

# Primary Health Care Report Executive Summary 2015-6:

## Culturally and Linguistically Diverse Populations

Canterbury's population is becoming increasingly diverse, in particular following the 2010-2011 Canterbury earthquakes.

This is the sixth year that the combined Canterbury PHO primary health care reports have been published and the third that has attempted to include a wider population that encompasses Culturally and Linguistically Diverse populations (CALD).<sup>1</sup> This summary should be read alongside the full report "*Paul Bridgford, Lynley Cook, Ramai Lord, Maria Pasene. Primary Health Care Report 2015-2016. Christchurch: Combined Canterbury PHOs. January 2016.*" This report can also be found on the [Canterbury Clinical Network](#) website

It continues to be difficult to source data for this broad population grouping. Though ethnicity data is recorded for most datasets, the output only sometimes reports for the Asian grouping and less frequently still for the MELAA grouping (Middle Eastern, Latin American and African). There is not easy fix for this, but work continues on improving data reporting capability in this area.

The broad question being asked in this report is how accessible are primary health care services and how well are they addressing and improving health outcomes for CALD populations?

Key findings from the 2015/16 report show that while there have been some encouraging trends there are still many areas of concern for the CALD population.

- Asian enrolments in Canterbury PHOs continue to rise and are now at 39,383 as at 1 July 2016.
- Asian children's B4 School Checks' coverage has increased to a high level going from 93.6% in 2014/15 to 100% in 2015/6. MELAA children are also now at 100%. This is the only indicator that we can report for MELAA.
- Asian children's coverage rates for childhood immunisations remains high and above target at 8 months (96%) and 24 months (96%).
- HPV immunisation coverage for Asian young women is the highest of any group and has risen to 62 % up from 44% in 2014/5% for completion of 3-dose programme. However this is still below target. New school based programmes have been put in place.
- Rates of referral for Asian population to primary mental health services remain at a low level at 1.8% for adults and 1.1% for youth.
- Asian people accounted for 1.8% of primary mental health clients during 2014/15, or 103 patients. This is a decrease of 59 patients since 2013/14.

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<sup>1</sup> The definition of CALD we have used is '*People who do not speak English or Te Reo (Māori language) as their primary language, or who have been (or are being) raised in a different culture from the predominant one where they live.*' (Ministry of Civil Defense and Emergency Management. (2013). Including culturally and linguistically diverse (CALD) communities. Information for the CDEM sector (IS 12/13). Wellington: Ministry of Civil Defense and Emergency Management.)

- Unfortunately cervical screening coverage for Asian women have not been reported by the national cervical screening programme this year.
- Cardiovascular disease risk assessments have increased to for Asian peoples from 72.9% to 81.3%.
- Recording of smoking status and offering brief advice and cessation support has continued to increase, and 89% of Asian smokers have been offered brief advice and support.