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### Abbreviations used in this issue

**CALD** = culturally and linguistically diverse  
**OR** = odds ratio

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## Welcome to the sixteenth issue of Asian Health Research Review.

This issue of Asian Health Research review focuses on the health and wellbeing of Asian youth in New Zealand informed by New Zealand and international literature. Asian populations are now 13.2% of the nation's population and 22.6% of the Auckland region population. Chinese, Indian and Other Asian groups in New Zealand are relatively young populations, with a third (31.0%) aged between 15 and 29 years (Statistics New Zealand, 2013). Many are in the 1.5 generation, that is those who arrived in New Zealand at the ages of between 6 and 18 years. Chinese, Indian and other Asian youth populations in New Zealand are rapidly increasing in size, and there is an ongoing need to monitor separately their health in national and regional youth health surveys because they comprise a growing proportion of the total population.

The findings of the study *Youth'07: The health and wellbeing of secondary school students in New Zealand: Results for Chinese, Indian and other Asian students*. (Parackal et al. 2011) show that the majority of students surveyed reported good health. However, when health care was needed, many Asian students faced barriers to accessing it, including a lack of knowledge of the healthcare system, cost of care and lack of transport. The study shows low daily intake of fruit and vegetables across all Asian groups; and lower levels of physical activity in Chinese students compared to NZ European students. The proportion of Asian students who reported smoking cigarettes at least on a weekly basis (Chinese 4%; Indian 5%) was similar to that of NZ European students (6%). Bullying and discrimination towards Asian students, along with mental health problems were of particular concern in this population. The Asian *Youth'07* study cautions against youth health research, which reports on the 'Asian' group as a whole, as results averaged across the combined 'Asian' group, will mask different experiences relating to specific ethnic groups.

We hope you enjoy this issue and look forward to receiving any feedback you may have.

Kind regards,

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### Independent commentary by Dr Annette Mortensen and Dr Geeta Gala



Dr Annette Mortensen has worked to improve the health of newcomers to New Zealand from ethnically diverse backgrounds for the last 15 years. Since 2007 Annette has worked as the Asian, Refugee and Migrant Health Programme Manager for the Northern Regional Alliance on behalf of the Auckland region District Health Boards. **FOR FULL BIO [CLICK HERE](#)**



Dr Geeta Gala is a Public Health Physician. She leads and advises on many of the cancer projects led by the Northern Cancer Network and is active in advocacy for improvement of Asian health in New Zealand. **FOR FULL BIO [CLICK HERE](#)**



The Asian Health Review has been commissioned by the Northern Regional Alliance (NRA), which manages the Asian, migrant and refugee health action plan on behalf of the Waitemata, Auckland and Counties Manukau District Health Boards.

## Understanding the role of school connectedness and its association with violent attitudes and behaviors among an ethnically diverse sample of youth

**Authors:** Chung-Do JJ et al.

**Summary:** This study reports on a survey evaluation of a US high school course developed to enhance school connectedness as a means to reduce violent attitudes and behaviors in a predominately Asian and Pacific Island student body (n = 508). Students reported a moderately high level of school connectedness, which had a negative association with violent attitudes but not self-reported violent behaviors. Multiple-group analyses found differential associations between school connectedness and violence variables in different ethnic groups.

**Comment: (GG)** This study from Hawaii investigated the association of students' level of school connectedness with violent attitudes and behaviours in a public high school with a large number of Asian and Pacific Islander students. Interpersonal youth violence is a growing public health concern worldwide. In addition to physical and emotional violence, cyberbullying is of recent concern with growing popularity of smart mobile phones and social websites among youth. The school had a mandatory school course to build students' sense of school connectedness. Two surveys were conducted to measure school connectedness and violent attitudes and behaviours. Male gender, low socioeconomic status and Pacific Islanders were more likely to report violence. In comparison, high academic achievement (high grade-point average) and being Japanese was negatively associated. This study showed overall that school connectedness is protective against violent attitudes, but not significantly related to violent behaviours, conflicting with prior studies. Further, differential associations were found among ethnic groups. School connectedness was not significantly related to violence behaviours and attitudes for Japanese students. There was an inverse relationship for Filipino and Native Hawaiian students and opposite, inconsistent association for Caucasian and Pacific Islander students. The study had many limitations; cross sectional survey, no baseline scores or another school for comparison and small sample size of ethnic groups. The concept is promising and requires more evidence-based research for schools and policy makers to effectively promote school connectedness to prevent youth violence.

**Reference:** *J Interpers Violence* 2015;Jun 11 [Epub ahead of print]

[Abstract](#)

## Relation of peer effects and school climate to substance use among Asian American adolescents

**Author:** Ryabov I

**Summary:** This analysis of data from the National Longitudinal Study of Adolescent Health (Waves I and III) investigated the association between peer effects and school climate with substance use (including tobacco, alcohol, and illicit mood-altering substances) in a nationally representative, longitudinal sample of 1585 Asian Americans aged 18-26 years. A preference for co-generational friends was found to be inversely associated with frequency of cannabis and other illicit drug use, and a preference for co-ethnic peers was inversely associated with frequency of other illicit drug use. School climate was also a strong negative predictor of frequency of cannabis use, other illicit drug use and heavy episodic drinking.

**Comment: (AM)** This study is of interest to New Zealand researchers, health planners and service providers as it reports patterns of acculturation in Asian youth. Literature on alcohol, tobacco and substance use in Asian groups in settlement societies has largely been focused on family influences and ethnic resilience. Asian youth as a "model minority" are assumed to be at low risk of acculturation to increased rates of alcohol, tobacco and drug use. However, this study of Asian-American youth shows that protective cultural attributes dissipate with each successive generation. The study shows that the 1.5 generation of Asian youth settled in the USA have lower rates of alcohol and drug use than second- and third-generation Asian American youth and that the peer group has a strong influence on substance use behaviour. No generational differences were shown in tobacco use. New Zealand Asian health studies report that longer duration of residence in New Zealand is associated with a greater likelihood of drinking alcohol and being a smoker (Mehta S. 2012; Scragg R. 2010, Scragg R. 2016).

**Reference:** *J Adolesc.* 2015;42:115-27

[Abstract](#)

## The National Institute of Stroke and Applied Neuroscience (NISAN),

based at AUT University launched the validated Stroke Riskometer mobile app to promote stroke awareness amongst the general population. The app has been endorsed by the World Stroke Organisation, the World Federation of Neurology and various regional health organisations.

While the app has been well received with over 60,000 downloads to date, we would like insight from users to further improve the Stroke Riskometer in the future.

### Below are the links to download the Stroke Riskometer Lite

Apple/ios: <https://itunes.apple.com/nz/app/stroke-riskometer/id725335272?mt=8>

Android: <https://play.google.com/store/apps/details?id=com.autel&hl=en>

Please download the apps onto your mobile device, and answer the short survey below after using the app – this will not take more than 3-5 minutes of your time. **You will also go into the draw to win a \$100 Westfield voucher just for completing the questionnaire.**

Survey link: [https://aut.au1.qualtrics.com/SE/?SID=SV\\_b0bmDUmy2jhcq4R](https://aut.au1.qualtrics.com/SE/?SID=SV_b0bmDUmy2jhcq4R)



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*CALD refers to culturally and linguistically diverse groups who are migrants and refugees from Asian, Middle Eastern, Latin American and African (MELAA) backgrounds.*

## Association of dietary sugars and sugar-sweetened beverage intake with obesity in Korean children and adolescents

**Authors:** Ha K et al.

**Summary:** This cross-sectional analysis of data from five studies conducted between 2002 and 2011 assessed the relationship of obesity, dietary sugar intake and food sources in 2599 Korean children and adolescents. Girls had higher total sugar intake than boys (54.3 g vs 46.6 g;  $p < 0.0001$ ). The sugar intake from milk and fruits was inversely related in girls to overweight (OR 0.52; 95% CI 0.32-0.84;  $p = 0.0246$ ) or obesity (OR 0.42; 95% CI 0.23-0.79;  $p = 0.0113$ ). In girls sugar-sweetened beverage consumption was not associated with obesity, while in boys there was a lower OR for obesity (OR 0.52; 95% CI 0.26-1.05;  $p = 0.0310$ ).

**Comment: (GG)** This Korean study examined the association between sugar intake and obesity in Korean children and adolescents. Childhood obesity is a major public health concern worldwide with increasing trends in Korea. The study is a meta-analysis of five studies conducted between 2002 and 2011. This study showed that the total sugars and sugar-sweetened beverage intake was considerably lower in Asian children when compared to Western children and adolescents. Sugar intake from milk and fruits was inversely associated with overweight or obesity in girls, no association was found with processed sugars in either gender. Also, sugar-sweetened beverage consumption was not associated with obesity in girls and conversely, high sugar-sweetened beverage intake was associated with reduced odds for obesity in boys. Are the study results reflective of data from the last decade? The five studies were conducted from 2002-11. With Westernisation and the rapid growth of sugar-sweetened beverages and processed food in Asian countries, these results will soon differ and should be monitored.

**Reference:** *Nutrients* 2016;8(1):31

[Abstract](#)

## Youth'12 Overview: The health and wellbeing of New Zealand secondary school students in 2012.

**Authors:** Clark TC et al.

**Summary/Comment: (AM)** The *Youth'12 Overview* report is the largest data set on the health and wellbeing of young people in New Zealand. Asian students represented 12% (1020) of the 8500 participants in the study. The study offers the opportunity for trend reports in the health of Asian youth in New Zealand by ethnic group by comparison with the *Youth 2000* and *Youth'07*, but presently offers limited information about the health status of Asian youth. Of interest are Asian student's responses to the question of cultural identity, belonging and pride. Higher rates of cultural pride in one's cultural identity are reported for Maori (72%), Samoan (87%), Cook Island (81%), Tongan (86%) and Niuean (81%) compared to 57% of Chinese and 64% of Indian students. Further analysis of Asian populations by ethnic group in this and other domains under study would be useful for policy development and service planning for Asian youth in New Zealand. Further data is available on the website: <https://www.fmhs.auckland.ac.nz/en/faculty/adolescent-health-research-group.html>

**Reference:** *The University of Auckland; ISBN 978-0-473-25273-1 (paperback) ISBN 978-0-473-25274-8 (electronic)*

[Abstract](#)

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## Physical activity and sedentary behaviour among Asian and Anglo-Australian adolescents

**Authors:** Strugnell C et al.

**Summary:** The Chinese and Australian Adolescent Health Survey assessed differences in physical activity and sedentary behaviour among a culturally and linguistically diverse cohort of 286 Chinese Australian, South-East Asian and Anglo-Australian adolescents. Accelerometry data indicated that Chinese Australian and South-East Asian adolescents engaged in significantly less daily moderate-to-vigorous-intensity (5-8 min/day) and light-intensity (50-58 min/day;  $p < 0.05$ ) physical activity, and greater daily sedentary time (40-41 min/day), than Anglo-Australian adolescents, based on multivariate analyses after adjustment for age, gender and socioeconomic category.

**Comment: (GG)** This Australian study explored the differences in physical activity and sedentary behaviour among a culturally and linguistically diverse sample of Chinese Australian, South-East Asian and Anglo-Australian adolescents in Metropolitan Melbourne. The study found Chinese Australian and South-East Asian adolescents engaged in significantly less light- and moderate-to-vigorous physical activity, but spent greater daily sedentary time than Anglo-Australian adolescents, after adjusting for age, gender and socioeconomic status. The selection of the sample could have skewed the findings as the Asian students were selected from Chinese weekend cultural schools and spent significant time attending the weekend schools with no time to participate in physical activity and sports. However, lower physical activity and greater levels of sedentary behaviour have been shown in Asian culturally and linguistically diverse youth in Australia and internationally. It can be a reflection of higher emphasis on educational aspirations among Asian families. It is important to understand these behaviours as they have implications for the growing burden of obesity in these populations.

**Reference:** *Health Promot J Austr.* 2015;26(2):105-14

[Abstract](#)



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## Priorities and approaches to investigating Asian youth health: perspectives of young Asian New Zealanders

**Authors:** Wong A et al.

**Summary:** This qualitative study used three semi-structured focus group discussions to identify the perspectives of 15 Asian youth leaders aged 18-24 years on the best approaches to study and prioritise health issues of concern to them. Using an inductive approach to thematic analysis, key themes identified were that ethno-cultural identity, racism and integration challenges play a significant role in the health of Asian youth (especially mental health) and their access to health services. They highlighted the importance of cultural, contextual and intergenerational dimensions in promoting youth participation.

**Comment: (AM)** This and other studies of Asian health in New Zealand link racism and discrimination towards Asian peoples to increased risk of mental health issues (Ameratunga et al. 2008; Ameratunga S and Horner J. 2011; Crengle S et al. 2012; Parackal S et al. 2011; Scragg R. 2016), along with parental pressure to succeed academically. Youth are particularly vulnerable, but reluctant to seek help and frequently do not know where help is available. While the sample size of 15 participants was small, the study findings support the recommendations of the *Youth '07* study that schools, communities and health services:

- Provide safe school environments for all students particularly those from ethnic minorities
- Provide safe and accessible means to report bullying and provide culturally appropriate counselling services
- Work with families to improve communication with students about risky behaviours and problems at school
- Identify young people who are experiencing, or are at risk of experiencing, poor mental health, and enable access to appropriate support and services
- Provide readily available and understandable information concerning health services and ensure these services are accessible, affordable, and responsive to the needs of young people from Asian ethnic backgrounds
- Support, value and celebrate the diverse cultural practices and traditions of young people of Asian ethnic groups.

And that health service providers:

- Promote information about and availability of services, and address the barriers to accessing health care identified in this report
- Develop a CALD culturally safe and competent workforce to provide services for young people from Asian ethnic groups in New Zealand (see <http://www.ecald.com>)
- Develop culturally appropriate programmes to de-stigmatise mental health issues among families from Chinese, Indian and other Asian ethnic groups as well as the wider New Zealand society
- Enhance youth-friendly approaches to the delivery of health services and community-based health promotion activities.

**Reference:** *J Prim Health Care* 2015;7(4):282-90

[Abstract](#)

## Family influences, acculturation, and the prevalence of tobacco smoking among Asian youth in New Zealand: Findings from a national survey

**Authors:** Wong G et al.

**Summary:** This 2008 national survey examined the associations between family factors, acculturation, and regular smoking risk among Asian youth in New Zealand. The survey indicated that strong relationships existed between protective family factors and lower smoking risks and these factors were not attenuated by indicators, which suggested acculturation.

**Comment: (AM)** The Association on Smoking and Health (ASH 2010) shows that 8% of Asian boys, 4% of Asian girls (aged 14-15) and 34% of young adult males (aged 20-24) smoke. Among Asian groups the highest rates of smoking are in Vietnamese (15%), Japanese (14%), Korean (14%) and Chinese (11%) groups. More boys than girls smoke. Twenty-six percent of Asian youth have parents who smoke. The study by Wong et al. (2008) shows that having parents who disapprove of their children smoking, parents who do not smoke, parents who spend time with their children and having family who care about the young person's feelings are factors associated with significantly lower risks of smoking in Asian youth. For further information on *Family Influences on Asian Youth Smoking in the Context of Culture and Migration to New Zealand*, read Dr Grace Wong's excellent thesis of the same name (Wong G. 2013). Resources in Chinese and Korean languages on the benefits of quitting smoking are available on the following website: <http://www.ecald.com/Resources/Translated-Information/General-Health-Information - quitsmoking>

**Reference:** *J Adolesc Health* 2008;43(4):412-6

[Abstract](#)



## 6th International Asian and Ethnic Minority Health and Wellbeing Conference

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**VENUE:** The University of Auckland, School of Population Health, Tamaki Innovation Campus, 261 Morrin Road, Glen Innes, Auckland

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