

# Submission on: Healthy futures for women in Aotearoa New Zealand

March 2023



**Asian Family Services**  
*Together enriching lives*

## Contents

Submission to Women's Health Strategy .....	1
The focus of this submission .....	1
Asian and ethnic communities .....	2
Health Concerns Among Women in Asian and Ethnic Communities.....	3
Actions to Take.....	7
Significance of Collaboration among Health and Social Agencies .....	8
Summary .....	8
Asian Family Services.....	10
Reference .....	11

## Submission to Women's Health Strategy

Thank you for the chance to share our feedback on the "Healthy Futures for Women in Aotearoa New Zealand" strategy, a requirement of the Pae Ora (Healthy Futures Act) 2022.

Asian Family Services is committed to the vision of "All people of Asian heritage and the background leading fulfilling and thriving lives in an equitable Aotearoa, New Zealand." As such, we are pleased to see a framework being developed to address women's health in Aotearoa.

This feedback is being submitted by Asian Family Services.

## The focus of this submission

Asian Family Services has prepared this submission to contribute to the Women's Health Strategy, sharing our views on improving Aotearoa's approach to women's health, focusing on supporting Asian and ethnic minority women populations. Our feedback is based on our over 20 years of experience providing these communities with mental health and wellbeing services.

As mental health and addiction service providers for Asian communities, we are responsible for genuinely representing the Asian and ethnic minority women population, which is often not well understood by the wider public. Many women in these communities have suffered in silence, unable to share their pain and frustration, as health services did not meet or understand their cultural needs. Due to language barriers, many Asian women could not effectively communicate their thoughts or demand services, making them feel invisible. Additionally, many Asian women come from patriarchal societies and are less likely to express their opinions or views publicly.

## Asian Population

The demographic landscape of New Zealand has undergone significant changes in recent years. According to the 2018 Census, over 27% of the population was born overseas, representing over 200 ethnicities. Among the population groups of Europeans, Māori, and Pasifika, the Asian and migrant communities are the fastest-growing. In 2018, the Asian population in New Zealand was 707,598, accounting for 15.1% of the total population, of which 358,650 were Asian women. It is projected that the Asian population will reach between 900,000 to 1.2 million by 2025 and is expected to comprise around 26% (approximately 1 in 4 residents) of the population by 2043.

The largest Asian ethnic groups in New Zealand, according to the 2018 Census, were Chinese (26.1%), Indian (25.2%), and Korean (4.7%). These groups, along with other Asian ethnic groups, contribute to the diverse and dynamic Asian community in New Zealand, bringing with them a rich cultural heritage and contributing to the country's social and economic growth. "Asian" in New Zealand encompasses various cultures and ethnicities, including those from Afghanistan, India, China, Japan, and Indonesia. Ethnic minority groups include MELAA, former refugees, and asylum seekers.

Distinguished Professor Paul Spoonley FRSNZ emphasised that New Zealanders should consider the country's future in light of the ongoing demographic transformation and its potentially disruptive consequences.

## Asian and ethnic communities

Due to societal expectations and patriarchal norms, Asian and ethnic minority women often face greater demands in fulfilling their family obligations. They may work either part or full-time jobs while also handling daily household chores and organising their family's life. As a result, they may be more likely to forego seeking health support. In addition, if they have older adults living with them, they may need to take on additional tasks such as serving as an interpreter for their parents. This can add to their stress levels, particularly if their husbands do not provide assistance.

Research<sup>i</sup> has shown that people of Asian and ethnic minority women in New Zealand underutilise health services compared to other ethnic groups due to various factors such as language barriers, cultural differences, and lack of understanding about available services. While minor efforts have been made to address this issue, such as providing culturally appropriate services and increasing awareness about available resources in Auckland, more needs to be done to ensure that individuals of Asian and ethnic minority women have equitable access to health services in New Zealand.

It is essential to recognise that Asian and ethnic minority women with health issues are diverse, including individuals from various ethnicities, ages, and backgrounds, such as migrants, refugees, international students, and work visa holders. Therefore, ongoing service development is required to address health service gaps and overcome significant barriers that prevent Asian and ethnic minority women from accessing timely and appropriate health services.

The pandemic has further highlighted the significant service gaps and unmet needs within Asian and ethnic minority women. Years of lacking funding investment in Asian and ethnic minority women's services have resulted in constraints in meeting their needs and severely neglected the Asian and ethnic minority women's health promotion, research, and workforce development for this cohort. Additionally, data for Asian and ethnic minority women groups are still not well recorded, and culturally and linguistically tailored health services and screening programmes are still largely unknown to these communities. Hence, Asian Family Services urges the Te Whetu Ora to

- Accurately collecting data for Asian and ethnic minority women groups that are self-defined by Asian and ethnic minorities when accessing health services.
- Investing in substantial funding and developing culturally and linguistically appropriate health services for Asian and ethnic minority women.
- Allocating resources to address the stigma of mental health and addiction among Asian and ethnic minorities through culturally and linguistically appropriate public health campaign that encourage early help-seeking behaviour.
- Investing in substantial funding for research and study focusing on Asian and ethnic minority women services to inform future service development.

Asian Family Services believe that by taking these steps, we can work towards addressing the service gaps and reducing health inequities faced by Asian and ethnic minority women in New Zealand.

## Health Concerns Among Women in Asian and Ethnic Communities

Several health issues have been identified among Asian women in New Zealand, including lower rates of cervical and breast cancer screening and higher rates of certain types of cancers, such as liver and stomach cancer.

### Cervical Screening

Asian women had lower rates of cervical screening uptake, which is a concern since a large percentage of cervical cancer patients were never or infrequently screened. Research has shown that cervical cancer screening rates vary among different ethnic groups, including Asian women. The National Cervical Screening Programme in New Zealand is facing low cervical screening coverage among Asian women, with a coverage rate of 63.7%, according to their 2016 data. The age group with the lowest coverage is 25 to 29 year olds at 39.7%<sup>ii</sup>. Some barriers to screening for this group include language barriers, confusion between cervical and breast cancer screening ages, and misconceptions about cervical cancer and its necessary screening. It is evidence of a lack of cultural and linguistic information that helps Asian and ethnic minority women to have a better understanding of what cervical screening is.

In New Zealand, the Ministry of Health recommends that women between 25 and 69 should have a cervical smear test every three years. However, research has shown that the uptake of cervical cancer screening is lower among certain ethnic groups, including Asian women. A study published in the *Journal of Immigrant and Minority Health* in 2018 found that Asian women living in New Zealand were less likely to participate in cervical cancer screening than women of European descent.

### Breast Cancer

Studies<sup>iii</sup> have shown disparities in breast cancer screening rates among different ethnic groups, including Asian women. Some studies have found that Asian women have lower breast cancer screening rates than the general population in New Zealand and other countries.

The median age for invasive breast cancer diagnoses for Asian women in New Zealand is 52, the lowest among all ethnic groups, according to a report by the Breast Cancer Foundation. The study found that compared to other ethnic groups, Asians had the most significant proportion of diagnoses in the pre-menopausal age group between 45 and 54. The report also showed that Asian women have the lowest breast screening rates, with just over 60% participating in screening pre-pandemic and less than half of Asian women with breast cancer being diagnosed through screening. The Breast Cancer Foundation is calling for more research into the patterns and changes facing Asian women in New Zealand, as international studies show an increase in breast cancer rates for Asian women living in western countries.

### Mental Health

Various studies have shown that Asian and ethnic women in New Zealand often experience higher rates of poor mental health and more significant barriers to accessing mental health services than their non-ethnic minority counterparts. According to the Asian Family Services' mental health and wellbeing survey find 44.4% of Asian showed symptoms of depression, especially among younger Asian using Centre for Epidemiological Studies Depression Scale<sup>iv</sup>. This can be due to cultural stigma surrounding mental illness, language barriers, and a lack of culturally sensitive and appropriate services. Additionally, research has shown that women from ethnic minority groups are more likely to experience additional stressors, such as discrimination and prejudice, which can negatively impact their mental health. It's important for healthcare providers and policymakers to be aware of these disparities and work towards addressing them by developing culturally responsive and accessible mental health services.

### **Gambling Harm**

Asian minimisation harm survey<sup>v</sup> from the Asian Family Services found that Asian and ethnic women minorities experience gambling harm, and 52% experience low-risk gamblers, 35% moderate-risk gambling and 35.9% identified as problem gamblers more involvement of Southeast Asian and Refugee women in problem gambling. This was largely attributed which allow to lifestyle changes in New Zealand women to enjoy greater freedom. Research has suggested that gambling may be a way for Asian women to cope with stress, loneliness, or isolation, particularly if they are recent immigrants or have limited English language proficiency<sup>vi</sup>.

### **Perinatal mental health**

The Northern Region District Health Boards commissioned<sup>vii</sup> a qualitative research study to identify the factors contributing to low access rates of Asian women to maternal mental health services in New Zealand during the perinatal period (from pregnancy to the first year after childbirth). The study involved 48 interviews with 17 women, nine family members, six community group representatives, and 16 healthcare providers. The research found that cultural challenges related to traditional gender roles and migration-related challenges, such as lack of family support and language barriers, were the main barriers preventing Asian women from accessing mental health services. The study recommended actions to improve access and maternal mental health outcomes for Asian women in the perinatal period, including improving health literacy, upskilling primary healthcare providers, strengthening referral pathways, developing ethnic-specific counselling services, providing cultural competency training, and promoting future research.

### **Sexual Health**

A study conducted by the University of Otago in 2017 found that international students in New Zealand were less likely to access sexual and reproductive health services, including abortion services, compared to domestic students. The study also found the likelihood of Asian women having had an abortion was three times higher than that of New Zealand European women<sup>viii</sup>. Additionally, these women tended not to use effective contraception before or after having an abortion, leading to the use of abortion as a primary family planning method instead of a backup option in cases of contraceptive failure. The study cited factors such as language barriers, lack of knowledge about services, and cultural differences as potential barriers to accessing these services.

### **Health Issues Amongst Women from India**

The birth weights of Asian babies, particularly Indians, remain lower than average, and Asian infant death rates have increased in recent years. Indian women were also more likely to have babies born extremely prematurely and had high perinatal mortality rates<sup>ix</sup>. In addition, Indian women had a higher risk of developing pre-eclampsia, especially if they had pre-existing risk factors. The rates of antepartum haemorrhage were found to be significantly higher in babies born to Indian mothers than those born to mothers in 'All other' groups. Mortality rates due to placental dysfunction were significantly higher in babies born to Indian women than those born to mothers in 'All other' groups. These findings suggest inequities in healthcare access for Indian women, which need to be addressed.

### **Health Concerns in Young Women from Asian and Ethnic Minority Communities**

Research<sup>x</sup> has shown that young Asian women in New Zealand are less likely to access health services due to several reasons. Some factors contributing to this trend include language barriers, lack of cultural understanding from health professionals, fear of discrimination, and stigma around seeking help for mental health issues. Additionally, many young Asian women may prioritise their family's health needs over their own or lack knowledge about available services. These factors can make it challenging for young Asian women to access health services and may lead to disparities in health outcomes.

Based on research conducted on Asian youth, it has been discovered that individuals of East Asian and South Asian descent are at a heightened risk of experiencing depressive symptoms, self-harm, and ideation of suicide.

*Table One: East Asian, South Asian, Chinese and Indian Students in Aotearoa: A Youth 19 Report*

<b>Health</b>	<b>East Asian Female</b>	<b>South Asian Female</b>
Significant depressive Symptoms	33%	35%
Self-Harm (past year)	28%	27%
Serious thoughts of attempting suicide	27%	26%
Made a plan to commit suicide	18%	16%

The mental health needs of young women from 1.5 and 2nd generation Asian and ethnic minority communities are often not adequately addressed by mainstream services. While language may not be a barrier for many of them, cultural factors play a significant role in the mental health issues they face, which often stem from familial concerns.

### **Elderly Women from Asian and Ethnic Minority Communities**

A study<sup>xi</sup> found that older Asian migrants experienced high levels of isolation and loneliness, with most participants living alone or only with their spouses. A paper<sup>xii</sup> that explores the immigrant experiences of older Korean people and their intergenerational family relationships in the New Zealand context found that older Korean people in New Zealand faced multiple challenges due to the combined effects of immigration and ageing in a new country: some experienced difficulties managing their immigrant lives and intergenerational relationships in the transnational family context. The study suggests that the immigrant experiences of older migrants may be affected by an 'invisible' source of isolation and exclusion at familial, community, societal, and transnational levels. This can have a negative impact on Asian and ethnic minority women's health and wellbeing, including mental health problems such as depressive symptoms<sup>xiii</sup>.

There is a lack of retirement and care facilities that are culturally appropriate for older women from Asian and ethnic minority backgrounds, which can provide adequate religious accommodations, dietary options, and language support.

A study of Late-life suicide in Asian people living in New Zealand<sup>xiv</sup> found that the majority of those who completed suicide lived with their families, and a family context was identified as a significant factor in the suicides. Other main themes included declining physical health and violent methods of suicide. The study highlights the need for culturally appropriate and accessible support and mental health services for older Asian people at risk of suicide and the development of post-suicide interventions specifically for Asian families.

### **Challenges Confronting Asian and Ethnic Minority Women: Physical, Social, and Psychological Issues.**

There is a prevalent trend among Asian and ethnic minority women to avoid seeking assistance from mainstream services. This applies across different generations, including youth, older individuals, and women. A significant reason for this reluctance is the presence of language and cultural barriers that hinder their ability to access health services.

A review<sup>xv</sup> examined health conditions and health determinants affecting Asian and ethnic minority populations in New Zealand. Cardiovascular disease was the most researched condition, while vitamin deficiencies, diabetes, and obesity were prominent. Health determinants included ethnicity, cultural

practices, migration, and healthcare system shortcomings. Cultural barriers negatively influenced diets and health behaviours, leading to nutrient deficiencies and lack of physical activity. Healthcare practitioners exhibited systemic racism and Eurocentric values, impacting health outcomes.

### **Vulnerable Populations Amongst Asian and Ethnic Minorities**

The Asian Family Services believe it is crucial to address the needs of three specific cohorts in New Zealand: Asian and ethnic minority sole parents, disabilities, and sex workers. We believe these groups are often overlooked and neglected by the government, so a Asian and ethnic minority women health strategy/plan should be developed to address their specific health and social needs. This is important because these cohorts may face unique challenges and barriers to accessing health services and support, negatively impacting their overall wellbeing. Addressing these populations' needs can help promote equity and improve health outcomes for all members of society.

### **Sole Parenting Amongst Asian and Ethnic Minority Populations**

Asian and ethnic minority sole-parent women in New Zealand face various health issues, including mental health challenges, financial difficulties, and social isolation. Studies have shown that sole-parent families, particularly those led by women, are at higher risk of poverty and financial stress, impacting their ability to access adequate healthcare, nutritious food, and suitable housing. Asian and ethnic minority women sole-parent may also experience discrimination or cultural barriers in accessing healthcare services due to language or cultural differences. This can result in delayed diagnosis or treatment for health issues. Mental health is also a concern, as sole parenting can be stressful and lead to feelings of loneliness and depression. It is vital to provide support and resources for Asian sole-parent women to ensure they can access appropriate healthcare, mental health services, financial assistance, and social support networks.

### **Women with Disabilities from Asian and Ethnic Minority Backgrounds**

Asian and ethnic minority women with disabilities in New Zealand face a range of challenges and barriers to accessing healthcare, education, and employment. There is limited data on the experiences of Asian and ethnic minority women with disabilities in New Zealand. Anecdotal evidence has found that they may experience multiple forms of discrimination, including racial, gender, and disability discrimination. This can result in social isolation, reduced opportunities, and poorer health outcomes than non-disabled Asian and ethnic minority women. Additionally, cultural and linguistic barriers can make it difficult for Asian women with disabilities to access the support and services they need.

### **Asian and Ethnic Minority Individuals Working in the Sex Industry in New Zealand**

Aimed to explore the experiences of migrant Asian and ethnic minority sex workers in New Zealand to address the gap in knowledge on their experiences<sup>xvi</sup>. The study involved in-depth interviews with 15 migrant Asian sex workers recruited through a sex worker support organisation in Auckland.

The study found that migrant Asian and ethnic minority sex workers faced multiple challenges in New Zealand, including social isolation, discrimination, stigma, and difficulties accessing health services. Many of the participants reported experiencing racism and xenophobia, particularly in the context of their work. They also faced challenges in accessing healthcare, particularly sexual and reproductive health services.

The study highlighted the need for policies and programs that address the specific needs of migrant Asian and ethnic minority sex workers in New Zealand, particularly regarding access to healthcare and culturally and linguistically responsive support services.



## Actions to Take

Various factors contribute to health inequity among Asian and ethnic minority women, including lack of awareness and knowledge about the importance of screening, language barriers, cultural attitudes, and limited access to healthcare services. Addressing these barriers and increasing awareness and access to screening services can help improve screening rates among Asian women and reduce disparities in cancer outcomes.

Therefore it needs to emphasise the importance of culturally appropriate care, taking into account their preferences and values regarding disclosure, decision-making, and how to develop trust and rapport, including understanding their cultural heritage, affiliations, family structure, attitudes, and spirituality when working with Asian and ethnic minority women.

Communication strategies such as using an interpreter, speaking clearly and slowly, and using open-ended questions are recommended. Effective communication with interpreters involves pre-briefing and setting ground rules, using short sentences, and pausing at regular intervals. A debriefing can be done to clarify cultural issues and interpretation of words or concepts.

To provide culturally appropriate care for Asian and ethnic minority women, health care providers should: listen, observe, avoid judgement, discrimination, stereotyping, and ethnocentrism; be careful when generalising and possess appropriate cultural attitudes.

According to a 2021 research conducted by Asian Family Services, 16 interviews with 17 participants were conducted to identify service gaps, challenges, and strategies to improve mental health and addiction (MH&A) services for Asians in New Zealand<sup>xvii</sup>. The study found that mainstream MH&A organisations recognise significant service gaps for Asians and the importance of recognising diverse needs within Asian communities. The stigma around mental health and addiction hinders help-seeking behaviour. To improve MH&A services for Asians, the study recommends supporting mainstream staff in learning about diverse Asian experiences, language and cultural support, and interventions that engage the family. Workforce development programs should target cultural competency for Asian staff, and public health promotion should develop more Asian-specific resources and raise awareness using media friendly to the Asian audience. The study identified four strategic pathways to improve advocacy for Asian people, including collaboration with other organisations, including Asians on mainstream boards, seeking more partnerships for additional resources and allowing more autonomy in decision-making for Asian services. These findings will guide future collaboration between AFS and Platform Trust to support Asian people with their MH&A needs better.

To address these issues, the government in Aotearoa must take several actions, including developing multi-lingual social media campaigns and providing translated materials to increase awareness of the importance of cervical and breast cancer screening.

In addition, there must be initiatives that to educate healthcare providers on the specific health needs of Asian and ethnic minority women and to encourage opportunistic screening during visits to the doctor for other reasons.

To ensure that Asian and ethnic minority women have easy access to healthcare, it is essential to organise interpreting services for those who may have difficulty with the English language. Additionally, a "one-stop-shop" format can bring health services closer to their communities while taking into consideration the multiple roles that these women may carry.

Overall, the government and healthcare organisations in New Zealand must work to address the health needs of Asian and ethnic minority women and to improve access to quality healthcare services.

GP and practice nurse education, community health expos, translated resources, and opportunistic screening.

## Significance of Collaboration among Health and Social Agencies

Asian Family Services recognises the importance of collaboration and coordination among different health and social agencies in addressing health issues. This is because health is influenced by various social, economic, and environmental factors that cannot be controlled by any single agency or sector. By working together, agencies can take a more comprehensive and holistic approach to health that considers the multiple factors that impact health outcomes.

The collaboration between agencies to address health inequities is often driven by social determinants of health, such as poverty, education, and housing. Addressing these determinants requires action from multiple sectors, including education, housing, employment, and social services, in addition to healthcare. Through cross-agency collaboration, agencies can combine resources, coordinate efforts, and leverage expertise to address the root causes of health inequity.

Cross-agency collaboration has the potential for increased efficiency and effectiveness in addressing health issues. By avoiding duplication of efforts, sharing data and resources, and streamlining processes, agencies can maximise the impact of their interventions and improve health outcomes for individuals and their communities.

In summary, cross-agency collaboration is essential for a comprehensive and coordinated approach to addressing health issues. It allows for a more holistic understanding of the complex factors that contribute to health inequity and enables the development of effective, efficient, and sustainable interventions that can improve health outcomes for all.

## Summary

Asian and ethnic minority women may be more likely to forgo health support due to societal expectations, such as fulfilling family obligations without much support. This can lead to increased stress levels, especially if they have older adults living with them and must take on additional tasks like interpreting.

Research has found that Asian and ethnic minority women in New Zealand are not utilising health services as much as other groups due to various factors, such as language barriers and cultural differences. Although some efforts have been made to address this issue, more needs to be done to ensure these women have equal access to health services. The COVID-19 pandemic has highlighted significant service gaps, and ongoing service development is necessary to overcome the barriers that prevent Asian and ethnic minority women from accessing appropriate health services. Asian Family Services urges Te Whetu Ora to accurately collect data, invest in culturally and linguistically appropriate health services, allocate resources to address mental health stigma, and encourage research to reduce health inequities for Asian and ethnic minority women.

Several health issues have been identified among Asian women in New Zealand, including lower rates of cervical and breast cancer screening, higher rates of certain types of cancers, disparities in mental health, and challenges accessing perinatal and sexual health services due to language barriers, cultural beliefs, and lack of knowledge about available services. Studies have shown that Asian women have lower uptake of cervical and breast cancer screening and experience higher rates of poor mental health, which can be attributed to the cultural stigma surrounding mental illness and additional

stressors such as discrimination and prejudice. These women face barriers to accessing perinatal and sexual health services, and actions are needed to improve access to maternal mental health services, promote culturally sensitive sexual health services, and improve health literacy and referral pathways.

The Asian Family Services conducted a survey on minimising harm among Asians, which revealed that a significant number of Asian and ethnic minority women experience gambling harm. Of the respondents, 52% were low-risk gamblers, 35% were moderate-risk gamblers, and 35.9% were identified as problem gamblers, with a higher prevalence of problem gambling observed among Southeast Asian and refugee women. The study suggested that lifestyle changes in New Zealand allowing for greater freedom were a contributing factor. Research indicates that gambling may be a coping mechanism for Asian women to manage stress, loneliness, or isolation, especially for recent immigrants or those with limited English proficiency.

Indian women in New Zealand face inequities in healthcare access, with higher rates of perinatal mortality and pre-eclampsia and young Asian and ethnic minority women are less likely to access health services due to language barriers and cultural stigma, and older Asian migrants experience high levels of isolation and loneliness. Asian and ethnic minority women, including sole parents, those with disabilities, and sex workers, face unique challenges in accessing healthcare and social support, which can negatively impact their health outcomes. It is crucial to develop strategies to address the specific needs of these vulnerable groups and promote equity in healthcare access.

To address health inequities among Asian and ethnic minority women in New Zealand, providing culturally appropriate care and increasing awareness and access to screening services is essential. Healthcare providers should listen, observe, and avoid discrimination and stereotyping when working with these populations, and communication strategies such as using interpreters and open-ended questions should be utilised. To improve mental health and addiction services for Asians, mainstream organisations must recognise the diverse needs within Asian communities and provide language and cultural support. The government should also develop multilingual social media campaigns and provide translated materials to increase awareness of screening, educate healthcare providers, and encourage opportunistic screening during visits. Overall, efforts should be made to improve access to quality healthcare services for Asian and ethnic minority women in New Zealand. To ensure that Asian and ethnic minority women have easy access to healthcare, it is essential to organise interpreting services for those who may have difficulty with the English language. Additionally, a "one-stop-shop" format can bring health services closer to their communities while taking into consideration the multiple roles that these women may carry.

Cross-agency collaboration is important in addressing health issues as health is influenced by various social, economic, and environmental factors that cannot be controlled by a single agency or sector. By working together, agencies can take a more comprehensive and holistic approach to health that considers the multiple factors that impact health outcomes. Collaboration increases efficiency and effectiveness in addressing health issues, avoiding duplication of efforts, sharing resources, and maximising impact. It enables the development of effective, efficient, and sustainable interventions that can improve health outcomes for all.

## Asian Family Services

Asian Family Services is a non-governmental organisation (NGO) that provides mental health and gambling harm support services to people of Asian backgrounds. Our gambling harm services are funded by the Te Whatu Ora and the gambling levy, and we also operate an Asian helpline for clients seeking immediate mental health support. Our services are offered face-to-face by qualified counsellors, psychologists, social workers, and public health practitioners who speak various Asian languages, including Cantonese, English, Hindi, Japanese, Korean, Mandarin, Thai, and Vietnamese. Our staff are registered with professional organisations as per the Ministry of Health and Health Practitioners Competence Assurance Act.

AFS has been serving the Asian community for over 20 years and is well-known and trusted for its strong public health program. In 2017, we started the Asha service, which provides support to South Asians impacted by harmful gambling and raises awareness of the issue in the community. We also offer non-gambling related counseling through our Asian Wellbeing Services.

We are also piloting a new service, Digi Language Support (DLS) Services, which provides a self-service booking system for primary and community care agencies to access telehealth language support services. Additionally, we use our website and social media platforms, including Instagram, YouTube, Facebook, and WeChat, to share mental health and addiction information and resources in Asian languages and promote our services nationwide.

## Reference

- <sup>i</sup> Liao, Rex. 2019. "In the Shadow of Exclusion: The State of New Zealand Asian Health." *New Zealand Medical Student Journal* 0 (29): 32–36. <https://nzmsj.scholasticahq.com/article/12516-in-the-shadow-of-exclusion-the-state-of-new-zealand-asian-health>
- <sup>ii</sup> National Screening Unity. (2017). Screening Matters. The National Screening Unit Nesletter. <https://www.nsu.govt.nz/news/screening-matters-issue-58-april-2017/improving-cervical-screening-rates-asian-women>
- <sup>iii</sup> Fane, L., Biswas, T., Jindal, C., Choi, Y.M., & Efid, J.T. (2022). Breast Cancer Disparities in Asian Women: The Need for Disaggregated Research. *International Journal of Environmental Research and Public Health*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9408195/>
- <sup>iv</sup> Asian Family Services & Trace Research Ltd. (2021). *New Zealand Asian Wellbeing & Mental Health Report 2021*. Auckland, New Zealand. Asian Family Services. <https://www.asianfamilyservices.nz/media/rsmi2s4a/asian-family-services-new-zealand-asian-wellbeing-mental-health-report-2021-trace-research.pdf>
- <sup>v</sup> Asian Family Services & Trace Research Ltd. (2021). *New Zealand Asian Responsible Gambling Report 2021*. Auckland, New Zealand. Asian Family Services. <https://www.asianfamilyservices.nz/resources/resource-items/new-zealand-asian-responsible-gambling-report-2021>
- <sup>vi</sup> Sobrun-Maharaj, A., Rossen, F., & Wong, A, S, K. (2012) *The Impact of Gambling and Problem Gambling on Asian Families and Communities in New Zealand*. Centre for Asian & Ethnic Minority Health Research, University of Auckland. <https://www.fmhs.auckland.ac.nz/assets/fmhs/soph/sch/cahre/docs/Final%20IGAF%20report%202012.pdf>
- <sup>vii</sup> Ho, E., Feng, K. and Wang, I. (2021) *Supporting Equitable Perinatal Mental Health Outcomes for Asian Women. A Report for the Northern Region District Health Boards*. Auckland: Asian Family Services. <https://www.asianfamilyservices.nz/media/xoepn0ia/supporting-perinatal-mental-health-outcomes-for-asian-women-20200615.pdf>
- <sup>viii</sup> Burgess, M. (2017). *Abortion in a New Zealand cohort – Incidence, reasons, and emotional impact*. A thesis submitted for the degree of Master of Public Health At the University of Otago, Dunedin, New Zealand. <https://ourarchive.otago.ac.nz/bitstream/handle/10523/7910/BurgessMeredithA2017MPH.pdf?sequence=1&isAllowed=y>
- <sup>ix</sup> PMMRC. 2021. *Fourteenth Annual Report of the Perinatal and Maternal Mortality Review Committee | Te Pūrongo ā-Tau Tekau mā Whā o te Komiti Arotake Mate Pēpi, Mate Whaea Hoki: Reporting mortality and morbidity 2018 | Te tuku pūrongo mō te mate me te whakamate 2018*. Wellington: Health Quality & Safety Commission. <https://www.hqsc.govt.nz/assets/Our-work/Mortality-review-committee/PMMRC/Publications-resources/report-pmmrc-14th-v2.pdf>
- <sup>x</sup> Peiris-John, R., Kang, K., Bavin, L., Dizon, L., Singh, N., Clark, T., Fleming, T., & Ameratunga, S. (2021). *East Asian, South Asian, Chinese and Indian Students in Aotearoa: A Youth19 Report*. Auckland: The University of Auckland. <https://static1.squarespace.com/static/5bdbb75ccef37259122e59aa/t/60d3a4202b2d4a2ddd6b7708/1624482883718/Youth19+Report+on+South+Asian%2C+East+Asian%2C+Chinese+and+Indian+student.pdf>
- <sup>xi</sup> Park, H.J., Morgam, T., Wiles, J. & Gott, M. (2019). *Lonely ageing in a foreign land: Social isolation and loneliness among older Asian migrants in New Zealand*. National Library of Medicine. <https://pubmed.ncbi.nlm.nih.gov/30478970/>

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- <sup>xii</sup> Park, H.J., & Kim, C. G. (2013). Ageing in an inconvenient paradise: the immigrant experiences of older Korean people in New Zealand. National Library of Medicine. <https://pubmed.ncbi.nlm.nih.gov/24028455/>
- <sup>xiii</sup> Wright-St Clair, V. A., Nayar, S., Kim, H., Wang, S. M., Sodhi, S. K., Chung, A., Suchdev, J., & Hu, C. (2018) Late-life Asian immigrants managing wellness through contributing to socially embedded networks, *Journal of Occupational Science*, 25:1, 51-64, DOI: 10.1080/14427591.2017.1370607
- <sup>xiv</sup> Wang, J., Ho, E., Au, P., & Cheung, G. Late-life suicide in Asian people living in New Zealand: a qualitative study of coronial records. *Psychogeriatrics*, The Official Journal of the Japanese Psychogeriatric Society. <https://onlinelibrary.wiley.com/doi/full/10.1111/psyg.12318>
- <sup>xv</sup> Chiang, A., Simon, Kumar, R., & Peiris-John, R. (2021). A decade of Asian and ethnic minority health research in New Zealand: findings from a scoping review. *New Zealand Medical Journal*. <https://journal.nzma.org.nz/journal-articles/a-decade-of-asian-and-ethnic-minority-health-research-in-new-zealand-findings-from-a-scoping-review>
- <sup>xvi</sup> Ting, D, A, J, R. (2018). Understanding the experiences of migrant Asian sex workers in New Zealand: An exploratory study. A thesis submitted in partial fulfilment of the requirements for the degree of Master of Arts in Sociology, the University of Auckland, 2018. [https://www.nzpc.org.nz/pdfs/Ting,-D,-\(2018\),-Understanding-the-experiences-of-migrant-Asian-sex-workers-in-New-Zealand-An-exploratory-study.-MA-Thesis.pdf](https://www.nzpc.org.nz/pdfs/Ting,-D,-(2018),-Understanding-the-experiences-of-migrant-Asian-sex-workers-in-New-Zealand-An-exploratory-study.-MA-Thesis.pdf)
- <sup>xvii</sup> Ning, B., & Feng, K. (2021). Gaps, challenges and pathways to improve Asian mental wellbeing—WTMF project research findings. Auckland: Asian Family Services. <https://www.asianfamilyservices.nz/media/oatbruz4/wtmf-project-research-report-20210830.pdf>