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Abbreviations used in this issue

- BMI** = body mass index
HSC = humanitarian source countries
IVF = *in vitro* fertilisation
OR = odds ratio

Welcome to the eleventh issue of Asian Health Research Review.

The population of Asian ethnic groups in New Zealand has increased considerably over recent decades. Their health issues, sources of resilience and diverse experiences are relevant to the communities involved as well as service providers and wider society. Asian Health Review is a unique New Zealand publication bringing you the latest research on the health and wellbeing of Asians in New Zealand together with local commentary.

We would like to thank Shanthy Ameratunga, Elsie Ho and Roshini Peiris-John for their contributions to the previous issues of Asian Health Research Review. As the new reviewers, we have selected three main topics for this issue; health promotion, primary health care and maternal health.

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

Kind regards,

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Challenges for Asian health and Asian health promotion in New Zealand

Author: Wong A.

Summary: The challenges of Asian health and Asian health promotion in New Zealand, both culturally and in terms of engagement and participation were examined in this paper. Specific areas covered were defining "Asian" in New Zealand, the health status of Asian people in New Zealand, challenges for health promotion, and Asian youth and health promotion.

Comment (AM): Agnes Wong examines a neglected area of research in New Zealand, evidence of community-led health promotion programmes for Asian populations. In short, she concludes Asian groups are largely invisible. There are surprisingly few health promotion programmes targeted to Asian populations, given that in Auckland Asian peoples are now 22% of the region's population. Wong specifically identifies Asian youth (one-third of the Asian population) as an important target group for health promotion engagement. Asian young people "not only generate useful facilitation for communities and individuals, but also provide opportunities for the ... empowerment of youth participants", many of whom are 1.5 generation New Zealanders.

Abstract

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Making a healthy difference to the community



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

Diet and physical activity interventions to prevent or treat obesity in South Asian children and adults: A systematic review and meta-analysis

Authors: Brown T et al.

Summary: In a systematic review of 29 studies (7 in children, 21 in adults and one mixed age population) on the differential effect of diet and physical activity in South Asian populations versus other ethnicities, the researchers examine their effect in the prevention or treatment of obesity and the characteristics of effective interventions. Trials considered effective or promising include physical activity interventions in Norwegian Asian men and UK South Asian school-children and a home-based, family-orientated diet and physical activity intervention in South Asian adults in the UK. Meta-analyses of trials in children detected no effect on BMI or waist circumference between control and intervention groups. In adults, improvements in weight were observed in two trials after baseline adjustment (mean difference -1.82 kg; 95% CI -2.48 to -1.16) and in three trials with unadjusted data following sensitivity analysis (mean difference -1.20 kg; 95% CI -2.23 to -0.17). Meta-analysis in adults revealed no significant differences in BMI and waist circumference. In 20 of 24 intervention groups, improvements from baseline to follow-up in adult BMI were observed; in high quality studies (n = 7) the mean change ranged from 0.31 to -0.8 kg/m². Interventions did not differ in effectiveness according to socio-economic status or whether the intervention was set in South Asia.

Comment (AM): This systematic review concurs with Agnes Wong's assertion that universalist approaches to health promotion are largely ineffective for Asian communities. Helpfully, the review identifies two approaches that have proven efficacy in weight reduction in adult South Asian populations. The success of the UK PODOSA study, a randomised controlled trial, was due to the involvement of the family cook; it was home and family based. The second study, set in Norway, recruited men of Pakistani descent for an intervention that successfully improved physical activity over a five-month period. The study authors reported that the key to the success of the intervention was that it was developed in collaboration with the Pakistani community, was structured and intensive, and provided group lectures, individual counselling and telephone follow-up. There is much to be learned from these approaches to reducing weight and improving physical activity for South Asian communities in New Zealand.

Reference: *Int J Environ Res Public Health*. 2015;12(1):566-94

[Abstract](#)

Adapting health promotion interventions for ethnic minority groups: a qualitative study

Authors: Liu JJ et al.

Summary: These researchers conducted semi-structured interviews in 26 health researchers and promoters working with ethnic minority populations in the USA, UK, Australia, New Zealand and Norway examining smoking cessation, physical activity and healthy eating and how adaptations for ethnic groups approach the variable of ethnicity. The intersections of ethnicity and demographic variables (e.g. age and gender) highlight differences in the ways people interact, interpret and participate in adapted interventions. Representational elements of ethnicity (e.g. ancestry or religion) are more complex in reality than are defined in adapted interventions. Finally, contextual experiences of ethnicity shape the receptivity, durability and continuity of adapted interventions.

Comment (AM): This fascinating study offers enlightening information for health promoters planning interventions with African, South Asian and Chinese populations for smoking cessation, physical activity and healthy eating. Interestingly, researchers interviewed New Zealand organisations alongside health promoters in the USA, UK, Australia and Norway. The article captures new information about ways of working with ethnicity in three specific areas. The first, the intersectionality of ethnicity, considers the impact of factors, such as age and gender on the way that people participate in health promotion. The second, representation, offers a more nuanced understanding of how for example, cultural norms and religion or spirituality can be engaged to bring about behaviour change. Third, the context of space and place matters, for example, acknowledging the effects of the ready availability of fast food outlets in poor neighbourhoods; along with local opportunities for physical activity. Health promotion organisations in all the countries interviewed had in common the view that where possible it was best to employ staff who matched the target group in terms of their ethnicity, gender, language and religious background.

Reference: *Health Promot Int*. 2015;Jan 5 [Epub ahead of print]

[Abstract](#)

Chinese Elders' views on their interactions in general practice: a Grounded Theory study

Authors: Liu Z et al.

Summary: This UK study examined 33 Chinese Elders' experiences and attitudes towards primary care health services using open-ended in-depth interviews. These patients tended to present only when they considered the health concerns as serious (beyond their self-management ability). They adopted self-management strategies rather than relying on professional advice mainly as a result of communication difficulties, poor understanding of professional advice, and the way that they interpret and use advice. Chinese Elders contacted doctors in order to obtain medicine under the presumption that medication would cure their symptoms, and that they could then self-manage without further medical follow up.

Comment (AM): Between 2006 and 2013 the fastest growth in Asian populations was in the 75+ age group. Understanding the way Chinese older people think about health and illness and their perceptions of the role of Western medicine is important knowledge for GPs. The findings of this UK study are applicable to New Zealand primary health settings and the Chinese patients they serve. The study uncovered a mismatch in understandings and interpretations of health between GPs and their Chinese families. GPs failure to understand the role of Traditional Chinese Medicine perspectives was interpreted as a lack of care from Western medicine practitioners. Chinese older people viewed GPs as providing specific short-term treatment to cure acute symptoms. However, older people did not trust Western medicine to return them to wellness. They were unlikely to return for follow up appointments or to attend referrals to secondary care.

Reference: *Ethn Health* 2015;20(2):129-44

[Abstract](#)

Independent commentary by Dr Annette Mortensen

Dr Annette Mortensen has worked to improve the health of newcomers to New Zealand from ethnically diverse backgrounds for the last 15 years. From 2000 to 2007 she worked as the Refugee Health Coordinator for the Auckland Regional Public Health Service. In 2007, Annette was awarded with the Supreme Harmony Award for her contribution to Muslim relations in New Zealand by the Federation of Islamic Associations of New Zealand (FIANZ). In 2008, Annette received a doctorate from Massey University, New Zealand. The subject of her thesis was 'Refugees as 'Others': Social and Cultural Citizenship Rights for Refugees in New Zealand Health Services'. Since 2007 Annette has worked as the Asian, Refugee and Migrant Health Programme Manager for the Northern Regional Alliance on behalf of the Auckland region District Health Boards.



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A qualitative study on why did the poorly-educated Chinese elderly fail to attend nurse-led case manager clinic and how to facilitate their attendance

Authors: Hung S et al.

Summary: This qualitative Chinese study considered the views, barriers and facilitators for 19 poorly-educated elderly (7 men and 12 women aged 60 to 89 years) who failed to attend a nurse-led diabetes management clinic where diabetes complications were assessed and patients referred to appropriate multidisciplinary teams. Non-attendance occurred because of attitude and poor knowledge of diabetes complication screening and confusion about the nurse-led clinic being an educational talk. Most patients did not understand the reasons for diabetic complication screening, the idea of multidisciplinary care or the processes and outcomes of nurse assessment. Five patients did not attend multiple appointments because they could not read. Physical barriers and comorbidity, family and financial constraints also prevented attendance.

Comment (AM): These findings are of interest to GPs and practice nurses in New Zealand concerned with the engagement of older Chinese patients in good diabetes control. In New Zealand studies, the prevalence of diabetes in Chinese women rises sharply after the age of 55 and in men after 75 years of age compared to European/other groups (Mehta, 2012 <http://tinyurl.com/p48o2e9>). This study, conducted in Hong Kong, focuses on access to nurse-led diabetes management clinics offered in primary health clinics for older Chinese patients. Many study participants stated that getting a prescription for their diabetes medication was their sole priority and they did not understand the rationale for a comprehensive diabetes-care plan. Barriers to access included perceptions that routine screening for complications (for example retinal screening) had low importance to the patient because they were asymptomatic or had good diabetes control. The study concluded that in order to engage patients, better diabetes education was needed and explanation given for the need to attend routine screening. Flexible appointment times were important to accommodate the patients' competing family and social needs.

Reference: *Int J Equity Health*. 2015;14(1):10
[Abstract](#)

Migrant Asian Indians in New Zealand; prediction of metabolic syndrome using body weights and measures

Authors: Jowitt LM et al.

Summary: New Zealand researchers aimed to determine cut-off points for BMI, waist circumference, waist-to-hip ratio, and waist-to-height ratio in 175 Asian-Indian migrants (90 female, 85 male) that discriminate increased type 2 diabetes and cardiovascular disease risk. BMI, percent body fat and anthropometric central adiposity measures did not discriminate metabolic risk. Waist-to-height ratio had similar discriminatory power to BMI and a waist-to-height ratio of less than 0.5 could provide a simple screening tool and underpin a public health message that "waist circumference should be less than half your height".

Comment (GG): This study supports the international debate of lower ethnic specific BMI and waist circumference for Asians. There is markedly high prevalence of diabetes and cardiovascular disease among the Indians (South Asians) and obesity and metabolic syndrome are key risk factors. Although, the study sample is small, it provides an additional tool, waist-to-height ratio, along with BMI to consider when assessing risk of metabolic syndrome. The study highlights the need to examine these parameters further among all Asian migrants and the lowering of the current cut-offs. A recommendation of waist-to-height ratio of less than 0.5 is a simple screening tool for primary care!

Reference: *Asia Pac J Clin Nutr*. 2014;23(3):385-93
[Abstract](#)

Maternal Asian ethnicity and the risk of anal sphincter injury

Authors: Davies-Tuck M et al.

Summary: This retrospective cross-sectional Australian study determined associations between maternal Asian ethnicity (South Asian and South East/East Asian) and anal sphincter injury (third or fourth degree tear with or without episiotomy) following 32,653 vaginal births. The rate of anal sphincter injury differed significantly ($p < 0.001$) between regions of maternal birth. When compared to Australian/New Zealand women, after confounder adjustment, South Asian and South East/East Asian nulliparous women were 2.6- (95% CI 2.2-3.3; $p < 0.001$) and 2.1- (95% CI 1.7-2.5; $p < 0.001$) fold more likely to experience an anal sphincter injury; parous women were 2.4- (95% CI 1.8-3.2; $p < 0.001$) and 2.0- (95% CI 1.5-2.7; $p < 0.001$) fold more likely to sustain an anal sphincter injury.

Comment (GG): This study from Monash Health examines the ethnic differences in the rates of anal sphincter injury, a significant indicator of maternal morbidity. Nulliparous and multiparous Asian born women had a 2.0- to 2.5-fold greater rate of anal sphincter injury compared to Australian born women. Ethnicity was defined as maternal country of birth in the study, which will rather underestimate the association than decrease the risk rate. It is interesting to note that similar findings were not reported from Asian countries, which possibly can be due to under-reporting. Are these findings explainable by racial differences in perineal muscle support, skin thickness and stretchability? If so, can they be decreased by better communication and early management? The findings have implications for maternity care provision for Asian women.

Reference: *Acta Obstet Gynecol Scand*. 2015;94(3):308-15
[Abstract](#)

Midwifery-led care embedded within primary care: consumer satisfaction with a model in New Zealand

Authors: Pullon S et al.

Summary: This NZ pilot study investigated the use of focus groups and interviews to determine maternity care consumer satisfaction among 11 high-needs women (2 New Zealand European, 6 Cambodian and 3 Samoan), and their perceptions of a midwifery-led service embedded in primary care. Thematic analysis identified key themes including issues with survey forms, the importance of accessibility and information, and relationships and communication with the midwifery team. The interviews and focus groups were well received, and indicated endorsement of the care model as well as revealing hitherto unrecognised concerns.

Comment (GG): This study explores a model of maternity care provided by midwives within a primary care setting, which serves low-income and high needs people from ethnic minority populations. It is known that disadvantaged women and those from ethnic minorities are less likely to receive timely maternity care, leading to disparities in maternal outcomes. The women in the study reported that midwives were more accessible, supportive, and the integration with primary care, an advantage. Some concerns in regards to culture competence of midwives were raised. The study was limited by the small number of participants. Cross-cultural care is challenging and further attention to improve culture competency is needed.

Reference: *J Prim Health Care* 2014;6(4):319-23
[Abstract](#)



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Do Asian women do as well as their Caucasian counterparts in IVF treatment: Cohort study

Authors: Kan A et al.

Summary: Researchers from Australia undertook a retrospective cohort study in a private reproductive medicine clinic to determine the difference in pregnancy rate between Asian (n = 522) and Caucasian (n = 2072) women undergoing IVF. All of the women were managed by a single doctor over a 10-year period. Despite replacement of more embryos in Asian women, they achieved a significantly lower clinical pregnancy and live birth rate than their Caucasian counterparts; however, this difference was not significant after controlling for age and duration of infertility. Furthermore, they achieved fewer oocytes and had fewer embryos for transfer or cryopreservation despite higher doses of gonadotrophin.

Comment (GG): This study is from a private IVF unit in Sydney with adequate representation of Asians in a large sample of 2594 patients. The study found significantly lower success rates in IVF treatment for Asian women when compared to Caucasian women. However, this difference was not significant after controlling for age and duration of fertility. This study highlights cultural issues in seeking help early and gaps in knowledge among Asian women. Increasing awareness and educating women seeking assistance will improve pregnancy rates for this population. Further research is required to know if there are similar implications in New Zealand.

Reference: *J Obstet Gynaecol Res.* 2014;Dec 16 [Epub ahead of print]

[Abstract](#)



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Maternal health and pregnancy outcomes among women of refugee background from African countries: a retrospective, observational study in Australia

Authors: Gibson-Helm M et al.

Summary: In order to determine whether women of refugee background require additional services in pregnancy compared to non-refugee migrant women from similar world regions, these researchers compared maternal health, pregnancy care attendance and pregnancy outcomes among migrant women from Africa (North Africa [n = 1361]; Middle and East Africa [n = 706]; West Africa [n = 106]) with or without a refugee background who underwent a singleton delivery at a single, metropolitan, maternity service in Australia between 2002 and 2011. Compared with individuals from non-humanitarian source countries (non-HSC), those from HSC were more likely to be <20 years of age (0-1.4% vs 2.3-13.3%), live in relatively socio-economically disadvantaged geographic areas (26.2-37.3% vs 52.9-77.8%), require an interpreter (0-23.9% vs 9.7-51.5%), experience female genital mutilation (0.3-3.3% vs 5.1-13.8%), have vitamin D insufficiency (8.7-21.5% vs 23.3-32.0%), suffer from syphilis (0-0.3% vs 1.2-7.5%) and have hepatitis B (0-1.1% vs 1.2-18%). The North African HSC group exhibited a high rate of unplanned birth before arrival at the hospital (3.6%) and the West African HSC group had the highest stillbirth incidence (4.4%). After adjusting for maternal age, parity, BMI and relative socio-economic disadvantage of area of residence, women from Middle and East Africa HSC were more likely to have gestational diabetes (OR 3.5; 95% CI 1.8-7.1).

Comment (GG): This is a large study from Monash Health comparing maternal health outcomes among African migrant women from refugee or without refugee background. The women from refugee background were generally of poorer health; more socially disadvantaged and thereby had adverse pregnancy outcomes compared to women without refugee background. This research highlights the need to increase awareness of the issues among health care providers and provision of funding to assist early engagement with women from refugee communities. This will encourage early pregnancy attendance and assist in improving maternal outcomes in these disadvantaged populations. Further research to see if similar findings are applicable in New Zealand and across all refugee communities is recommended.

Reference: *BMC Pregnancy Childbirth* 2014;14(1):392

[Abstract](#)

Independent commentary by Dr Geeta Gala

Dr Geeta Gala is a Public Health Physician, working at the Northern Regional Alliance. She leads and advises on many of the cancer projects across the Northern Region, led by the Northern Cancer Network. She completed the Asian Health Needs Assessment for Counties Manukau DHB in 2007 and has actively advocated for improvement of Asian health in New Zealand. She is the South Asian Advisory board member for the Vitamin D Assessment Study and the VIEW programme (Vascular Informatics using Epidemiology and the Web), a cardiovascular risk prediction research programme at the University of Auckland.



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