

Northern
Regional Alliance
He Hononga o te Raki

ANA Asian Forum
Asian Populations and Health Status
in New Zealand
24th November 2015

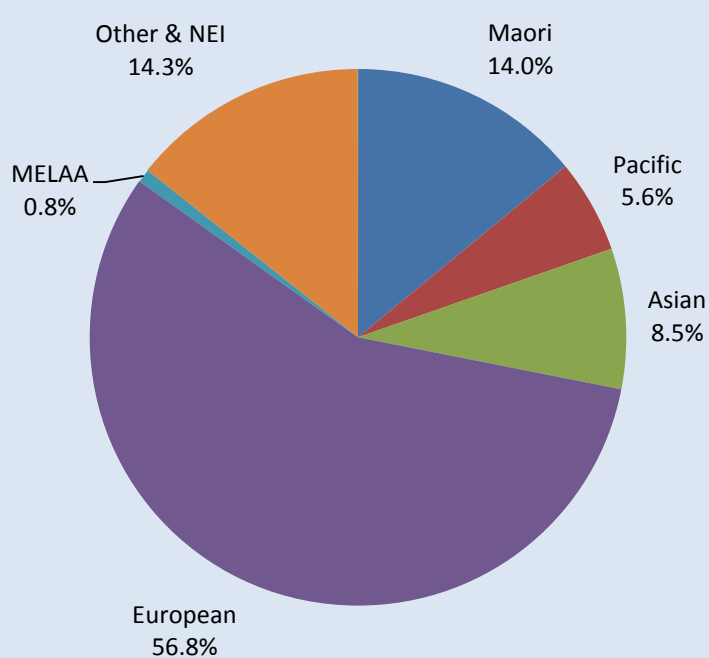
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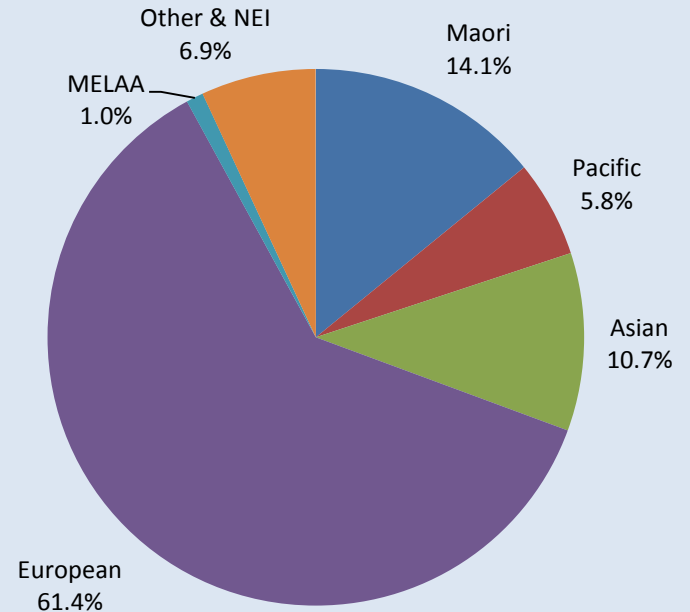
Who is 'Asian'?



New Zealand Total, Ethnicity Census 2006 & Census 2013



Census 2006
NZ Total = 4,027,947



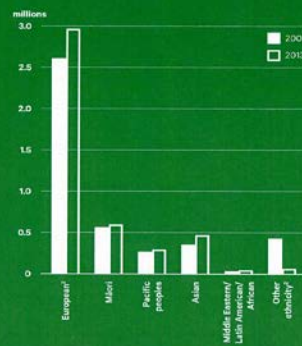
Census 2013
NZ Total = 4,242,051

Based on Prioritised Ethnicity
NEI= Not Elsewhere Included

Superdiversity in the Auckland region

- Auckland's demographic and cultural mix has changed dramatically in recent decades. It is now one of the most immigrant-dependent cities in the world with 56 per cent of residents either immigrants, or the children of immigrants (Spoonley, 2013).

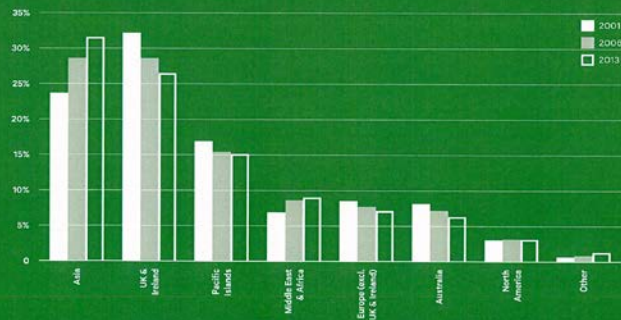
Figure 1: Population of major ethnic groups¹
2006 and 2013 Census. Source: Statistics New Zealand



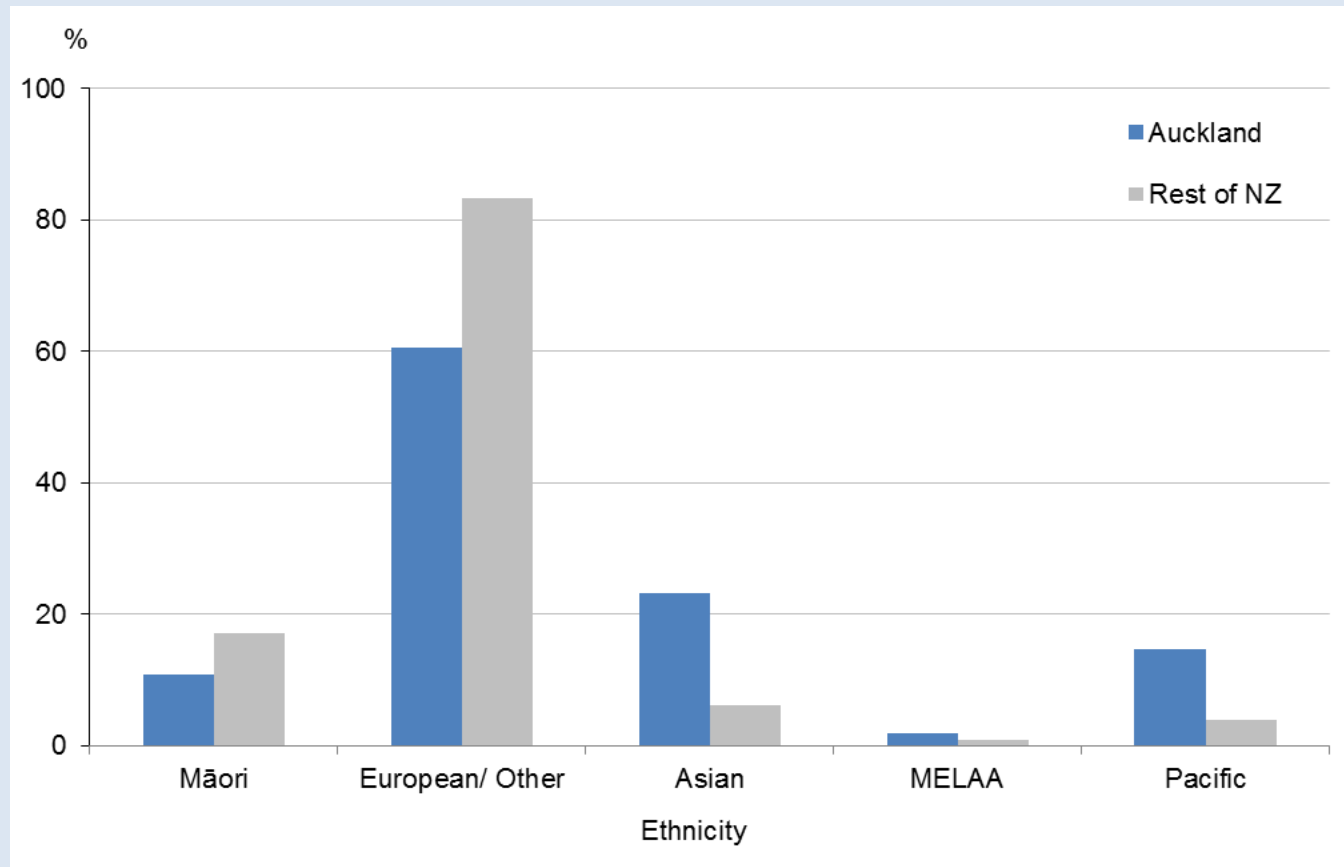
¹ People were able to identify with more than one ethnic group.
² Consists of categories for a number of small ethnic groups and for New Zealanders. New Zealanders was introduced as a sub-category in the 2006 census but it seems that a high proportion who identified as such in 2006 shifted to the European category in 2013.

New Zealand has always been an ethnically diverse society, but in the last twenty years the country has become diverse in new ways: increasing migration from Asia and a growing proportion of the population born overseas.

Figure 2: Birthplace for the overseas born usually resident population
2001, 2006 and 2013 Census. Source: Statistics New Zealand



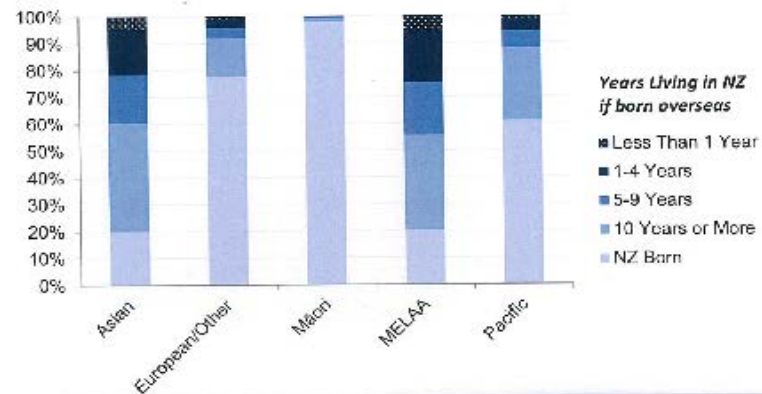
Ethnic Composition of Auckland and the Rest of NZ Region (ARPHS, 2014, p. 14)



Resident Population Born Overseas (ARPHS, 2014, p.18)

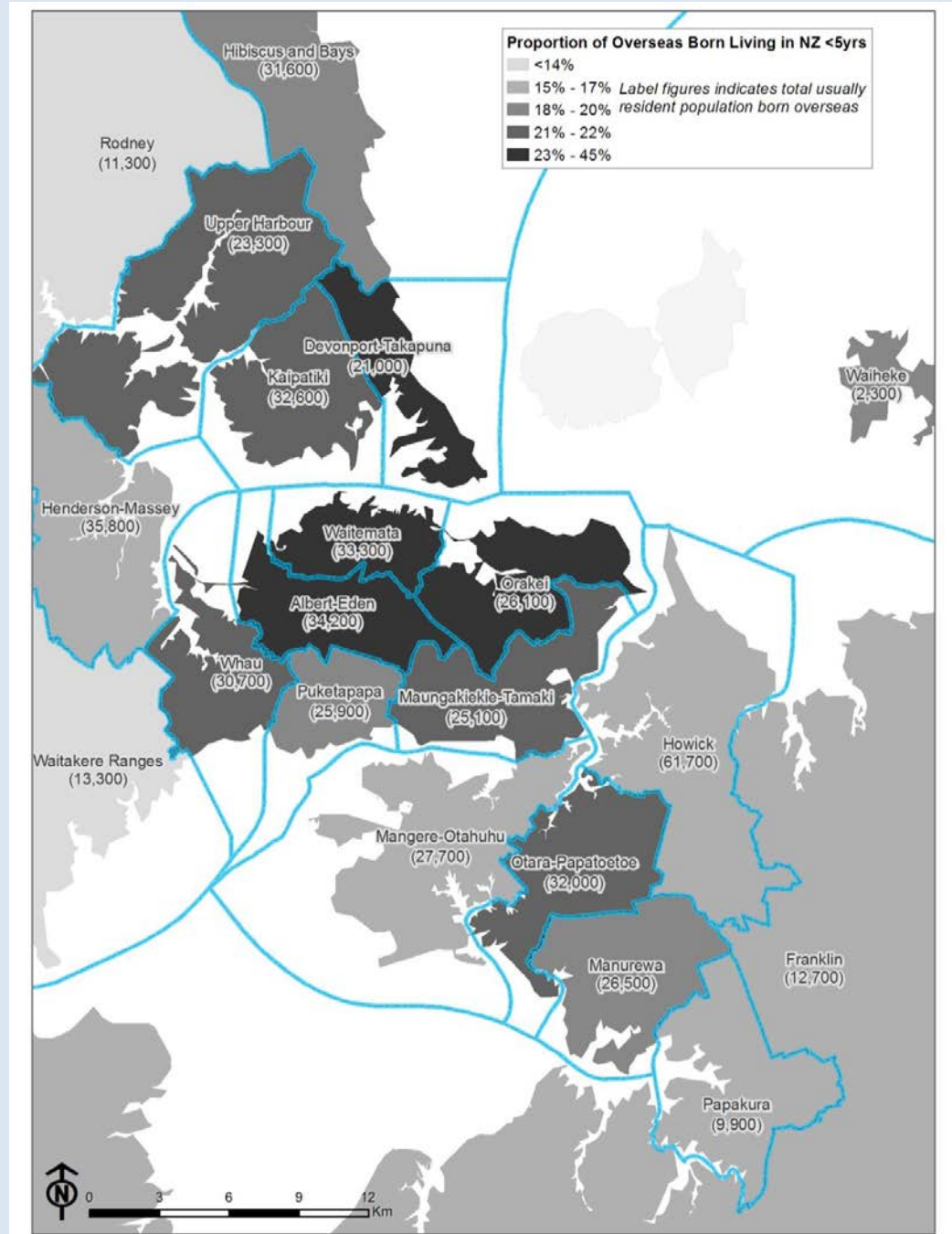
- Overall, the proportion of the Auckland resident population born overseas is 39%.
- The Level 1 ethnic groups with the highest proportion born overseas are Asian and MELAA at 78% each
- Accordingly Asian and MELAA have higher proportions of those living in New Zealand less than 5 years at 22% and 25% respectively.
- In contrast the European/Other and Pacific populations born or living in New Zealand for more than 10 years are both around 90%.

Figure 4: Proportion of Level 1 Ethnic Groups by Years Living in New Zealand (by total stated)



Proportion of Resident Population Living in NZ less than 5 years by Local Board (overseas born only) (ARPHS, 2014, p.19)

- The numbers given for each board is the total resident population born overseas
- The proportion of population born overseas and living in NZ for < 5 years is the highest in the centre of the Auckland region .
- The board with the highest proportion is Waitemata at 45%.
- The boards with the largest populations born overseas are Howick (61,700) and Henderson-Massey (35,800). Both these Boards have well established migrant populations with 59% of those born overseas living in New Zealand 10 years or longer.



Census 2013 –Demographic Profile

- **The Auckland region in 2013:**
- At level 1, had an ethnic makeup of: European/Other (60.5%), **Asian (23.1%)**, Pacific (14.6%) and Māori (10.7%) and MELAA (1.9%)
- The top five Asian ethnic groups were Chinese, Indian, Korean, Filipino and Sri Lankan
- Had the most ethnically diverse neighbourhoods in the country
- Gomez D, King R, Jackson C. Demographic Profile Report 1: Census 2013 Auckland Usual Residents Snapshot. Auckland Regional Public Health Service. Auckland. July 2014

Auckland Regional Public Health Service
Working with the people of Auckland, Counties Manukau and Waitemata

Demographic Profile

**Report 1: Census 2013
Auckland Usual Residents Snapshot**

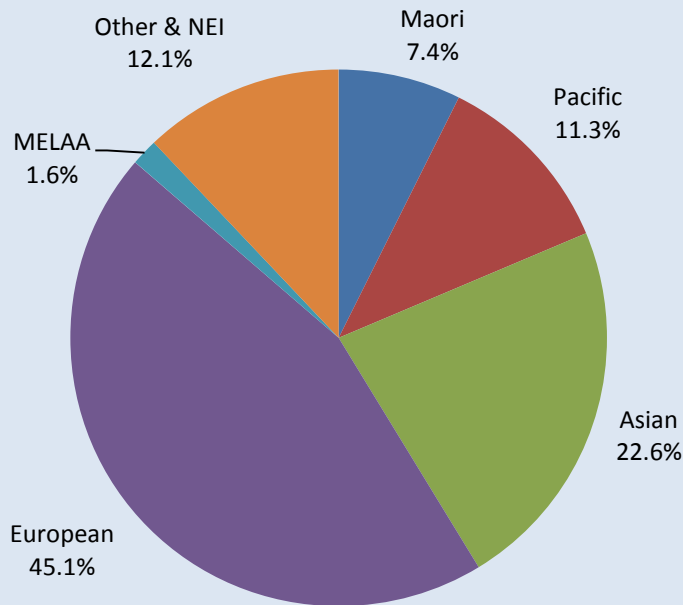


Te ora O Tamaki Makaurau
Health for all People of Auckland

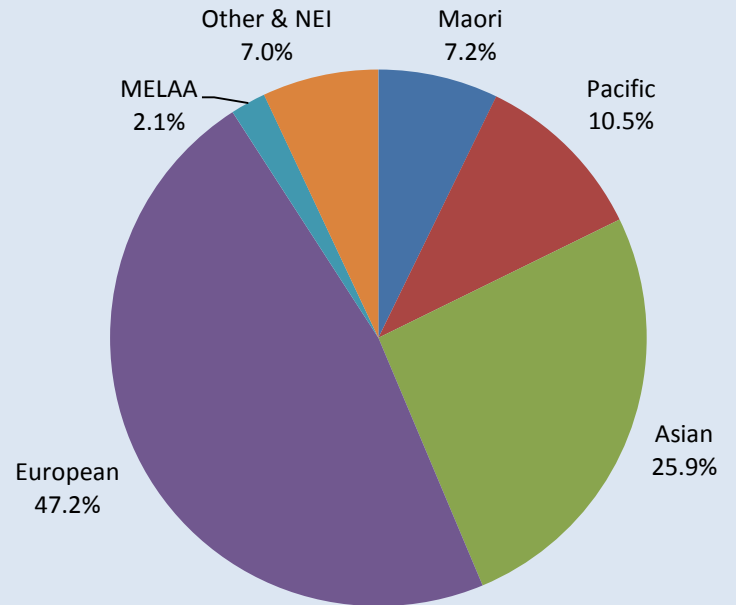
July 2014

Auckland DHB, Ethnicity

Census 2006 & Census 2013

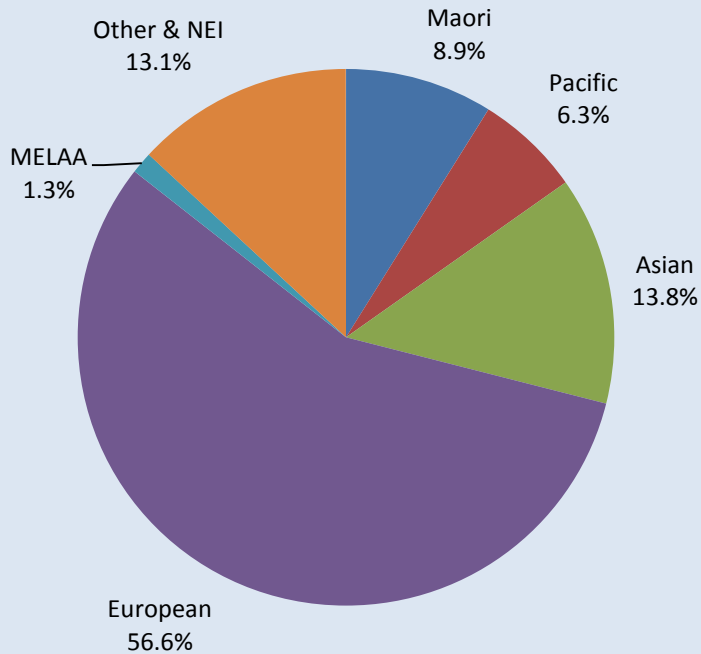


Census 2006
ADHB Total = 404,619

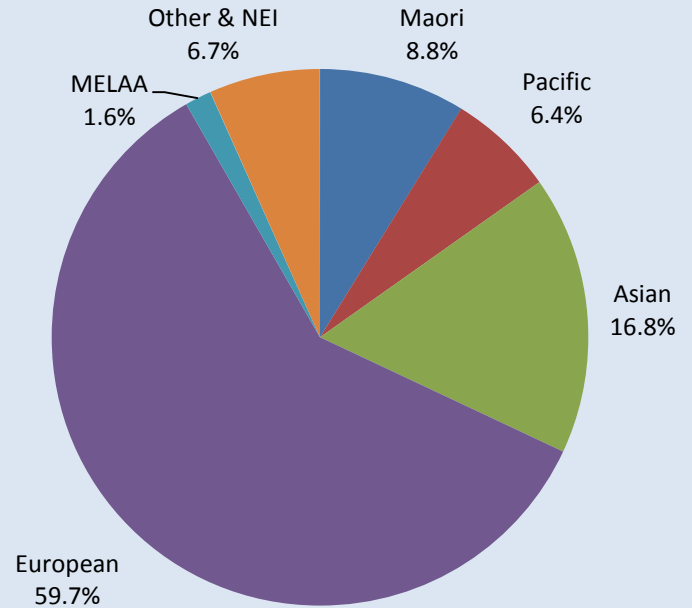


Census 2013
ADHB Total = 436,341

Waitemata DHB, Ethnicity Census 2006 & Census 2013

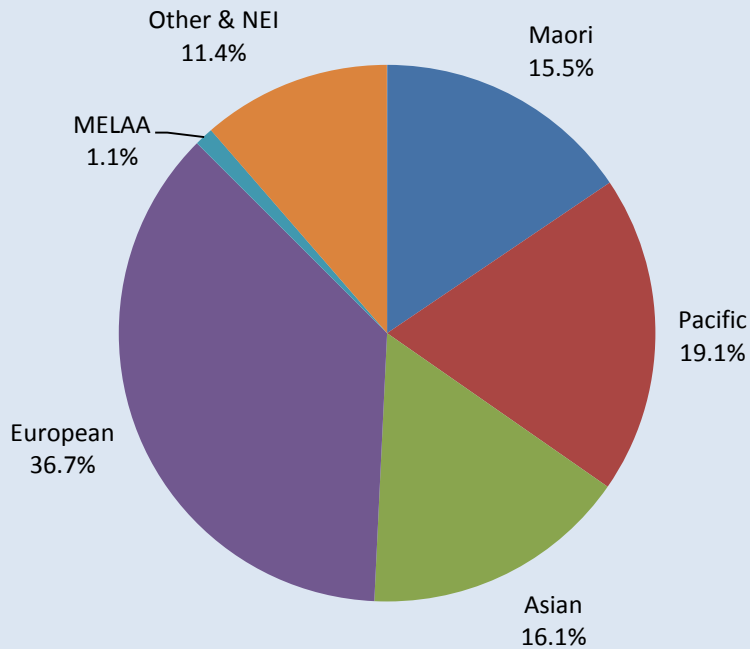


Census 2006
WDHB Total = 481,611

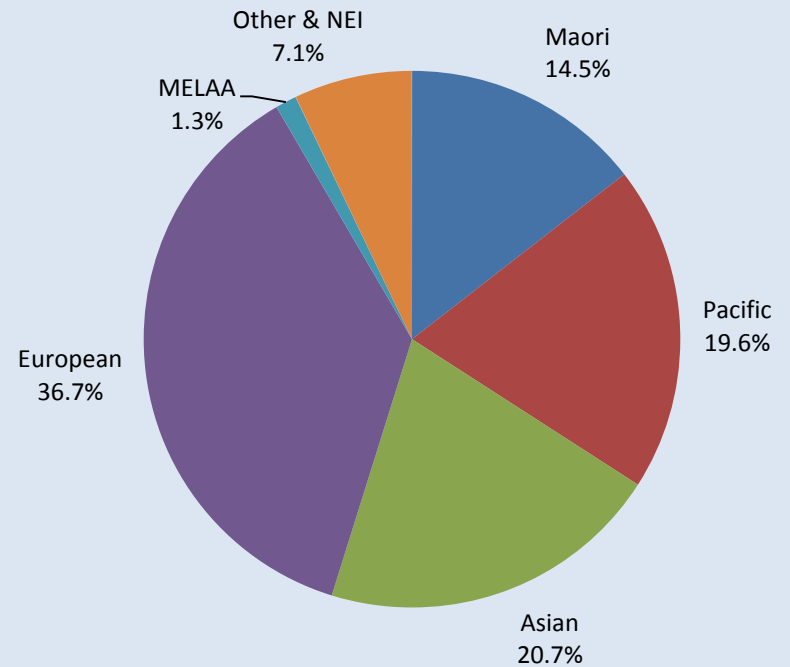


Census 2013
WDHB Total = 525,558

Counties Manukau DHB, Ethnicity Census 2006 & Census 2013



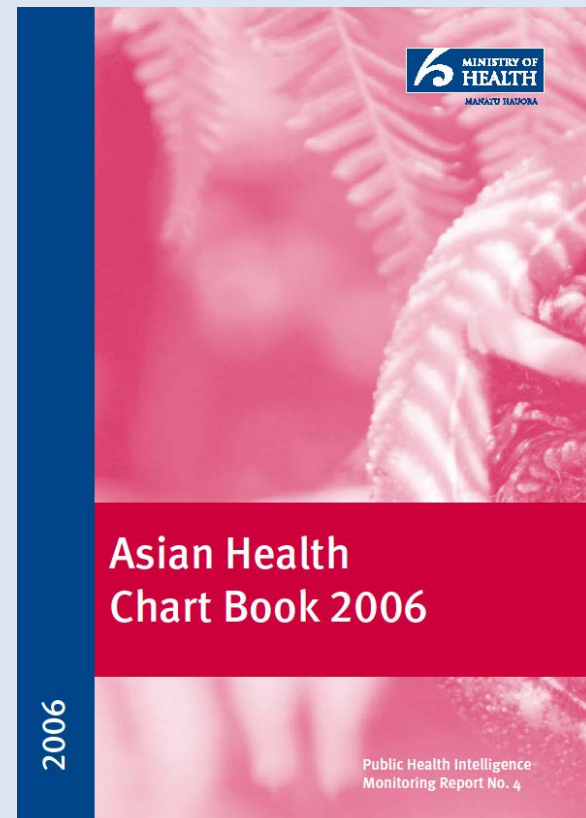
Census 2006
CMDHB Total = 433,086



Census 2013
CMDHB Total = 469,293

The Asian Health Chart Book (Ministry of Health, 2006)

- 1st report to provide comprehensive information on Asian health
- Asian peoples had positive health outcomes in a range of health indicators cf total NZ popn.
- However, major differences between Chinese and Indian groups.
 - Indian popns - high rates of obesity, type 2 diabetes and CVD
 - For all Asian groups - lower usage of health services.
- Major differences in health and health service use between recent migrants and longstanding migrants.
- For almost all health indicators, recent or first generation migrants have better health status than longstanding migrants or the NZ born.
- The 'healthy migrant' effect



Asian Health in Aotearoa 2006-2007: Trends since 2002-2003-Lifestyle and Acculturation (Scragg, 2010)

Lifestyle

- **Nutrition**
- Lower proportion of children breast fed in Chinese (80%) and Other Asians (79%), cf Europeans and South Asians (each 90%).
- Lower proportion of adults eating the recommended daily number of serves of fruit and vegetables (≥ 5) in all Asian ethnicities (Chinese 47%, South Asian 40%, Other Asian 41%), compared with Europeans (57%).
- **Physical activity**
- Asian people (Chinese 41%, South Asian 46%, Other Asian 45%), less likely to be physically active cf European (54%) and Maori (57%).
- **Tobacco**
- Asian women were less likely to be current tobacco smokers than European women (4% versus 15%), while Asian and European men were similar (17% versus 15%).
- For children, the percent that lived in a house where people smoke inside was similar for all ethnic groups, aside from Maori who had the highest level.
- **Alcohol**
- Asian (60%) and Pacific (57%) people were less likely to drink alcohol than Maori (84%) and Europeans (89%).
- However, the frequency of alcohol consumption increased in Chinese and Other Asians between the 2002-3 and 2006-07 surveys, but remained unchanged in South Asians.

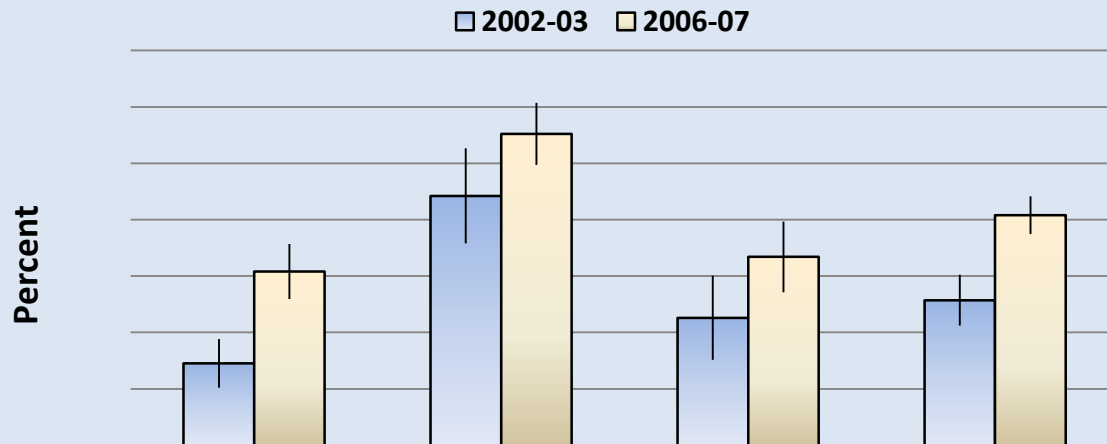
Body size

Asian children had similar prevalences of overweight and obesity to European children, using the standard international criteria.



Trends in obesity prevalence among Asian populations (Scragg, 2010)

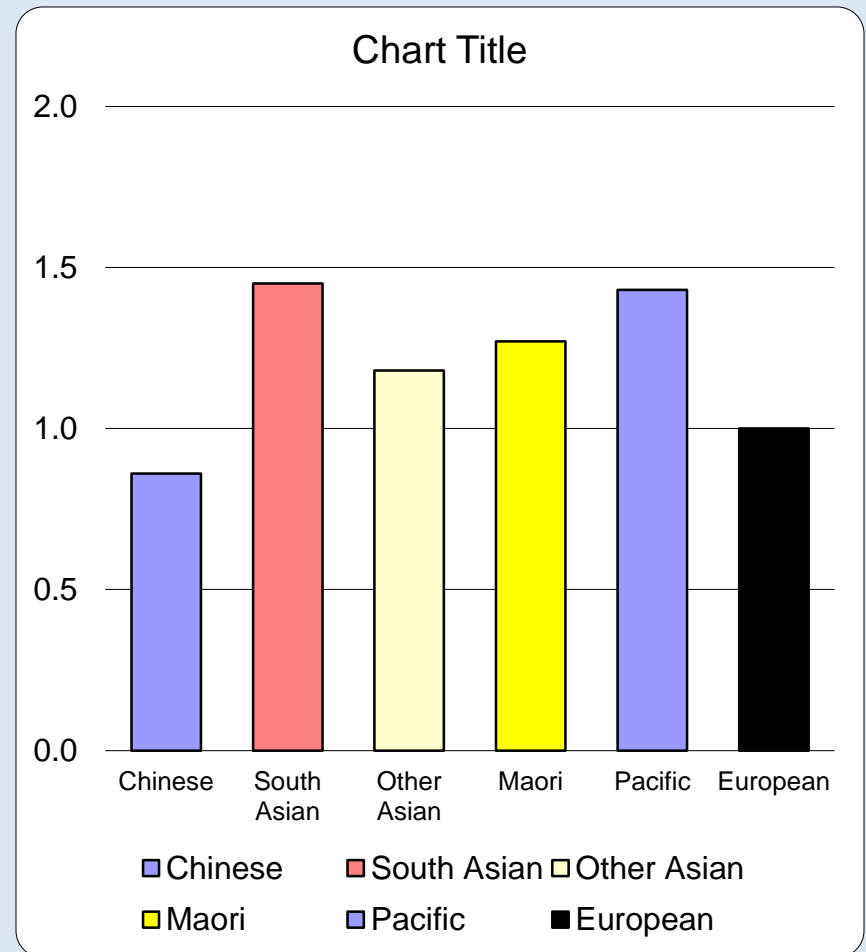
Trends in obesity (BMI ≥ 25.0) prevalence (95% CI) among Asian male and female adults aged ≥ 15 years – 2002-03 and 2006-07 surveys.



The obesity prevalence for all Asian people combined increased from 26% in 2002-03 to 41% in 2006-07, using ethnic specific criteria.

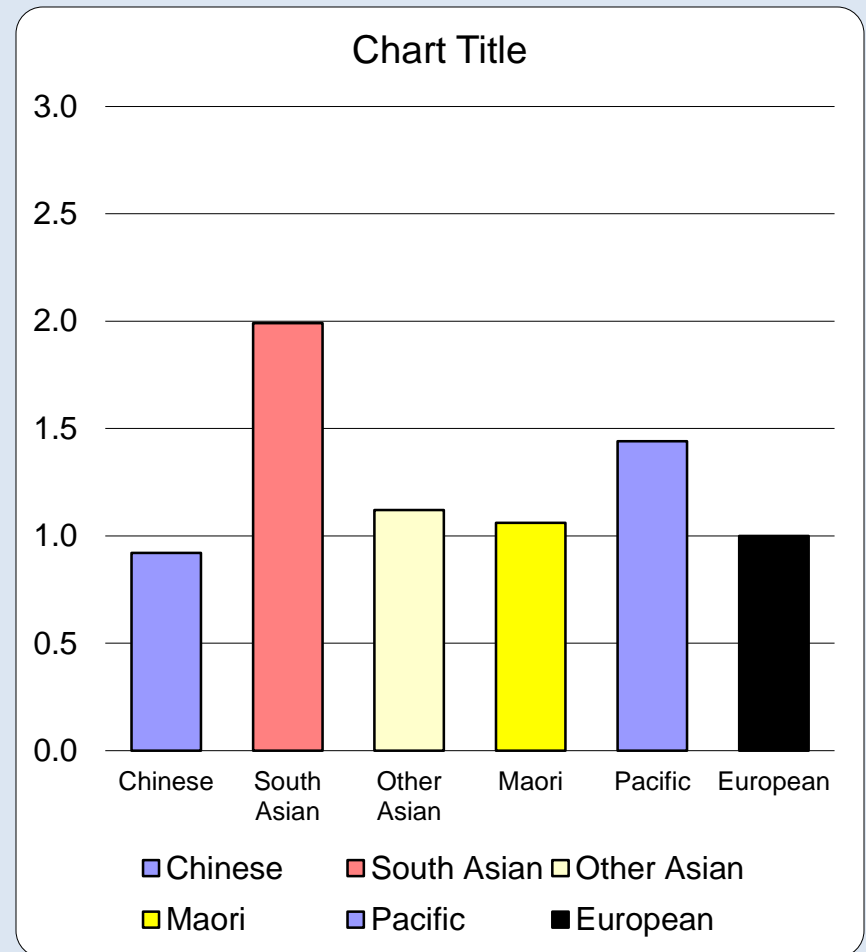
Relative risk of being on treatment for hypertension (Scragg, 2010)

- Figure 1: Relative risk (95% CI) of being on treatment for hypertension associated with ethnicity, compared to Europeans, adjusted for age and sex – adults aged ≥ 25 years in the 2006-07 survey
- South Asian people have higher prevalences of being on treatment for hypertension than any other group



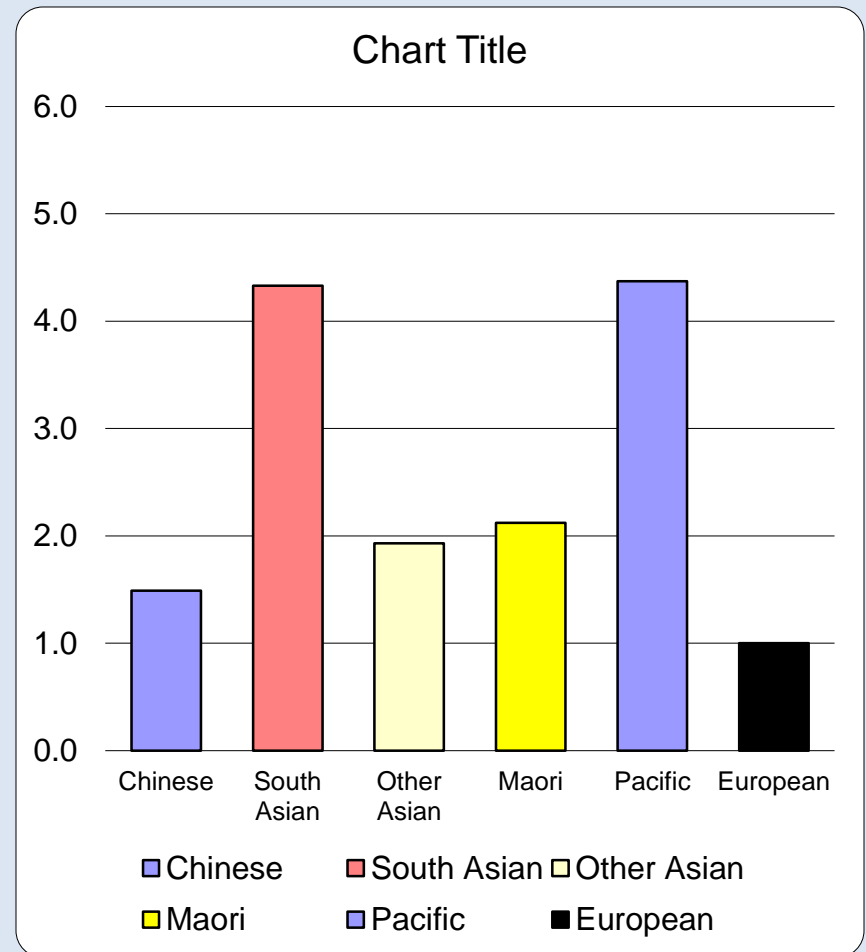
South Asian people had double the risk of being on treatment for high cholesterol than European (Scragg, 2010)

- Figure 2: Relative risk (95% CI) of being on treatment for high serum cholesterol associated with ethnicity, compared to Europeans, adjusted for age and sex – adults aged ≥ 25 years in the 2006-07 survey
- South Asian people had double the risk of being on treatment for high cholesterol than European.



Four-fold increase in the prevalence of being on treatment for diabetes of Europeans (Scragg, 2010)

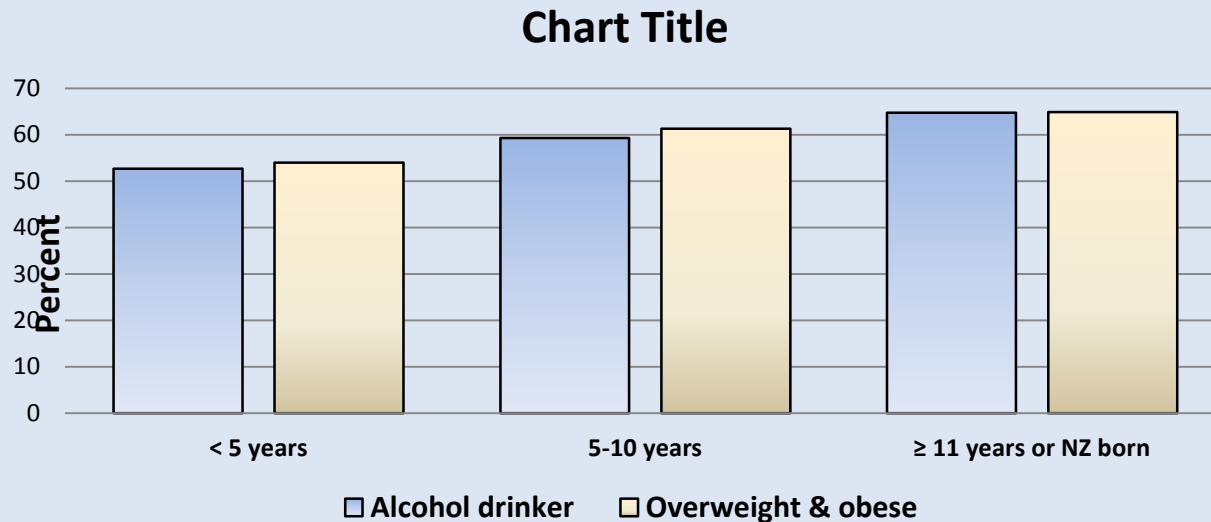
- Figure 3: Relative risk (95% CI) of being on treatment for diabetes associated with ethnicity, compared to Europeans, adjusted for age and sex – adults aged ≥ 25 years in the 2006-07 survey.
- The prevalence of being on treatment for diabetes was increased four-fold in South Asian and Pacific people, and two-fold in Other Asian and Maori, compared with European.



Acculturation

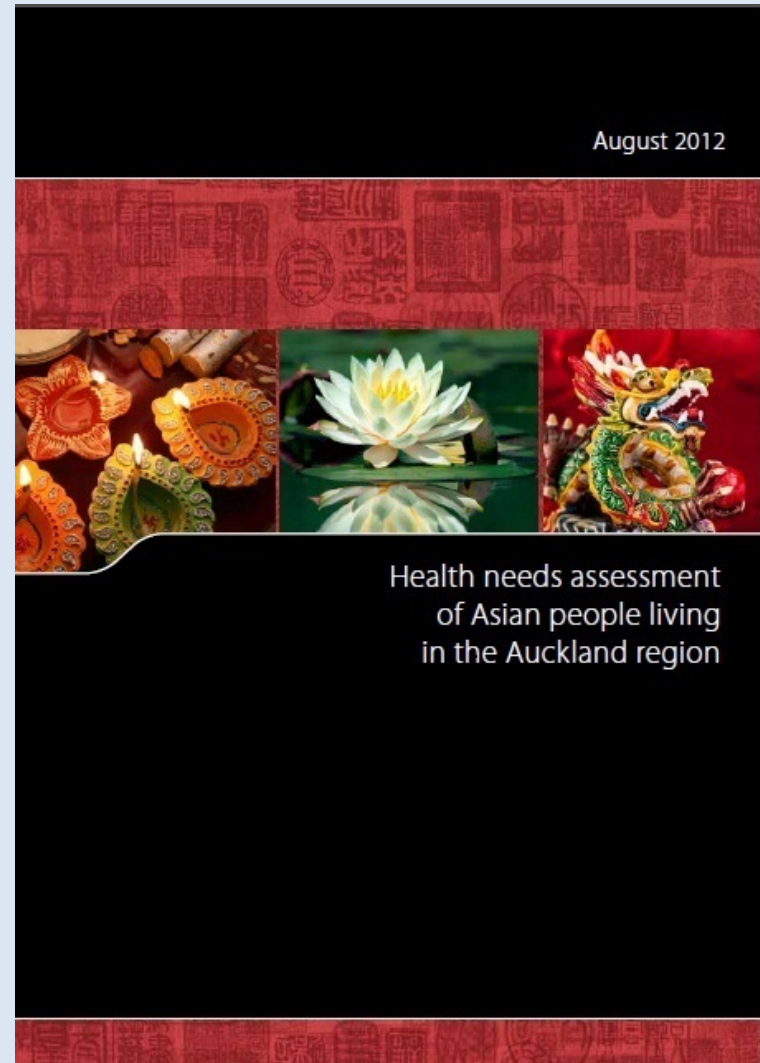
The study shows that acculturation affects the health status of Asian people who have migrated to New Zealand. The adverse risk factors for chronic disease which increased with living more years in New Zealand include: higher prevalences of obesity/overweight; a decreasing proportion of never smokers; and more alcohol drinking.

Figure 4: Percent (95% CI) of Asian adults (≥ 15 years) who drank alcohol in the last 12 months, or were overweight or obese, by time lived in New Zealand – 2006-07 survey.



Health Needs Assessment of Asian people living in the Auckland region (Mehta, 2012)

- **Health Needs Assessment of Asian people living in the Auckland region (Mehta, 2012)**
- The most comprehensive report to date examining the health status and health service use of Chinese, Indian and Other Asian communities in the Auckland region
- <http://www.adhb.govt.nz/healthneeds/asian.htm>

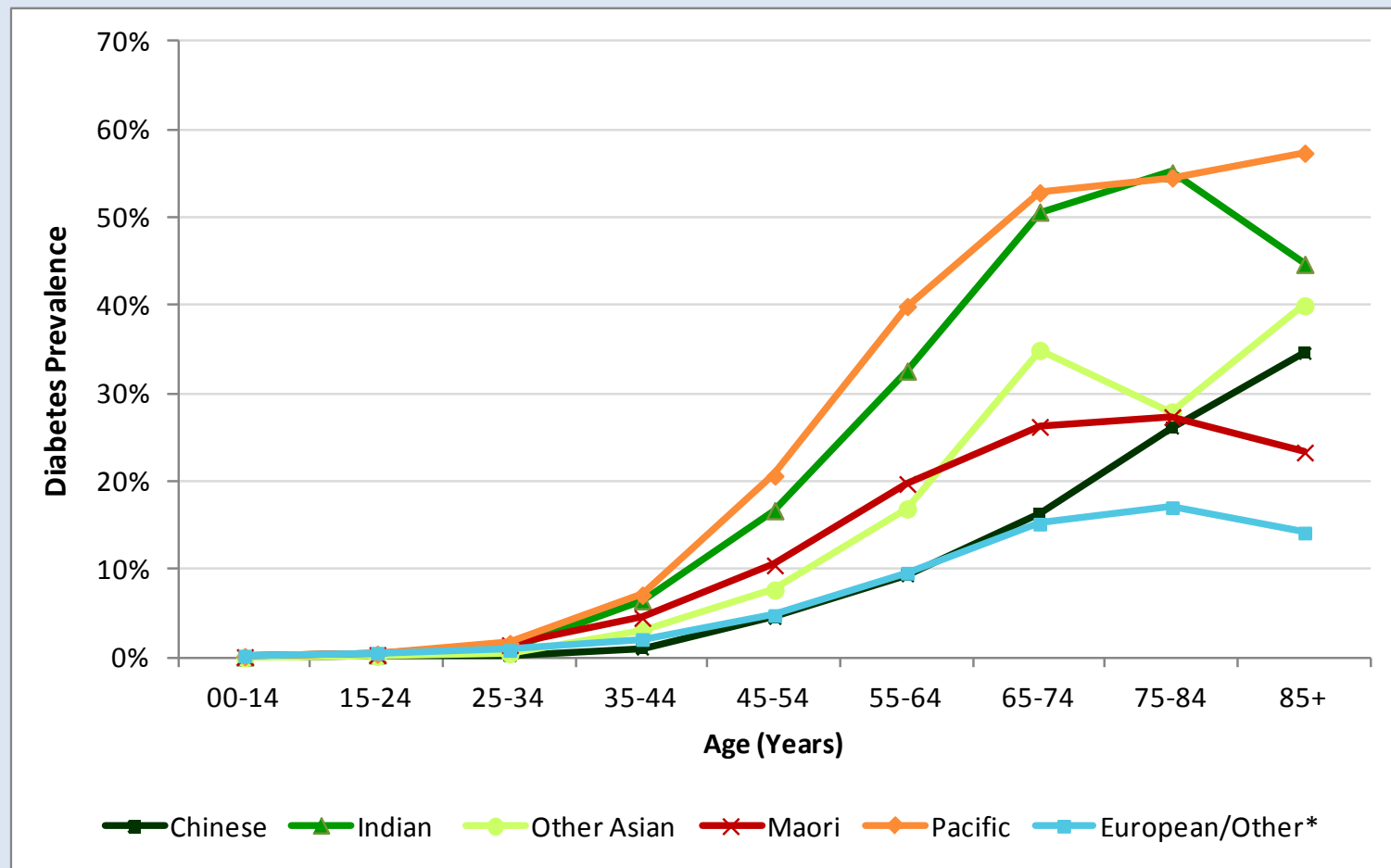


Health Outcomes and Health Service Utilisation

- Compared to European/Others:
 - Higher life expectancy (2010)
 - Lower all-cause mortality rates (2006-2008)
 - Higher PAH among Indian men particularly and Indian women but lower rates among Other Asian and Chinese men and women (2008-2010)
 - Low PHO enrolment among Chinese across Auckland and Indians and Others Asians in WDHB (2010 Quarter 1)
- **Crucially, the report indicates that, for the first time, mortality rates from cardiovascular disease among Auckland Indians have risen above the rates noted among the majority of the Auckland population.**
- **Diabetes continues to be a common issue among Indians in Auckland, but is also increasing among Other Asian communities and older Chinese people in the Auckland region.**

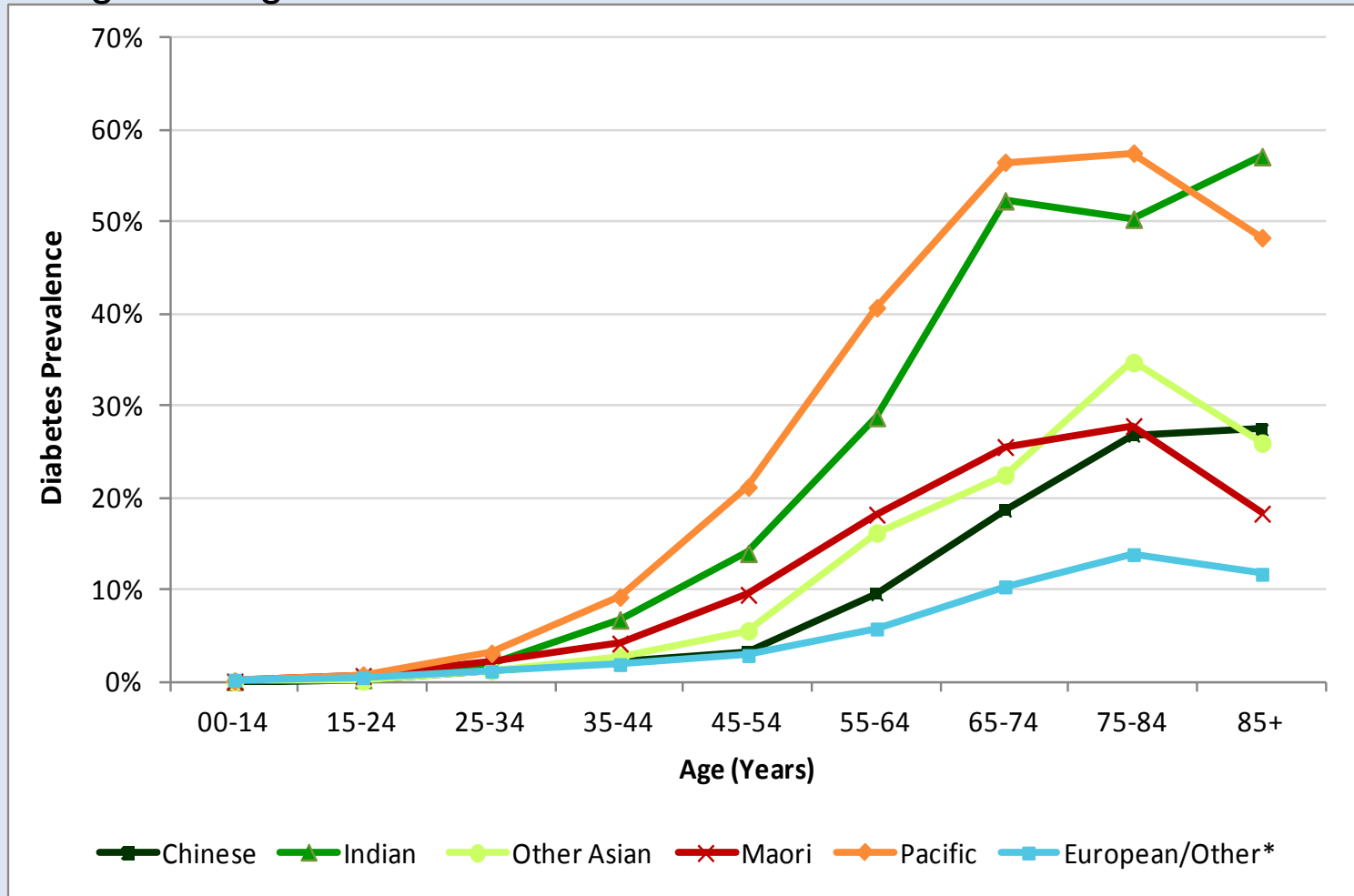
Diabetes Prevalence by Age – Males

Diabetes prevalence across the Auckland region by prioritised ethnicity and age among MALES at 31 December 2010



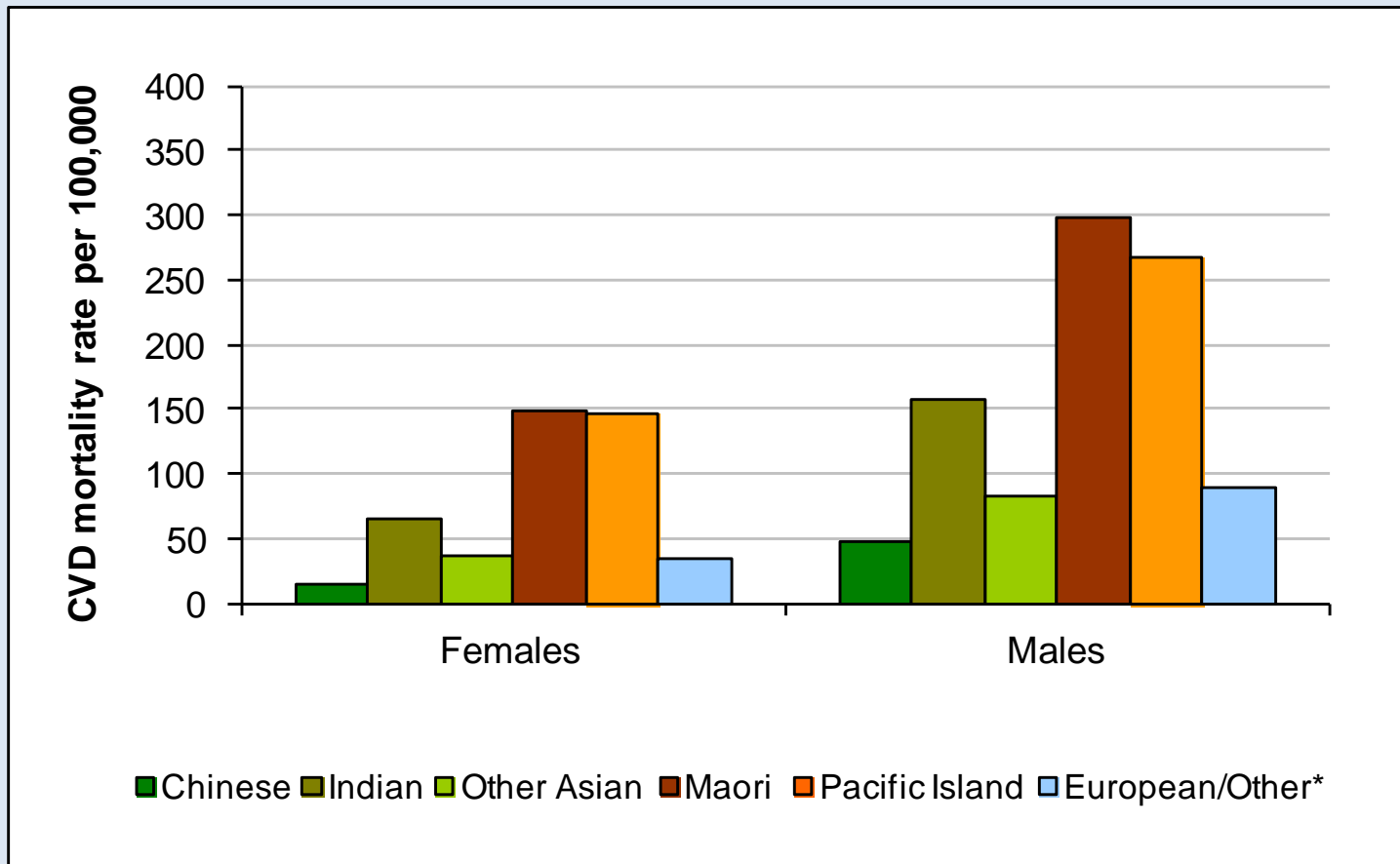
Diabetes Prevalence by Age – Females

Diabetes prevalence across the Auckland region by prioritised ethnicity and age among FEMALES at 31 December 2010



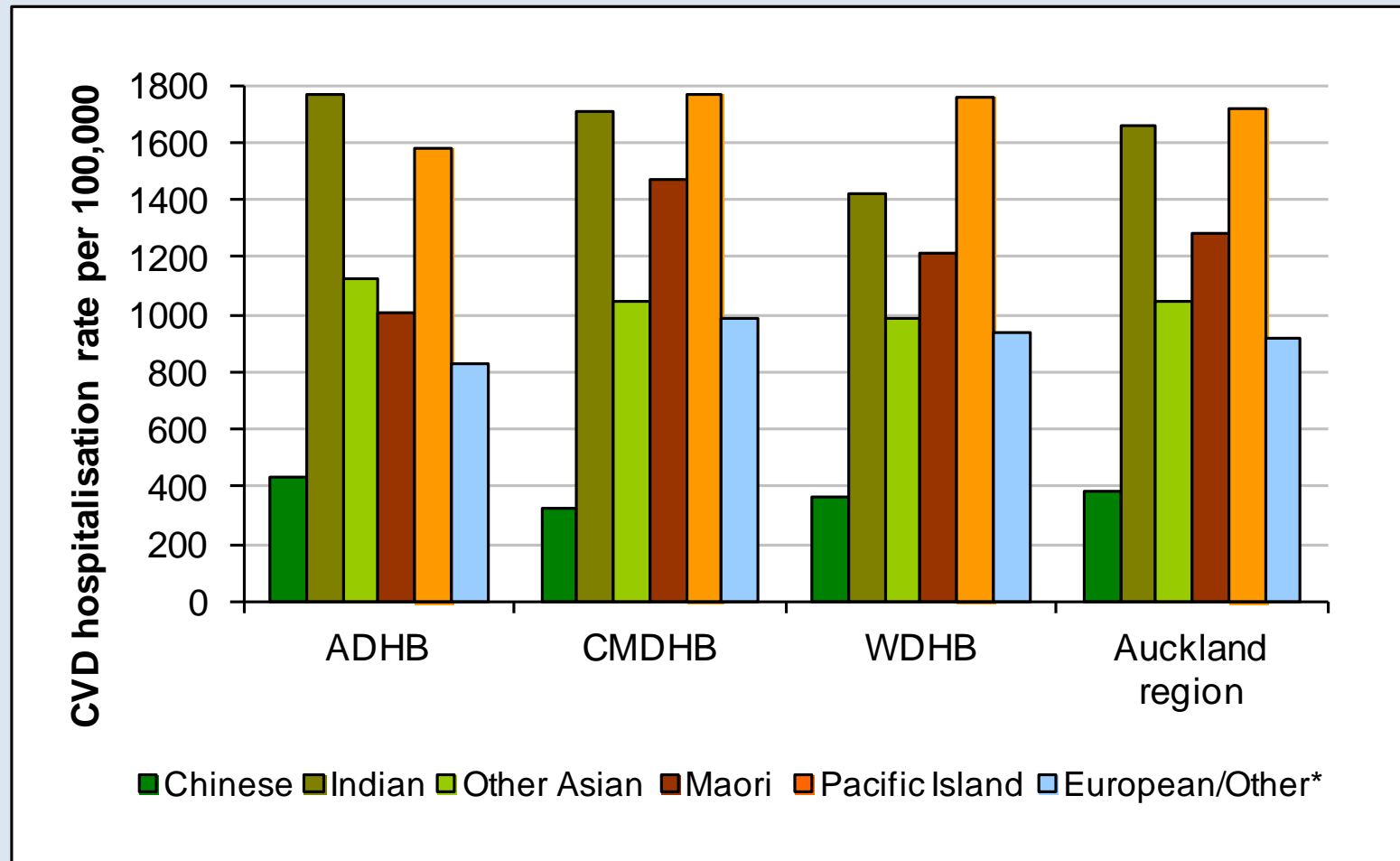
Cardiovascular Mortality

Age-standardised mortality rate for cardiovascular disease (per 100,000) across the Auckland region by prioritised ethnicity and sex among people aged 35-74 years, 2006-2008



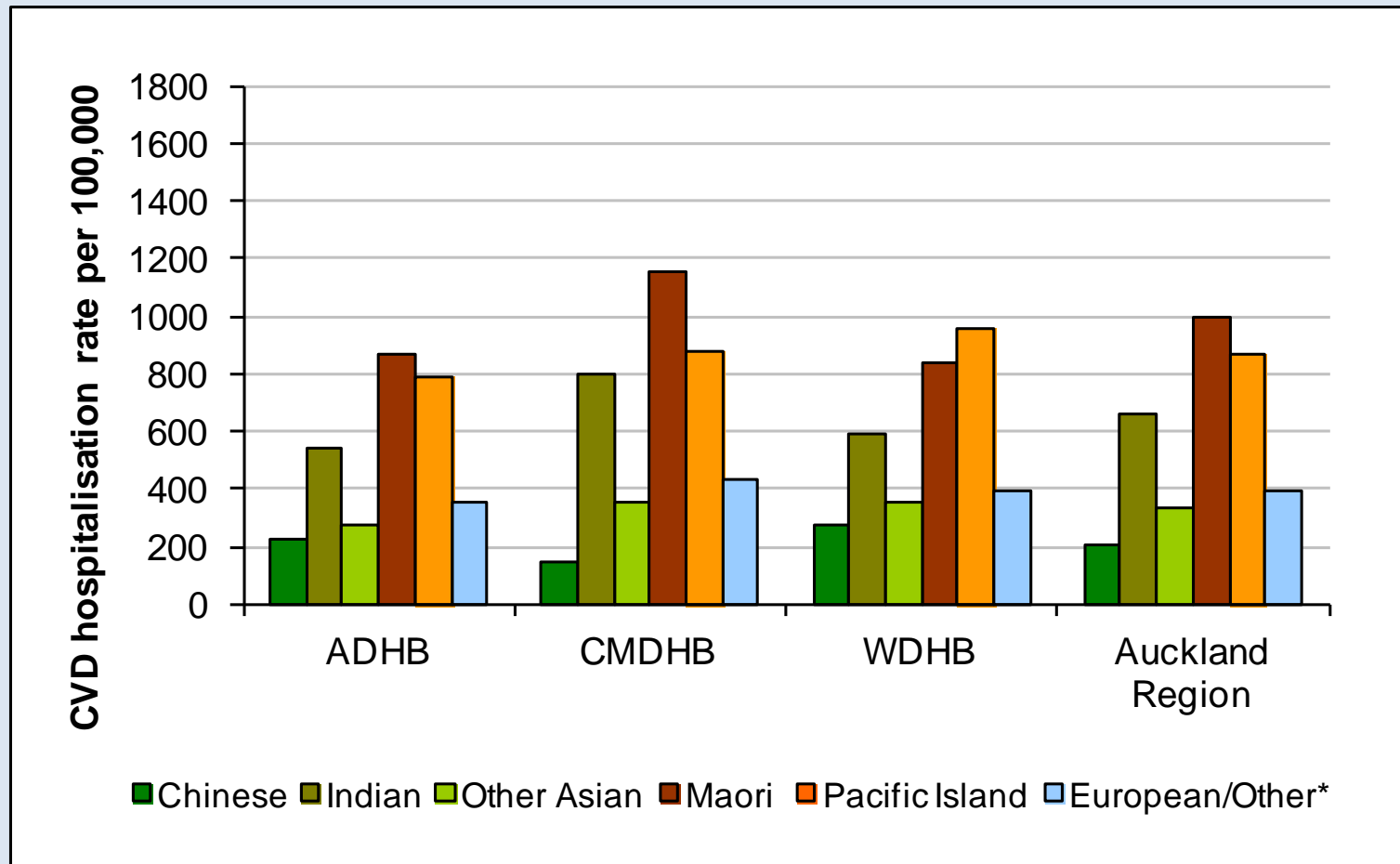
Cardiovascular Hospitalisations – Males

Age-standardised hospitalisation rate for cardiovascular disease (per 100,000) by prioritised ethnicity among MALES aged 35-74 years, 2008-2010



Cardiovascular Hospitalisations – Females

Age-standardised hospitalisation rate for cardiovascular disease (per 100,000) by prioritised ethnicity among FEMALES aged 35-74 years, 2008-2010



Healthy Migrant Effect

- Migrants have better health status than locally-born citizens
- Number of possible explanations
- Doesn't apply to all migrants or all conditions
- Abates over time as acculturation occurs

Thankyou – Questions Please

