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### Abbreviations used in this issue

- CI = confidence interval
- OR = odds ratio
- RR = relative risk

## Welcome to the ninth 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 Research 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 look forward to receiving any feedback you may have.

Kind Regards,

**Associate Professor Elsie Ho**  
[elsieho@researchreview.co.nz](mailto:elsieho@researchreview.co.nz)

**Dr Roshini Peiris-John**  
[roshinipeirisjohn@researchreview.co.nz](mailto:roshinipeirisjohn@researchreview.co.nz)

## Ageing in an inconvenient paradise: the immigrant experiences of older Korean people in New Zealand

**Authors:** Park HJ and Kim CG

**Summary:** This study collected data from qualitative interviews with 10 older Korean people and 20 key informants including community leaders and professionals in Christchurch and Auckland to explore immigrant experiences and their intergenerational family relationships in the New Zealand context. Older Korean people in NZ face multiple challenges as a result of the combined effects of immigration and ageing in a new country. Concept mapping analysis identified major themes: inconvenient experiences of Korean older people in later-life immigration, their intergenerational family relationships, and their invisibility in a migrant setting. Some also experienced difficulties in managing their lives and intergenerational relationships where their family members were dispersed across two or more countries. Older immigrant experiences may be affected by 'invisible' sources of isolation and exclusion at family, community, society and transnational levels.

**Comment:** (Elsie) Although this study focuses on the experience of Korean older migrants, the issues discussed also apply to other migrant groups. The findings draw attention to the important role of the family in providing care and support for older members in migrant communities. With the growing trend towards transnationalism and the growth of the ageing population worldwide, we also need to pay attention to the caring for older migrants in transnational settings. This topic is particularly pertinent in Asian cultures where filial obligation plays an important role in aged care.

**Reference:** *Australas J Ageing* 2013;32(3):158-62

[Abstract](#)

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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.

## Gallstones in New Zealand: composition, risk factors and ethnic differences

**Authors:** Stringer MD et al.

**Summary:** This prospective study examined a spectrum of gallstone types from 107 patients undergoing gallstone surgery at Auckland City Hospital to identify risk factors. The median age of patients was 51 years, 70% were female, one-third were classified as obese (BMI  $\geq 30$ ), 41% had a family history of gallstones, and the major ethnicities were European (51%), Asian (23%) and Māori/Pacific (18%). Gallstones included pure or mixed cholesterol stones (74%), and black (20%) or brown pigment stones (5%). Patients of Asian ethnicity had a greater proportion of black pigment stones versus NZ Europeans, who had more cholesterol and mixed cholesterol stones (OR 3.6; 95% CI 1.1-11.5). Cholesterol/mixed cholesterol stone frequency did not differ between NZ European and Māori/Pacific groups. Black pigment stones were also more common in older patients than cholesterol/mixed cholesterol stones (mean age in each group 68.0 vs 47.6 years;  $p = 0.0001$ ). There was no significant relationship between stone type and family history or gender.

**Comment:** (Roshini) This study adds important new knowledge on gallstone types and risk factors including variations among major ethnic groups in New Zealand. The higher proportion of black pigment stones in Asians is comparable to findings from other international studies. However, the authors acknowledge that little is known about the possible prevention of black pigment stones with only preliminary research available on the role of choleretics (agents that stimulate bile production by the liver) in China. Further studies are needed to explore preventive approaches to black pigment stones that would benefit Asian patients.

**Reference:** *ANZ J Surg.* 2013;83(7-8):575-80

[Abstract](#)

## Glycaemic responses to glucose and rice in people of Chinese and European ethnicity

**Authors:** Kataoka M et al.

**Summary:** To examine determinants of ethnic differences in postprandial glycaemia, this study compared glycaemic responses to glucose and five rice varieties in 31 European and 32 Chinese healthy volunteers. The glycaemic response (incremental area under the glucose curve) amongst Chinese compared with Europeans was  $> 60\%$  higher for jasmine, basmati, brown, Doongara® and parboiled rice ( $p < 0.001$ ) and 39% greater for glucose ( $p < 0.004$ ), and the calculated glycaemic index was  $\approx 20\%$  higher for rice varieties other than basmati ( $p = 0.01$  to  $0.05$ ). Ethnicity (aRR 1.4; 95% CI 1.2-1.8,  $p < 0.001$ ) and rice variety were the major determinants of incremental area under the glucose curve.

**Comment:** (Elsie) The results of this study show clear ethnic differences in glycaemic responses to glucose and several varieties of rice. Given the high rates of diabetes in Asian countries such as China and India where rice is a staple food, the findings have potential relevance to the prevention and management of diabetes. Further research is needed to investigate the association between high-glycaemic diets and risk of Type 2 diabetes among Asian ethnic groups.

**Reference:** *Diabet Med.* 2013;30(3):e101-7

[Abstract](#)

## Characteristics influencing location of death for children with life-limiting illness

**Authors:** Chang E et al.

**Summary:** In a population-level case series of 494 children and young people (aged 28 days to 18 years) with life-limiting illnesses, mortality records were reviewed to determine whether demographic or diagnostic characteristics were associated with location of death. In total, 53.6% died in hospital and 41.9% died at home. Asian (OR 2.66; 95% CI 1.17-6.04) and Pacific children (OR 2.22; 95% CI 1.15-4.29) were more likely to die in hospital than European children, while children with cancer (aOR 0.48; 95% CI 0.3-0.75) and those referred to paediatric palliative care services (aOR 0.60; 95% CI 0.38-0.96) had a reduced risk of dying in hospital. Population-attributable risk for referral to the paediatric palliative care service was 28.2% (95% CI 11.25-47.75).

**Comment:** (Roshini) Exploring the factors that influence location of death for young people with life-limiting illness, this study provides valuable insights into the influence of ethnicity on location of death. The high number of deaths in hospital among Asian and Pacific children may reflect their cultural beliefs, society of origin and immigrant status, although these were not explored in this study. A better understanding of the factors that influence decisions around location of deaths among these population groups will help tailor end-of-life services in a more equitable manner, moving from a one-size-fits-all approach to end-of-life care.

**Reference:** *Arch Dis Child.* 2013;98(6):419-24

[Abstract](#)

## Asian Health Review

### Independent commentary by

**Dr Roshini Peiris-John**

Dr Roshini Peiris-John has worked as an academic and researcher in epidemiology and physiology, and a clinician since graduating from Medical School in Sri Lanka. She currently holds a research position at the School of Population Health, University of Auckland alongside a part-time role in teaching a large undergraduate course on Population Health. Roshini's research focuses on the health of Asian and migrant youth, injury prevention and disability. She is a member of the Adolescent Health Research Group at the University of Auckland responsible for the conduct of *Youth2012*, a national survey of the health and wellbeing of secondary school students in New Zealand.



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## Exploring occupation roles of hospice family caregivers from Māori, Chinese and Tongan ethnic backgrounds living in New Zealand

**Authors:** Angelo J and Wilson L

**Summary:** This study examined palliative caregiver tasks among six Māori, Chinese and Tongan informants. These tasks included selection and preparations of different types of food, identification of ways to express spirituality and ways to gather members of their extended family. Occupational therapists can help families to identify activities that are of importance to them within these occupational themes.

**Comment:** (Elsie) This is another study, which looks at the differences in cultural beliefs associated with end-of-life care across different cultures. Although the study is exploratory in nature, it provides some insights into ethnic differences in palliative caregiver tasks of importance to family members caring for their ill family members. The study has implications for occupational therapists and other healthcare practitioners working in palliative care settings.

**Reference:** *Occup Ther Int* 2014;21(2):81-90

[Abstract](#)

## Health provider perspectives on mental health service provision for Chinese people living in Christchurch, New Zealand

**Authors:** Zhang Q et al.

**Summary:** This qualitative study involving in-depth interviews with nine Christchurch-based mental health professionals assessed health provider perspectives on the use of mental health services by mainland Chinese immigrants. Four themes were identified: specific Chinese migrant mental health concerns, migrant subgroups most likely to manifest mental health problems, barriers to service access, and the centrality of social support networks.

**Comment:** (Elsie) This study identifies a range of mental health concerns among Chinese migrants, including stress, relationship issues, addiction problems, anxiety, depression, suicide and psychosis. However, the reluctance to seek professional help due to cultural norms and service inadequacies has led to a negative cycle. Because Chinese migrants (and other Asian migrants) do not often present to mental health services, their mental health needs and concerns tend to be under-estimated by policy makers, resulting in little funding and policy support to improve the cultural responsiveness of current services. Hence, "breaking up this negative cycle and establishing a positive cycle is a priority for improving the mental health of Chinese migrants". Providing more information materials in Chinese and other Asian languages to promote earlier help seeking, increasing health providers' awareness of cultural differences and developing community support programmes are among some of the most important strategies to reduce barriers and to increase Asian peoples' access to services.

**Reference:** *Shanghai Arch Psychiatry* 2013;25(6):375-82

[Abstract](#)

## Breast cancer and breast screening: perceptions of Chinese migrant women living in New Zealand

**Authors:** Zhang W et al.

**Summary:** This qualitative study investigated factors affecting Chinese women's participation in breast cancer screening and experiences of breast cancer clinic care. Semi-structured interviews and thematic content analysis of data from 26 Chinese migrant women in Wellington identified themes including low levels of breast screening programme awareness, limited engagement with preventive primary care services, concerns about privacy and a range of communication difficulties. These included difficulties related to oral language, lack of written Chinese information, and limited understanding by New Zealand health professionals of Chinese perceptions of ill health and traditional Chinese medicine.

**Comment:** (Elsie) Other than the underutilisation of mental health services among Asian peoples (reviewed in the previous article), their low participation rates in breast screening is also of concern. This study, which explored the barriers faced by Chinese migrant women in utilising breast screening services, found that a lack of awareness of New Zealand's free national breast screening programme was a major reason for non-participation. Lack of a primary health provider further reduced the likelihood of seeking breast cancer screening. Most of the women in the study who had not received breast screening were not registered with a GP and reported that they had not heard about the breast screening programme. The study concluded that, "while multi-language information about breast screening and breast cancer is available from New Zealand's National Screening Unit website, strategies are needed to improve awareness of, and access to this information by primary care providers and women in the community".

**Reference:** *J Prim Health Care* 2014;6(2):135-42

[Abstract](#)

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### Asian Health Review



#### Independent commentary by Professor Elsie Ho

Associate Professor Elsie Ho is Director of Population Mental Health and Director of the Centre for Asian and Ethnic Minority Health Research at the School of Population Health, the University of Auckland. Her major research interests are in the areas of migration, diversity and Asian health and wellbeing. She has a firm commitment to developing inclusive societies that value diversity and optimise human potential and resources.



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## Culturally and Linguistically Appropriate Services – advancing health with CLAS

**Authors:** Koh HK et al.

**Summary:** This US article draws attention to the recent release by the Health and Human Services (HHS) Office of Minority Health of the enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care. These standards provide a framework for offering services responsive to individual cultural health beliefs and practices, preferred languages, health-literacy levels, and communication needs by employing broader definitions of culture (beyond race and ethnicity) and health, including mental health.

**Comment:** (Roshini) It is known that minority status often brings with it health inequities. Acknowledging and addressing diversity trends is critical for ensuring that health disparities narrow. Although HHS has long promoted cultural and linguistic competence to address health disparities, the uncertainty faced by organisations in pushing the agenda has led to the release of this blueprint for health and healthcare organisations. In any healthcare setting, the provision of healthcare services that are respectful of and responsive to the health beliefs, practices and needs of diverse populations can help advance health equity, improve quality and help eliminate health care disparities.

**Reference:** *N Engl J Med.* 2014;371(3):198-201

[Abstract](#)

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## A profile of New Zealand 'Asian' participants of the 2008/09 Adult National Nutrition Survey: focus on dietary habits, nutrient intakes and health outcomes

**Authors:** Parackal SM et al.

**Summary:** The purpose of this analysis of the cross-sectional 2008/09 Adult National Nutrition Survey in New Zealand was to assess similarities and differences of South Asians (SA) and East and South-East Asians (ESEA) and the New Zealand European and Other (NZEO) group in dietary habits, nutrient intakes and health outcomes. The SA group were more likely to 'never' eat red meat than the NZEO group ( $p < 0.001$ ) as were SA females compared to ESEA females ( $p < 0.05$ ). Fats and some micronutrients (riboflavin, vitamin B<sub>6</sub>, B<sub>12</sub>, Se) had a lower intake among SA than NZEO participants ( $p < 0.05$ ) and intakes of Zn and vitamin B<sub>12</sub> were lower among SA females than ESEA and NZEO females ( $p < 0.05$ ). A higher proportion of the SA group were obese using ethnic-specific cut-offs, had lower indices of Fe status and had less diagnosed diabetes than NZEO and ESEA groups. Recently migrating SA males had higher intakes of  $\beta$ -carotene, vitamin C and Ca than did long-term migrants ( $p < 0.05$ ).

**Comment:** (Roshini) This study highlights the value of disaggregating data by migrant status and exploring subgroups within the broad category of 'Asians'. As indicated, variations in dietary habits are found among subgroups of 'Asians' (categorised here based on geographical regions), with evidence of assimilation evident based on duration of residence in New Zealand. Findings provide valuable insights for related health promotion initiatives that target 'Asian' New Zealanders.

**Reference:** *Public Health Nutr.* 2014;Jun 2:1-12

[Abstract](#)

## 'This child is a planned baby': skilled migrant fathers and reproductive decision-making

**Author:** De Souza RN

**Summary:** This qualitative research study analysed discourses that Chinese and Indian migrant fathers in New Zealand draw on to explain their decision to have a child. The men took part in focus groups in 2009 and two key discourses were identified in relation to how they became fathers; fatherhood as a financial decision and fatherhood as a natural process. It was found that these two discourses are not always congruent.

**Comment:** (Roshini) This study provides insights into the unmet needs of migrant fathers who negotiate reproductive decision-making within an environment of challenges related to settlement, cultural norms and practices, and loss of extended family support. The study identifies the role of nurses in supporting migrant fathers and their families based on a better understanding of the discourse that shapes their decisions to have a child.

**Reference:** *J Adv Nurs.* 2014;May 13 [Epub ahead of print]

[Abstract](#)

**Disclaimer:** This publication is not intended as a replacement for regular medical education but to assist in the process. The reviews are a summarised interpretation of the published study and reflect the opinion of the writer rather than those of the research group or scientific journal. It is suggested readers review the full trial data before forming a final conclusion on its merits.

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