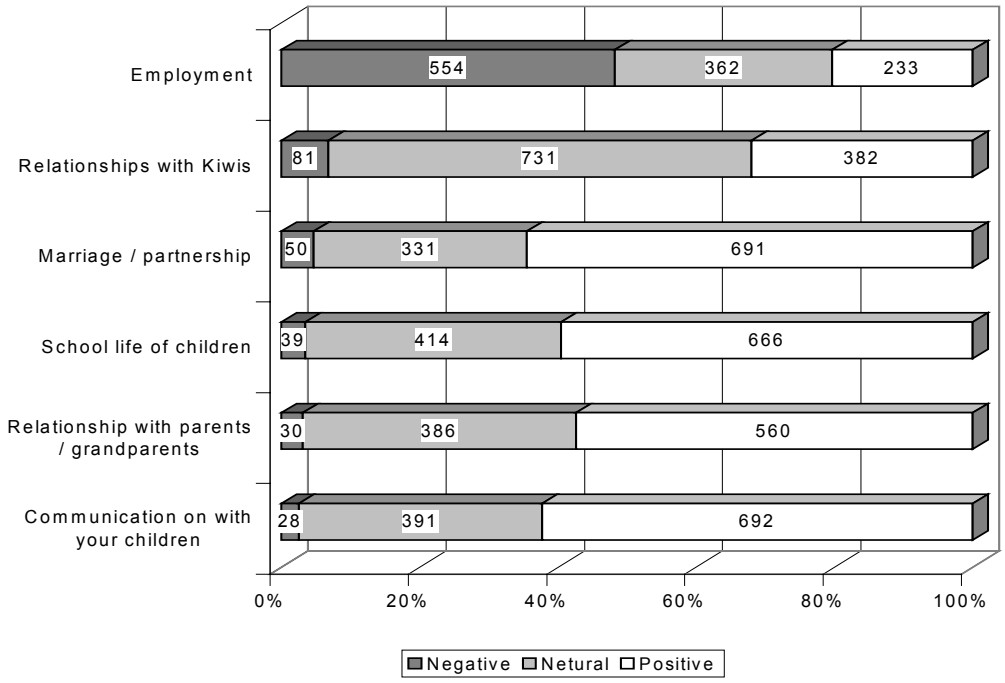
Asian people who retain their own cultures, languages, upbringing and lifestyles which are different from those of the host society tend to require a greater amount of adjustment when coming to a new country. The lifestyles that individuals choose may be affected by their upbringing as well as structural factors such as employment and income. However, migration, unemployment and racism can contribute to ill health. The risk factors for ill health increase when cultural patterns changed, material circumstances deteriorated, racism experienced, and accesses to social network or resources are inadequate. On the other hand, family support, social support and integration in the community tend to enhance an immigrant's well being. Therefore in this survey, the respondents were asked about their life experiences that may affect their family well-being.

4.2.1 Experiences affecting family well-being

Respondents were asked to indicate the experience that affects the well-being of families. They were given a list of experiences: *school life of children*, *communication with your children*, *marriage/partnership*, *relationship with parents/grandparents*,

relationships with Kiwis and *employment* and were asked to indicate whether these experiences had been positive, neutral, or negative.

Figure 4.13: Family experiences affecting family well-being



A recent research on Asian health needs has shown Asians perceived health, family and employment as the most important things in their life (Walker et al., 1998). The present survey reported that nearly half of the respondents' families expressed a negative experience in employment (Fig 4.13). This could imply respondents have negative experiences in unemployment or having to undertake hazardous work. Possible reasons contributing to unemployment includes previous qualification not being recognised and the lack of opportunity to gain local experiences (Au, 1998). Unemployment has been linked to increased rates of ill health. This ill-health is not limited to individual members only, but to family members as Asian families have strong relationships. The same report also found that Asians have higher unemployment rates than some other groups, but they are less likely to receive income support. For immigrants who cannot find suitable employment in New Zealand, their

wives and children are staying in the host country while they return to their homeland to work (astronaut families).

Seven percent of the respondents rated their experience in relationship with Kiwis as negative and 63.9 % rated the experience as neutral. Language barriers and cultural difference are probably the key barriers for migrants building up a social relationship with Kiwis. These barriers are more difficult to overcome for immigrants who arrived in New Zealand less than five years ago. This view is consistent with previous research reporting adjustment issues are more likely to surface during the first five years of immigration (Hubbard, Realmuto, Northwood. & Master, 1995). The respondents in the present survey are characterized by recent migrants and thus suggesting that some of the respondents are still at an initial stage of settling in the new country, or that they are satisfied with the support and resources provided within their own community. Policy makers should consider orientation or educational programmes promoting cross-cultural interaction. Such programmes not only can introduce New Zealand culture to the new immigrants but also provide an opportunity for them to experience the new culture in a positive manner.

Research have show that individuals with strong ties to family, friends and community have better health outcomes than those who live alone or do not belong to any group (Berkman & Breslow 1983; Wolf & Bruhn 1993). Asian people have strong family ties, and perceive connections and support between family members as very essential. Most respondents in this survey revealed positive experience in communicating with children, marriage relationships and children adjusting well in schools (Fig 4.13). This view is consistent with previous studies showing that Asian people regard the upbringing and academic achievement of their children as very important (Hong, 1989).

Family experience (including relationship with parents, partner and children) was viewed as positive and remained intact. The finding is identical to research reporting that Asians have strong family values and that belonging to a community is important to them (Sue & Marishima, 1982).

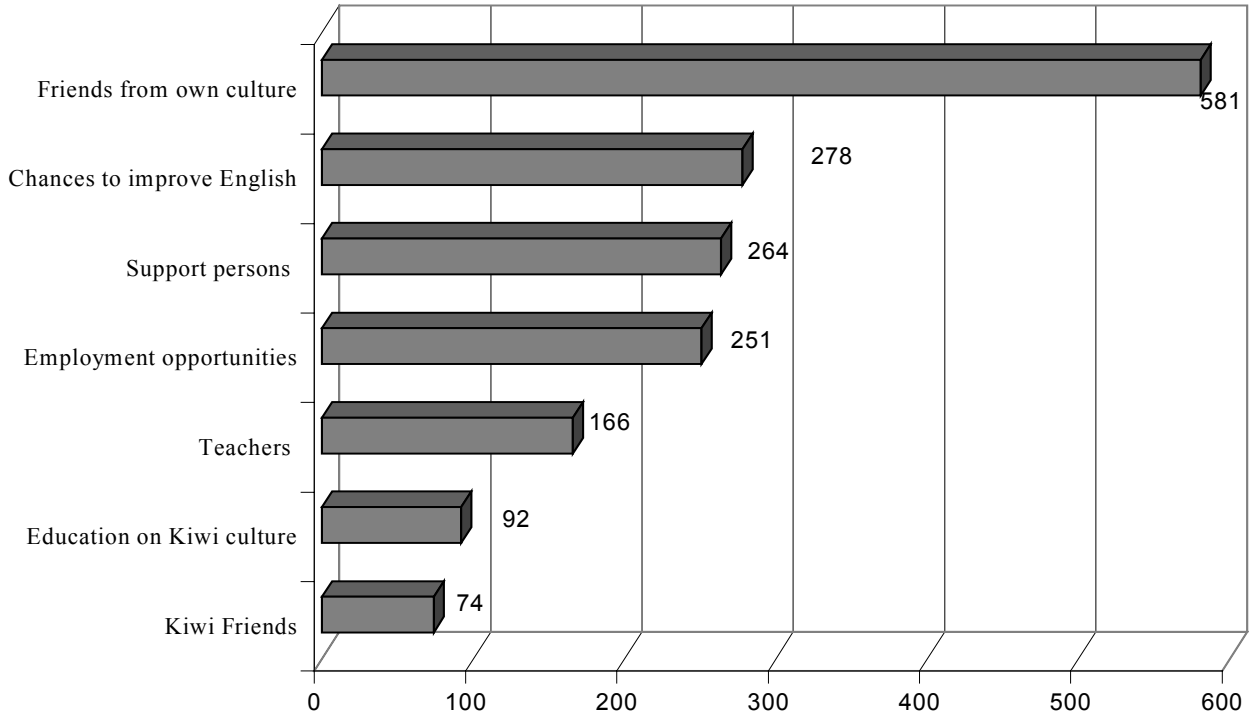
4.2.2 Social support systems

Roger, Cortes, and Malgody (1991) reported that migration is likely to disrupt supportive networks in the country of origin and immigrants have to face the challenge to set up a new one in the host society. The effect of cultural transition on acculturative stress is mediated both by personal and social resources for the new immigrants, which include family, social support and reception by the host society (Zilber & Lerner, 1996).

Social support is also a buffer from further stressful events one may encounter. With strong social support, even one who is experiencing difficulties does not suffer to the same extent as a more isolated individual (Davis & Dew, 1999). Tobora (1994) studied the Chinese women living in the United States and found that the risk factors for depression include language difficulties, cultural conflicts, low self-esteem, lack of social support and environmental change. Researchers (Searle & Ward, 1990; Ward & Searle 1991) pointed out that social support is positively correlated with psychological well-being during cultural transitions as well as negatively correlated with the incidence of psychiatric symptoms among immigrants.

In this survey, respondents were given a list of social support systems and were asked to indicate which ones may be useful in reducing their negative experiences. A large proportion (61.1%) of respondents indicated that having friends from their own culture served as a major social support to them (Fig 4.14). The cultural support network serves to counteract some of the adverse effects of migration. The view is consistent with previous research suggesting family or community ties are found to be a primary source for social and emotional support after immigration because immigrants have few kin contacts within their social networks (Vega, Kolody, Valle, & Weir, 1991).

Figure 4.14: Helpful social support systems



Chances to improve English and having support persons were also viewed by many respondents as useful to alleviate negative experience. Being able to communicate with others in the mainstream society is a major step towards adjustment and acculturation. Policy makers may consider developing strategies for Asian people to learn English, which will help to overcome language barrier and ultimately enable them to understand and communicate with health services, thus reducing extra cost for both parties.

Education on Kiwi culture and having Kiwi friends were not considered as very helpful by the respondents. This result reflected the findings (section 4.2.1) in the last section where a substantial portion of respondents indicated relationship with Kiwi as a neutral experience. Language barrier and lack of confidence to establish a relationship with Kiwis are major reasons. At the same time, gaining social identity

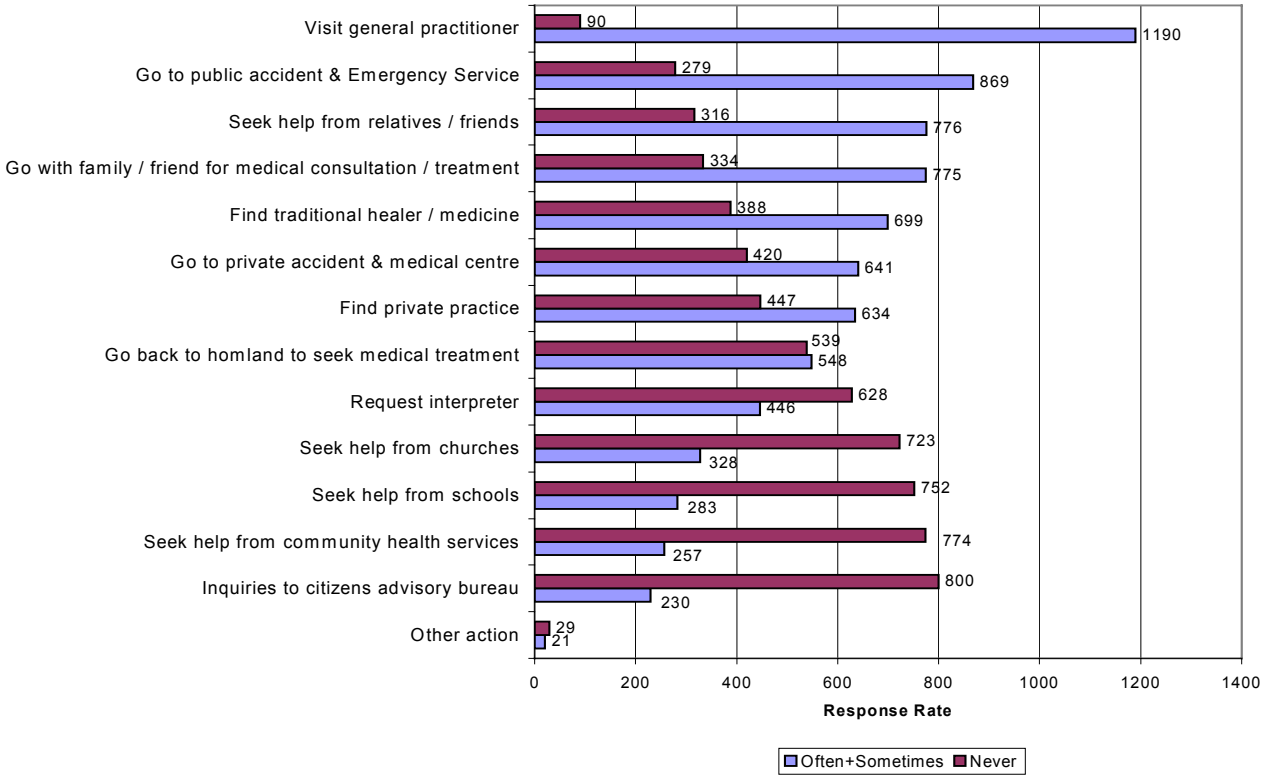
by migrants in the Kiwi society is a two-way process that would also need some initiatives from the Kiwis to offer social opportunities.

These finding suggest that support systems offered by New Zealand as the host society have not been adequate. This view was reflected in the comments of many respondents. The lack of support has increased their difficulties and caused unnecessary stress. In the longer term, this will have a negative effect on the health and well-being of the immigrant society and will result in an increased need for health and social services with a corresponding increase in costs.

4.2.3 Coping strategies of handling health problems

A research studying health need in New Zealand found that Asians regarded health issues are a major concern for them (Walker et al., 1998). In the present survey, the majority of the respondents (91%) indicated that they would visit GP when they encounter health problems while 67% of the respondents reported they would go to public Accident and Emergency Service (Fig 4.15). With regard to health concerns, most of the respondents would consult professionals who were medically trained such as GPs, public emergency service, private medical centre or private practice. This finding corresponds with the respondents' requests for pamphlets on Healthcare system and Emergency Services to be translated in their own language (see section 4.4.1 below). The survey also showed that 54% of the respondents sought traditional healers when they have health concerns, suggesting cultural belief and alternative treatments are important for Asian people.

Figure 4.15: Ways of handling health problems



In general, when encountered with health problems, most of the respondents will seek help form GPs and Accident and Emergency Services. However, they also seek help from relatives/friends, which mirrored the findings from 4.2.2.

4.3 Health problems encountered and health services received in the past

The *1996/97 New Zealand Health Survey* (Ministry of Health, 1999), a report which provided information on health status and health risk factors of New Zealanders, Asians were categorised under the category 'Others'. This is unhelpful when trying to understand or improve the health status of Asian peoples. Data collection on national surveys has ignored the existence of minority groups and this implies that these groups are unimportant. Utilisation of health services is not an indicator of health status. Further research can focus how lifestyle can be a factor contributing to the

pattern of ill health in minorities. However, it should be noted that 'Asian' is not a homogenous group with a single set of values, customs and beliefs.

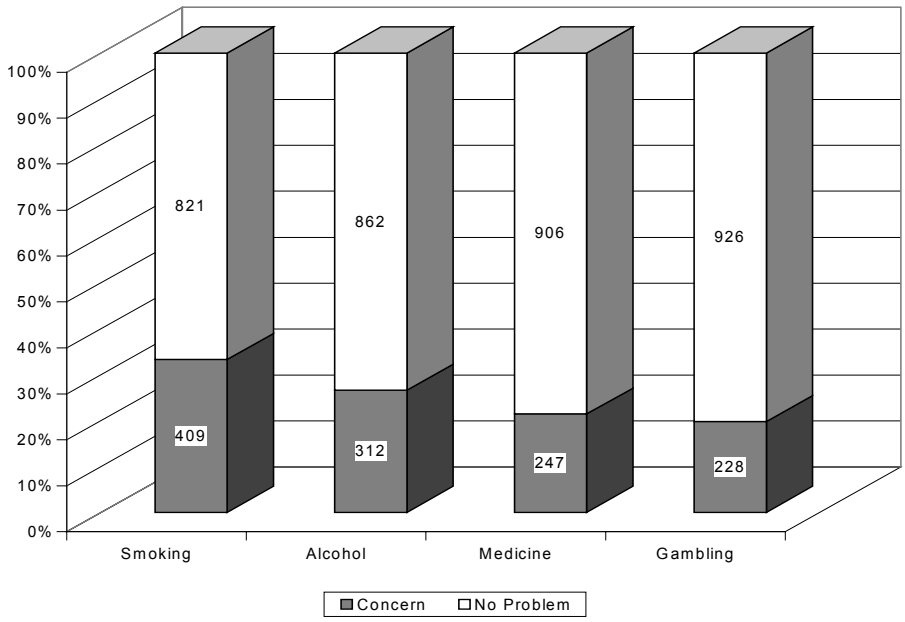
The respondents of this survey were asked to indicate their level of concern about health related risk factors, the kind of health problems they experienced in the past three years, barriers in their utilization of health services, and the satisfaction level with health services.

4.3.1 Health related risk factors

This survey examined four health related risk factors: smoking, alcohol, gambling and medicine dependency. These factors are identified by the *New Zealand Health Survey* as it contributes to health and social problems (Ministry of Health, 1999). These health-related risk factors not only might pose a concern for the respondents, but also for their children as well. As some respondents conveyed that education on the outcome of these health-related risk factors should be made available at school, one respondent noted:

> "I would like the school to offer educational programmes on smoking, drugs and drinking problems. I think it is essential to educate our children on the consequence of such behaviour."

Figure 4.16: Health related problems concerned



Smoking is one of the major risk factors causing death in developed countries (Ministry of Health, 1999). Tobacco use is a risk factor for cancers, coronary heart disease, and strokes. Research has shown that the rates of smoking differ among different Asian American groups. A study on smoking pattern has found the highest prevalence was Southeast Asian, ranging from 54% to 90%, versus 37% among the Japanese, and 20% among Filipino. As a result of their high rate of smoking, there is an 18% higher rate of lung cancer among Southeast Asian males compared to Euro-American males (Myers, Kaga-Singer, Kumanyika, Lex, & Markides, 1995). In this survey, 409 respondents rated smoking as a health concern, and it is more of an issue for Chinese and Others than Korean.

Three hundred and twelve respondents considered alcohol consumption as a health concern. Alcohol use is associated with cirrhosis of the liver, liver disease, and Fetal Alcohol Syndrome (FAS), and is estimated to be account for 50% of homicides, suicides, and deaths involving motor accidents in America (National Center for Health Statistics, 1997).

For medicine dependency, Chinese indicating it is more of a concern for them (28%), compared with Korean (2%) or Other Asians (18%). Medicine dependency can induce psychological distress, nervousness or more prone to have mental health problem. Two hundred and forty seven respondents indicated medicine dependency as a health concern.

Gambling affects an individual's health and well-being as well as family functioning. Migrants might use gambling as an escape from the difficulties they experience in adjusting to New Zealand society. Two hundred and twenty eight respondents indicated that gambling is an issue. Korean expressed greater concern about gambling than Chinese and Other Asian respondents. Koreans believed that gambling is detrimental to individual and family life and considered gambling as a negative activity to be avoided. Further research studying the antecedents and the health outcomes of these health-related risk factors for different ethnic groups is needed.

4.3.2 Health problems encountered in the past

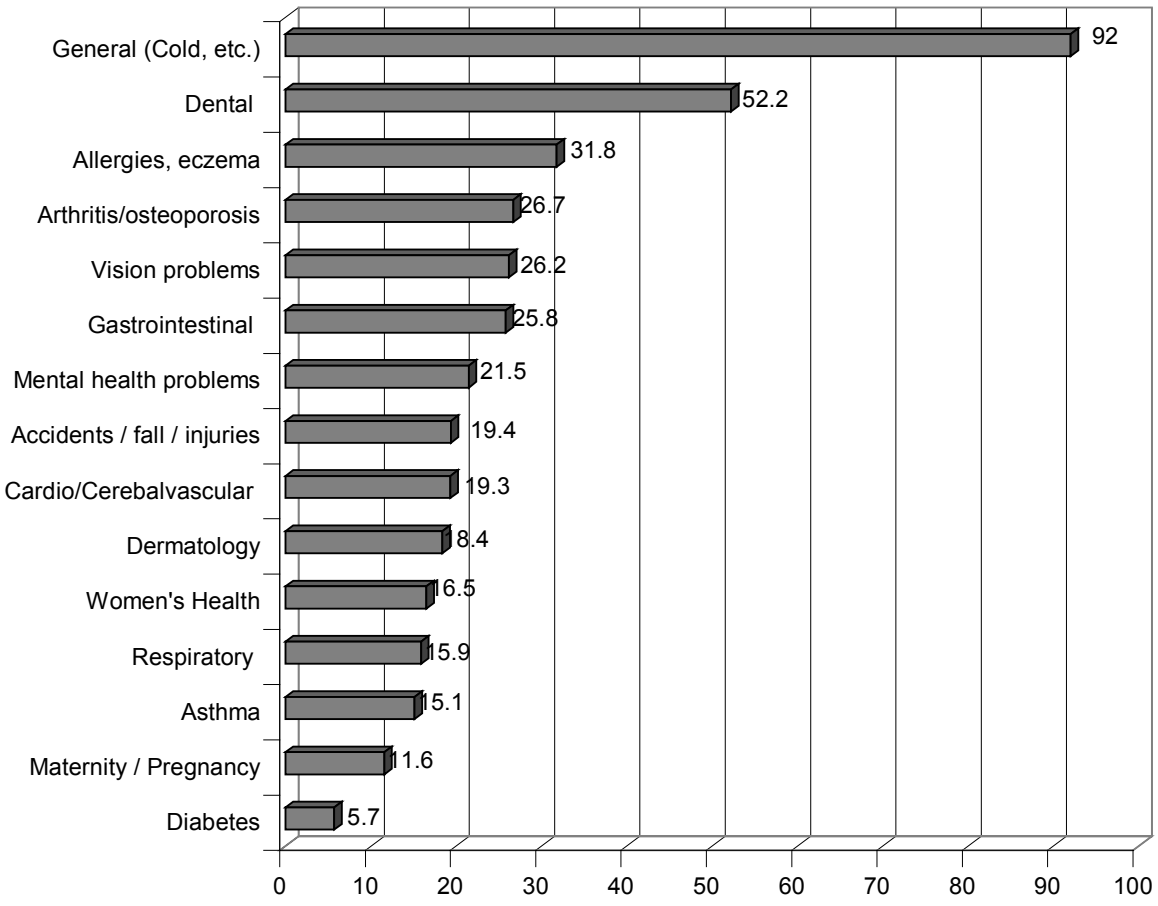
Different ethnic groups appear to have different patterns of health and illness e.g. Asians suffer a slightly higher rate of heart disease but fewer cases of lung cancer in Britain. Europeans suffer a higher rate of hemophilia while foreign-born Asians are at a higher risk for infectious diseases such as hepatitis and tuberculosis (Penn, Kar, Karmer, Skinner, & Zambrana, 1995). Acculturation to western lifestyles also resulted in higher health risks for chronic diseases such as heart disease, diabetes and cancers. In this survey, respondents were asked about their health problems so as to study the health patterns among Asians.

Besides general illness and dental problems, 32% of the respondents reported having had allergic diseases, 27% had arthritis, 26% had vision problems and 25% had gastrointestinal diseases. These results were compared with the *1996/97 New Zealand Health Survey* as presented in Table 4.6.

Table 4.6: Comparison between the New Zealand Health Survey and the present survey, on different health problems

Type of problems	Prevalence rate shown in National Survey	% of respondents' families in present survey
Asthma	16% of age 15-44	15%
Diabetes	3.7% of adults	6%
High Blood pressure	10% adults	14% with HBP 5% with heart disease or stroke
Injuries	25% with injuries or poisoning	19%

Figure 4.17: Health problems encountered in the last 3 years (%)



Besides physical illness, 21.5% of the respondents indicated that they had encountered depression, emotional problems or mental health problems. For Asians, there is a strong stigmatisation on mental illness and that people would not like to be associated with.

4.3.3 Health services used in the past

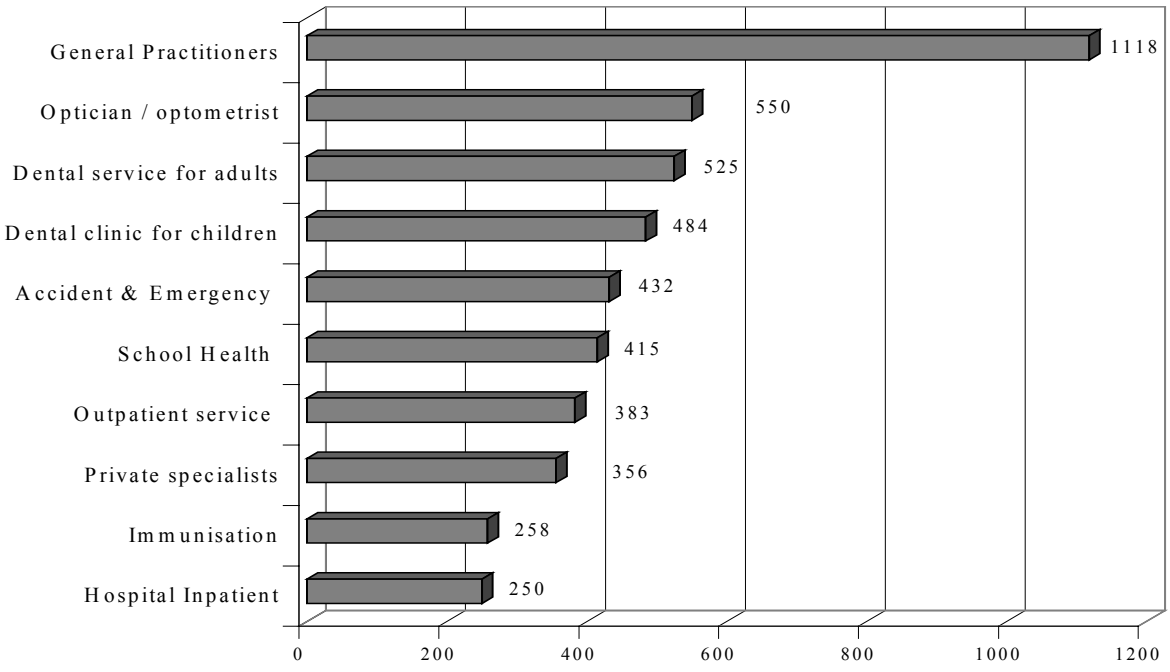
Eighty-six percent of the respondents and their family indicated that they had visited a GP in the past three years (Fig 4.18). This pattern was consistent with what has been previously reported (in section 4.2.3), that the respondents were more likely to visit a

GP when they encounter health problems, a pattern consistent with that of the New Zealand population. The *1996/97 New Zealand Health Survey* (Ministry of Health, 1999) reported that GPs were the most widely used health service.

The survey also indicated that a large proportion of the respondents have used dental services in the past, both dental service for adults (40%) and dental clinic for the children (37%). In the 1996/97 New Zealand Health Survey, about one-third of the adults and more than half of the children in the New Zealand population had visited a dentist or dental nurse; these patterns were similar to those presented by the Asian respondents in this survey. A considerable portion of the respondents also received services provided by the Accident and Emergency service (33 %) and private specialist (27%) in the past three years.

Thirty-one percent of the respondents reported to have received school health services. Asian Health Support Service of the Waitemata DHB received numerous referrals from teachers regarding Asian students' health problems, adjustment issues and communicating with the parents. Health promotion in New Zealand has been heavily oriented towards education and personal choices regarding health activities; however this kind of high degree of personal choice may not have the same effect on ethnic minorities (Everard, 1997; Davis & Dews, 1999). Health promotion projects in partnership with local Asian communities can ensure language appropriateness and cultural specificity, thus have a greater impact and more effective on Asian health.

Figure 4.18: Health services used by the respondents and their families in the past



Less frequently used services are shown in Table 4.7:

Table 4.7: Services that has been used in the past that is not included in the chart

Type of Services	**Responses**
Women health	245
Pregnancy / Maternity service	171
Home health service for discharged patient	136
Day Surgery or Day Ward	106
Audiologist	82
Child & family service	68
Child development service	23
Rehab service for children	21
Private psychiatrists	18
Needs assessment service for disabled children	15
Rehab service for adults	15
Others	12
Home health service for older people	8
Mental health service	7
Needs assessment service for older people	6
Respite service for disabled children	3

Though a small number of respondents indicated they received mental health services, a number of them have approached private psychiatrists or received support from friends or a GP for treatment of physical symptoms that have depression serve as the underlying cause.

For new immigrants, their lack of understanding about the New Zealand healthcare system might cause them to approach the wrong service. Many respondents commented that availability and accessibility of health services were inadequate. Service options to help migrants to alleviate such difficulties will be discussed in later sections.

The frequency of use of specific health services from the 4,771 individuals was not surveyed in the present study. However, from the demographic profile of inpatient admission of Waitemata DHB, there were 1,710 Asian inpatients in 1999 and 2,302 in 2000. This indicates that the number of Asian patients using health services is increasing considerably.

4.3.4 Satisfaction level of different services

It is essential to gather the feedback obtained on the quality of health services that Asians have used in the past. Health services were classified into 4 categories as following:

- General Practitioners (GP)
- Public hospitals and services (PH)
- Private medical services (PM) e.g. Southern Cross Hospital, Shore Care
- Community health and mental health (CH)

13 categories of quality measurement were measured:

Table 4.8: The satisfaction level across different service by different categories

Types of Category	**General Practitioner**		**Public Service**		**Private Medical**		**Community Health**	
S = Satisfaction; D = Dissatisfaction	**S**	**D**	**S**	**D**	**S**	**D**	**S**	**D**
Health information provided	403	114	201	109	149	56	47	41
Service options provided	297	84	161	68	113	34	36	22
Family/friends kept informed	155	82	80	63	49	41	22	23
Follow-up service	243	86	132	75	84	43	34	27
Friendly, respectful attitude and behaviour	657	24	310	32	209	11	67	11
Services provided are culturally sensitive	269	76	107	81	74	40	27	26
Medical/therapeutic assessment	461	50	214	48	146	28	34	16
Medical/therapeutic treatment	415	54	210	54	140	26	28	18
Communication	510	57	171	79	121	24	40	24
Interpreter/support service	165	87	139	89	47	54	23	31
Waiting time	328	167	106	249	120	60	27	33
Prescription of the drugs	411	70	162	63	118	36	27	17
Cost of service provided	218	321	212	96	54	174	33	38

Most respondents were satisfied that health services generally have a friendly and respectful attitude. However, they were dissatisfied with the cost of GPs and private medical services, as in some Asian countries, people have the choices to access free health services through the state-provided health system. Many written comments expressed this view. One respondent commented:

> "Because of the expensive charges for minor illnesses such as common cold, fever, coughs it makes people not to see the doctor. It is not fair that we pay the high cost to the doctors but we know nothing about their abilities and skill."

Respondents were also dissatisfied with waiting times and the health information provided to them in the publicly provided health services. Many respondents did not appear to have used, or had limited information on, community health and mental

health services. This indicated that not enough information on the New Zealand health care system is available to immigrants.

Forty-one percent of respondents expressed satisfaction with GP services, a trend which corresponds to that of the New Zealand population (Ministry of Health, 1999). Overall, the results in this section echoed the findings from a study undertaken by MacDonald and Co. (1997), indicating that there was a general feeling among some Asian migrants that they should not be too demanding because they had chosen to immigrate to New Zealand.

4.4 Future Development

4.4.1 Pamphlets interpretation

The respondents were asked to identify the type of information that they would like to have translated into their own language. The language of sickness and health is complex and layered in meaning, being both descriptive and metaphorical (Lupton, 1994). The understanding of the culture of sickness and health is often embedded in the language as well. As a result, interpretation and translation are a must to incorporate the cultural paradigm to help people to understand health belief and health practice. For example, the instruction “Take the medicine until finished”, may be interpreted by some Asians as “until you die”. Although many Asian migrants generally receive a high level of education, coming to a new country without access to health service information in their own language can be frustrating. In this survey, respondents were asked what type of health information in their own language would be useful for themselves and their families. Offering pamphlets in their own language was regarded as one of the major helpful resource for 73% of the respondents’ families. Eighty-one percent of health professionals in the *Health Professional Survey* also held similar views that pamphlets in Asian languages would be useful for Asians.

Eighty-three percent of the respondents indicated that pamphlets explaining the New Zealand Health Care System are valuable. Since there is a major difference between the healthcare system in New Zealand and their home country, respondents found it difficult to understand and access the healthcare system. The respondents also

indicated that pamphlets describing the Public Accident and Emergency Service are useful, as most of the respondents have used the service in the past. Some comments written by respondents demonstrate these issues very well.

> *"*Language is the most serious problem to us. We feel discouraged to go to hospital even when we are really very sick. We desperately want helps for the language barrier."

> "When I visited a public hospital after an accident, I had to wait for a long time. On my second visit for the same problem, hospital staff tried to persuade me to go to a private medical organisation. This made me feel so unpleasant."

A survey of doctors who have Asian patients also reported that Asians do not have a good understanding of how the health system is organised, or their entitlements in terms of publicly funded health care (Walker et al., 1998). Table 4.9 shows service information Asian people required information to be translated.

Table 4.9: Useful information to be translated in Asian language

Type of Information	**No. of respondents**	**Percent**
New Zealand's healthcare system	1012	82.6%
Public Accident & Emergency Service	993	81.1%
Women health	750	61.2%
Dental services	710	58.0%
Public health and prevention services	640	52.2%
Children / school health service	608	49.6%
Immunization	495	40.4%
Vision & hearing	470	38.4%
Healthy eating / nutrition	403	32.9%
Family / relationship / parenting	399	32.6%
Infectious disease	372	30.4%
Young people aged 15 to 24	367	30.0%
Maternity service	360	29.4%
Autism / learning difficulties / disabilities	274	22.4%
Elderly	175	14.3%
Others	19	1.6%

Table 4.10 shows medical conditions that respondents would find useful to be translated into Asian languages. Table 4.11 listed mental health information considered useful to be translated into Asian languages.

Table 4.10: Specific health information considered useful to be translated into Asian languages

Specific Health Information	No. of respondents	Percent
Allergic diseases, eczema	458	37.4%
Arthritis, osteoporosis, backache	453	37%
Asthma	351	28.7%
Stress management	348	28.4%
Cancer	329	26.9%
Diabetes	326	26.6%
Stroke / heart disease	315	25.7%

Table 4.11: Specific mental health information considered useful to be translated into Asian languages

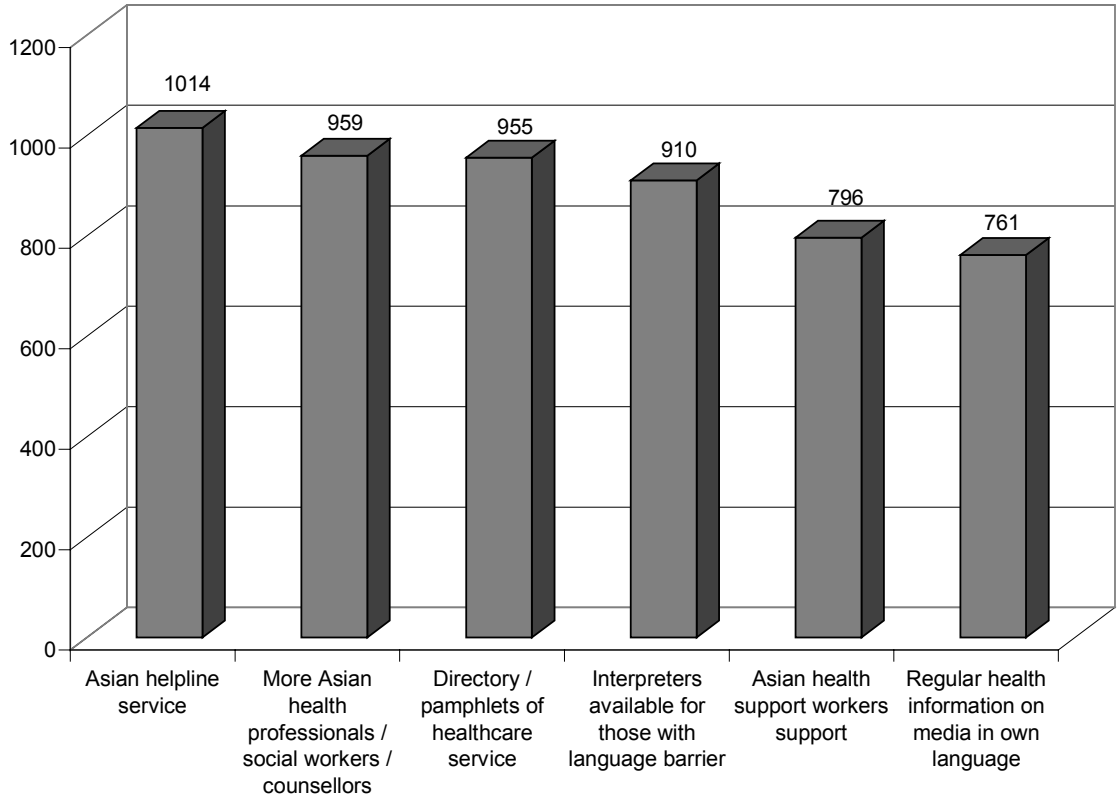
Specific Mental Health Information	No. of respondents	Percent
Emotional / behaviour problem	290	23.7%
Mental health	261	21.3%
Distress / depression	302	24.7%
Alcohol / drug dependency	167	13.6%
Total : Mental Health Condition	1020	83.3%

4.4.2 Service needs

Health disparities between ethnic groups exist especially when minority groups are reluctant to utilize mainstream health services due to linguistic and cultural barriers. Ethnic minorities tend to be less frequently immunized, screened for cancer, or be recipients of regular primary care (Penn et al., 1995). Health disparities should not be considered as an unavoidable fact of life. Health goals should be set and support services should be developed to lead to better health for all New Zealanders.

In order to identify and develop culturally appropriate prevention and intervention health strategies, a list of health support services were provided in the survey questionnaires. Respondents were asked to indicate which services would be useful for their families.

Figure 4.19: Future service needs identified by the respondents



The five most useful services identified by the respondents and their families were the same as those identified by the health professionals in the *Health Professional Survey*. These services are:

- Asian helpline service;
- More Asian health professionals/ social workers/ counselors in Asian languages;
- Directory/pamphlets of health services;
- Interpreters at hospital and at clinics;
- Asian health support workers;

Health service helpline in Asian languages: Appropriate health information in Asian languages can help minimize the problems arising from miscommunication and the misunderstanding in clinical practice. One respondent commented:

> "From the 990 BBC broadcasting, we know that mammogram survey. When we tried to register over the phone, there was no Chinese speaking staff and the registration can not be made."

Directory/ pamphlets/ information sheets of health services: A recent study by Walker et al., (1998) found that Asian patients did not have a good understanding of how the health system is organized in New Zealand, they did not understand the role of GP and other community-based health providers. Language was the greatest barrier seeking medical advice when Asians became ill. Respondents in the Asian survey shared the view of lacking clarity about the New Zealand health system. Pamphlet distribution could be the first strategy to approach the target patients and facilitate their accessibility to appropriate health services. Comments included:

> " Not enough information for Health services provided as we are foreigner of this country, we need to know what are our rights and where can we get assistance."

> "Although I have been living in New Zealand for many years, I still do not understand the New Zealand government and medical system. I do not know what to do whenever I am not well."

> "Hope to have a booklet showing us the medical networks around us and the medical facilities available (both public and private) so that we need not worry about when there is any health problems"

Interpreters at hospital and at clinics: Interpreters are requested by those Asian people with English as their second language (Ho, Cheung, Bedford, & Leung, 2000; Walker et al., 1998). Respondents remarks:

> "To provide interpretation service to those with language barrier is most important. Because patients have to provide detailed history to doctors so as to enable the doctors to give the appropriate treatment to patients."

> "Hope we can have interpreters as it is inconvenient that we always have to make reservation in emergency case, no interpreters available or they are late. Having experienced that my interpreter was not fully trained and so poor in delivering messages."

Asian Health Support Workers: Research by MacDonald and Co (1997) in New Zealand reported that respondents viewed Asian health workers (a voluntary service based at the hospitals) as fundamental to their access to patients' healthcare. These support workers were described as being able to bridge the communication with staff on daily activities and very helpful for the patients' care. Respondents commented:

> "Thank you for your care to Asian people and the questionnaire provided. I sincerely hope that a system for the Asian health service can be expanded to provide services such as migrants service, transport support and interpretation service."

> "Thanks to Waitemata Health for providing care for us by this Asian Health Service. Struggling on describing and communicating about our health issues are big problems to Asians indeed. Hope Asian Health Service be set up in other districts as there are also the great demand in all communities and hospitals."

Asian Health professionals/social workers/counsellors: Many respondents indicated that having Asian health professionals who speak the same language would facilitate their appropriate utilization of health services. Walker's (1998) report also indicated that about two thirds of the respondents thought it was important that their family doctor speak the same language. One respondent commented:

> "We need more Asian speaking medical and nursing staff to the new migrants and the Asians with limited English. It is not easy for them to understand the medical terms."

A majority of the written comments received in the questionnaires expressed the frustration caused by language barriers. Respondents noted that there were many Asian health medical professionals who were not able to practice here because their qualifications were not recognized, and they wished that their skills could be used to benefit Asian patients.

Asian Support Groups & educational programmes with interpreters/support workers: Many Asian people with diabetes, asthma, stroke etc benefit little from the mainstream support groups because of language barriers and cultural differences. These patients/clients need the support groups to share knowledge and improve their health status and thus improve the primary care utilization.

All the Asian patients who attended the diabetes focus group organized by Comprehensive Health Services and North Shore Hospital's diabetes clinic urged that funding initiatives to set up Asian diabetes support groups. The respondent pointed out,

> "The dietary information for special diets is based on dairy food in this country which are not always palatable to the Asian palate."

The same views of the need of Asian support groups were shared among parents who have children with disabilities or intellectual disabilities.

> "There is a mild intellectual handicapped teenager in my family. I do not know how to manage. There is [the service provider] in the kiwi community. It seems they are not willing to accept Asian patients because they are fully occupied and we cannot understand English well."

> "We need family support for people with disabilities"

Asian home aid service: There were consistent requests to provide Asian home aid staff from discharged Asian patients who want to communicate in their own language during their recovery process. One respondent remarked,

> "My husband after his traumatic accident just rejected to speak English because he's too frustrated and depressed even he could speak English. I became the interpreter for the whole team of health professionals/home aid workers when they came to my home. I got so exhausted."

Asian youth support service: Non-English speaking migrant students faced lots of stress and frustration when they attended schools for the first few years. "The teenager migrants sometimes are lost in all the new roles they are supposed to take up. The assistance is minimal. Their parents are themselves learning to cope with living in New Zealand, the assistance they can offer may not always be the effective (Ho et al, 2000)."

There are many overseas students in New Zealand. They lack information and support when they arrive in the country. One of the respondents remarked,

> "There are a significant number of Asian immigrant students. There is the need to carry out a similar study to assess their health/mental health/educational need."

There is a considerable challenges for the host country if it is to meet the educational, psychological, and social needs for adolescent immigrants. Outreach programmes and support systems such as buddy system can help prevent feelings of isolation and promote adjustment for adolescent immigrants (Cheung, 2000).

Respite service for Asian disabled children or elder people: There were feedback from service assessment and coordination services that their clients, who were older people or children with disabilities, faced difficulties when they were admitted to mainstream respite services due to their language barrier and cultural differences in daily activities. One of the respondents remarked,

> "We would like to have a respite service run by our people for our disabled children. The mainstream services cannot meet our cultural needs, for example, in meals and daily activities".

In the *Health Professional Survey*, health professionals put more weighting on the need for cultural sensitivity in health services. MacDonald and Co (1997) also reported that Asian respondents considered that the government should provide quality health services that were equitable for all cultures. The need for culturally appropriate health services was highlighted in this survey.

Table 4.12: Services considered useful by respondents

Type Of Service	**No. of respondents**	**Percent**
Asian helpline service	1014	80.5%
More Asian health professionals / social workers / counsellors	959	76.2%
Directory / pamphlets of healthcare service	955	75.9%
Interpreters available for those with language barrier	910	72.3%
Asian health support workers support	796	63.2%
Regular health information on media in own language	761	60.4%
One stop health shop	741	58.9%
Health talks / training workshops with interpreters	649	51.5%
Mainstream healthcare services with cultural sensitivity	599	47.6%
Asian health support group for clients	597	47.4%
Asian home aid services	561	44.6%
Asian youth support service	554	44.0%
Transport support for Asian patients	549	43.6%
Respite service provided by Asians	484	38.4%

Conclusion:

One respondent remarks,

> "We don't know the phone numbers of many health services, also we struggled hard to communicate in English. We do hope New Zealand government could listen and attend to our problems and opinions intensively. Immigration is a tough road. Apart from this, we hope they can take voices seriously instead of treating us as 'second-class' citizens. Of course, we surely would like to integrate in New Zealand and greet other citizens harmoniously."

It is imperative to increase understanding and communications between Asian patients and health professionals. Better health outcomes will be achieved if health service providers, researchers, and policymakers are more aware of Asian cultural beliefs concerning wellness and unwellness. This is important because many Asian families in New Zealand want to retain some of their own traditions despite various levels of acculturation. Health care providers should consider Asian patients' perception of health issues, such as psychosocial stressors, support systems, coping strategies, and health-seeking behaviours in the assessment and implementation of health care services. The Asian communities are diverse in both language and culture and achieving this will pose a significant challenge to New Zealand health system.

Section. 5 Health Professionals' view on Asian Healthcare needs and Services

5.1 Demographic Profile of the health professionals

Gender and age group of the health professionals

Three hundred health professionals responded to the survey. Seventy eight percent of the health professionals were female and 22% of them were male. Twenty-four percent of the respondents were aged between 30-39, 34% were aged between 40-49 years, and 24% were aged between 50-59 years.

Figure 5.1: Gender of respondents

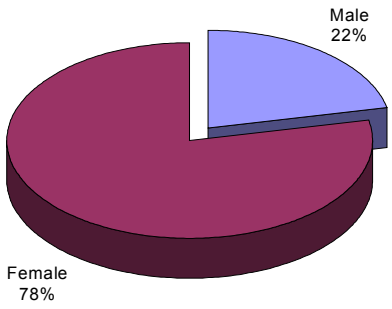
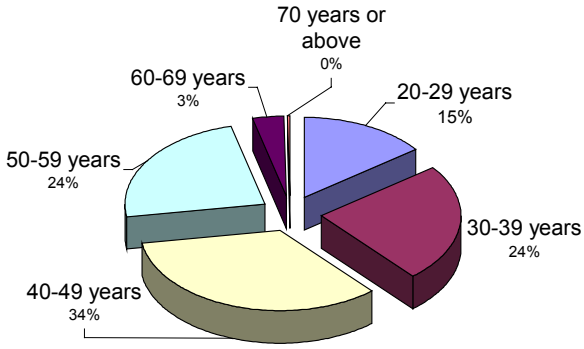


Figure 5. 2: Age groups of respondents



Ethnicity and country of origin of health professionals

Nearly half of the health professionals who responded to the survey were European (48%); 32% identified themselves as New Zealand European; 13% identified themselves as Asians, among which 8% were Chinese. The majority of the health professionals originated from New Zealand (65%). However, 11% of the health professionals came from United Kingdom, 8% from Asia, 4% from South Africa, 3% from Europe and 9% from other countries (Fig 5.4).

Figure 5.3: Ethnicity of respondents

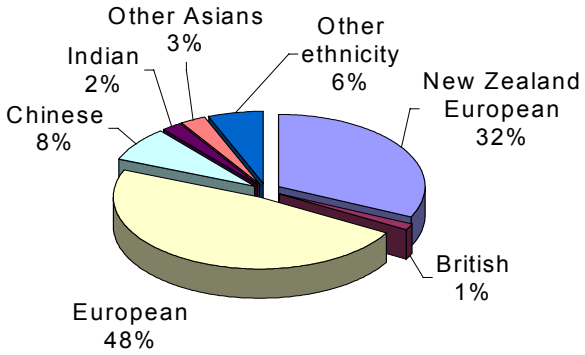
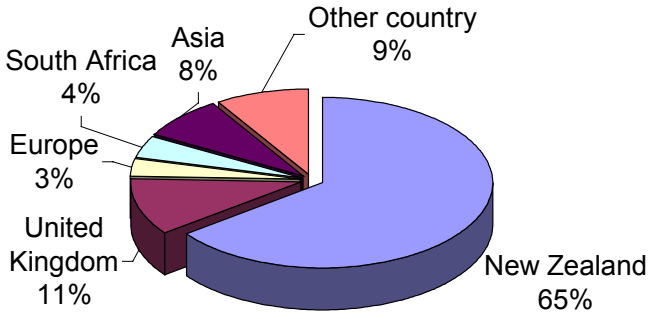


Figure 5.4: Country of origin of respondents



Professional positions and services

In the occupational structure of the health system as classified by the Statistics New Zealand (1996), 15% were medical doctors and 56% were nursing and midwifery professionals. In this survey of health professionals, 21% of health professionals were doctors, consultants or surgeons including GPs. Twenty-nine percent were nurses and midwives. Respondents of our survey also included a wide spectrum of professionals including therapists (26%), community workers (12%), social workers (3%), those in management roles (7%) and other professional associates.

Figure 5.5: Professions of respondents

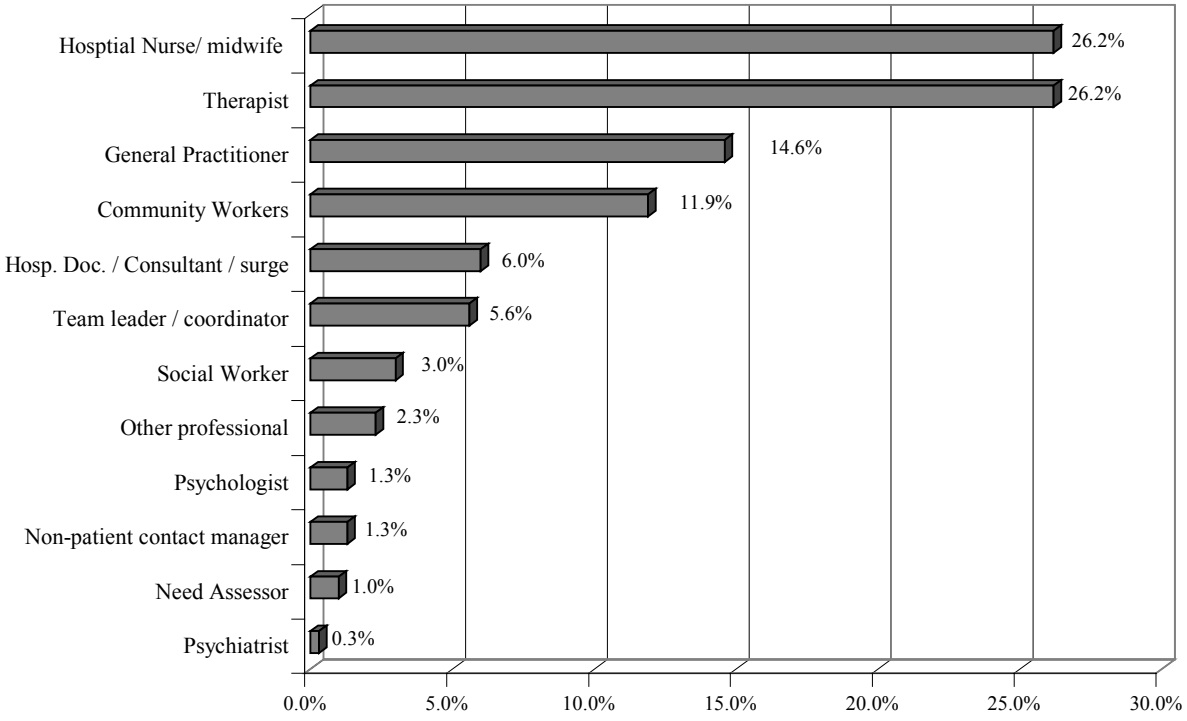
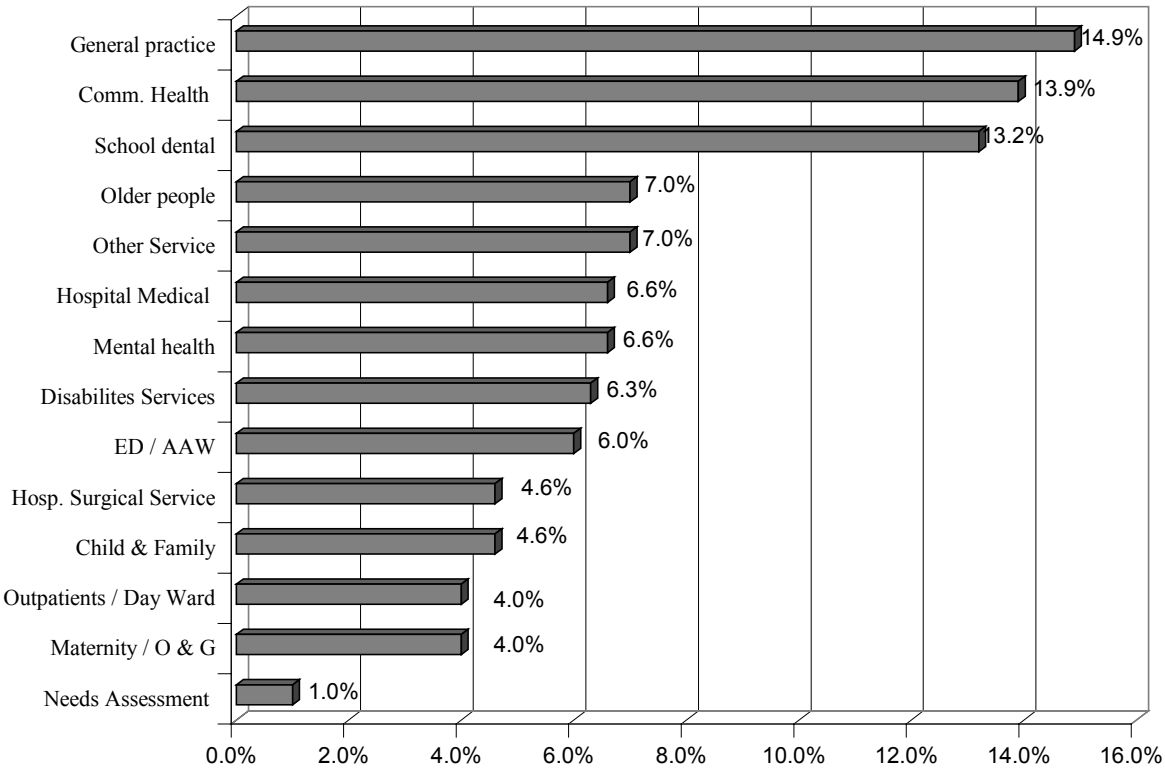


Figure 5.6: Service departments of respondents



The representation of health professionals in this survey covered most patient-related health services: 15% of them were GPs; 32% were hospital services, 39% worked in the community health services including disabilities services (6%) and school dental service (13.2%), 7% of the health professionals worked in the mental health service. The services of the health professionals were grouped into four profiles as shown in Table 5.1.

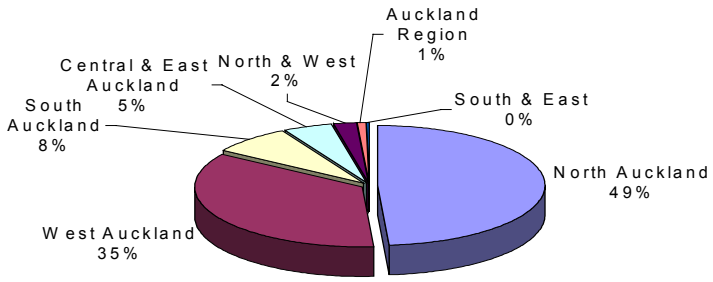
Table 5.1: The health professionals by different health services profiles

Hospital Staff (*n*=97)	**General Practitioner (*n*=45)**	**Community Health (*n*=118)**	**Mental Health (*n*=20)**
Medical Staff	General Practitioner	Child & Family	Mental Health
Surgical staff		Disability Service	
Emergency		Needs Assessment	
Outpatient/ Dayward		School Dental	
Maternity		Community Health	
Service for older people			

Working area of the health professionals

Among the 300 health professionals, 87% worked within Waitemata DHB's catchment area. Almost half of them (49%) worked in the north Auckland area and more than one-third (35%) worked in the west Auckland area.

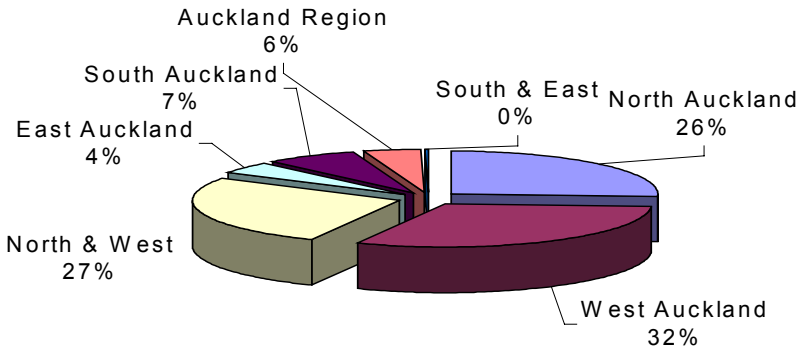
Figure 5.7: Working area of respondents



Areas where patients came from and Asian patients contacts

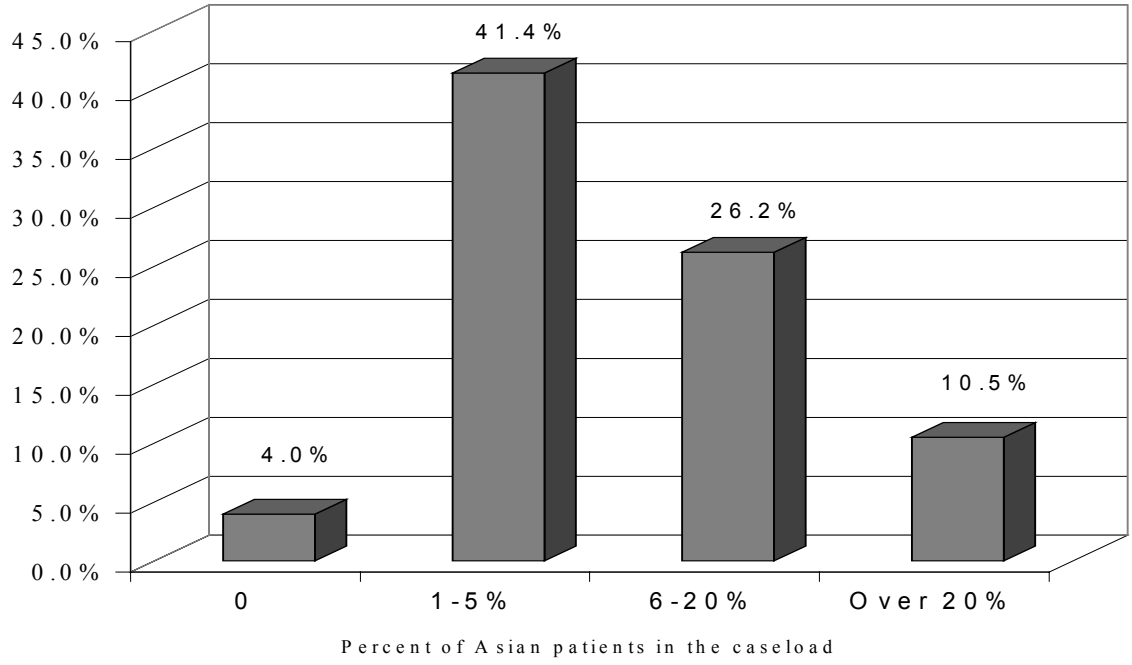
Eighty-nine percent of the health professionals indicated their Asian patients came from Waitemata DHB's catchment area, 32% from the West Auckland area, 26% from the North Auckland area, and 27% from both the North and West Auckland area (Fig 5.8).

Figure 5.8: Area of residence of patients



Forty-five percent of the health professionals reported that 5% or fewer of their patients were from an Asian background. Twenty-six percent of the health professionals reported that they had 6 – 20% Asian patients, and 11% of the health professionals had over 20% Asian patients (Fig 5.9).

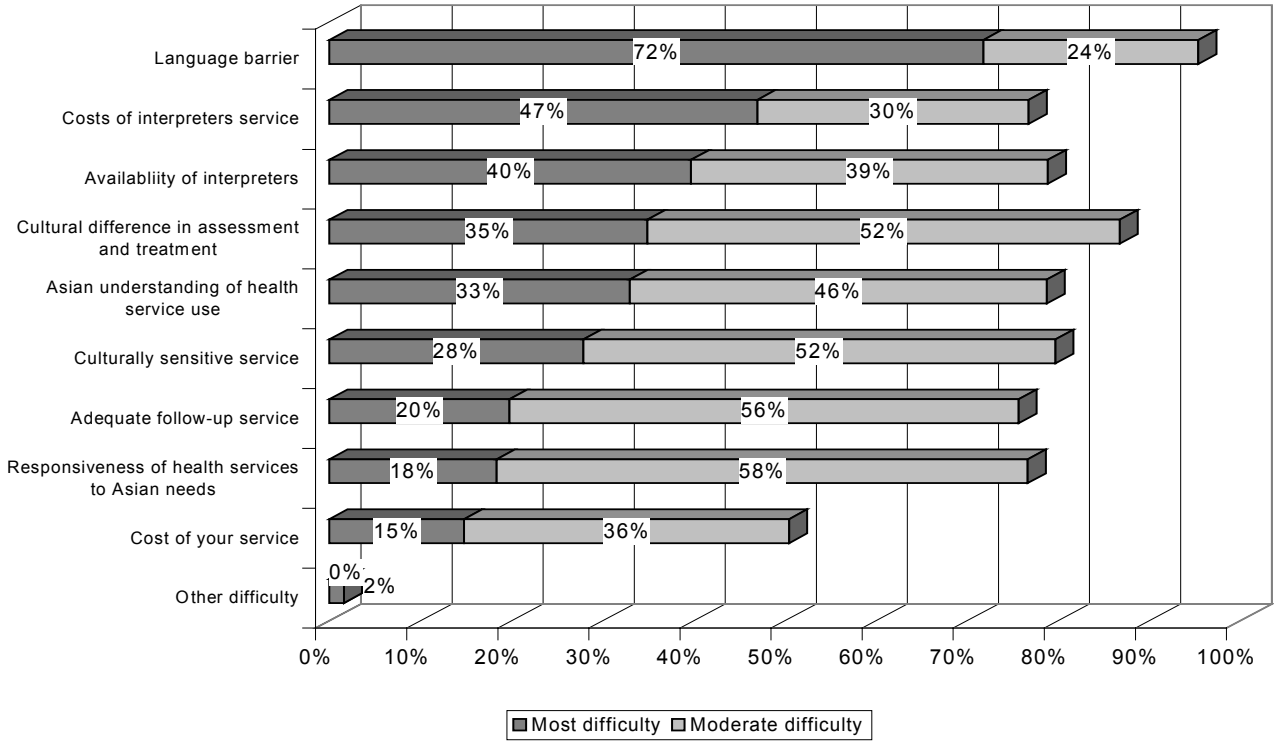
Figure 5. 9: Percentage of Asian patients



5. 2 Difficulties experienced by health professionals

This survey sought to understand the perception of health professionals about the difficulties they faced during the provision of care to Asian patients. The survey also attempted to obtain their perceptions on the healthcare needs of Asian patients, because such information will help identify gaps in the health practice for these patients. The following chart shows the difficulties most frequently identified by the health professionals.

Figure 5.10: Difficulties experienced by the respondents



The results of the survey showed that the main difficulty that the health professionals experienced when providing care to Asian patients was language barrier, with 96% of the respondents indicating that this had been a problem for them. This view was shared by all the four profiles (i.e. hospital staff, GPs, community health staff and mental health staff). Thus, the findings show that having patients who speak a different language poses a substantial problem for the health professionals. The costs of miscommunication between the health service providers and the patients are twofold. First, from the patients' perspective, it can cause them to feel emotionally agitated, frustrated and upset. It may cause a lack of confidence in the service and miscommunication can lead to inefficient or incorrect diagnosis or treatment. From the health providers' perspective, inefficient or incorrect assessment or treatment has a great impact on the quality of service, and may cause prolonged stay in the service or hospital, thus increasing the running cost of the health service.

Health professionals made the following written comments:

> GP: "Language in explaining the problems is greatest barrier– wives often need interpreters who are husbands or children. It's difficult to discuss sensitive issues, psychiatric issues."
>
> Hospital services: "Lack of understanding re basic healthcare probably due to language barrier to indicate. simple headache, vomiting/ diarrhoea."
>
> Community Health: "Language difficulties – appointments dependent on availability of younger family members to translate. Difficult to know whose needs have been met – clients or families"
>
> Mental Health: "Language barrier causes great difficulties for diagnostic treatment for children with psychiatric or developmental problems."

One of the solutions to alleviate the problem of language barriers is to offer interpreters. According to the survey results, 47% of the health professionals who participated in this survey considered that the cost of the interpreters was very difficult, and 30% expressed having moderate difficulties in this area. This view was specially shared by the community health staff who found it a heavy burden on the service funding, as well as by GPs who found it difficult to charge patients for the interpreters' fees. The lack of availability of interpreters was also considered more of an issue by GPs and community health staff than by respondents in the hospital and mental health groups. Comments included:

> Hospital services: "Asian patients came to Outpatient Clinic without interpreters, doctor unable to convey to patient seriousness of conditions. Interpreters are so important.
>
> Hospital services: "Asian patients don't like interpreters to be of opposite sex as embarrassing if it's gynaecology problems or internal procedures. Interpreters/ support persons should be gender match with the patients."

> Hospital services: "Communication break down is a major difficulty. It can depend on the skill of an interpreter as well as the family members, whether the correct information is passed on."

Eighty-seven percent of the health professionals expressed difficulties about cultural differences in assessment and treatment and 80% reported difficulties in providing a culturally sensitive service. This view was expressed by respondents in all four groups, especially those in mental health group (the latter recorded 100% for cultural difference and assessment of treatment, and 94.4% for culturally sensitive services). Health professionals made the following written comments:

> GP: "Asians tend to be shy, high anxiety levels, not to speak for themselves…"

> GP: "Difficulties: depression, anxiety, other mental health illness-somatisation of symptoms."

> Hospital services: "The greatest difficulty I have is the expectation of some groups of the doctor to totally cure them. The next difficulty is the perception of pain which appear to differ from my cultural understanding."

> Community health: "Cultural differences in child rearing practice have impact on my developmental program e.g. not wanting to put baby on floor for play. Lots for learning and coping for both parties."

> Community health and disability services: "Differing cultural norms around paediatric disability – I believe Asian people experience extra high visibility as 'different' when their family includes someone with obvious physical disabilities."

Davis and Dews (1999) pointed out that the culture of health and illness is based on the multiple meanings individuals create and share to explain the world to themselves. Consequently, promoting cultural understanding may add valuable information to facilitate patient-health professional communication.

Table 5.2: Difficulties perceived by the health professionals, 4 different profiles

Type of Difficulty	General Practitioner	Hospital Staff	Community Health	Mental Health
Language barrier	94.9%	100.0%	96.0%	85.0%
Cultural difference in assessment and treatment	89.7%	86.7%	79.7%	100.0%
Culturally sensitive services	80.0%	77.8%	77.1%	94.4%
Availability of interpreters	80.0%	78.5%	80.2%	70.6%
Costs of interpreters service	80.1%	55.9%	81.1%	62.5%
Asian understanding of health services use	81.4%	78.9%	79.4%	82.3%
Responsiveness of health services to Asian HealthCare	84.2%	76.3%	73.4%	73.4%
Adequate follow-up service	76.9%	73.8%	75.0%	92.8%
Cost of your service	66.6%	55.9%	37.1%	38.5%

Staff in the mental health services might find it difficult to understand patients' socio-cultural background, what is 'normal' and 'abnormal' behaviour and beliefs in their ethnic communities. This also a challenge for GPs because they are often the first contact for people presenting with symptoms of mental health problems. The result from this survey reinforced what the mental health services have suggested for years about the need to provide services with cultural sensitivity as being the most important issue for them. Tam (1990) studied the help-seeking behaviours of Chinese and found that cultural factors and help-seeking behaviours resulted in under-utilisation and delayed entry into the mental health system. In particular, cultural values of shame contribute to the feelings of shame on the family name when patients with emotional problems are admitted to hospitals (Sue, 1980). Respondents commented:

> Mental Health: "Social stigma makes patients or relatives unwilling to seek help. Usually see Asian clients following suicide attempt, by which time they and family know help is needed. Seldom have referrals while Asian clients are in hospital for medical problems, I think because psychological problems not recognized by the medical staff."

> Mental health: "Loss of face – stigma and discrimination associated with possible presence of mental disorder – keep it all "in family"
>
> GP: "We have GPs within our practice speaking Mandarin, Cantonese, Hindi – helps a lot"

In addition, 79% of the health professionals indicated that some Asian people s' understanding of the health service system in New Zealand is inadequate and they may therefore approach the wrong service. Asians can be easily lost in the follow-up system, possibly due to language barriers and lack of understanding of the health service system. One respondents working in the hospital comments,

> Hospital services: "Many hesitate seeking treatment because of language barrier or because of ignorance about the health services available."
>
> Hospital services: "Difference between experience in other countries, e.g. first pregnancy in New Zealand, some people not used to the role of midwives."
>
> Hospital services; "Poor understanding of New Zealand healthcare that not aware of different services ie. emergency department, private Accident and Emergency Centre, GP etc."
>
> Community health: "Directory of healthcare agencies and what they do in Asian languages would be most important resource."

Seventy-six percent of the health professionals further elaborated that there was not enough responsiveness in the New Zealand health service system to Asian patients' needs.

> Community health and disabilities: "We have to do better at reassuring families that their cultural needs matter and knowing their cultural needs will result in improving the service."

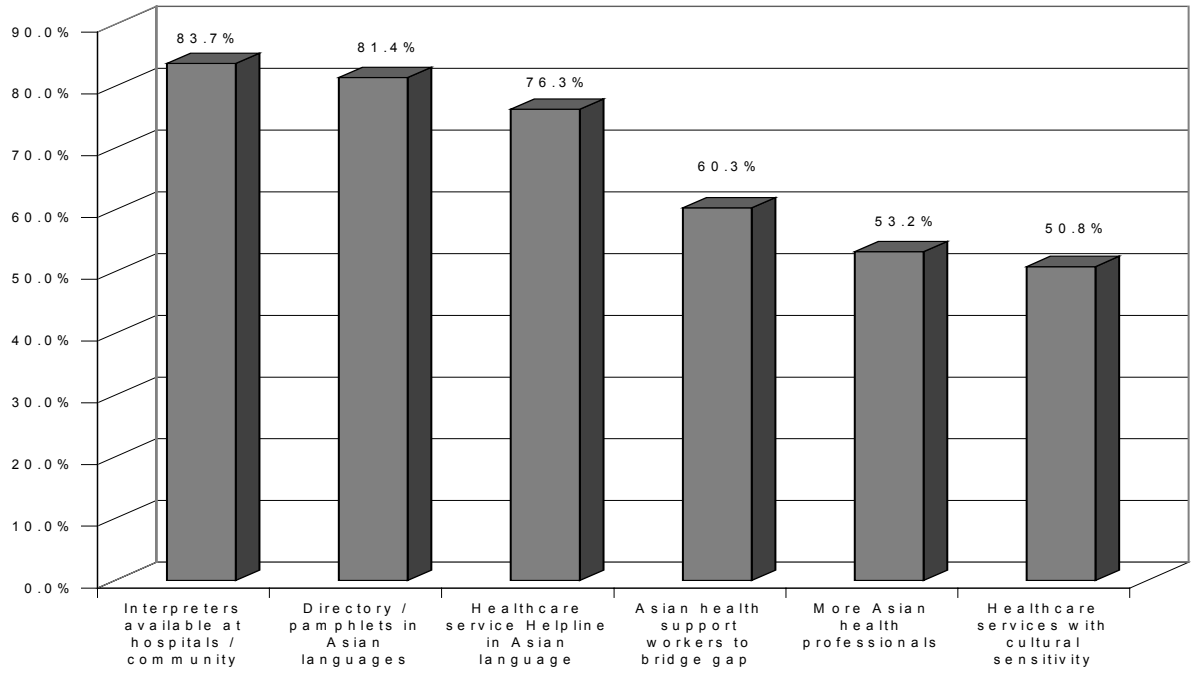
In sum, the survey findings coincide with the research by MacDonald and Co (1997), indicating Asian in New Zealand cited the lack of cultural appropriateness and language difficulties as key barriers to their access to health care services.

5.3 Useful services for Asian patients and health professionals

5.3.1 Perception of health professionals on Asian healthcare needs

In the survey, health professionals were asked to identify useful services that would better cater for the healthcare needs of Asian patients from a list of 15 services addressing accessibility, acceptability and appropriateness of health services to Asian patients. The six most useful services identified by respondents address the language barrier, cultural differences and cultural sensitivity problems that are also the main concerns of the health professionals, as already discussed in Section 5.2.

Figure 5.11: Top 6 priority lists by all respondents



These top six priority services are:

- Interpreters available at hospitals /community;
- Directory/pamphlets in Asian language;
- Health service helpline in Asian language;
- Asian health support workers;
- More Asian health professionals;
- Health service with cultural sensitivity

These six services suggest that problems such as miscommunication or cultural insensitive treatment can be avoided. The proposed services would facilitate and address the cultural needs of Asian patients, enhancing appropriateness and acceptability of health services, thus improving the well-being of Asian patients.

Other useful services suggested by health professionals for Asian patients/ clients are presented in Table 5.3.

Table 5.3: Other useful services for Asian patients considered by health professionals

Useful Services for Asian patients	**No. of respondents**	**%**
Asian mental health team	121	41%
Support groups for Asian patients /caregivers	120	40%
Respite service provided by Asians	120	40%
Signage in Asian language in hospitals/clinics	113	38%
Asian home aide service	110	37%
Regular health information in media in own language	110	37%
Asian youth support service	95	32%
Transport support for Asian patients	85	29%

Table 5.4 indicates the views of the four service sectors on useful services for their Asian patients or clients.

Table 5.4: Useful services suggested by the 4 service sectors

Type of Useful Service	General Practitioner	Hospital Staff	Community Health	Mental Health
Interpreters available at hospitals / community	77.3%	89.6%	80.0%	84.2%
Directory / pamphlets in Asian languages	75.0%	86.5%	81.7%	78.9%
Healthcare service Helpline in Asian language	72.7%	79.2%	78.3%	68.4%
Asian health support workers to bridge gap	45.5%	65.6%	62.6%	63.2%
More Asian health professionals	45.5%	55.2%	50.4%	73.7%
Healthcare services with cultural sensitivity	38.6%	57.3%	44.3%	84.2%
Asian Mental health team	40.9%	49.0%	28.7%	73.7%
Asian support groups for clients and caregivers	29.5%	47.9%	35.7%	57.9%
Respite service provided by Asians	34.1%	44.8%	39.1%	31.6%
Signage in Asian languages at hospitals / clinics	38.6%	49.0%	29.6%	42.1%
Regular health information in media in own language	34.1%	41.7%	36.5%	26.3%
Asian home aids services	38.6%	42.7%	31.3%	26.3%
Asian youth support service	43.2%	35.4%	23.5%	47.4%
"One stop Asian health shop"	27.3%	28.1%	33.0%	47.4%
Transport support for Asian patients	20.5%	27.1%	27.8%	47.4%

Comparing the responses of the four service groups, mental health services have a slightly different priority of needs than those from the other three. They rated cultural sensitivity equally as important as having interpreters (both services rated as important by 84.2% of respondents). Cultural difference has been considered as a major difficulty faced by mental health staff (Table 5.2). It adds to the significance of culturally relevant practice in mental health when 41% other health professionals also support having an Asian Mental Health Team.

Different cultural perceptions and understandings of metal health also discourage Asian from using mainstream mental health service programmes. Strong feelings of shame may cause individuals to be reluctant to reveal their psychological problems to others (Root, 1985). Asians tend to solve problems on their own, relying on family members, close relatives, and friends, rather than on mental health providers, to solve

their psychological problems (Tsai, Teng, & Sue, 1980). In addition, Asians often express their psychological problems somatically (Cheung, 1995). This could be because of their attribution of psychological problems to the body or because they have relatively lower levels of verbal expressiveness regarding psychological problems and language difficulties communicating in English (White, 1982).

The staff from the community health area ranked the services in a slightly different order: 81.7% indicated that directory and pamphlets in Asian languages would be the most valuable service to them; having interpreters available at a local community level ranked second as the most useful service by 80% of the community health staff. Community health workers remarked:

> "The generation gap is a big problem. The younger people having to care for an old grandparent while parents work. – Home based respite with Asian relief caregivers are needed."

> "Working with Asian adolescents – definite shyness about accessing services particularly sexuality issues, also mental health services, appropriate counselling services. Need to be culturally appropriate in supporting these young people with developmental issues…"

The current health system is based on a western model. There should be a generic model that can be customised in New Zealand to the community it serves. This customisation is seen as necessary to maximise the effectiveness of delivery. It should not be seen as giving special treatment (Macdonald & Co, 1997). Many of the above support services could be incorporated in the mainstream services; for example, Home Health Service for Older Adults of Waitemata DHB has started to process recruitment of Asian casual workers to provide cultural relevant home aide service for Asian patients.

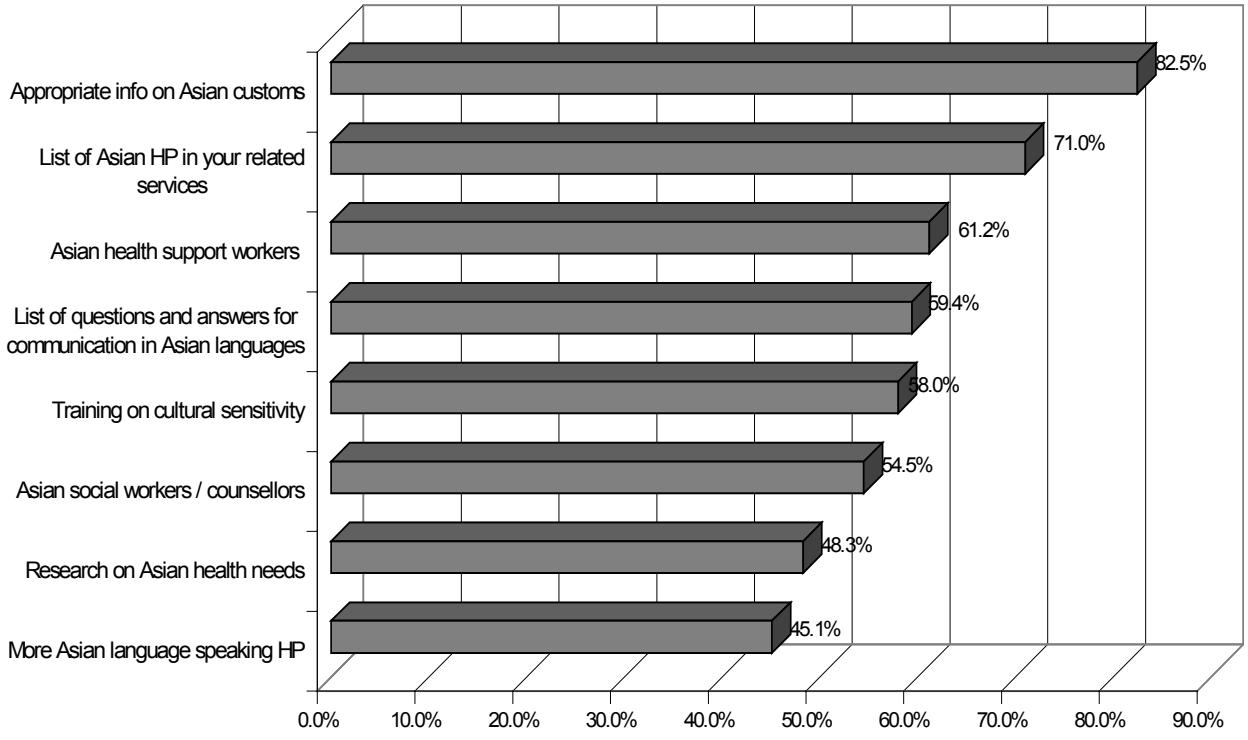
5.3.2 Support to health professionals

Support to health professionals is considered to be very important as understanding of the cultural context of delivery is an absolute necessity for a quality service. In the

absence of this understanding, the goals of health care to ethnic minorities are likely to be jeopardised (Logan & Hunt, 1978).

A list of 8 items was presented to the health professionals to consider what would facilitate their provision of a quality service to Asian patients/clients apart from the Asian patients' needs. Some of these items were the same as those provided to Asian respondents to consider.

Figure 5.12: Services considered useful by respondents



The professionals perceived that information on Asian customs would be very useful to them (82.5%). Seventy-one percent of the health professionals viewed that providing a list of Asian health professionals in the related services as valuable, and 59% perceived that having a list of questions and answers in Asian language for communication are helpful in their day-to-day running of service to the patients. Their

view on Asian health support workers is useful is consistent with the findings presented in section 5.3.1. Health professionals viewed having Asian social workers/counsellors a higher priority than having more Asian health professionals; these responses indicated the respondents' concern for Asian patients' cultural and psychosocial needs.

> GP: "We have GPs within our practice speaking Mandarin, Cantonese, Hindi – helps a lot"

> GP: "We need Asian counsellors who understand the culture. It is also important to provide information and training for practice nurses to better care for Asian patients"

> Hospital services: "I wish to compliment the Asian Health Service for all their hard work as they make the process of being a person needing help and care e.g. surgical an easier and more excellent experience for patients and staff involved in their care."

> Hospital services: "I believe training to make health professionals practice in a more culturally sensitive way is a top priority for Waitemata Health. Needs of Asian clients are not understood and as consequence needs not being met effectively."

In addition, more than half of the health professionals perceived training on cultural sensitivity as an important support for themselves. Half of the health professionals also suggested research on Asian health needs should be resourced and supported. Comments include:

> Hospital services: "We need to be multicultural. Many issues relate to diverse cultures."

> Hospital services: "I think cultural sensitivity is needed. The information on customs, rituals would be very useful and interesting. Needs of Asian clients are not understood and as consequence needs not being met effectively."

> Community health: “Education for health professionals on culture components specific to Asians.”

In sum, while most of the health professionals regarded information and training on Asian cultures as useful, they also indicated resources such as communication package and support workers are important when providing services to Asian patients.

It is essential to explore the views of health professionals as their views are imperative in the provision of quality and culturally appropriate care. The ability to communicate is a crucial ingredient for provision of appropriate healthcare as language differences can lead to miscommunication and affect the effectiveness of the medical process. Alongside language barriers, it is essential to consider cultural barriers in providing health services. Health providers need appropriate resources and training opportunities in order to provide effective and culturally appropriate services.

Conclusion:

It is essential to explore the views of health professionals as their views are imperative in the provision of quality and culturally appropriate care. The ability to communicate is a crucial ingredient for provision of appropriate healthcare as language differences can lead to miscommunication and affect the effectiveness of the medical process. Alongside language barriers, it is essential to consider cultural barriers in providing health services. It is deemed necessary for health providers to supply appropriate resources and offer training opportunities for professionals on the provisions of culturally appropriate services.

Section 6. Conclusion and recommendation

New Zealand has become more diverse in recent years with increasing numbers of immigrants coming from various cultural backgrounds. According to the 1996 Census, there were 160,683 Asian people living in New Zealand, the Asian population has almost doubled from 1991 to 1996 and is projected to double to nine percent in the year of 2016. People from these cultures not only have different health beliefs and understanding about the New Zealand healthcare system, but they present with diverse patterns of health-seeking behaviours, reflecting their unique health needs and problems. An understanding of the cultural context of delivery is an absolute necessity for quality service. In the absence of this understanding, the goals of health care to ethnic minorities are likely to be jeopardized. An essential element of successful quality and culturally competent health care lies in understanding the needs of health care consumers.

- *The New Zealand Health Strategy* (Ministry of Health, 2000) has made a big commitment towards addressing the health disparities between Maori and Pacific Peoples and other New Zealanders. However, this document has fallen short of addressing the cultural and healthcare needs of other ethnic minority groups in New Zealand. One of the primary factors contributing to this is the dearth of health data on these ethnic groups. Without adequate data, it is difficult to set appropriate targets and objectives.

- The key findings of both of the surveys indicated that the major difficulties for Asian people in utilising heath service and for health professionals in providing care for Asian patients were: language barriers, cultural difference in assessment and treatment, need for cultural support and accessibility of health service information in Asian languages. These findings reflect other health-related research showing that language difficulties and cultural differences are the key barriers for ethnic groups achieving healthy well-being and for health service providers delivering a quality service.

6.1 Recommendations to the Ministry of Health

In 1996, 5% of New Zealand population was identified as Asian and this percentage has increased since 1996. It is important that Asian people are able to access the health services that they need and that they can expect to have an appropriate service equal in quality to mainstream groups. As such, we recommend to the Ministry of Health that:

Policy

1. National Health policies and strategies recognise and address the unique healthcare needs of Asian/ ethnic minority groups;
2. Ethnic-specific demographic profiles be provided in the national data collected by the Ministry of Health;
3. Data collection on health status be categorized according to different ethnic groups;

Funding initiatives & implementation

4. The Asian health support service model be expanded to different regions of New Zealand;
5. Funding be made available to improve the accessibility of health service information in different languages (for example: helpline, pamphlets in Asian languages, interpretation services);
6. Policy guidelines be developed to encourage mainstream services such as elderly services, mental health services, social work services, child, youth and family services to provide Asian staff so as to benefit Asian clientele;
7. Community-based projects/ services for specific ethnic groups be developed and adequately funded so as to overcome linguistic and cultural barriers, e.g. diabetes programmes for Asian patients, respite service for Asian disabled children, school health promotion;

Research/ Training/ Quality Service

8. Research be funded to identify pathways to health for Asian people such as examining specific disease;
9. Requirements for training and guidelines on culturally appropriate practice for the health professionals be established:

- Training in academic institutions, professional institutions, and health services on a regular basis;
- " Guidelines to Practice: Cultural Diversity" be developed and monitored so as to provide quality care to patients from culturally and linguistically diverse backgrounds.

6.2 Recommendation to the Waitemata District Health Board

Using the information of these two surveys and the experiences of Asian Health Support Service, we recommend that:

Support to Asian patients/ clients

1. The data collection system standardized so that demographic data on Asian patients/ clients can be identified in every service;
2. More funding be made available for ongoing production of pamphlets on healthcare service information in Asian languages in collaboration with other district health boards if possible;
3. A mechanism be established to regulate the availability and quality of interpretation service to ensure that the language needs of patients are catered for;
4. Community development projects be initiated in collaboration with local Asian communities and different departments to cater for the increasing needs of Asian communities, such as Asian diabetes support group;
5. A standardized communication package in different languages to be produced to benefit both patients and staff;
6. Adequate information in appropriate languages be available at the reception of the hospitals;

7. An Asian social worker be sought to benefit Asian clients seen by the social work team;
8. An Asian clinical educator be appointed to provide both clinical and cultural support to Asian patients/ clients in two hospitals and to supervise and develop the helpline service;
9. Exploring the options of extending the support services suggested in these two surveys to better serve Asian patients/ clients, such as Asian Mental Health teams;

Support to health professionals

10. Guidance and training on culturally appropriate practice be developed and monitored:
    (i) Regular in-service training programmes at both service and corporate levels:
    (ii) Detailed materials on cultural sensitivity to be developed in the service/ location manuals of different departments;
    (iii) In partnership with institutions, social services or communities, promote training, teaching, and research on cultural perspective in clinical practice and patients care;

Support to volunteers

11. Each service to support the training of volunteers by providing information on services and issues to equip the volunteers to meet the needs of patients/ clients:
12. Services to reimburse volunteers for travel expenses for home visits and meetings in their communities.

The Asian Health Support Service has been researching the cultural needs and accessibility of health service information for Asian patients. Using the information of these two surveys, Waitemata DHB can assess the needs of Asian residents in its catchment area. This report serves as a starting point to look into the healthcare needs of local Asian communities. Further studies will be required to assess needs of the wider Asian communities in New Zealand.

In conclusion, the presence of cultural and linguistic barriers to health care should be identified and addressed. There is a pressing need for policymakers, healthcare providers, researchers and community leaders to work together to effect the needed change. At the national level, the Ministry of Health must take a leading role in formulating policies and take the initiative to promote the healthcare needs of Asians. At the district and local level, the planning and implementation of policies and strategies to meet the health care needs of ethnic minorities should be a joint effort between District Health Boards, health providers, and communities that they serve. Only then might the aim of providing an equitable health service for all groups in New Zealand be achieved.