Centre for Asian and Ethnic Minority Health Research (CAHRE)

National Symposium 2014

Working together to Improve Asian and Ethnic Minority Health and Wellbeing

Programme and Abstracts

4 July 2014
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Welcome Message

On behalf of the Centre for Asian and Ethnic Minority Health Research, I welcome you most warmly to our 2014 National Symposium. Over the past nine years, the Centre had hosted five successful international conferences on Asian and ethnic minority health and wellbeing. These conferences had brought together national and international experts to consider the health needs of Asian and other ethnic minority people in New Zealand and overseas and to respond to the challenges of providing health care for diverse populations.

This year our National Symposium will focus on the health experiences of Asian and ethnic minority communities in New Zealand. The theme for the symposium is “Working together to improve Asian and ethnic minority health and wellbeing”. This event provides a timely opportunity for health practitioners, researchers, students, and stakeholders from government and non-government sectors and communities to present research and discuss recent advances and issues in Asian and ethnic minority health. The presentations and discussions will be important for increasing our understanding of what has been done, what is being done and what should be done to improve the health and wellbeing of our Asian and ethnic minority communities. I trust you will enjoy and benefit from our time together.

The Symposium Organising Committee and I would like to acknowledge the generous support and sponsorships from the Northern Regional Alliance, Office of Ethnic Affairs and engaged Social Science (eSocSci), without whom this symposium would not be possible.

Associate Professor Elsie Ho
Director, Centre for Asian and Ethnic Minority Health Research
School of Population Health
The University of Auckland

Proud Partners

Symposium Organising Committee

Associate Professor Elsie Ho  Director, Centre for Asian and Ethnic Minority Health Research
Cecilia Wong-Cornall  Event Coordinator
Jingjing Zhang  eSocSci New Settlers Network Coordinator

Abstract Review Panel

Associate Professor Elsie Ho  School of Population Health, University of Auckland
Dr David Newcombe  School of Population Health, University of Auckland
Dr Jennifer Hand  School of Population Health, University of Auckland
Dr Carina Meares  Auckland Council
Dr Lifeng Zhou  Waitemata District Health Board
Centre for Asian and Ethnic Minority Health Research (CAHRE)

The Centre for Asian and Ethnic Minority Health Research, formerly known as the Centre for Asian Health Research and Evaluation (CAHRE), is a research unit at the University of Auckland and based at the School of Population Health (SOPH) in Tamaki. The Centre has a strong focus on the current health issues of Asian and other Ethnic Minority communities in New Zealand, and seeks to develop strategic ways to improve and visualize the health status of this fast growing population.

Our goals

• To establish a centre of national and international excellence in understanding health issues affecting Asian and other Ethnic Minority communities.

• To cultivate an inter-disciplinary approach to studying Asian and other Ethnic Minority health.

• To provide research-based information to enhance the capacity of health services in delivering effective and culturally appropriate interventions.

• To conduct research that can foster health amongst Asians and other Ethnic Minorities in New Zealand.

• To collaborate with Asian and other Ethnic Minority communities, business, local government, and ministries to further research in the areas of Asian and other Ethnic Minority health.

• To build a new focal point of exchange on Asian and other Ethnic Minority health with both the local and international research communities.

• To disseminate and analyse the outcomes of relevant Asian and other Ethnic Minority health research.

Our current research projects

The Centre’s research programme concentrates on five aspects of Asian and other Ethnic Minority health: (1) mental health issues; (2) health concerns such as obesity and diabetes; (3) service accessibility issues; (4) settlement and integration; and (5) developmental issues and sector advice. Our current research projects include:

• Prolonging the healthy migrant status of future Asian migrants, funded by the Faculty Research Development Fund, University of Auckland.

• Suicide in Asian communities, funded by the Auckland District Health Board.

• Migration, filial piety and transnational aged care: A cross-national study of Chinese families caring for older parents across borders, funded by the Chiang Ching-Kuo Foundation for International Scholarly Exchange.

For more information, please visit: www.fmhs.auckland.ac.nz/cahre
## Advisory Committee

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<td>Ms Tahereh Eghdamian</td>
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<td>Mr Bernard Gomes</td>
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<td>Ms Jenny Janif</td>
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<td>Dr Carina Meares</td>
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<td>Mr Venkat Raman</td>
<td>Indian Newslink</td>
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<td>Mr Anil Thapliyal</td>
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<td>Mr Richman Wee</td>
<td>University of Otago</td>
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<td>Dr Wilson Young</td>
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<td>Shoichi Isogai Japanese Interdisciplinary Network Group (Auckland) Kitty Ko Mental Health Service CMDHB</td>
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<td>Vivian Cheung Plunket Sandra Innes Plunket</td>
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| 1–2:40pm     | **2A. Mental Health Promotion**<br>Chair: Elsie Ho<br>**2A.1 Improving Asian Mental Health:** Showcasing a collaboration between WDHB Asian Mental Health Cultural Support Coordination Service and the University of Auckland, School of Nursing<br>Sue Lim<br>Asian Health Support Services, WDHB<br>Annette Mortensen<br>Auckland Regional Settlement Strategy Asian, Refugee and Migrant Health Action Plan, Northern Regional Alliance (NRA)<br>**2A.2 Asian Plus+: Connecting Peers and Bridging Mental Health Services through Collaboration**<br>Helena Sonar<br>Awhinatia Community Mental Health Centre, CMDHB<br>Andrew Lu<br>Recovery Innovations of New Zealand<br>Ruby Ku<br>Affinity Services<br>**2A.3 “Aao Baat karein – Dimagi Sehat Ki” (Let’s Talk About Mental Health) - Raising Mental Health Awareness in South Asian Community**<br>Kitty Ko<br>Mental Health Service, CMDHB<br>Priya Shahi<br>Manukau Community Mental Health Centre, CMDHB<br>**2A.4 Enriching Lives – working across mental health, addiction, justice and community sectors to improve wellbeing of the Asian community**<br>Kitty Ko<br>Mental Health Service, CMDHB<br>John Wong<br>Asian Family Services<br>Rebecca Zhang<br>Community Alcohol & Drug Services Community Alcohol & Drug Services<br>**2A.5 Volunteers’ perspective on a Gamblefree Day activity: A public health approach to problem gambling in the Asian community**<br>John Wong<br>Asian Family Services<br>**2B. Women & Family**<br>**2B.1 Domestic Violence in Migrant and Ethnic Communities in Aotearoa/New Zealand: Practitioner Perspectives on Culturally-Sensitive Interventions**<br>Faith Silcock<br>The University of Waikato<br>Nirmala Narasimhan<br>Wintec<br>**2B.2 Best Practice Models for Programmes to Promote Positive Parenting and Preventing Family Violence for Culturally and Linguistically Diverse (CALD) Background Communities in New Zealand**<br>Jennifer Janif<br>Family & Community Services, Ministry of Social Development<br>Claire Nichols<br>Family & Community Services, Ministry of Social Development<br>**2B.3 The development of the Asian versions of TextMATCH: A maternal health text message programme**<br>Robyn Whittaker<br>National Institute for Health Innovation, University of Auckland<br>**2B.4 The 1.5 generation Kowis (Korean-Kiwis) and their couple relationships**<br>Hyeeun Kim<br>University of Auckland<br>**2B.5 Attitudes and Beliefs about Hospice Services: the Perceptions of Asian Cancer Patients and Families**<br>Rosemary Frey<br>School of Nursing, University of Auckland<br>**2C. Health Promotion**<br>**2C.1 Engaging the Asian Community in Sport and Recreation**<br>Jenny Lim<br>Harbour Sports<br>**2C.2 Grandview Multicultural Community Garden – The Oasis of Health and Wellbeing for Migrants and Refugees**<br>Fungai Mhlanga<br>Grandview Community Garden<br>**2C.3 Health Promotion Challenges Faced by New Zealand (NZ) African Communities**<br>Kudakwashe Tuwe<brNZ AIDS Foundation<br>**2C.4 Community-led Projects which Contribute to Refugee Women’s Health and Wellbeing**<br>Anne Lee<br>The Umma Trust<br>Fetiya Mohammed<br>The Umma Trust
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<td>Sue Lim Asian Health Support Services, WDH</td>
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Keynote Presentation

Life and times of our youth, our future: realising hopes and aspirations

Shanthi Neranjana Ameratunga and Roshini Peiris-John, School of Population Health, University of Auckland

Abstract

Few issues motivate us more than our hopes and aspirations for our children and young people. Dreams of a resilient future are reflected in narratives of survival and overcoming adversity alongside countless successes in creative thinking and action – the heartbeat of our communities. Yet, we also live in a context where divisive politics – especially relating to ethnicity and countries of origin – erode rather than strengthen our shared resilience. As our nation becomes ever more diverse in its social and cultural heritage, it is time to take stock of what young migrants have to say about life in New Zealand. This presentation captures some of the relevant voices – using research undertaken by young people, data from national youth health surveys, and views of key stakeholders - to stimulate discussion at a time where informed debate was never more important. A nuanced understanding of the experiences and aspirations of our young people and the families and communities that support them is vital for the health and wellbeing of all New Zealanders.

Professor Shanthi Neranjana Ameratunga

MBChB, PhD, FRACP, FAFPHM

Shanthi is a Professor in Epidemiology and Public Health at the School of Population Health, University of Auckland. Following foundational studies in Sri Lanka, she qualified in Medicine from the University of Otago and worked as a paediatrician before training in public health, graduating with distinction from the Johns Hopkins University. Her internationally recognised program of research in injury prevention, trauma outcomes, disability and youth health, has received funding from the Health Research Council (NZ), Wellcome Trust (UK), NHMRC (Aus), WHO, and many government agencies. She received the 2013 Te Manaia Leadership Award (Injury Prevention Network of Aotearoa NZ) for her commitment to capacity building. Her research reflects a keen interest in inequities in socio-political and physical environments that challenge the health and wellbeing of our communities. Her field experiences convince her that addressing these inequities require us to embrace and value our diverse histories, cultural experiences and sources of resilience (roots) while seeking, with passion, new ways of interacting and learning from each other (wings).

Dr Roshini Peiris-John

MBBS, PhD

Roshini is a Research Fellow at the School of Population Health and a member of the Adolescent Health Research Group at the University of Auckland. She is Sri Lankan by birth, married to a half Chinese and a mother of three (aged 16, 13 and 6). Packing their identities, values, cultures, hopes and dreams, her family crossed geographical boundaries just over three years ago to live, work and play in their second home, aware that the notions of identity, individual expressions and belonging both for her and her young will change and be transformed to a ‘new’. Increasingly aware of the opportunities and challenges young immigrants in New Zealand encounter, she has now prioritised youth health, particularly immigrant youth health as an area to explore in more depth.
Presentation Abstracts

1A Mental Health

1A.1 Suicide in Asian Communities

Dumindri Amerasinghe, Elsie Ho - School of Population Health, Faculty of Medical and Health Sciences, University of Auckland

Patrick Au - Auckland District Health Board

This presentation explores suicide data and information within New Zealand’s Asian communities, with a particular focus on the Auckland region. The number of suicide deaths among Kiwi Asians has been on the rise in recent years. While overall suicide rates for Asians are lower than that of the general population, the rates for Asians aged 65 years and above are higher than those of the general population in the same age bracket. Furthermore, Asian New Zealanders also have a lower male-to-female suicide gender ratio. These unique suicide patterns have been scarcely researched in New Zealand. The project reviewed both international and national literature on suicide in relation to Asian people, to identify recent trends as well as risk and protective factors for these communities. Particularly, the influence of migration and its accompanied cultural transitions, such as the disruption of traditional family structures and changing roles of its members, was explored. Addressing suicide within NZ’s Asian communities is important as it may be the final outcome of a variety of acculturation stresses that have been overlooked. Furthermore, it is becoming a concerning issue as the NZ Asian population grows and becomes more ethnically diverse. It is hoped that the research will generate information for the development of prevention and post-vention strategies.

1A.2 Caring the hearts of Japanese settlers living in Auckland – A collaborative project to advocate the mental health needs of Japanese settlers and building their capacity to deal with mental health concerns.

Shoichi Isogai - Japanese Interdisciplinary Network Group (Auckland)

Kitty Ko - Mental Health Services, Counties Manukau Health

Mayuko Nemoto – Brilliant Discovery and Japanese Interdisciplinary Network Group (Auckland)

Background: Despite the on-going growth of Japanese settlers in Auckland, there has been a lack of awareness of Mental Health (MH) concerns and relevant services among Japanese settlers’ community. The recent establishment of JINGA provides an opportunity for Japanese settlers’ community to work with MH services to address these needs. Aims: This presentation has three aims: (1) to raise awareness of MH concerns and relevant services among Japanese settlers’ community; (2) to provide an opportunity for Japanese settlers to engage with Japanese MH practitioners, other Japanese settlers, and mainstream MH services (3) For Japanese MH practitioners to extend their professional network and to become more aware of other needs of Japanese settlers. Methods: Authors plan to deliver a one-day seminar to provide MH information and promote relevant services for Japanese settlers. The seminar also provides a forum for Japanese settlers to express their needs to health professionals. Japanese clinical psychologists, psychotherapists and life-coaches will be invited to give talks and facilitate small-group discussions. Intended outcomes: Understanding of MH concerns and relevant services among Japanese settlers is enhanced; a supportive community is built amongst Japanese settlers; awareness of other Japanese-based community-activities is raised and relevant services engagement is enhanced. Discussion: The project will help identify common MH concerns among Japanese settlers and advocate realities and challenges of Japanese community in Auckland. We anticipate the needs of the Japanese community are advocated and its capability to deal with MH concerns is built.
1A.3 “Oi tafefe!” – Cry of frustration: Gaps and barriers for Samoan patients navigating the mental health system

Susie Suliata Lipa Patau–Auckland University of Technology

Pacific people make up 7.4% of the New Zealand population[1] and 11% of the demographic are looked after by the Auckland District Health Board[2]. Foliaki, Kokaua, Shaff & Tukuitonga, (2006)[3] found that 46% of Pacific people experienced some form of mental health issue during their lifetime, compared to the 39.5% of the general New Zealand population. The same study also found that younger Pacific people are more likely to experience some form of mental health disorder compared with older Pacific people and that Pacific people have lower rates of mental health visits compared to other ethnic groups. The study showed a link between mental illness and the rapid sociocultural change affecting Pacific people, and their risk taking behaviours such as alcohol and drug abuse and the incidence of violence. The generally lower socioeconomic status of Pacific people, and deprivation had also impact on help seeking behaviour and health disparities.

In this presentation, I want to examine the factors behind these findings, focusing on Samoans in particular. The presentation will follow the interactions of one Samoan family through the mental health system of a District Health Board. Health literacy and communication are not only an issue for the patients and services but for the system too. We need to start addressing the aforesaid issues by taking into account Pacific people’s backgrounds, values, beliefs and communication needs.

References:

1A.4 The Effects of Social and Cultural Connectedness on Asian Youth’s Gambling Behaviours

Teresa Xu–School of Population Health, University of Auckland

Background: The young today are exposed to various forms of gambling, and in New Zealand, where gambling is legalized, various forms of gambling are widely available. Youth gambling is a relatively new field of research, and the available research indicates that gambling is a popular activity among children and adolescents. There was a general lack of research on Asian gambling, where research on Asian youth was especially lacking. It is important to study the gambling behaviour among the Asian ethnic group, mainly because of the high proportion of Asian population in New Zealand, as well as its projected increase in the next few years. In addition, the younger Asian population was also found to be disproportionately affected by gambling. Aims and objectives: To examine the role of social and cultural connectedness in the gambling behaviour of Asian youth. Methods: This study utilized the Youth’12 data (for more information visit youthresearch.auckland.ac.nz) for the development of the social and cultural connectedness scales, which measured family, school, friends and cultural connectedness. The cultural connectedness scale was constructed using the components of the Youth’12 survey that closely resembled those that measured ethnic identity. Results: Family, friends and school connectedness scales were not found to be protective towards unhealthy gambling behaviours (p>0.05). Cultural connectedness, however, was found to be significantly related to unhealthy gambling behaviours as a protective factor (p<0.05). Discussion: This finding supports previous findings in other fields, where ethnic identity was found to be strongly related to youth and wellbeing, and supported the Positive Youth Development theory. The finding suggests that prevention and treatment programmes consider encouraging Asian youth to explore cultural connectedness as a form of prevention or treatment.
1B Child and Youth

1B.1 “Together, the best start for every child”

Vivian Cheung, Sandra Innes—Plunket

The number of Asian babies registered with Plunket has increased by 50% over the past five years. In view of this, Plunket has conducted research looking into the needs of Asian families. Key informant interviews and focus groups were held with the communities in Auckland and Plunket staff to discuss some of the issues experienced by Asian families, and identify opportunities to meet their needs.

This paper will examine the key findings from this research, which include the barriers to engagement with Plunket services, such as cultural differences and practices in raising infants, and ways to overcome these barriers and improve engagement. This paper will also present the demographics of Asian peoples who use Plunket services, such as the Well Child Service and Plunket Line. Recommendations identified such as increasing organization capability and capacity will be discussed, and these recommendations will form the basis of an Asian Strategy for Plunket in meeting the changing demographics of New Zealand.

1B.2 Young Asian New Zealanders and Disparities in Preventive Sexual Health: Lessons from Canterbury

Bible Lee—Department of Social and Preventive Medicine, University of Otago

Ray Kirk, Kate Reid—School of Health Sciences, University of Canterbury

Wyane Reid—Pegasus Health, Canterbury

Background: Literature on sexual health needs of young Asian New Zealanders remains scarce. Yet health statistics suggests that young Asian New Zealanders face challenges. Between 2002–2008, Asian women experienced the highest abortion rates, when compared with all other major ethnic groups in New Zealand. About half of the Asian women who terminated pregnancies were tertiary students. Aims: The key aim of this research was to compare between New Zealand-born and Asian-born university students in their knowledge of preventive sexual health. Specifically, the students were asked about their knowledge on prevention of STDs/HIV and accessing preventive sexual health services in New Zealand. Methods: Nearly a decade ago, a study was first completed in Australia to compare preventive sexual health knowledge between the Australian born and the overseas born tertiary students. Permission was given to utilise and adapt the original questionnaire. The questionnaires were distributed from a stall during the Orientation Week at Canterbury. Results: 500 students completed the questionnaire. The New Zealand born scored higher, including greater awareness of where to access preventive sexual health services in New Zealand. While the Asian born overall scored lower, those permanently residing in New Zealand reported greater knowledge than the international students. Discussion: The characteristics of the Asian born female respondents are very similar to the Asian women from the 2002-2008 national abortion data. Asian women from the abortion data were predominantly tertiary students and recent arrivals, having arrived in the last 5 years. Such findings could have useful implications for future research.
1B.3 The Potential for Information Communication Technology as a Health Information Source for Migrant and Ethnic Minority Youth in New Zealand: The Results of a Systematic Review and Local Scoping Study.

Natasha Geo – Roshini Peiris-John, Shanthi Ameratunga, School of Population Health, University of Auckland

Aim: To investigate how migrant and ethnic minority youth in New Zealand utilise information communication technology (ICT) in improving access to health information, increasing contact with health services and improving interactions with care providers by conducting a systematic review of the international literature, and a scoping study among migrant and ethnic minority youth in New Zealand. Methods: A systematic search for studies on ICT use for health information by youth considered to be marginalised was conducted using Medline and PubMed. The search was extended to marginalised youth as no results referring to migrant or ethnic youth were found. Focus groups were opportunistically conducted at an Ethnic Youth Hui to determine youth views on health issues of importance, barriers to accessing help, and the use of ICT as a source of health information. Results: The systematic review identified nine studies, none of which was from New Zealand. Globally, the youth are frequent users of ICT for a variety of reasons including finding health information. However, online data are inaccurate, and may not be current or youth specific. These findings were echoed at the Hui. Adolescents at the Hui articulated that mental and sexual health, and cultural conflict were important issues. The systematic review and Hui revealed targeted health information online, especially for marginalised youth, could lead to increased healthcare access. Conclusions: Adolescents like to access youth-specific, health information online. Making sure that online health information is current, relevant, interactive and safe and encouraging health service access are important. More research is required on presentation and content of online health information for this population subset in New Zealand.

1B.4 Stakeholder views on engaging young Asians in research: is it different to the youth voice?

Roshini Peiris-John, Agnes Wong, Amritha Sobrun-Maharaj, Shanthi Ameratunga – School of Population Health, Faculty of Medical and Health Sciences, University of Auckland

Introduction: Whilst quantitative studies have provided some information on the health and wellbeing of young Asians in New Zealand, there are clearly significant gaps in knowledge. Aim: To explore key stakeholder views on issues and research processes that could provide meaningful knowledge on the health and wellbeing of Asian youth and to discuss findings in relation to those identified in a parallel study conducted with Asian youth. Methods: Interviews were conducted with six key-stakeholders whose professional activities were largely focused on the wellbeing of Asian people. The general inductive approach was used to identify and analyze themes in the qualitative text data. Findings: The themes identified include current knowledge gaps in this field that need addressing (cultural identity; conflicts in socialisation; disability, mental and sexual health issues) and the process of research conduct, especially engagement of youth throughout the research process. There were several similarities in themes that emerged from a parallel study conducted among Asian youth: cultural identity and issues around acculturation, mental health issues and the importance of including parents as participants of the research. Sexual health issues, capacity building and informing policy did not emerge as themes in the youth study. Notably, racism and racial discrimination did not emerge as a theme from the stakeholder interviews. Conclusion: This study, together with youth health perspectives obtained from the parallel study, highlights important areas to consider in conducting research on Asian youth health in New Zealand and adds to existing knowledge about studying youth from minority ethnic groups in a multicultural setting.
1C Chronic Conditions and Disability

1C.1 Perceptions and experiences of Chinese migrants living with Type 2 diabetes in NZ - A narrative inquiry

Jason Yu, Anecita Gigi Lim – School of Nursing, Faculty of Medical and Health Sciences, University of Auckland

Chinese New Zealanders are the largest subgroup of Asian New Zealand population and the third largest ethnic group in New Zealand. Although Chinese migrants have greater risk of having Type 2 diabetes and diabetes related complications and hospitalisations, overseas studies have indicated that they are more likely to have poorer diabetes care outcomes compared with European people and their unique cultural perceptions, beliefs, and practices regarding diabetes remain largely unknown.

In New Zealand, Asian people with Type 2 diabetes have poorer access to diabetes care, poorer care outcomes and higher risk for certain diabetes related complications compared with European people.

Rather than simply viewing food as a form of sustenance, Chinese migrants with diabetes acknowledged that food and congenial meals were essential for enjoyment of eating and quality of life. Protecting the quality of foods and pleasure of eating for family was a common and compelling concern for them.

This study aims to explore the beliefs, perceptions, and experiences of Chinese migrants living with diabetes in New Zealand, in particular investigating their diabetes self-management activities and how cultural factors affect their ability to manage diabetes; and exploring their perceptions and experiences of related healthcare services. Early findings of the first interviews will be presented in this conference.

1C.2 Tautai lo’u va’a “: Improving the experiences of Samoan dialysis patients

Hoy Neng Wong Soon – Auckland University of Technology

Pacific people make up 23% of the population looked after by the Counties Manukau District Health Board[1]. The CMDHB Pacific population has an average life expectancy of 77, compared to 84 years for the general New Zealand population. This lower than average life expectancy for Pacific peoples in the CMDHB catchment area is associated with the high incidence of diabetes and complications of diabetes such as end-stage renal failure.

The “Postcards at the edge” initiative [2] aims to start end-of-life conversations with patients and their families about Advanced Care planning. This initiative strikes a chord with me because I feel much more could be done to guide Pacific end-stage renal failure patients through their last years of life, in a way that makes them feel valued.

This presentation is based on my personal experiences of being a fulltime caregiver for my Chinese Samoan mother. Based on these I will discuss two areas of care for Samoan patients with renal failure that I feel could be improved. I will discuss ways we could make these (older) Samoan people feel more culturally and spiritually valued, focusing on the patient, not just on their medical issues. This will result in patients feeling valued and accepted during this final stage of their lives. To this end I will discuss:

Training for CAPD caregivers: how to make it more culturally inclusive and appropriate; and ways to improve end-of-life experiences for Samoan patients with end-stage renal failure.

References:
1C.3 ‘Natural’ Care: The lived experience of European and Chinese family carers for their stroke impaired relatives in Auckland, New Zealand.

Cecilia Wong-Cornall, Elsie Ho - School of Population Health, Faculty of Medical and Health Science, University of Auckland

**Background:** Informal, unpaid, family care is an important but under-researched workforce providing ongoing disability management at home. Ageing populations, higher rates of chronic conditions, and the growth of ethnic-cultural minority groups increase the complexity of this workforce in New Zealand. **Objective:** This study investigated the role of informal family care in long term disability management through the experiences of European and Chinese family carers caring for stroke relatives in Auckland. **Methods:** Twenty in-depth, semi-structured interviews were conducted with European and Chinese family carers. The qualitative interviews were transcribed and analysed using an interpretive phenomenological analysis (IPA) approach. **Findings:** Three key areas impacted the lived experiences of family carers. Firstly, support services need to build care capacity within the family unit. A variety of services are required throughout the stroke management journey for reducing negative care-related physical and emotional health outcomes. Secondly, migration and settlement challenges create additional difficulties for family carers who are recent migrants seeking support services. Disconnection with home-country support networks, limited knowledge of health services in New Zealand are key contributors to increased care-related isolation and burden. Thirdly, the health system is less responsive to the needs of ethnically diverse informal care populations. Existing interventions are not appropriately aligned with alternative cultural models of family care-giving, such as filial piety (a multi-generational care-giving model) practised by Chinese families. **Discussion:** Chronic disability management in the home needs to reflect the increased ethnic and cultural diversity of our ageing population. Ongoing collaboration and coordination between family carers and the health system are necessary for service-user engagement in care-related policies and services.

1C.4 The unseen minority – Deaf people’s access to health information

Delys Magill – Interpreting and Translation Studies, Auckland University of Technology

Health literacy among cultural minority groups has become a global research focus in recent years [1-3]. Policy documents ask us to become ‘informed patients’, ‘engaged and active citizens’ and ‘empowered communities’ but most of us do not have the necessary skills to drive decisions about our health [4].

There is the potential for the Deaf community, which is viewed as a cultural minority group [5], to present a more complex set of needs around health literacy than those of minority groups using spoken languages.

While my research focuses on the Deaf community, the accuracy of interpreted healthcare is also of importance to other minority groups where English is a second language. Where access to health services is reliant on a third party, accuracy of information is an integral component. So how do healthcare professionals gauge the accuracy of healthcare information being supplied through an interpreter?

This presentation will focus on the disparities faced by cultural minorities when accessing healthcare services through interpreted discourse and what practical measures healthcare professionals can implement to gauge understanding and/or ensure clarity of information for patients.

**References:**

2A Mental Health Promotion

2A.1 Improving Asian Mental Health: Showcasing a collaboration between WDHB Asian Mental Health Cultural Support Coordination Service and School of Nursing, the University of Auckland

Sue Lim – Asian Health and Support Services, Waitemata District Health Board
Michelle LL Honey, Julia Rogers, Jen Rooke, Kayla Rountree – School of Nursing, Faculty of Medical and Health Sciences, University of Auckland
Annette Mortensen – Auckland Regional Settlement Strategy Asian, Refugee and Migrant Health Action Plan, Northern Regional Alliance (NRA)

As the Asian population of New Zealand increases, it is important for healthcare services to understand and respond to the needs of these communities. Analysis of Waitemata District Health Board (WDHB) mental health inpatient data shows that Asian clients are more likely to have their first presentation to mental health services as an inpatient. The Asian Mental Health Cultural Support Coordination Service (AMHCSC) is a mental health cultural support service of WDHB, which is commissioned to investigate the causes of late presentation and recommend approaches to improving access.

This presentation describes an education-based collaboration between AMHCSC where three student nurses undertook a literature review and development of survey forms to assist AMHCSC’s research project to investigate views of service users, family members and clinicians on the contributing causes of late presentation and on potential improvements to service access.

The literature review identified many barriers to access to mental health services for Asian service users such as: stigma, culture, language, unfamiliarity and lack of awareness of services, preferences for alternative therapies, transport and immigration concerns. These themes informed the development of the survey which will be pilot tested.

The recommendations of the report include: the need for increased promotion of mental health services and mental well-being to Asian communities; creating awareness of and reducing stigma associated with mental illness. Additionally, the students identified the need for an Asian model of health to match the existing Te Whare Tapa Whā model for Maori, and the Fonofale model for Pacifica communities.

2A.2 Asian Plus+: Connecting Peers and Bridging Mental Health Services through Collaboration.

Kitty Ko – Mental Health Services, Counties Manukau Health
Stephanie Abrahams, Ruby Ku, Teresa Xu – Affinity Services
Andrew Lu – Recovery Innovations of New Zealand
Helena Sonar – Awhinatia Community Mental Health Centre, Counties Manukau Health

Background: Lack of activity for Asian mental health service users, lack of collaboration between mental health services and low Asian access to NGO services are factors leading to the development of the Asian Plus+ programme for Asian mental health service users residing in Counties Manukau. Aims: To provide community based activities and recovery based sessions for Asian service users; increase interagency collaboration between DHB and NGO sectors; and trial a novel way to access NGO services. Methods: 8 weeks pilot programme with community based activities (e.g., Lunar New Year celebration and track walk) and recovery based sessions (introduction of three different programmes i.e. Creative Expression, Understanding of My Recovery and My Wellness, My Dr and Me provided by individual organisation) rotated. Findings: Client outcome measurement indicated high level of satisfaction; improved communication between services and better understanding of each organisation’s roles and services; overall evaluation result indicated clients are willing to access services which they didn’t have contact before joining the programme. Discussions: Passionate and committed people are needed to form the initial group to develop and drive the programme; administrative support, managerial support, organisational support and sharing resources among organisations are important factors leading to the success of the programme; the Asian Plus+ group saw the advantages of delivering such programme in the Asian community and has extended its pilot programme to a whole year weekly programme in 2014.
2A.3 “Aao Baat karein – Dimag Sehat Ki” (Let’s Talk About Mental Health) – Raising Mental Health Awareness in South Asian Community

Kitty Ko – Mental Health Services, Counties Manukau Health
Priya Shahi – Manukau Community Mental Health Centre, Counties Manukau Health
Sunil Dath – Te Rawhiti Community Mental Health Centre, Counties Manukau Health
Kaberi Rajendra – Early Psychosis Intervention Team, Counties Manukau Health
Shagufta Shakh – Independent Registered Psychologist
Vishal Rishi – The Asian Network Incorporated
Sobia Zarrar, Golam Chowdhury – Affinity Services
Parvin Kapila – East Health Trust

**Background:** Lack of awareness of mental health issues and relevant services among Indian community; Lack of linkage between mental health services and Indian community; Lack of a network group to develop mental health initiatives among Indian community. **Aims:** Raise awareness of mental health issues and relevant services among Indian community; Build linkage between mental health services and Indian community; Establish a network group to develop mental health initiatives among Indian community. **Methods:** Established a network group; Utilised existing linkages between network group members with Indian community to deliver initiatives; Published an article on mental health issues and relevant services in Indian newspapers and online website; and interviewed the Indian clinical psychologist and registered psychiatric nurse by a radio show which allowed audience to call in and to ask questions anonymously. **Intended outcomes:** Generated community interest to work with mental health services to improve the mental health of Indian community and wider South Asian community; Improved inter-agencies relationship by creating a sense of togetherness, which made a difference to the Indian community and the wider South Asian community; Established leaders to lead the mental health initiatives in Indian community and wider South Asian community. **Discussions:** A group environment is to be established for passionate and committed South Asian working across vertical boundaries to continue to develop and lead the mental health initiatives for South Asian community; Administrative support is important to keep the group going and ensure tasks are completed; and setting realistic and achievable goal for each year is the key to success in this project.

**Notes**
2A.4 Enriching Lives – working across mental health, addiction, justice and community sectors to improve wellbeing of the Asian community.

Kitty Ko–Mental Health Services, Counties Manukau Health
Pat Williams–Odyssey House
John Wong–Asian Family Services, Problem Gambling Foundation of New Zealand
Judy Wan–Department of Correction
Justin Zeng–New Zealand Police
Rebecca Zhang–Community Alcohol & Drug Services

Background: Asian population has increased, but stigmatisation and fragmentation of services prevent Asian people and their families accessing mental health and addiction services. People with mental health and/or AoD and gambling issues often have contact with police and justice, so there is an opportunity for the mental health, addiction, justice and community sectors to work collaboratively. Aims: To develop an intersectoral collaborative approach between mental health and addiction services, justice sectors and community organisations to support Asian people with mental health and/or AoD and gambling issues who have contact with police and justice and to deliver services that meet their needs and assist with their integration into the community. Methods: Counties Manukau Health Mental Health Services, Odyssey, CADS, NZ Police, Department of Corrections and Asian Family Services formed the Enriching Lives Intersectoral Steering Group; Articles describing the services each organisation provides will be published in Chinese newspapers; The Enriching Lives team will be interviewed at a Chinese Health Awareness Initiatives TV programme later in 2014. Intended outcomes: Increased awareness of the services each organisation provides in Chinese community; Enhanced inter-agencies referrals; Strengthened networks of specific cultural services. Discussions: Initiatives start with Chinese community as Chinese is the largest Asian ethnic group in Auckland and has well-established networks and resources for the initiatives to get started successfully; Champion from individual organisation who shares the same vision is needed to drive the initiative. This initiative is in alignment to current Government policies and its environment which encourages cross-sectoral work to improve the health and wellbeing of the community.

2A.5 Volunteers’ perspective on a Gamblefree Day activity: A public health approach to problem gambling in the Asian community

John Wong–Asian Family Services, Problem Gambling Foundation of New Zealand

Asian Family Services (AFS) at the Problem Gambling Foundation of New Zealand have conducted Gamblefree Day activities every year since 2007 to raise awareness of gambling harm. In 2013, AFS conducted an online Gamblefree Day Photo Competition (GFDPC) with a requirement that each photo was submitted with a slogan describing how it was related to the theme of Gamblefree Day. The project involved 70 volunteers from six different language groups including English, Chinese, Korean, Japanese, Thai and Vietnamese. It attracted more than 250 entries. The aim of the competition was to work together with volunteers and the community raising awareness and reducing the stigma associated with gambling harm as well as improving Asian health and wellbeing by using a public health activity to facilitate conversations about gambling both in the community and between friends and family.

This paper presentation will share how AFS successfully worked together with volunteers engaging Asian communities to achieve a successful outcome. For this paper, AFS has conducted preliminary, semi-formal interviews and an online survey with five ethnic volunteer groups to get feedback on the GFDPC and its impact on their communities.

It was found that having volunteers’ involvement in the outcomes of GFDPC was crucial in achieving the goals. The training and support for volunteers enabled them to carry out the role working together with their own communities. The findings also provided some useful insights including that working with people in the community about gambling issues needs to be done through both personal and online contact.
2B Women and Family

2B.1 Domestic Violence in Migrant and Ethnic Communities in Aotearoa/New Zealand: Practitioner Perspectives on Culturally-Sensitive Interventions

Faith Silcock, Rachel Simon-Kumar, Priya Kurian – The University of Waikato
Nirmala Narasimhan – Wintec

With New Zealand’s growing demographic and cultural diversity over the last two decades, the number of ethnic women seeking family violence interventions is rapidly increasing. In order to meet this growing demand, there has been the growth of either specialised services agencies or specialist personnel in mainstream agencies. What has been unexplored, however, is the nature of interventions that they utilise to work effectively in the ethnic sector – what is the nature of violence in the ethnic community? How do social work practitioners respond to the social and cultural contexts that frame domestic violence in ethnic minority communities? How are social work and community development strategies adapted by frontline practitioners when working with ethnic minority communities?

This paper explores these questions by drawing on the results of a University of Waikato Summer Scholarship research project conducted in 2013-2014 that set out to identify the nature of culturally-sensitive tools used by practitioners in addressing domestic violence issues. Methodologically, the study was based on face-to-face interviews with eight frontline practitioners in Hamilton, followed by a focus group with the same participants. The data analysis identified distinct culturally-sensitive strategies employed by practitioners. These included the use of “micro-interventions”, visual aids, family- rather than individual-oriented focus, emotional and practical support, rights-education and empowerment techniques. On the strength of our findings, our recommendation is that policy on domestic violence should recognise the ongoing culturally-focused work by practitioners and encourage more specific training in cultural diversity.

2B.2 Best Practice Models for Programmes to Promote Positive Parenting and Preventing Family Violence for Culturally and Linguistically Diverse (CALD) Background Communities in New Zealand

Jennifer Janif, Claire Nichols – Family and Community Services, Ministry of Social Development

2013 Census data show significant increases in Asian and Middle Eastern/African and Latin American populations in New Zealand. Auckland has the highest percentage of residents born overseas and is home to increasing culturally and linguistically diverse communities. The “E tu Whanau” (Programme of Action for addressing Family Violence) facilitated by Family & Community Services, Ministry of Social Development builds on CALD community strengths to support families to settle successfully. Families face many settlement challenges including: unemployment; health and mental health issues; intergenerational conflict; family breakdown including partner violence and elder abuse; and youth identity issues.

“E tu Whanau” includes work with CALD communities that are vulnerable and need culturally relevant support and assistance to address issues of violence effectively by providing positive parenting and family violence awareness programmes which are designed and facilitated by communities in collaboration with a range of professionals from social, education, health, human rights, police and non governmental organisations. The approach to the programmes is strengths based. The model of intervention/prevention is culturally and linguistically appropriate to the communities served providing: interpreters and facilitators, leadership development, and programmes which are community led. The prevention programmes are focused towards: family safety, maintaining a healthy and harmonious family, New Zealand laws and responsibilities, and protecting the rights of women and children. Additionally, these programmes contribute to reducing social isolation, increasing coping skills; building strategies for positive parenting; reducing family violence and maintaining families’ health and wellbeing in order to foster positive long term settlement outcomes.
2B.3 The development of the Asian versions of TextMATCH: A maternal health text message programme

Robyn Whittaker, Rosie Dobson, Taina von Blaramberg – National Institute for Health Innovation, University of Auckland

Lifeng Zhou – Waitemata District Health Board

Gloria Gao – Chinese New Settlers Services Trust

Vishal Rishi – The Asian Network Incorporated

Samantha Bennett – Waitemata District Health Board

The National Institute for Health Innovation (NIHI) is contracted by Auckland/Waitemata DHBs to work with a consortium of community organisations to develop a text message health information programme for pregnant women and families with young children. The programme is focused on healthy eating and physical activity as part of the Ministry of Health’s drive to reduce childhood obesity. The programme specifically targets Maori, Pacific, Asian and South Asian populations. The DHBs developed governance (Roopu Kaitiaki), a Technical Advisory Group (TAG), and a collective of the community organisations based around these four target populations.

NIHI has undertaken a process that started with developing key messages from national guidelines, working them into text messages using behaviour change theory as a basis, incorporating advice from the TAG, and cultural adaptation for the target groups in collaboration with the community organisations. With respect to the Asian populations, this also involved focus groups with young pregnant women, working with the Chinese New Settlers Services Trust (CNSST) and The Asian Network Incorporated (TANI) on a number of cultural programmes that would be required and which would be fully translated, adapting the content of the messages to be culturally appropriate, translating and back-translating. This was a time-consuming process that we have learned from and plan to refine as the programme is further developed. This presentation will outline the process, the issues that arose and recommendations for the future. TextMATCH is now being piloted with recruitment of families through the community organisations involved.

2B.4 The 1.5 generation Kowis (Korean-Kiwis) and their couple relationships

Hyeeun Kim – University of Auckland

This presentation focuses on relationships of the 1.5 generation Kowi couples. It draws on material from a current New Zealand study exploring parenting experiences of 1.5 generation Kowi parents. The phrase ‘the 1.5 generation’ generally describes those children of migrants who arrive in their new country aged between 5 and 17. Kowis, or Korean born Kiwis, may be defined as New Zealanders of Korean descent with dual identities. As they have grown up in New Zealand, and are exposed to New Zealand culture, they live in a tension between two complex and unique cultural influences of Korea and New Zealand on their personal identity development and world views that has made impact on their couple relationships. The current study involved interviews with eighteen 1.5 generation Kowis who are now married with children. Grounded Theory methods of analysis were used. Unique dynamics and complex issues of Kowis’ couple relationships, which have been created by cultural tension and conflicts, will be presented. Findings will also shed light on how Kowis’ relationships with their spouse, and their spouse’s cultural background influenced their practice in parenting depends on who they were married to: 1st generation, 1.5 generations, or 2nd generation. This presentation will identify some potential pathways for working with the Kowi couples who are raising children, and highlight several key considerations concerning support for the Kowi couples.
2B.5 Attitudes and Beliefs about Hospice Services: The Perceptions of Asian Cancer Patients and Families

Rosemary Frey, Merryn Gott, Deborah Raphael, Stella Black, Zonghua Wang—School of Nursing, Faculty of Medical and Health Sciences, University of Auckland

Linda Teleo-Hope—Presbyterian Church of New Zealand

Hyeonjoo Lee—Auckland District Health Board

International literature has shown that minority populations are underserved by hospice due to a number of challenges (e.g. language difficulties, beliefs about healthcare, lower referral rates, economic disadvantage and cultural and religious differences). Asian peoples, representing East and South East and Southern Asia are the third most populous ethnic group in New Zealand. This number is predicted to increase. As New Zealand’s ethnic and cultural make up becomes more diverse, and as the population ages, hospice services will need to be more responsive to the needs of these groups. Method: This project involved qualitative interviews with 19 cancer patients (Chinese, Korean and Malaysian self-identified ethnicities), family and bereaved family, as well as 15 health professionals (e.g. referring GPs, oncologists, allied health professionals) within one urban District Health Board. Results: Attitudes and beliefs about hospice services reflected a number of patient and family misperceptions including: what services are available, the quality of those services, and service eligibility. Cultural beliefs, language challenges, as well as issues of the cultural awareness of health professionals were highlighted. Conclusion: Hospice collaboration with Asian community groups and physicians can help develop and disseminate culturally appropriate educational materials and assist learning opportunities for Asian families.

Notes
2C Health Promotion

2C.1 Engaging the Asian Community in Sport and Recreation

Jenny Lim – Harbour Sports

In 2009, Auckland Regional Physical Activity and Sport Strategy (ARPASS) commissioned research into sport and cultural diversity which recommended the need to build positive relationships and understanding between regional sports organisations and immigrant communities in order to develop positive ways to encourage greater participation.

The ActivAsian project is an initiative established by Harbour Sport to address the sporting needs of the rapidly growing Asian community in North Shore, Auckland. Some of the key strategies we have employed include the following:

• Asian Sport Engagement Model (ASEM) and accompanying Toolkit developed – provide sport and recreation organisations with a snapshot of the Asian community, as well as a self-evaluating tool in their engagement with the Asian community
• Chinese Sport Forum- held between 2010 and 2012 to create a platform for two-way dialogue between sport and recreation organisations, and the Chinese community
• On-going visits to local Chinese and Korean community - build relationships and address their specific sport and recreation needs
• General support - for sport and recreation organisations: Supporting their implementation of the ASEM; Translation of promotional material; Facilitate links with local Asian community groups; Interpreting
• ActivAsian Volunteer Programme – encourage young Chinese and Korean youth to volunteer in sporting events
• ActivRecreAsian – Developing community leaders in bike, walking and tramping within the Chinese and Korean communities

This presentation will cover the background of the project, successes and outcomes to date, collaboration with aligned organisations, key learnings, and future opportunities.

2C.2 Grandview multicultural Community Garden- The oasis of Health and Wellbeing for Migrants and Refugees

Fungai Mhlanga – Grandview Community Garden

Grandview community garden in Hamilton city is a project initiated to improve access to healthy affordable food for migrant and refugee families. The participants grow their own vegetables and herbs. There are now 36 plots in cultivation with approximately 88 members and 7 volunteers.

The gardeners are from China, Taiwan, Zimbabwe, Pacific Islanders, Burmese, Congolese, German, Kiwi, and others. Mentoring sessions occur twice weekly. Through these sessions gardeners have learnt seed sowing, compost making, organic weed and pest control, water harvesting, fruit tree planting, harvesting and food preservation. The garden is also a place where migrant and refugee families meet and interact thereby breaking isolation.

This initiative was supported through partnerships with The Salvation Army Church (donated land), Kaute Pasifika Services Trust, Hamilton Multicultural Services Trust(Migrant Resource Centre) and Waikato District Health Board.

The community garden is also a gathering and networking forum as frequent shared teas and meals are held at the garden to strengthen the relationships. The migrants are also sharing their unique gardening skills from their home countries. Another English class for new migrants uses the space to practise English. Health messages are shared at the garden. Local schools organise tours of the garden.

The garden has also provided an opportunity for people to work as volunteers and share their skills and gain work experience. There are 7 regular volunteers who keep the garden going. The garden has also supported a number of food banks by donating produce. Grandview community is therefore a project that has promoted health and wellbeing through a multicultural strategy for a vulnerable low income community.
2C.3 Health Promotion Challenges Faced by New Zealand (NZ) African Communities

Kudakwashe Tuwe–NZ AIDS Foundation

The study identified eight key health promotion challenges faced by New Zealand African communities. I used a phenomenological approach to critically examine the meanings and experiences of participants on health promotion (Polit & Beck, 2004). The use of the phenomenological approach enabled participants to share their “lived” experiences regarding the health promotion challenges within African communities in NZ.

In addition, I used ethno-methodology to help me understand how cultural norms, values, beliefs and practices impact on awareness and acceptance of health promotion practices by African individuals and communities in NZ (Polit & Beck, 2004).

In-depth interviews with 20 African community leaders, 10 service providers and one focus group with African community members critically examined participants’ personal experiences of health promotion by African communities in NZ.

Eight key health promotion challenges were identified as: 1. African communities’ understanding of the concept of public health; 2. African communities’ access to health services; 3. Language barrier as a main challenge to accessing health promotion; 4. Spirituality and traditional beliefs of African health consumers; 5. Lack of understanding of the cultural context of African communities by health practitioners; 6. Racism and discrimination within the health sector; 7. Housing issues; 8. HIV and AIDS related-Stigma as a challenge to health promotion within the African communities.

The study concludes that health promotion within African communities in NZ can only be effective when these issues are addressed within the African communities as well as the public health sector and institutional systematic levels.

2C.4 Community-led Projects which Contribute to Refugee Women’s Health and Wellbeing

Anne Lee, Fetiya Mohammed–The Umma Trust

According to 2013 census data, the Middle Eastern/Latin American/African (MELA) ethnic groups have increased by 30% since the 2006 census. The Umma Trust is a not-for-profit social service provider for refugee, migrant and Muslim women, children and communities which fosters women’s leadership. There are few social support services available for women from vulnerable communities in the early, medium to long-term phases of settlement. Many have faced harrowing experiences as refugees and further challenges of integrating into a new and alien society.

The trust provides a range of services, activities and programmes including: social work services; advocacy with health, education, social service, immigration, employment and legal services; health promotion including: healthy eating and living programmes and women’s swimming programmes; positive parenting including SKIP; family violence awareness programmes; support for families with children with a disability; women’s support groups, and young women and women leadership development programmes. These activities and programmes are delivered in partnership with a range of government departments, local government, non-government organisations and community groups who are working with refugee and migrant communities.

The Umma Trust builds refugee women’s confidence and skills to participate in New Zealand society. This paper will discuss refugee women’s effective engagement with service providers in health, education and social services to address the need for culturally specific programmes suitable for their community’s needs. For example, the Healthy Eating and Living Programme which includes physical activities and a Women Only Swimming Programme at Kelston School. These programmes targeted to refugee women demonstrate collaborative relationships between refugee and migrant and Muslim communities and organisations such as Auckland District Health Board and Water Safe Auckland. These initiatives enable refugee women to improve their health literacy including: healthy nutrition and the importance of physical activity; promoting good mental health; maintaining a healthy weight; information on prevention of obesity, cardiovascular disease and diabetes.
3A Transnational Experiences

3A.1 ‘Soft migration’ in the digital age: The transnational, transcultural and transmedial experience of the Korean community in New Zealand

Hong-Jae Park–School of Counselling, Human Services and Social Work, Faculty of Education, University of Auckland

As global connectivity continues to increase, human migration is becoming less constrained by geographical distance, language barriers, and cultural differences. New migration in the digital age raises critical questions about how traditional understandings of human migration are applicable to the reality the world experiences nowadays. This paper presents an in-depth analysis of the findings from three research studies on Korean migration and diaspora in New Zealand. As an insider researcher, the author has conducted those serial studies with more than 150 Korean young people and adults in the Korean community.

Today’s diaspora and migrant communities are more diverse, flexible, mobile, and inherently associated with advanced technologies physically and virtually. The supranational development of information technologies and social media has afforded a growing mobility of people, reshaping traditional routines and offering new path for migration across borders. The main features of this ‘soft migration’ include soft-landing relocation, a sense of double presence or belonging, fluid acculturation, and virtual identity formation. Present-day migrant and diaspora individuals are unlikely to consider moving to another country as a ‘crossing of the Rubicon’ (i.e., there is no going back), while most likely harbouring thoughts of return migration and potential re-migration to a third nation.

3A.2 The academic well-being of international students and the learning advising perspective on plagiarism: Beyond the quantitative view

David Pang–Student Learning Services, University of Auckland

International education is a global business and student numbers have become key indicators of internationalisation for western economies including Australia, Britain, Canada, New Zealand and the United States. Concomitant with the rise of numbers is an increasing concern that Asian international students, who dominate the global international education industry, have higher rates of ‘cheating’ than local students in academic work, particularly in academic writing. This paper seeks to understand and interpret whether international student rule-breaking is driven by a clash of cultures or a ‘survival of the fittest’ attitude. Using knowledge and experience gained from academic learning advising, the author suggests a practical approach to the academic well-being of international students, which is based on pedagogy, not policing.
3B Older People

3B.1 Enhancing quality of life: The utilisation of healthcare services by elderly Chinese migrants

Jingjing Zhang – Department of Sociology, University of Auckland

Healthcare services have long been demonstrated as a crucial contributor to the quality of life of elderly people. Through the analysis of 35 qualitative interviews with elderly Chinese migrants living in New Zealand, this paper explores how the elderly migrants utilise healthcare services to enhance their post-migration quality of life. Findings show that there is a clear contradiction between the elderly Chinese migrants’ perceptions and their actual utilisation of healthcare services provided by the New Zealand government. In general, they are satisfied with the availability of various forms of healthcare services, acknowledging the importance of such services to their migration decision-making. However, in practice, some age-related healthcare support is rarely known and used by the Chinese migrants for personal and institutional reasons. It is also found that being able to utilise healthcare services from both New Zealand and China not only contributes to their physical health and life satisfaction, but also generates a sense of being privileged as an elderly migrant. By exploring the benefits and challenges faced by elderly Chinese migrants when using healthcare services, this paper provides insights into our understanding of the relations between healthcare and quality of life of elderly people in the migration context.

3B.2 Being on the fence: Older Korean people living in a foreign country

Young Hee Han – Asian Family Services, Problem Gambling Foundation of New Zealand

Background and Aims: The impact of living in a foreign country on the quality of life is significant for older people, particularly for older migrants who have moved from one cultural situation to another. However, very little is known about the living experiences of this population in the New Zealand context. The purpose of this paper is to present the research on older Korean migrants living in New Zealand. Methods: A qualitative methodology was employed. Data were collected from in-depth interviews with 15 older Korean migrants aged 65 or over living in New Zealand. The data collected were analysed using a thematic analysis method. Findings and Discussion: The findings of the study show that living in a foreign country had significant influence on older Korean migrants in various ways. Some participants in this study were juggling to decide which side of the ‘fence’ they were on due to the complexity of issues related to living in a foreign country. The concept of ‘being on the fence’ will be discussed in relation to confusion and uncertainty of older Korean migrants living within two different cultural settings. Relevance: This presentation will highlight the need for migrant-friendly living environments to enhance health and wellbeing of older Korean migrants in New Zealand. This study also highlights that policy makers, funders, social workers, and other health professionals require an understanding the significant impact of living overseas on this population.
3B.3 Building the Culturally and Linguistically Diverse (CALD) cultural competency of health of older people services in the Auckland region

Annette Mortensen—Auckland Regional Settlement Strategy Asian, Refugee and Migrant Health Action Plan, Northern Regional Alliance (NRA)

Sue Lim—Asian Health and Support Services, Waitemata District Health Board

In the 2013 Census, the number of Asian people aged over 65 years increased by 70 percent. The majority of older Asian people are born overseas and most live in the Auckland region. The Culturally and Linguistically Diverse (CALD) Older People Resource for Health Providers: Working with Asian, Middle Eastern and African Older People has been developed to support Health of Older People service providers to meet the cultural requirements of the increasingly diverse populations they serve. The resource addresses family systems and care-giving in CALD communities; Assessment, Treatment and Rehabilitation Services; Dementia and culturally appropriate assessment tools; stroke; mental health; Residential Aged Care; screening for elder abuse and neglect; advanced care planning and end of life care.

The CALD Older People resource is part of the accredited Cultural and Linguistic Diversity (CALD) cultural competency training programme developed by Waitemata District Health Board (WDHB) Asian Health Support Service (AHSS). The training is part of the regional programme of work for the Auckland Regional Settlement Strategy, Asian, Migrant and Refugee Health Action Plan administered by the Northern Regional Alliance (NRA) on behalf of Waitemata, Auckland and Counties Manukau District Health Boards.

This paper will present information about the health of older people from Asian backgrounds; guidelines for health practitioners to provide culturally appropriate engagement and therapeutic relationships with CALD Older People and their families; knowledge about how to deliver culturally appropriate flexible models of care for CALD Older People at all stages of the care pathway; and guides on how to provide culturally appropriate advance care directives and end of life care for CALD Older People.

Notes
3C Research and Evaluation

3C.1 Qualitative health research with five interpreters: Experiences from the field

Grace Wong – Centre for Migrant and Refugee Research, Auckland University of Technology

Language is the primary medium for qualitative researchers who aim to elucidate human social, psychological and cultural experience. The quality of interpreted data is a critical factor for rigorous research with participants who do not speak the researcher’s language. In New Zealand, participants who request interpreters may do so because they solely speak their heritage language or, among new English speakers, because they wish to avoid being misunderstood.

The presentation explores theoretical and practical aspects of working with interpreters for research purposes. Examples are provided from a study which used trained health interpreters for interviews with families in five Asian languages. A consecutive interviewing style was used. The English language component of each interview was transcribed. The Asian language component of the taped interviews was independently re-interpreted into English to investigate discrepancies such as short interpretations of long passages of speech in the original data. The primary and secondary interpretations were compared.

The differences between, and management of, the different versions of the interviews are discussed. A reflection on the impact of the differences on data analysis and the results, and recommendations for research using interpreters follows.

3C.2 Improved methods leads to significant improvement in Asian Consumer Participation in Service Evaluation

Sue Lim, Kelly Feng – Asian Health and Support Services, Waitemata District Health Board

The Asian Mental Health Cultural Support Coordination Service (AMHCSC) is a clinical-cultural support service of Waitemata District Health Board (WDHB). The Service provides clinical-cultural assessments and interventions and; non-clinical cultural, language and social support and coordination for Asian consumers and families. The Service supports WDHB mental health services and the regional forensic service. The Service takes self-referrals, referrals from clinical staff, primary care and private health professionals.

The purpose of the AMHCSC Consumer Satisfaction Survey is to assess consumers’ views about the non-clinical cultural support coordination component of the AMHCSC service, to inform continuous service improvement. Quantitative and qualitative feedback was collected from consumers using a 24 question survey form. English and Chinese translated versions of the survey were given to all Chinese consumers. English and Korean translated versions of the survey were given to all Korean consumers. An English version of the survey was given to all the other non-Chinese and non-Korean consumers.

The response rate was 63.9% (85 returns) which was a significant increase on a previous survey conducted in 2010 which had a response rate of 18%. This presentation describes the improved methodology, response rates, and a summary of the survey quantitative and qualitative results and recommendations.

The recommendations of the report include the need for staff to be more aware of their attitudes towards consumers and family members; the earlier involvement of the Asian psychiatrist and the need for staff to inform consumers about their rights and complaints procedures at initial contact.
3C.3 Barriers for overseas trained Asian Registered nurses in reporting medication administration errors

Sulthana Ageel—School of Nursing, Faculty of Medical and Health Sciences, University of Auckland

Aim: To identify potential barriers in the self-reporting of medication errors by overseas trained nurses. Background: New Zealand has a diverse multicultural population and is one of the largest migrant receiving countries in the world. As there are a significant number of overseas trained Asian nurses in the workforce who play a central role in medication administration, it is important to understand their perception of Medication Administration Errors (MAE), to be able to manage the problems related to this. Method: The databases, CINHAL, Medline, Ovid, PubMed, Science Direct were searched for publications from 2004 to present, using key words such as, medication errors, medication management, nurses perception, barriers to reporting, patient safety, medication administration. Search limitations such as ‘review articles’, ‘medical journals’, etc. helped reduce the number of articles. Findings: Many contributing factors such as fatigue and exhaustion, illegible or hard to read prescriptions, distractions, failure to check the rights of medication administration, fear, etc. were identified from the literature review as barriers to reporting medication errors. Furthermore, the literature shows that overseas nurses face various problems in their work environment, ranging from language barriers, fear of embarrassment from not understanding instructions, fear of losing their jobs and many more. Conclusion: Reporting MAE is influenced by the nurses’ perception and beliefs in self-reporting. However, literature does not provide information about perceptions and beliefs of nurses trained in different countries context from where they practise. Hence it is important to understand their views and perception of reporting MAE’s and the barriers to reporting, so that these issues could be addressed. This will not only benefit patients, but also nurses and the organisation.

Notes
Map: Tāmaki campus
(Location of plenary and breakout sessions)