ASIAN HEALTH INFORMATION

NEEDS ANALYSIS REPORT

By

Janet Chen
Asian Public Health Coordinator
Auckland Regional Public Health Service
2 Owens Road, Epsom
Private Bag 92605, Symonds Street
Auckland
Ph: 09 2621855 extension 5719
Fax: 09 6307431
Email: janetchen@adhb.govt.nz
Website: **www.arphs.govt.nz**

APRIL 2004

Working with the people of Auckland, Counties Manukau and Waitemata

ACKNOWLEDGEMENT

I would like to convey my appreciation and thanks to Warren Lindberg, former programme manager of the Lifestyles and Settings Team of the Auckland Regional Public Health Service for suggesting that I undertake a needs analysis of the access to health information for the Asian community in the Auckland region and to Monica Briggs, manager of the Auckland Regional Public Health Service for supporting this initiative.

My sincere thanks to Ilona Lee, Manager of New South Wales Multicultural Health Communication Unit, Sydney, Australia who shared her expertise and experience so enthusiastically when interviewed in November 2003 and to Annette Mortensen for being so helpful and supportive in imparting her knowledge and experience in setting up the Refugee Health website.

I would like to particularly acknowledge the input of every participant who has so willingly given his/her time to participate in the telephone interview.

Last but not least, I would like to express my gratitude to Candy Pettus, the Research Development Manager of ADHB for her comments on the research process and the interview questionnaire and to Dr Jennifer Hand and Annette Mortensen for reviewing the report.

Janet Chen
Asian Public Health Coordinator
Auckland Regional Public Health Service

2 April 2004

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Asian people make up 12.5% of the Auckland population and are the second largest ethnic group, after Pakeha. The lack of access to language and culture appropriate health information is one of the important barriers to health in the Asian community.

This needs analysis was conducted to find ways of improving the access of health information to Asian people in the Auckland region and to consider if a common website for Asian health information was useful in disseminating health information to the Asian community, as with the Refugee Health website that has been launched recently.

Both the Manager of New South Wales Multicultural Health Communication Unit in Sydney, Australia and the Refugee Health Coordinator of the Auckland Regional Public Health Service were telephone interviewed to gather expert knowledge and experience in setting up regional or state-wide websites in a multicultural setting. A range of health and social service providers were also telephone interviewed for their thoughts and opinion on Asian health information and the use of a common Asian health resource website.

Research findings indicate that a “one-stop shop” via the Internet with an easy to remember web address will serve as a much-sought after portal for professionals to download health information for their clients even though this constitutes one of many ways which will improve the community’s access to health information. This will also help link the Asian community to other important local and international websites and create the necessary infrastructure for future strategic linkages and project collaborations.

It is therefore proposed that a common Asian health resource website be developed under the coordination of the Auckland Regional Public Health Service’s Asian Public Health unit working closely with the Refugee Health Team and the Resource Development Team. This would begin as a small-scale pilot and be evaluated in due course. Resources required are as follows:

- 0.5 FTE Website Coordinator
- Web address registration
- Website development, maintenance and evaluation
- IT and administrative support

A proposal to the Ministry of Health will be put forth in the Asian Public Health provider plan for the year 2004/5.

1. INTRODUCTION

Asian people make up 12.5% of the Auckland population and is the second largest ethnic group, after Pakeha (Statistics New Zealand, 2001 Census) The lack of access to language and culture appropriate health information is one of the important barriers to health in the Asian community, as identified in recent reports (Asian Public Health Project Report, 2003; Auckland District Health Board, 2002).

The following study aims to find ways of improving the access of health information to Asian people in the Auckland region and to determine if a common website for Asian health information is a useful method of disseminating health information to the Asian community. Currently no such facility is available but there are a number of health resources in Asian languages that have been developed by various health providers in the region. Health professionals may not be aware who these providers are or where they can retrieve appropriate health information for any of their non English-speaking Asian clients.

Waitemata District Health Board's Asian Health Support Service has made some impact in improving access to health services and health information in the Asian community, particularly in the DHB's geographical coverage but there is as yet no integrated or coordinated regional strategy to enhance access.

The idea of developing a common Asian health resource website, much like that for Refugee Health, was put forth to Warren Lindberg (the former programme manager for the Lifestyles and Settings team within Auckland Regional Public Health Service who was Janet Chen's line manager then) who suggested that a needs analysis on the access to health information in the Asian community in the Auckland region be carried out. This report profiles the processes of the needs analysis, the results of the investigation and the conclusions and recommendations, based on the research findings.

NB: 'Asian' as in Census 2001 definition, from Far East to Afghanistan, not including Middle East or old Soviet Union (www.stats.govt.nz)

'Common website' – all Asian health information can be resourced from a single easy-to-remember web address, www.asianhealthresources.co.nz

2. LITERATURE REVIEW

The Internet technology known as the World Wide Web is increasingly being used as a key source of health information by both the public and health practitioners (Skinner H, Biscope S & Poland B, 2003). It can be harnessed to disseminate easy-to-use high quality health information and education material in a private manner and at a convenient time determined by the user (Richards B, Colman AW & Hollingsworth RA, 1998).

About 60% of people indicated they would turn to the Internet for health information in a recent survey in the United States (Kaiser Permanente, 2004). Access to Internet health information can positively influence community empowerment as communities become aware about what information is available and what services they are entitled

to (Masi CM, Suarez-Balcazar Y, Cassey MZ, Kinney L, et al, 2003). However, actual online usage is related to online access, demographics and social determinants, education level as well as motivational factors (Mead N, Varnam R, Rogers A & Roland M, 2003). Such factors contribute to a phenomenon called the "digital divide" (Skinner H, Biscope S & Poland B, 2003).

Social demographic factors:

- Young people are the early adopters of Internet usage in most countries (Skinner H, Biscope S & Poland B, 2003). They access online information on a range of sensitive health issues which include sexual health, diet, exercise and violence (Borzekowski DLG & Rickert VI, 2001).
- There is a large ethnic disparity in women's use of health information resources; African Americans being the disadvantaged group compared tp other ethnic groups (Nicholson WK, Grason HA & Powe NR, 2003).
- Those who are more highly educated or who are employed full-time are more likely to access online health resources (Kaiser Permanente, 2004).

The quality of information on the web varies as widely as it does in other media (Purcell GP, Wilson P & Delamothe T, 2002). Moreover, consumers often find it neither straight-forward nor successful when trying to retrieve health information via the Internet (Zeng QT, Kogan S, Plonick RM, Crowell J, et al, 2004). There is currently no standard or effective way that would simplify Internet searches and protect consumers from misleading or poor quality information (Sacchetti P, Zvara P & Plante MK, 1999). However, the concept of a high quality "one-stop shop" for online access to health information may provide the answer to the above problem as well as enhancing its access (Eaton L, 2002).

The United Kingdom has recently established an online "national knowledge service" that integrates health information on existing websites (including non-government sites) while ensuring consistency and quality (Eaton L, 2002). The NHS Direct Online not only provides online health information but is also linked to the NHS Direct Phone Service that offers advice and enhances referrals in the community (NHS Direct Online, 2004).

Communities are demanding more information about their health and are showing an increased desire to understand and participate in their own healthcare and treatment decisions (Jones JM, Nyhof-Young J, Friedman A & Catton P, 2001). Even though computers may never replace the human touch associated with a face-to-face consultation, computer-based information resources will be playing an increasing part in the cost-effective delivery of healthcare resources in the community (Richards B, Colman AW & Hollingsworth RA, 1998).

3. RESEARCH METHODOLOGY

The following methods were used in this study:

1. Telephone interview with the manager of NSW Multicultural Health Communication Service to find out about process of the unit's website development, structures set up, issues/problems faced, how managed, evaluation and results if any. Also funding required for developing and maintaining website.

2. Face-to-face interview with Refugee Health Coordinator of the Auckland Regional Public Health Service on personal experience in setting up the Refugee Health website.
3. Telephone survey of a sample of local health and social service providers.

Consulted with Candy Pettus, Manager of ADHB Research Development Office on 20 November 2003 regarding ethics approval. This was deemed not necessary for this needs analysis, provided anonymity was preserved.

4. RESULTS

4.1 TELEPHONE INTERVIEW WITH MANAGER OF NSW MULTICULTURAL HEALTH COMMUNICATION UNIT, SYDNEY, AUSTRALIA (19 NOVEMBER 2003)

4.11 DEVELOPMENT

The Unit started 7 years ago and has now produced over 400 multilingual resources for the 17 regions in NSW.
2 web addresses are used; one for health professionals called the HealthNet and the other for the whole community.

4.12 STRUCTURE AND COVERAGE

The material produced is generally for the whole of NSW. Funding is obtained from the Department of Health for 6 FTEs currently. The Unit develops resources that can be shared while localised resources are being looked after by individual health services. A government policy has been established about the website.

4.13 WEBSITE

Electronic versions of translations are used since scanning of hard copy material into the website is not satisfactory. The Unit currently engages only translators with such facilities and expertise and has built a strong pool of people over the years.

Publications are reviewed regularly to ensure they are up-to-date, otherwise every piece of resource is reviewed every 3 years.

4.14 WEBSITE PERSONNEL

1 FTE systems manager to organise translation and manage website
1 FTE for resource development and consulting with the community on what information is required; this person is multilingual.
0.5 FTE research officer to organise and test material
1FTE communications officer for campaign and distribution
1FTE reviewing information and policies

4.15 EVALUATION

The community website receives half the hits from the United States of America. The Unit actively promotes the HealthNet to health professionals around the country and therefore is interested in who is using what kind of resource in what languages every 6 months. Active promotion of the HealthNet is planned and implemented in low

usage areas. The Unit anticipates conducting community surveys in the future to see if evaluation from health professionals matches that of the community.

According to the manager, policy and long term funding support to develop and maintain the website is absolutely crucial to success.

4.2 INTERVIEW WITH REFUGEE HEALTH COORDINATOR (9 MARCH 2004)

4.21 REFUGEE HEALTH WEBSITE

The following needs have spurred the idea of a local Refugee Health website about two years ago:

- A lot of requests have been received from community organisations, hospital departments, etc on topics such as diabetes, nutrition, physical activity with the coordinator having to look for overseas web information which are cultural, migrant or refugee-focused.
- Health agencies/professionals wanting to know about who was responsible for refugee on-arrival screening, how to incorporate screening into clinical practice, information on specific diseases, etc.
- Community requesting New Zealand-focused resources (particularly information on the New Zealand health system) in economical easily downloadable pdf formats.
- Requests from post-graduate students and researchers for research purposes.

4.22 DEVELOPMENT AND MAINTENANCE OF WEBSITE

The Refugee Health Coordinator was directly involved in the design, development and updating of specific website health resources and played a major part in the design, development and the publicising of the website. Minimal funding was available for this project so the ARPHS Resource Development Team was called in to help with specific technical expertise and converting information in pdf formats for the website. Even with a “get-on-and-do-it” attitude, the project took much longer than desired or anticipated. Basically, a “one-person” team is not good enough for such a major undertaking.

4.23 ISSUES AND/OR LESSONS LEARNT

- Minimal funding allocated for project
- One-person doing it all is unsatisfactory
- IT technicalities
- Administrative support required
- Resources to be put into publicity of website
- Logo, colour and themes to be consistent throughout, for both website and hard copy resources – consistent branding is favourable
- Keep pdf resources simple and not using “solid” colours
- Name of the resource in English and date published to accompany each resource in languages other than English
- Linkage with other websites through the Web Master
- Complement web resources with hard copies
- Resources in some languages are used more than others

- The publicity of the website is marketing for ARPHS as a service

4.24 FEEDBACK FROM THE COMMUNITY

Users of the website, mainly health professionals and students have commented that the website is user-friendly, informative and that resources have been useful. Feedback from community people will be sought at a later stage.

4.3 TELEPHONE INTERVIEW WITH HEALTH & SOCIAL SERVICE PROVIDERS

4.31 RESEARCH ACTIVITIES A ND TIMEFRAME

RESEARCH ACTIVITY	DATE
Research Proposal	mid November 2003
Formulation of questionnaire	26 November 2003
Pretesting of questionnaire	1-3 December 2003
Revision of Questionnaire and Information Sheet	December 2003
Letter to Prospective Participants	15 January 2004
Telephone Interviews	21 January to 10 February 2004
Collation of Responses	12 February 2004
Research Analysis	17 February 2004
Report Writing	17 February to 30 March 2004
Peer Review of Report	31 March 2004
Dissemination of Report	14 April 2004
Funding proposal	May 2004

4.32 TELEPHONE INTERVIEW PROCESS

A range of health and social service providers was invited to take part in the phone interview. A letter to each prospective participant contained the following information:

a) intention of letter
b) purpose of survey
c) assurance of confidentiality and anonymity
d) duration of telephone interview, determined through pretesting

Each prospective participant was contacted after 1-2 weeks with the above reiterated if necessary. If agreeable to take part in the study, an appointment for the telephone interview was made. The person was free to decline to take part or terminate the phone interview at anytime

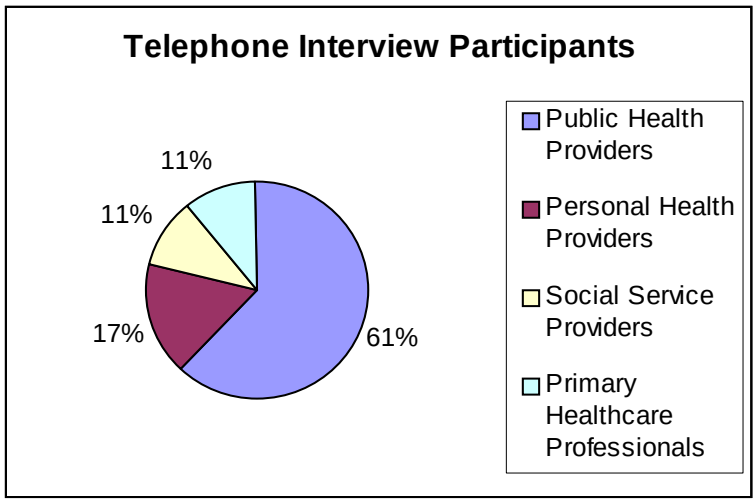
4.33 RESULTS

4.331 PARTICIPATION IN PHONE INTERVIEW

Letters to 28 stakeholders whom the researcher has had contacts with were sent on 15 January 2004. A total of 26 out of the 31 providers consented to taking part in the telephone survey (participation rate 84%), this figure included the 3 participants who were pilot-tested. Of the non-respondents, one had resigned from the service, two

were away during the period of the survey and there was no reply from one following a few attempts at making contact.

Out of the 26 participants, 18 (69%) were public health professionals/providers, 5 (19%) personal health providers, 3 (12%) were social service providers and 3 (12%) were primary healthcare professionals.



The interviews were carried out within a period of 4 weeks from 21 January to 10 February 2004 at a time and date nominated by the participant. The time taken for the interview ranged from 10-30 minutes, with a mean of 15 minutes.

4.332 BARRIERS TO ACCESS OF HEALTH INFORMATION

All except one participant (96%) agreed with the findings of the Asian Public Health Project that a lack of access to information about the New Zealand health system and a lack of Asian Language health resources were barriers faced by the Asian community.

4.333 POSSIBLE SOLUTIONS

A variety of solutions were suggested to improve access to health information to Asian people in the Auckland region. These ranged from:

1. Face-to-face contact in a one-to-one or one-to-many setting.

Participants suggested using print resources and people in the form of bilingual workers, community leaders, liaison people and "health ambassadors" at a variety of gatherings, e.g. public forum, workshop, cultural festivals and outlets such as grocery stores, recreation centres, CABs, reputable institutions, churches, government agencies and immigration or through networks, family and friends.

2. Website (8 out of 26 participants mentioned the website as a useful avenue, (especially for Asian youth) without any prompting.
3. Media
4. Telephone helpline

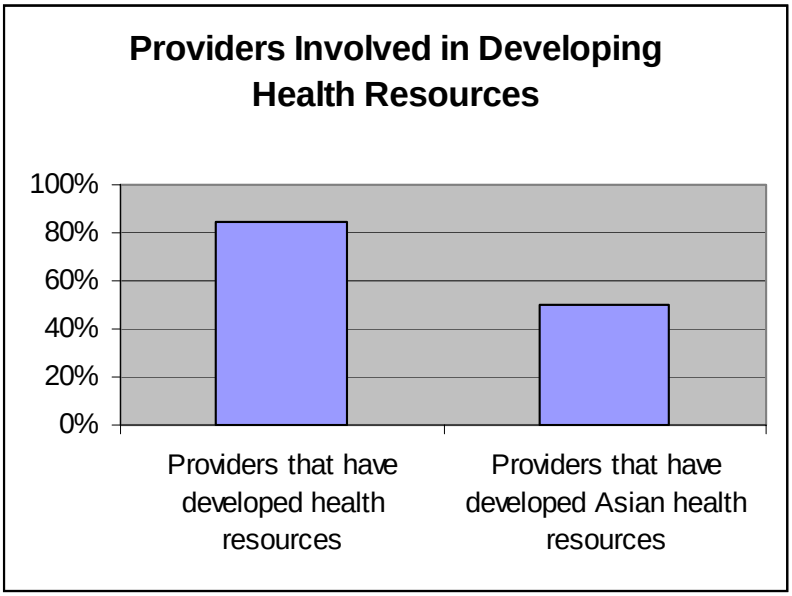
4.334 CURRENT CONTACT WITH ASIAN "CLIENTELE"

Twenty-two out of 26 (85%) had non-English speaking clientele and have used an array of methods to convey specific information to their non-English speaking clients.

Interpreters, paid or brought in by family or the community on a voluntary basis are commonly used. Health professionals who speak Asian languages find their skills useful in such a setting. In other situations, staff members who can speak a particular Asian language were frequently called upon to help on a needs basis. Specific translated resources are useful, as with information accessed through infolines, CABs, webpages, fora and workshops. Visual aid and body language have also been useful when communicating with non-English speaking clients.

All participants felt that printed resource material in clients' own language would be useful to those with no or poor English skills. However, the reading and literacy level in one's own language needs to be considered. Pictures and signs would be useful to those with poor literacy skills but "written material in crisis situations does not do the trick", according to one interviewee.

4.335 EXPERIENCE WITH ASIAN LANGUAGE RESOURCE DEVELOPMENT
A total of 22 out of the 26 organisations in the survey (85%) have had experience in developing print resources but only half (50%) have developed Asian language resources before. Chinese and Korean are the commonest resources that have been developed.

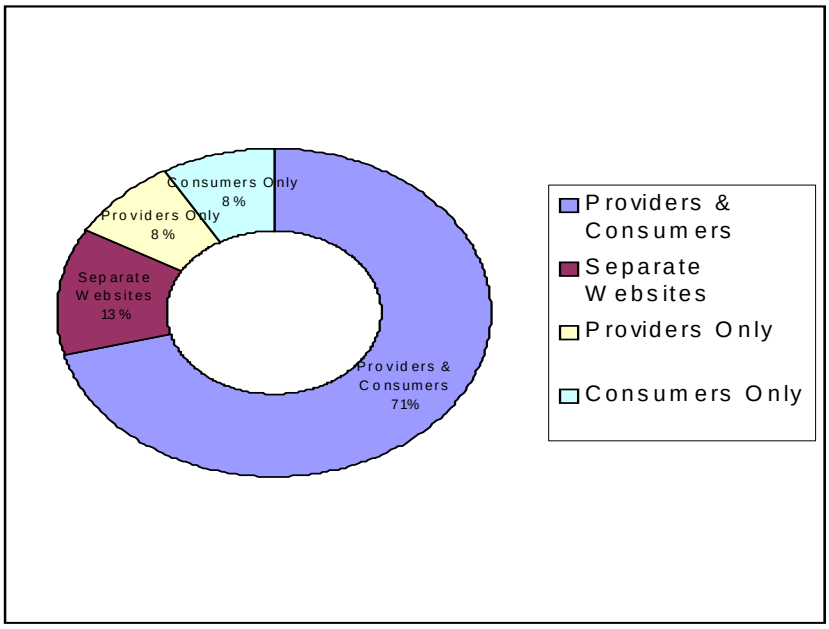


4.336 WEBSITE
Twenty-three out of 26 (88%) of the organisations represented in the needs analysis reported to having a website in place; 18 out of 26 (69%) used the website to publish information for their clients while 2 (8%) were in the process of publishing information on their website.

Out of the 26 participants, 15 (58%) have used the internet to download information for their clients and have found these to be useful. A range of information, from both local and international websites, has been used.

4.337 COMMON ASIAN HEALTH RESOURCE WEBSITE
Almost all (25 out of 26 participants) thought that a single Asian-health-resource website where information can be easily downloaded would help to pass on appropriate information in different Asian languages to their clients. Two of these participants stressed that it should not be the blanket solution or just limited to the website while one was not very sure about the use of the internet as a means of improving access to health information in the Asian community.

Out of the 25 participants who were in favour of a single website, 17 (68%) would like it developed for providers and consumers, 3 (12%) thought separate websites should be developed for providers and consumers while 2 (8%) proposed it for providers only and 2 (8%) for consumers only.



4.338 WEB FEATURES
Most participants were in favour of the features listed in the interview:
- Downloadable resources in different Asian languages
- English equivalents for these resources
- Links to local websites
- Links to international websites
- List of current health providers and key contacts
- Feedback on resources

Other features recommended are as follows:
- Links to research and useful reports
- Discussion forum
- Key information on other sectors
- Examples of innovative programmes
- Entitlements, disability, health advocacy, free services available

- Media articles

4.339 DEVELOPMENT AND MAINTENANCE OF WEBSITE
The consensus was that funding for a common website be derived from the Ministry of Health and District Health Boards with some contribution from other sectors, e.g. Ministry of Education, Immigration, Social Development, Ethnic Affairs and possible sponsorship from the Asian community.

It was suggested that Auckland Regional Public Health Service facilitate the project as a collaborative initiative with ongoing consultation and involvement of the Asian community. The project could be started as a pilot and extended nationally, if favourable. Another suggestion was to "sell the case" as a business proposal for all major ethnic groups in the country and advocate for the extra funding needed for the development of Asian-specific health resources.

5. DISCUSSION

The Internet will become more and more important, especially for teenagers and young adults and will serve as a much-sought after portal for professionals to download health information for their clients even though it constitutes one of many ways which will improve the community's access to health information.

Having a "one-stop shop' with an easy to remember web address that is easy to publicise would be more economical than a whole array of print resources, especially for resources that are needed by specific groups of people but not required in huge numbers. This would also avoid the need for big physical storage places. Consistency and quality of individual resources can be more easily maintained when served through a single website. A common Asian health resource website would link the Asian community to other important local and international websites; the networks created may form the infrastructure for future strategic linkages and project collaborations.

New Zealand may not be able to emulate the substantial funding and project scale offered in Australia but a small project may be developed as a pilot, evaluated and expanded in time. With funding from the Ministry of Health and District Health Boards, a small working group may be facilitated and coordinated by the Auckland Regional Public Health Service who acts as the interface service with public health, personal health and primary healthcare and the Asian community. This will ensure ongoing community involvement and engagement, promote the engagement of appropriate bilingual Asian workforce and build community capacity.

Health information published on the website does serve as an adjunct to face-to-face communication between health professional and the client. Any improved access to health information will also contribute to community health development and empowerment, provided the intended population is reached. This model may be used for information access for the whole population, not just the Asian community.

6. CONCLUSIONS AND RECOMMENDATIONS

In view of the above findings, I would like to propose that a common Asian health resource website be developed under the coordination of the Auckland Regional Public Health Service's Asian Public Health unit working closely with the Refugee Health Team and the Resource Development Team.

A common website is one of many avenues that would improve access to health information and health services, with the use of modern technology to reach the target population. It is a response to the changing social environment and the changing needs of the population in the country, particularly in the Auckland region. This concept has been found to work in Australia and locally with the Refugee Health website.

The right to health underpinning equity and access to health services and health information presents to health providers the obligation to cater to the changing needs of the diverse population.

It is therefore recommended that a small-scale project be started as a pilot and evaluated in due course. Resources required are listed as follows:

1. 2. Personnel in the form of .5 FTE coordinator to coordinate and undertake resource and website development and to link with different health providers and the Asian community. The website could be developed first for providers/health professionals and then for the general community at a later stage.
2. Web address registration
3. Website development, maintenance and evaluation
4. IT and administrative support

7. BUDGET FOR FIRST YEAR

Item	Cost
.5 FTE Website Coordinator	$25,000
Resource Development	$10,000
Translations	$15,000
IT & Administration Support	$10,000
TOTAL	$60,000

This will be proposed to the Ministry of Health in the Asian Public Health's provider plan for 2004/5.

8. REFERENCES

Auckland District Health Board, 2002. Healthy Communities, Quality Healthcare: The Proposed Strategic Plan for the Auckland District Health Board 2002–07. From http://ahsl85_gl/PDFs/Strategic_plan/ADHB_StrategicPlan_March6.pdf
Accessed on 4.3.04

Asian Public Health Project Report, 2003. Compiled by the Asian Public Health Project Team to assess Asian public health needs for the Auckland region. February 2003. From
http://www.moh.govt.nz/moh.nsf/f872666357c511eb4c25666d000c8888/75bfd2b5a42841b5cc256ce2000d5475?OpenDocument
Accessed on 4.3.04

Borzekowski DLG & Rickert VI, 2001. Adolescent cybersurfing for health information: A new resource that crosses barriers. Archives of Pediatrics & Adolescent Medicine 155 (7): 813-7. July 2001

Eaton L, 2002. UK government aims to integrate health information on the internet. British Medical Journal 324 (7337): 566. 9 March 2002

Jones JM, Nyhof-Young J, Friedman A & Catton P, 2001. More than just a pamphlet: development of an innovative computer-based education program for cancer patients. Patient Education and Counseling 44 (3): 271-81. September 2001

Kaiser Permanente, 2004. Internet: Americans view Internet as an important health resource, survey finds. Health & Medicine Week, Atlanta, page 462. 16 February 2004

Masi CM, Suarez-Balcazar Y, Cassey MZ, Kinney L, et al, 2003. Internet access and empowerment: A community-based health initiative. Journal of General Internal Medicine 18 (7): 525-30. July 2003

Mead N, Varnam R, Rogers A & Roland M, 2003. What predicts patients' interest in the Internet as a health resource in primary care in England? Journal of Health Services & Research Policy 8 (1): 33-9. January 2003

NHS Direct Online, 2004. Welcome to NHS Direct Online. from http://www.nhsdirect.nhs.uk/ accessed on 4 March 2004

Nicholson WK, Grason HA & Powe NR, 2003. The relationship of race to women's use of health information resources. American Journal of Obstetrics and Gynecology 188 (2): 580-5. February 2003

Purcell GP, Wilson P & Delamothe T, 2002. The quality of health information on the Internet. British Medical Journal (International edition) 324 (7337): 557. 9 March 2002

Richards B, Colman AW & Hollingsworth RA, 1998. The current and future role of the internet in patient education. International Journal of Medical Informatics 50 (1-3): 279-85. June 1998

Sacchetti P, Zvara P & Plante MK, 1999. The internet and patient education – resources and their reliability: Focus on a select urologic topic. Urology 53 (6): 1117-20. June 1999

Skinner H, Biscope S & Poland B, 2003. Quality of internet access: Barrier behind internet use statistics. Social Science & Medicine 57 (5): 875-80. September 2003

Zeng QT, Kogan S, Plonick RM, Crowell J, et al, 2004. Positive attitudes and failed queries: An exploration of the conundrums of consumer health information retrieval. International Journal of Medical Informatics 73 (1): 45-55. February 2004

APPENDIX: TELEPHONE SURVEY QUESTIONS

General Information of Participant

1. Participant is A. personal health service provider B. public health provider C. social service provider D. community member E. Other (specify)
2. What is your current job title?
3. How many years have you been in this role?

Contact with Asian Clientele

4. Do you have non English-speaking Asian clientele? Yes, No
5. What do you do now if you want to convey specific information to your non English-speaking clients?
6. Do you feel that supplying printed information in your clients' own language would be helpful to clients with no or poor English skills? Yes, No, Don't know
7. Does your organisation develop health information or health resources? Yes, No, Don't know
8. Does your organisation develop health information in different Asian languages? Yes, No, Don't know. If yes, what languages?
9. Does your organisation use the Internet to publish information for your clients? Yes, No, Don't know
10. Does your organisation currently have a website? Yes, No, Don't know
11. Do you use the Internet to download information for your clients? Yes, No, Don't know. If Yes, what website/s have you used?

Common Asian health resource website

12. Do you think having a single Asian health resource website where information can be easily downloaded would help you to pass on appropriate information in different Asian languages to your clients? Yes, No, Don't know
13. If yes, what features would you recommend for this common health resource website? A. Downloadable resources in different languages B. English equivalents for these resources C. links to local websites D. links to useful international websites E. list of current health providers F. contact for Asian Public Health Coordinator G. Other (please specify)
14. If yes, how do you think the development and maintenance of this website should be funded?

Perception of barriers to Asian health

15. The Asian Public Health Project was carried out from June 2002 to March 2003 to find out the public health needs of the Asian population in the Auckland region. A lack of access to information about the New Zealand health system and a lack of Asian language health resources have been identified as barriers faced by the Asian community. From your experience, do you agree with these findings? If not, what do you think are the issues?