



**Centre for Asian and Ethnic  
Minority Health Research  
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7 November 2022

Tēnā koutou katoa,

**Pae Ora: ensuring a healthy future for all – including Asian and Ethnic minorities**

University of Auckland's Centre for Asian and Ethnic Minority Health Research and Evaluation (CAHRE) focuses on the current health issues of Asian and other Ethnic minority (A/EM) communities in Aotearoa New Zealand, and we seek to develop strategic and collaborative approaches to improve the health status of this fast-growing population.

One in five people in Aotearoa, New Zealand, identifies as Asian or other Ethnic minority (i.e., Middle Eastern, Latin American or African). We believe that the unique health needs of these people are important to consider in ensuring a healthy future for all.

Recently, CAHRE held a panel discussion on *Pae Ora and Ethnic Minority Health* at its Biannual National Symposium. The session led to a passionate and wide-ranging discussion involving conference attendees that included health practitioners, service managers, academics, researchers, representatives from government and non-government sectors and communities.

We share key points from the panel discussion that reflects the views of the panellists and delegates that attended the conference to facilitate appropriate government responsiveness to the health needs of this population in Aotearoa New Zealand.

Ngā mihi nui,

A handwritten signature in blue ink, appearing to read 'R. Peiris-John'.

Associate Professor Roshini Peiris-John  
Co-Director CAHRE

A handwritten signature in black ink, appearing to read 'Rachel Simon-Kumar'.

Associate Professor Rachel Simon-Kumar  
Co-Director CAHRE



Centre for Asian and Ethnic Minority Health  
Research and Evaluation



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## Pae Ora: ensuring a healthy future for all – including Asian and Ethnic minorities

### Introduction

In 2022, the projected population for Asian was 861,120 (16.7% of Aotearoa New Zealand's population). According to Statistics New Zealand, the Asian population will continue to grow at a rate faster than other population groups, reaching 1 million in 2027 and accounting for 20% of the total population by 2030.

The Centre for Asian and Ethnic Minority Health Research and Evaluation (CAHRE) held a panel discussion at its biannual symposium (<https://cahre.blogs.auckland.ac.nz/cahre-symposium-2022/>), addressing the issue of fair and equitable health delivery for Asian and Ethnic Minority communities (e.g., Middle Eastern, Latin American and African) – collectively referred to as A/EM from here on. The discussion was led by panellists\* (see below) but there was also a passionate and wide-ranging discussion involving the audience from a range of fields and ethnic communities.

The panelists noted that, there were significant gaps with the current planned Pae Ora structure from an A/EM perspective. However, recognising that it is very early in the rollout, there are also many opportunities.

### Gaps and concerns include:

- Under-recognition by health leaders that A/EM groups in Aotearoa New Zealand are highly heterogeneous and rapidly growing, with disparate population profiles and needs.
- Frequent aggregation of A/EM health data into a broader Asian, MELAA, 'Other' or non-Māori/non-Pacific group, which masks the needs of specific higher risk A/EM populations.
- A/EM populations are 'falling through the gaps' in terms of unmet health needs (as exemplified by recent sub-optimal breast and cervical screening rates and youth mental health statistics). A contributing factor is the myth of the 'model minority' that encompasses the perception that A/EM groups are 'doing ok', 'healthy' and therefore that they do not need community and culturally-specific services.
- Lack of understanding by health stakeholders and decision-makers that under-utilisation of specific health services by A/EM peoples occurs for a range of reasons. Factors include poor knowledge of the Aotearoa New Zealand health system and service structure (including for primary care), lack of culturally responsive care, stigma and cultural barriers associated with specific health needs (such as mental health issues or family violence) and language barriers with suboptimal use of interpreter services.
- Minimal mention of A/EM health in health strategy and planning despite clear research and clinical evidence of specific needs. This contributes to A/EM populations and stakeholders feeling invisible and ignored.
- Lack of A/EM representation in the emerging Pae Ora leadership structures, despite there being experienced leaders available.

### **Opportunities include:**

- A/EM community commitments supporting health equity advancement for tangata whenua from a Te Tiriti perspective: supporting hauora Māori will create a better health system for all.
- Collaborating with other underserved groups such as Pacific, disabled and LGBTQIA+ peoples to advocate for a more equitable health system. There is strength in numbers, many similar goals, and the panellists and delegates that attended the conference strongly believe that resources should be allocated to serve all ('and/and' not 'and/or').
- Acknowledging that A/EM groups in Aotearoa New Zealand have distinct health needs that will not automatically be met by the health sector in national, regional and localities policy and planning and regional/district implementation plans. There needs to be specific considerations to support culturally responsive service provision for A/EM groups.
- Increased resourcing for community organisations, especially those involved in health and well-being service delivery, and developing partnerships between government and non-government/community organisations at various levels. Strong A/EM NGO and community networks on the ground can support the work of Te Whatu Ora and Te Aka Whai Ora in advising on and delivery of culturally responsive and agile health services to the community.
- Involving A/EM stakeholders in decision-making processes to ensure that the health needs of A/EM groups in Aotearoa New Zealand are appropriately considered, including through governance and advisory groups for A/EM communities at national, regional and localities levels. The A/EM health workforce in Aotearoa are highly skilled, well-connected to their communities and can be a strong bridge in leadership.
- Ensuring disaggregated data collection, analysis and reporting for relevant A/EM populations in Aotearoa New Zealand as well as supporting A/EM health research to enable robust and systematic health policy and planning, funding allocation and service delivery.
- Reinforcing resource and expanding available health service models for A/EM communities at the District level, e.g. Te Whatu Ora – Health New Zealand Waitematā Asian Health Services model.

\*The Panel members were Mr Grant Berghan (Member of the Public Health Association of New Zealand; Member of Health Coalition Aotearoa), Dr Renee Liang (Pediatrician, Senior Research Fellow, University of Auckland, Asian Theme Lead Growing Up In New Zealand), Dr Lifeng Zhou (Chair of Asian Caucus, Public Health Association of New Zealand) and Dr Suneela Mehta (Honorary Senior Research Fellow, University of Auckland). The discussion was moderated by Associate Professor Roshini Peiris-John (Co-Director of CAHRE, University of Auckland). The session was organised in discussion with Dr Rodrigo Ramalho (Senior Lecturer, University of Auckland), and Professor Shanthi Ameratunga (Honorary Professor University of Auckland).

The Centre for Asian and Ethnic Minority Health Research and Evaluation (CAHRE) is a research centre at the School of Population Health, University of Auckland. Associate Professors Roshini Peiris-John and Rachel Simon-Kumar are Co-Directors of CAHRE. For further information on CAHRE please visit our [website](#). For any queries email: [cahre\\_uoa@auckland.ac.nz](mailto:cahre_uoa@auckland.ac.nz)