Asian health in Aotearoa New Zealand: highlights and actionable insights

Sherly Parackal, Eleanor Holroyd

Currently, "Asians" make up 17% of the population in Aotearoa New Zealand. This proportion has doubled since 2013.[1] Focus on the health of Asians in Aotearoa New Zealand was first initiated in 2005 through an investigation using the 2002–2003 New Zealand Health Survey data.[2] Subsequently, there have been other reports using both health survey[3] and administrative health data.[4] Asian health in Aotearoa New Zealand in 2024 reports trends in various health indicators from the health survey from 2002–2003 to 2021 for the South Asian, Chinese and Other Asian groups separately. Disaggregated data of health indicators are critical to understand the sub-group differences and prevent masking the true state of health due to the effect of averaging.[5] The Other Asian group is a concerning mixed grouping of East and Southeast Asians who have differing risks for disease—for example, diabetes.[5] This editorial aims to highlight the health status for both children and adults, focussing on health indicators with worrying trends, and provide actionable insights for a way forwards in addressing and improving Asian health in Aotearoa New Zealand.

Nutrition behaviours and associated health consequences

Nutritional behaviours, such as meeting the guidelines for fruit and vegetable consumption, had worsened among South Asian children, with only a quarter meeting these guidelines. A significant increase in weekly consumption of fast foods from around half in 2006 to over 90% in 2021 among children of all three Asian ethnic groups is very worrying. One in two children of all three Asian ethnicities consumed fizzy drinks one or more times a week in the most recent surveys. Not surprisingly, one in 10 children of all three Asian ethnicities had experienced tooth decay, and/or an abscess and/or an infection. Although the prevalence of overweight/obesity did not change across the survey years, one in five South Asian and a quarter of Other Asian children were overweight or obese in 2021. Unless addressed with urgency, a high proportion of Asian children are on a trajectory for developing cardiometabolic diseases in later life, the cost implications of which at a personal, societal and health system level would be significant.

Even more worrying is the decreasing trend observed for meeting the guidelines for fruit and vegetable consumption among all three adult Asian subgroups across the survey years, which ranged from 26–32% in 2019–2021 and was significantly lower than in NZ Europeans. Less than half in all three Asian sub-groups were physically active in the last 7 days in the 2019–2021 surveys, with a trend for a decline in the proportion who were sedentary among South Asians and Chinese from 2003–2021. Nevertheless, eight out of 10 South Asians were either overweight (17%) or obese (65%) and, consequently, South Asians had a higher risk of being on medication for hypertension (risk ratio [RR] 1.37; 95% confidence interval [CI] 1.01–1.85), and high cholesterol (RR 1.71; 95% CI 1.28–2.30) in comparison to NZ Europeans. Prevalence of obesity was 41% among Chinese and 50% among Other Asians. Across the survey years South Asians and Other Asians had three-fold and two-fold higher risk for being treated for diabetes respectively.

Given the similarities in poor nutritional behaviours in both child and adult Asians, particularly South Asians, it is imperative to co-design and implement culturally appropriate interventions targeting intergenerational behaviours to reduce the risk of poor oral health, obesity and cardiometabolic diseases.

Mental health

South Asian and Chinese children were found to have fewer diagnoses of anxiety or depression compared with European children, which could be attributed to specific cultural factors and data collection processes. Trends in rising mental health issues among Asian children in Aotearoa New Zealand, potentially worsened by the COVID-19 pandemic, are worrying. An investigation into key mental health and wellbeing indicators

from 2001 to 2019 among Aotearoa New Zealand secondary school students indicated a trend for increased prevalence of significant depression symptoms, particularly among Māori students (14–28%; odds ratio [OR] 2.6) and Asian students (13–25%; OR 2.2), with a significantly large increase in suicidal thoughts among Asian students from 2001 to 2019 (12–20%, OR 1.7).[6] The need for increased resources and policy support for culturally and linguistically appropriate mental health services to improve outcomes for Asian populations is paramount.[7] The loneliness of older Asian adults has also been a hidden concern as they face uneven intergenerational exchanges and dwindling international support, leading some to reluctantly choose formal aged care services.[8] Hence, it is important that the rapid growth of the ethnic Asian population in Aotearoa New Zealand is met with adequate mental health services, which currently is not the case, creating significant barriers and delays in care.

Better research funding for co-design approaches, close intersectoral collaboration with non-governmental organisations (NGOs) and developing culturally tailored, non-stigmatised mental health service delivery across the lifespan is critical to meet the mental health needs of Aotearoa New Zealand Asians.

Health service utilisation

Asians were less likely to have regular primary healthcare providers compared to non-Asians, despite recent and increased engagement among Chinese adults. Asian adults participated more in screenings and preventive measures than the general population. Moreover, Asian children also had high immunisation rates. Access to acute oral healthcare was poor in Asian adults along with Māori and Pacific people, despite increased dental check-ups among Asians. However, Asian and other migrant populations, including refugees, continue to face disparities in healthcare utilisation due to the attitudes of health professionals, culturally unacceptable service practices and structural issues such as affordability and accessibility.[9]

Current healthcare services must acknowledge diverse cultural beliefs and incorporate culturally safe practices into health professional education and ongoing service training to address barriers to primary healthcare service access and positive patient experiences.

Ethnic discrimination

In 2020/2021, two of five Chinese adults and one of five South Asian and Other Asian adults were victims of ethnically motivated verbal attacks and were two times more likely to have been treated unfairly because of their ethnicity. Among migrant adolescents, financial status and perceived ethnicity influenced their experiences of discrimination in Aotearoa New Zealand.[10] The COVID-19 pandemic intensified racism, with the Asian community facing significant stigmatisation with media portrayals linking them to the virus exacerbating the issue.[11] Whatever the motivation, racial discrimination has been clearly linked to poor health outcomes and diminished healthcare quality.[12]

Advocating for responsible media representation and anti-racist policies is crucial to ensuring equitable resource access and addressing systemic discrimination. Healthcare interventions should include cultural safety education for professionals to reduce discriminatory practices. Furthermore, addressing racism and discrimination as an intersecting barrier to accessing healthcare services requires systemic change, including diversifying the ethnic mix of the healthcare workforce to create more equitable health systems.

In summary, the trends observed from two decades of health data indicate increasing prevalence of cardiometabolic diseases, particularly among South Asians. Other recent Aotearoa New Zealand data indicate increased mental health needs, especially among Chinese adults and youth of all three Asian groups, exacerbated by poor healthcare access, ethnic discrimination and systematic and structural racism. There is an urgent need for action towards policy changes in reporting disaggregated data for the Asian sub-groups, improving health services, increasing funding for co-designed, evidence-based interventions and improving health workforce ethnic diversity. It is critical that these approaches are implemented in partnership with allied NGOs and other grass root-level community organisations to address the unique needs of Asian and other ethnic communities in Aotearoa New Zealand.

COMPETING INTERESTS
Sherly Parackal is a strategic member of the Ethnic Health Collective, which is administered by The Asian Network Incorporated (TANI). TANI has collaborated with Sherly Parackal on several Asian health projects as a project stakeholder.
Eleanor Holroyd is a strategic member of the Ethnic Health Collective, which is administered by The Asian Network Incorporated (TANI). Eleanor Holroyd is also chair and board member of New Settlers Family and Community Trust (NFACT)—a refugee resettlement NGO.

AUTHOR INFORMATION
Sherly Parackal: Senior Research Fellow, Centre for International Health, Division of Health Sciences, University of Otago, New Zealand.
Eleanor Holroyd: Professor and Co-director, Centre for Migrant and Refugee Health Research, Faculty of Health and Environmental Sciences, Auckland University of Technology, New Zealand.

CORRESPONDING AUTHOR
Sherly Parackal: Centre for International Health, Division of Health Sciences, University of Otago, New Zealand. E: sherly.parackal@otago.ac.nz

URL
https://nzmj.org.nz/journal/vol-137-no-1601/asian-health-in-aotearoa-new-zealand-highlights-and-actionable-insights

REFERENCES
1. Stats NZ. 2023 Census population counts (by ethnic group, age, and Māori descent) and dwelling counts [Internet]. 2024 May 29 [cited 2024 Aug 6]. Available from: https://www.stats.govt.nz/information-releases/2023-census-population-counts-by-ethnic-group-age-and-maori-descent-and-dwelling-counts
2. Scragg R, Maitra A. Asian Health in Aotearoa: an analysis of the 2002/03 New Zealand Health Survey. The Asian Network Inc; 2005. pp. 1-94.
3. Scragg R. Asian Health in Aotearoa in 2011-2013: trends since 2002-2003 and 2006-2007 [Internet]. Auckland: Northern Regional Alliance Ltd; 2016 [cited 2024 Aug 4]. Available from: https://www.ecald.com/assets/Resources/Assets/Asian-Health-Aotearoa-2011.pdf
4. Mehta S. Health needs assessment of Asian people living in the Auckland region [Internet]. Auckland: Northern DHB Support Agency; 2012 [cited 2024 Aug 4]. Available from: https://www.countiesmanukau.health.nz/assets/About-CMH/Performance-and-planning/health-status/79875e5978/2012-health-needs-of-asian-people.pdf
5. Parackal S, Coppell K, Yang CL, et al. Hidden figures and misnomers: a case for disaggregated Asian health statistics in Aotearoa New Zealand to improve health outcomes. N Z Med J. 2021;134(1546):109-116.
6. Sutcliffe K, Ball J, Clark TC, et al. Rapid and unequal decline in adolescent mental health and well-being 2012-2019: Findings from New Zealand cross-sectional surveys. Aust N Z J Psychiatry. 2023;57(2):264-282. doi:10.1177/00048674221138503.
7. Chung DWK, Hall KH, Nie JB, Jaye C. "There is a huge need, and it's growing endlessly": perspectives of mental health service providers to ethnic Chinese in Aotearoa New Zealand. N Z Med J. 2022;135(1556):62-72.
8. Zhao IY, Holroyd E, Wright-St Clair VA, et al. Feeling a deep sense of loneliness: Chinese late-life immigrants in New Zealand. Australas J Ageing. 2022;41(3):448-456. doi:10.1111/ajag.13108.
9. Kanengoni-Nyatara B, Watson K, Galindo C, et al. Barriers to and Recommendations for Equitable Access to Healthcare for Migrants and Refugees in Aotearoa, New Zealand: An Integrative Review. J Immigr Minor Health. 2024 Feb;26(1):164-180. doi: 10.1007/s10903-023-01528-8.
10. Simon-Kumar R, Lewycka S, Clark TC, et al. Flexible resources and experiences of racism among a multi-ethnic adolescent population in Aotearoa, New Zealand: an intersectional analysis of health and socioeconomic inequities using survey data. Lancet. 2022;400(10358):1130-1143. doi:10.1016/S0140-6736(22)01537-9.
11. Liu LS, Jia X, Zhu A, et al. Stigmatising and Racialising COVID-19: Asian People's Experience in New Zealand. J Racial Ethn Health Disparities. 2023;10(6):2704-2717. doi:10.1007/s40615-022-01448-7.
12. Talamaivao N, Harris R, Cormack D, et al. Racism and health in Aotearoa New Zealand: a systematic review of quantitative studies. N Z Med J. 2020;133(1521):55-68.