Asian Health Action Plan for Waitemata DHB

2010/11-2012/13

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Waitemata District Health Board

Foreword

The Asian Health Needs Assessment (HNA) described the health needs of Asian people in the Waitemata district. The Asian population is the second largest population group in Waitemata DHB and is also projected to grow quickly (estimated to be 17% in 2011). This Plan follows up the HNA by setting out the way forward for purchasing and providing services to meet Asian health needs. It forms the next part of the overall planning process for Waitemata DHB (see Annex 1).

This plan also sits alongside similar plans to address Maori and Pacific health needs that were developed following the publication of health needs assessments for those population groups.

As neighbouring DHBs also have significant Asian populations, this plan has been developed with input from Counties Manukau DHB and other regional and national stakeholders in Asian Health through a joint advisory group – Asian Health Reference Group.

Although there is currently no national Asian health plan, this Plan takes account of the Ministry of Health's work (Annex 2, the Health Targets) and of other DHBs with major Asian populations. Waitemata DHB has also adopted a framework of health inequalities indicators to guide its planning (see Annex 3). While these are intended to measure progress to address inequalities across all ethnic groups, a number of them are also relevant for the Asian population.

Waitemata DHB has consulted widely on the HNA. This Plan includes input from the community at two rounds of meetings about the HNA; at the formal launch of the HNA, and from meetings around the draft District Strategic Plan.

The Waitemata DHB Asian Health Action Plan is not intended to be a comprehensive and independent document for addressing Asian health needs. Rather, it complements and aligns with the District Annual Plan and other Asian health plans and strategies (e.g. Asian Mental Health & Addictions Service Development Plan and Asian Workforce Development Action Plan). Asian Health Support Services (AHSS) has also done its service review, which serves as a starting point (Annex 5).

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Executive summary

The Asian group is the fastest growing ethnic group in New Zealand and comprises the second largest ethnic group (approximately 14% in 2006) in Waitemata and is projected to be around 20% by 2020.

The Asian health needs assessment of Waitemata DHB was completed to meet legislative (including the NZ Public Health and Disability Act 2000) and Ministry of Health (including Operational Policy Framework 2008-2009) requirements. Waitemata DHB now aims to translate the identified health needs from the Asian health needs assessment and from community feedback into an action plan to meet the unmet needs of its Asian people, although Asian people do very well in quite a few indicators compared with the average New Zealand population. Key features of this population group include:

- Asian health need varies considerably according to subgroups (Chinese, Indian and Korean)
- Low levels of physical activity and vegetable consumption
- High percentage with no English (15% for all Asians, and 30% for Koreans and 18% for Chinese)
- Low enrolment with Primary Health Organisations
- Low cancer screening uptake (breast and cervical)
- High heart disease/diabetes and low birth weight (Indian).

The Asian Health Action Plan has a three year timeframe. The priorities reflect those identified from the Asian health needs assessment and those prioritised by the Asian Health Reference Group. The Plan also takes into account the national health targets and the framework of health inequality indicators exclusively developed for Waitemata DHB and is aligned with the 2010/11 District Annual Plan.

2010/11 Actions

- Promote healthy lifestyles (physical activity and nutrition);
- Improve Asian PHO enrolment rate and access to primary health services;
- Improve risk assessment, diagnosis and treatment of CVD among Asians;
- Improve access to diabetes services for Asians, particularly South Asians
- Asian provider/workforce development;
- Improve Asian mental health and service access and quality;

2011/12 Actions

- Improve breast cancer screening rate
- Improve cervical cancer screening rate;

2012/13 Actions

- Improve information dissemination to Asian communities

Introduction

The Asian group is the fastest growing ethnic group in New Zealand and comprises the second largest ethnic group (approximately 14%) in Waitemata. The Asian population is projected to be around 20% by 2020. However, the Asian ethnic group is also very diverse in language, culture, traditions and health needs.

Addressing Asian health needs is necessary to meet legislative (including the NZ Public Health and Disability Act 2000) and Ministry of Health (including Operational Policy Framework 2008-2009) requirements as well as strategic priorities (national, including the NZ Health Strategy 2000, and local, including Waitemata DHB's District Strategic Plan 2005-2010).

Prior to 2008 the health needs of Waitemata's Asian populations have been assessed as part of the overall health needs of the population. In 2009 Waitemata DHB undertook a separate health needs assessment for the Asian population. In addition to utilising epidemiological data, the health needs assessment was informed by consultation with Asian communities in Waitemata. The findings of the health needs assessment now need to be translated into a plan of action to maintain and improve the health of Asian people in Waitemata. The Asian Health Action Plan incorporates the Asian workforce development plan, Asian mental health and addictions service development plan, and align with the Waitemata District Strategic Plan and District Annual Plan.

Vision of the Plan

"Healthy Asian people achieving their full potential throughout their lives"

Health needs assessment summary

In 2006 census, there were 481,611 people living in the Waitemata district, accounting for approximately 12.0% of the national population. The Asian ethnic group was the second largest ethnic group in Waitemata (13.8%, with 68,151 total response) followed by Maori (8.8%) and then Pacific people (6.3%) irrespective of whether ethnicity is output as total response or prioritised.

In Waitemata, Chinese were the largest Asian ethnic subgroup, comprising 40% of Asian population. Indian was the second largest group (about 22%) and Korean was the third largest group (approximately 18%) (Zhou, 2009).

About 42% of the Asian population in Waitemata were under the age of 25 while around 4% were 65 years and older. There were some differences in the population age structure of the Asian ethnic subgroups (Chinese, Indian, Korean, Other Asian). The most common age groups were 20-24 years (among Chinese people) and 10-19 and 35-49 years (among Korean people). There was a greater proportion of females than males among the Korean and Other Asian populations. The age structure for Indian people was similar to the pattern of the general population in Waitemata (Zhou, 2009).

Among Asian ethnic groups, Indian people had the largest proportion (20%) born in NZ, followed by Other Asian (excluding Korean) (18%) and Chinese people (17%),

while Korean people had the lowest proportion (7%). By territorial authority, North Shore had the largest proportion of Asian people (55.4%) followed by Waitakere (40.9%) (Zhou, 2009).

The Asian people as a whole in Waitemata did better in these important indicators compared with the New Zealand average for Asian: life expectancy, adult potentially avoidable mortality, educational attainment, all cardiovascular disease (combined) mortality rate, suicide rate, breast screening rate, overall infant mortality, overall child mortality and full immunisation coverage rate (at 2 years).

However compared with European/Other in Waitemata, Asian people had a higher unemployment rate, lower income, lower prevalence of regular physical activity and lower prevalence of 3+ servings of vegetables per day. Asian people had higher life expectancy (which may partly reflect the healthy migrant effect), but with lower use of primary care services and significantly lower cervical screening coverage. Asian people had lower rates of potentially avoidable hospitalisations and surgical procedures.

Within Asian subgroups, Chinese and Korean ethnic subgroups had a higher proportion of people not speaking English, 15% and 30% respectively, (which is associated with their lower health care service use including cancer screening) than Other Asian or Indian people, while Chinese people experienced higher life expectancy and lower avoidable mortality than Other Asian and Indian people. Indian people had a higher prevalence of self-reported high cholesterol, high blood pressure, heart disease, diabetes and asthma than Other Asian and Chinese people. Indian people also had higher use of secondary care services, particularly those related to cardiovascular disease and diabetes than Other Asian and Chinese people. Indian newborns were also more likely to experience low birth weight than Other Asian and Chinese people.

All participants in the community consultations strongly supported the preparation of a specific Asian health needs assessment for the Waitemata district. Priority areas for action indicated by the community consultations included: Asian workforce development (Asian doctors/nurses), improved availability of and access to preventative services, such as Healthy Eating Healthy Action, smoke-free, regular health checks especially in the old, screening programmes, improving primary health organisation enrolment, mental health (risk factor control, health education and promotion, early intervention and service access) and control of cardiovascular disease/diabetes in South Asian people.

Prioritisation process

A reference group (Waitemata DHB-CMDHB Asian Health Reference Group) composed of Asian health experts in Auckland region and nation-wide was set up to facilitate the process of prioritisation. The findings of the Asian health needs assessment and the Asian community feedback were presented to this group, and the group suggested a framework accommodating the potential action areas. The proposed framework and prioritisation process were then presented to the Senior Management Team, Planning and Funding at Waitemata DHB. The team suggested some changes to the prioritisation process, including alignment with the Health Targets and other government health strategies.

An electronic survey was then conducted by the Waitemata DHB-CMDHB Asian Health Reference Group using the Survey Monkey. The ranks of the potential action areas from the survey were listed in Table 1.

Table 1 Rank of the potential action areas for Asian in Waitemata

Rank	Potential action area	Average scores	Total Scores	Response Count
1	Lack of appropriate physical activity	8.67	52	6
2	Overweight and obesity particularly in South Asian	8.33	50	6
3	High blood pressure and cholesterol	8.17	49	6
4	Sexual health	8.00	48	6
5	Information dissemination to Asian communities	8.00	48	6
6	Lower cervical screening rate	7.83	47	6
7	Lower consumption of vegetables/fruits	7.67	46	6
8	Asian provider/workforce development	7.67	46	6
9	High prevalence of anxiety or depressive disorders	7.67	46	6
10	Lower breast screening rate	7.50	45	6
11	Low utilisation of secondary mental health and addiction services	7.50	45	6
12	Improving ethnicity data	7.50	45	6
13	Lower enrolment and utilisation of primary health care services	7.33	44	6
14	CVD and diabetes services (checks, assessment and treatment)	7.17	43	6
15	Youth health	7.17	43	6
16	Asian health and disability research strategy	7.00	42	6
17	Shorter waits for cancer treatment	6.83	41	6
18	Improving access to elective surgery	6.00	36	6
19	Shorter stays and service quality improvement in emergency departments	6.00	36	6
20	Higher road traffic injuries	5.83	35	6
21	Developing an increased awareness of Asian traditional medicine	5.83	35	6
22	Higher rate of caesarean section	5.67	34	6
23	Lower birth weight in South Asian	5.50	33	6
24	Improving immunisation rate	4.83	29	6
25	Relatively low smoking rate	3.33	20	6

Also refer to Annexes 2-5 for Health Targets, Waitemata DHB Inequality Indicators, the relationship between health needs and long-term health outcomes, and Service/Programme review by Asian Health Support Services.

Action areas by year

In the current fiscal environment all actions proposed in this plan will have to occur within the current funding envelope and no new monies are expected to be available over the three years of this plan. One to six action areas are listed here taking account of the ranking of the potential areas, the programmes/projects available and the funding restrictions.

2010/11 Actions

- Promote healthy lifestyles (physical activity and nutrition);
- Improve Asian primary health organisation enrolment rate and access to primary health services;
- Improve risk assessment, diagnosis and treatment of cardiovascular disease among Asians;
- Improve access to diabetes services for Asians, particularly South Asians
- Asian provider/workforce development;
- Improve Asian mental health and service access and quality;

2011/12 Actions

- Improve breast cancer screening rate
- Improve cervical cancer screening rate;

2012/13 Actions

- Improve information dissemination to Asian communities

Measurements and reporting

For each action area, key actions (actions outline), monitoring measurements and reporting interval are listed in Table 2 – Table 4 respectively for years 2010/11, 2011/12 and 2012/13.

Table 2 Action outline, monitoring measurements and reporting for Year 2010/11

Action area	Action outline	Monitoring measurement	Funding	Responsibility	Reporting frequency
Promote healthy lifestyles	To provide culturally appropriate healthy lifestyles programmes for Asian ethnic groups as part of the Healthy Lifestyles/Healthy Eating Healthy Action (HEHA) work streams. This service will provide a community based support mechanism for Asian people to make lifestyle changes. In particular, these programmes aim to: 1) increase physical activity levels; (2) improve dietary behaviours; and (3) improve breastfeeding rates. Secondary objectives include workforce development, promoting PHO enrolment, and smoke free environments.	Process measures: o healthy lifestyles programmes for various Asian populations (including 40 weekly community based physical activity sessions and 4 community based nutrition for each programme annually),. o Delivery of 12 antenatal breastfeeding classes for Chinese women in a language and culturally appropriate way and provision of Korean, Southeast Asian interpreters or cultural support for general mainstream classes as required (TBC); o Grants to community groups for workforce development and ongoing health promotion. Outcome measures at the programme level:	Existing funding	Planning & Funding team (Healthy Life-style Team)	Yearly

Action area	Action outline	Monitoring measurement	Funding	Responsibility	Reporting frequency
		o At least two people qualified as physical activity instructors for each programme. o Self reported improvements in physical activity levels and dietary habits. Outcome measures at the population level: o Participants engaging in regular physical activity: 1200 people/person times (30/week * 40 weeks). o Consuming recommended servings of fruit and vegetables (40% for recommended servings of vegetables in adults, and 57% for recommended servings of fruit in 2006/07 New Zealand Health Survey).			
Improve Asian PHO enrolment rate and access to primary health services	Waitemata DHB funding team working closely with primary care networks to find ways/solution to maximise the potential of inter-sectoral or NGO/primary/secondary partnership to promote PHO enrolments to Asian communities	At PHO Level: Increase in number of Asian PHO enrolments by 7% of the PHO's Asian enrolees as the Asian population is projected to increase at a rate of 4-5% annually in Waitemata DHB	Existing funding	Planning & Funding team, PHO Programme Manager, PHOs	Yearly

Action area	Action outline	Monitoring measurement	Funding	Responsibility	Reporting frequency
		At DHB Level: Increase in PHO enrolment rates (83% for Asian in 2006/07) to 85%			
Improve risk assessment, diagnosis and treatment of CVD among people with their ethnicity recorded as Indian	Waitemata DHB (including the Primary Care Team within Planning & Funding to closely work with PHOs to 1) implement the Cardiovascular/Diabetes Risk Assessment & Management Programme (CVDRAM); 2) provide language and cultural support to patients including effective information dissemination to the public/Asian communities	CVD risk assessment 10% increase of the eligible Indian population (to 25% for year 2009/10); management rate of Indian patients at high risk of CVD; Note besides Indian, no other Asian-specific data is available (PHOs currently code to 2 number ethnicity data code only).	Existing funding	Planning & Funding team, PHOs Programme Manager – Chronic & Palliative Care (CVD, Diabetes, palliative care), PHO's	Every 6 months
Improve access to diabetes services for Asians, particularly South Asians	Enhance the Waitemata chronic care model by encouraging Asian and other ethnic groups to increase uptake of DSME (Diabetes self-management education programmes), podiatry and retinal screening through PHO-based clinics and self-management programmes including diabetes annual Get Checked, CVDRAM and Care Plus.	In 2010, baseline data need to be collected and analysed for Indian people regarding uptake of DSME, and podiatry and retinal screening Note besides Indian, no other Asian-specific data is available (PHOs currently code to 2 number ethnicity data code only). In 2011, targets will be set up based on the findings of the data analysis regarding the indicators of people with diabetes accessing free annual checks,	Existing funding	Planning & Funding team Programme Manager – Chronic & Palliative Care (CVD, Diabetes, pallaitive care), PHO's	Yearly

Action area	Action outline	Monitoring measurement	Funding	Responsibility	Reporting frequency
		and percentage of good diabetes management			
Asian provider/workforce development	To promote recruitment of Asian workforce into services/areas that are currently under-represented: To enhance the cultural capability of mainstream workforce Refer Waitemata DHB Workforce Development Plan Actions	Outcome measures: Report on the number of support programmes and training provided and numbers attending. Trainer and participant feedback on the courses attended Report on the provision of cultural supervision in relevant clinical settings e.g. mental health services, social work services, disability services, health of older people	Learning & Development and Asian Health Support Service	Workforce development team, AHSS, Organisational Learning & Development managers and hiring managers,	Yearly
Improve Asian mental health and service access and quality	Develop policy to ensure mandatory cultural competency training for all mental health and addictions workforce and that there is organisation support for continuing cultural competency training to increase cultural awareness (Waitemata DHB MH&A SD Plan: Asian Chapter - Action: 1.1a)	Process measures: Develop a toolkit for managers and staff outlining the requirements for cultural competency and directory of available training to support workforce to increase cultural awareness and resources to support staff and managers to deliver cultural appropriate service Outcome measures:	Learning & Development	Learning & Development	Yearly

Action area	Action outline	Monitoring measurement	Funding	Responsibility	Reporting frequency
		Percentage of mental health and addiction staff taking cultural awareness training			
	Review current primary and secondary care assessment and screening tools to ensure they are culturally sensitive, and effective to work through issues such as stigma, language, trauma, torture, culture, financial, transport and access to continuum of care/services (Waitemata DHB MH&A SD Plan: Asian Chapter - Actions: 1.1b and 2.1c)	Process measures: Develop a regional Asian, migrant and refugee mental health and addiction committee to review and recommend enhancement to current primary and secondary care assessment and screening tools Outcome measures: A report of the review with recommended enhancement to current primary and secondary care assessment and screening tools	Existing resource	Regional Asian, Migrant and Refugee Mental Health & Addictions Advisory Group	One off
	Establish an Asian MH&A Reference Group to monitor and govern the implementation plan (Waitemata DHB MH&A SD Plan: Asian Chapter - Action: 3.2a)	Process measures: Reference group established with terms of reference Outcome measures: Reference group is functioning with clear objectives, responsibilities and monitoring mechanism	Existing resource	Clinical Director/GM MH Group	Yearly

Table 3 Action outline, monitoring measurements and reporting for Year 2011/12

Action area	Action outline	Monitoring measurement	Funding	Responsibility	Reporting frequency
Improve breast cancer screening rate	Waitemata DHB to develop/review the work plan of Asian and ethnic breast screening by working with Breast Screen Aotearoa programme; AHSS to provide language and cultural support services by closely working with Planning & Funding, BreastScreen Waitemata/Northland, PHOs and other stakeholders.	*2%* annual increase in breast screening rate of Asian (49.5% in 2006/07)	Existing funding		Yearly
Improve cervical cancer screening rate	Waitemata DHB to work with PHOs, NGOs (e.g. WONS) and other stakeholders to develop a work plan for improving Asian and ethnic cervical screening rates	Cervical screening rate (currently 46.5% and the national target is 75% of eligible women screened)	Existing funding		Yearly
Improve Asian mental health and service access and quality	Stocktake all relevant services (Refer to Waitemata DHB MH&A SD Plan: Asian Chapter - Action: 2.2b)	Process measures: Conduct a stock-take of all cultural specific mental health and addiction services and social services for Asian migrant and refugee clients Outcome measures: Completed stock-take report and a directory for primary care and mental health & addiction sector	Existing funding	Asian Health Support Service	One off

Action area	Action outline	Monitoring measurement	Funding	Responsibility	Reporting frequency
	Stocktake all relevant translated mental health resources in major languages and website links (Refer to Waitemata DHB MH&A SD Plan: Asian Chapter - Action: 4.2b)	1) Process measures: Conduct a stock-take of all translated mental health resources and website links 2) Outcome measures: Completed stock-take report and a directory for primary care and mental health & addiction sector	Existing funding	Asian Health Support Service	One off
	Review existing services and service model to close the gaps (Refer to Waitemata DHB MH&A SD Plan: Asian Chapter - Action: 3.1a)	1) Process measures: Review existing services and service model within Waitemata DHB 2) Outcome measures: A report of the review with recommended approach to close the gaps	Existing funding	Asian MH&A Reference Group; Funder, Clinical Director, GM MH Group	One off

Table 4 Action outline, monitoring measurements and reporting for Year 2012/13

Action area	Action outline	Monitoring measurement	Funding	Responsibility	Reporting frequency
Improve information dissemination to Asian communities	Planning & Funding team, AHSS, PHOs and the provider arm to work together to develop an effective communication strategy and make sure it happens at all levels	Communication strategy to be developed and implemented	Existing funding – multiple sources		Yearly
Improve Asian mental health and service access and quality	Scope the "one-stop shop" with one point of entry (integrated service) concept for consideration (Waitemata DHB MH&A SD Plan: Asian Chapter - Action: 3.1a(6)	Process measures: Scope the "one-stop shop" concept Outcome measures: Completed report for the funding team	Existing funding	Asian Mental Health Service, Clinical Director/GM MH Group	One off
	Explore a working model to address "Intergenerational issues" with Asian family (Waitemata DHB MH&A SD Plan: Asian Chapter - Action: 4.3b	Process measures: Set up a working group to explore a model Outcome measures: Completed report for Clinical Director and GM MH Group	Existing funding	Asian Mental Health Service, Clinical Director/GM MH Group	One off

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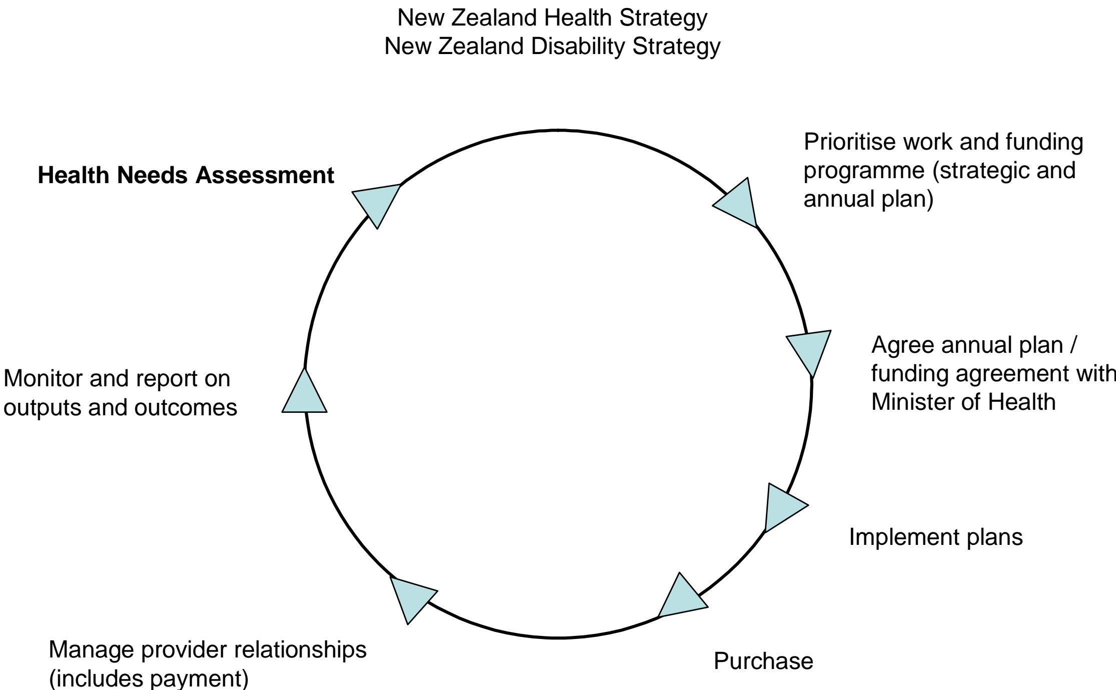
Annex 1: The DHB planning cycle (from Ministry of Health 2000)



Annex 2: Government Health Targets

Health Target	Indicators
Shorter stays in Emergency Departments	95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours.
Improved access to elective surgery	The volume of elective surgery will be increased by an average 4,000 discharges per year (compared with the previous average increase of 1400 per year).
Shorter waits for cancer treatment	Everyone needing radiation treatment will have this within six weeks by the end of July 2010 and within four weeks by December 2010.
Increased immunisation	85 percent of two year olds will be fully immunised by July 2010; 90 percent by July 2011; and 95 percent by July 2012.
Better help for smokers to quit	80 percent of hospitalised smokers will be provided with advice and help to quit by July 2010; 90 percent by July 2011; and 95 percent by July 2012. Similar target for primary care will be introduced from July 2010 or earlier, through the PHO Performance Programme.
Better diabetes and cardiovascular services	(a) Increased percent of the eligible adult population will have had their CVD risk assessed in the last five years; (b) Increased percent of people with diabetes will attend free annual checks; (c) Increased percent of people with diabetes will have satisfactory or better diabetes management.

Annex 3: Waitemata DHB Inequalities Indicators

Indicator	Further details
1. Life expectancy	
2. Housing	Assessments by Warm 'n' Well programme
3. Tobacco use	Adult current smoker prevalence
4. PHO non-enrolment	Proportion not enrolled with PHO
5. Breast screening	Proportion not up to date with breast screening
6. Cardiovascular risk assessment and management	Proportion of eligible population risk assessed
7. Diabetes	Proportion of the population estimated to have diabetes accessing free annual checks
8. Child and youth asthma	Asthma admission rates
9. DHB staff ethnicity	Comparison with patient ethnicity
10. Invasive cardiovascular procedures	Procedure rates (combined invasive cardiovascular procedures)
11. DNA rates	DNA rates for outpatient clinics

Source: An ethnic inequalities indicator framework for Waitemata DHB, Dr Jamie Hosking, March 2009

Annex 4: Prioritisation of health needs and their relationship with DSP Outcomes[1]

Ranking of health needs	Hospital service performance quality	Health care in our communities	Healthy lifestyle	Reduce the impact of long-term conditions	Health inequalities	Response Count
1 Lack of appropriate physical activity	1	2	6	2	2	6
2 Overweight & obesity particularly in South Asian	1	1	4	5	2	6
3 High blood pressure & cholesterol	0	2	3	5	2	6
4 Sexual health	2	5	3	1	3	6
5 Information dissemination to Asian communities	3	2	2	1	2	4
6 Lower cervical screening rate	3	5	2	4	4	6
7 Lower consumption of vegetables/fruits	0	2	6	2	1	6
8 Asian provider/workforce development	5	5	1	1	2	6
9 High prevalence of anxiety or depressive disorders	2	3	2	2	4	6
10 Lower breast screening rate	3	5	2	4	4	6
11 Low utilisation of secondary mental health services	2	2	1	2	5	6
12 Improving ethnicity data	4	1	0	0	2	5
13 Lower enrolment & utilisation of primary health care services	2	5	0	2	5	6
14 CVD & diabetes services (checks, assessment and treatment)	3	6	0	5	3	6
15 Youth health	2	3	3	2	3	5
16 Asian health & disability research strategy	4	1	0	0	3	6
17 Shorter waits for cancer treatment	4	1	0	4	1	6
18 Improving access to elective surgery	4	0	0	1	1	5
19 Shorter stays & service quality improvement in ED	5	1	0	1	1	6
20 Higher road traffic injuries	0	3	1	0	3	5
21 Developing an increased awareness of Asian traditional medicine	3	4	1	0	2	6
22 Higher rate of caesarean section	1	1	0	2	1	5
23 Lower birth weight in South Asian	1	4	1	2	3	6
24 Improving immunisation rate	2	5	2	0	1	6
25 Relatively low smoking rate	0	2	6	3	0	6

[1] Prioritisation made by the Asian Health Reference Group, in alignment with the MoH health targets and Waitemata DHB PBMA principles

Annex 5: Service/programme review by AHSS

						PBMA Prioritisation Principles*			
Ref	Service /Programme Name	Target Population	Coverage	Responsible Group	Sector	BD	HG	AC	AP
1	Asian Mental Health Cultural Support Coordination Service	Asians	All age groups District-wide Regional Forensic	CSS – AHSS	Mental Health (Primary, Secondary, NGO)	✓	✓	✓	✓
2	Asian Patient Support Service	Chinese, Korean	All age groups North Shore, West Auckland	CSS – AHSS	Physical Health (Primary, Secondary)	✓		✓	✓
3	WATIS Translation and Interpreting Service	All ethnic groups including Maori and Pacific (excl. English speaking clients)	All age groups District-wide Regional services run by Waitemata DHB	CSS – AHSS	Secondary and primary care	✓		✓	✓
4	CALD Cross Cultural Training Programme	All ethnic groups excluding Maori and Pacific	District-wide Regional services run by Waitemata DHB	CSS – AHSS	Secondary and primary care	✓	✓	✓	✓
5	Diabetes Education	Chinese, Korean	Chinese and Korean patients diagnosed with diabetes - North and West	CSS – AHSS	Secondary and primary	✓	✓	✓	✓
6	Asian Smokefree Communities	Asians	District-wide	PHO – Harbour Health	Primary	✓	✓	✓	✓
7	Asian Mental Health & Addiction Action Plan	Asians	District-wide, Regional services run by Waitemata DHB	District Mental Health Group	Primary, Secondary, NGO	✓	✓	✓	✓
8	Asian Workforce Development Action Plan	Asians	District-wide, Regional services run by Waitemata DHB	HRS&WD Committee	Primary Secondary NGO	✓	✓	✓	✓

*: BD = Burden of disease (frequency of disease / condition / health problem, economic impact, target population)
HG = Health gain (magnitude of health gain compared with current practice, anticipated impact on quality of life and performance, likelihood that early intervention will reduce the risk of complications); AC = Access (impact on regional equity, geographic equity, inequalities, timeliness); AP = Appropriateness (alignment with Waitemata DHB strategic priority and best clinical practice, impact on demand and partnership-building / collaboration with other agencies); OI = Organisational impact (innovation generation, impact on interdistrict flows, capacity building, legislative requirements)

WaitematÄ District Health Board, Auckland, New Zealand. 11,945 likes Â· 953 talking about this Â· 1,070 were here. WaitematÄ District Health Board serves...Â See actions taken by the people who manage and post content. Page created â€“ 8 September 2009. People.Â Let's PLAN for better care.Â Well done to the team for upholding the values of WaitematÄ DHB. ðŸ'. WaitematÄ District Health Board. 6 hrs Â·. Kia ora whÄnau, To ensure that we can continue to deliver the best health services at our hospitals and in the community, we need your help and support. International Benchmarking of Asian Health Outcomes for Waitemata and Auckland DHB 2017 [PDF, 6.2 MB]. Health of older people. Auckland DHB strategy for Older People, Healthy Ageing 2020 [PDF, 431 KB]. KaumÄtua action plan. The Auckland and Waitemata DHBs KaumÄtua Action Plan 2015 â€“ 2018 documents Auckland and Waitemata DHBs attempt to recognise and address the future implications of the changing older MÄori population. The impact will be significant and widely felt across the whole heath sector. KaumÄtua Action Plan 2015 - 2018 [PDF, 521 KB]. Localities. Health & healthcare where it matte Members of Waitemata DHB's Asian health services team including operations manager Grace Ryu, third from left. Ryu said it mainly helped migrants to overcome cultural and language barriers. WaitematÄ DHB chief executive Dale Bramley said 22 per cent of the WaitematÄ population was Asian. "It's important for our health system to respond to these changing demographics to ensure that everyone is fully engaged with the sector and comfortable accessing our services." Of the 22 per cent of Asians, Ryu said about 13 per cent of them identified as non-English speaking. To help thes