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ACMA

NEWSLETTER

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ACMA Presidential Address

Dear fellow members,

WELCOME

Welcome to your second ACMA newsletter for 2020. I hope you have been well during these stressful times of the COVID-19 pandemic.

RECENT EVENTS

COVID-19

In early March ACMA worked with CMDHB/ADHB/WDHB and the MoH to release information in 3 languages about the COVID-19 situation. These were in Mandarin (Dr Gary Wu), Cantonese (Dr Tony Lowe), and English (myself). It was made available via social media, network emails and the MoH website as well as DHB websites. The videos were also in Vimeo format which allowed downloading and dissemination as well as being on Youtube. They turned out to be immensely popular with Dr Gary Wu's video amassing over 1000 hits on Chinese social media on the first day. I would like to take this opportunity to personally thank Drs Wu and Lowe for their valuable contribution to our Chinese community by informing them in a culturally and linguistically appropriate manner about the COVID-19 situation.

Flu Fighters

Between March and Jun 2020, ACMA worked closely with Kitty Ko, the Asian Health Gain Advisor for CMDHB and Vicky Chan, Community Pharmacist based in Unichem Pakuranga in the Flu Fighters Programme, now in its second year.
We managed to get new organisations on board such as Auckland Chinese Community Centre (ACCC), United Chinese Associations of NZ (UCANZ), and NZ Chinese Culture and Arts Exchange Centre (NZCCAEC) to organize for their respective members to get the flu vaccination while ACMA would do health talks and health checks. Unfortunately, COVID-19 changed all that due to the restrictions on gatherings so this has been postponed until next year. The good news is that we now have these organizations on board for further collaborations on future community events which is central to ACMA's aim of networking with the wider Auckland Chinese community and educating them on health-related matters as well as providing health checks.

Surgical Mask Donations

Through ACMA's contacts with the NZ Chinese Association (NZCA) and the Ministry of Foreign Affairs and Trade (MFAT), we managed to procure 2000 high-quality 3M surgical masks from the e-Commerce division within the Chinese Ministry of Commerce. These masks were then on-donated to various partner organizations selected by the three Auckland DHBs such as Red Cross, RASNZ, Asylum Seeker Support Trust, Umma Trust, and groups of elderly living in council flats in Otara. ACMA and NZCA also secured 250 masks each for future events where such masks may be needed. ACMA also managed to get in touch with Clare Fearnley, one of NZ's MFAT officials currently living in Beijing who has also expressed her keenness to be involved in future presentations for ACMA. This will be very useful to learn a bit more about NZ and China's trade relationship as part of the "cultural" component of our CMEs.

Community Talks and Medical Article Contributions

Dr Gary Wu gave a Zoom talk in June on Respiratory Health to a group of about 40 attendees in Mandarin as part of the TANI-ACMA collaboration. This was very well received with many participants staying a bit longer to ask him various questions. The feedback was very good from TANI.
Dr Chris Ngar and myself also contributed to medical articles in the NZCA newsletter for May and June on osteoarthritis of the knee and the coronavirus/flu situation in General Practice respectively. On behalf of ACMA, I would personally like to thank Drs Ngar and Wu for their selfless contribution to the education of the community. It is altruistic doctors like these that help make ACMA a great organization!

I was also requested by a journalist from NZ Doctor to write an opinion article about the COVID-19 situation and how it has affected Chinese New Zealanders. This was in response to concerns that Asian people were testing at lower rates in comparison to NZ European, Maori and Pacific Islanders. Hopefully this article helped shed some light as to some of the reasons why Chinese people were less likely to get swabbed. You can find this article later on in this newsletter.

CME #2

Our second CME event, kindly sponsored by Abbvie, took place on Sun 28 June at the Lucky Star Chinese Restaurant in Papatoetoe, our expected dinner venue for our postponed Conference. It was reasonably well-attended by our members despite concerns about the coronavirus and the inclement weather. We had two very good talks from Dr Tien Huey Lim on Viral Hepatitis as well as Kelly Feng on how Asians felt during the Covid-19 pandemic in NZ. The food very tasty and it was good to see members actively engaged in networking and catching up! Photos of the CME can be accessed later on in this newsletter and also on the ACMA website under Past Events > 2020 > June CME (https://www.acma.org.nz/cme-2020/#junecme20). For those who would like to access a Powerpoint version of the talks, please email me on president@acma.org.nz. There will be a password-protected link to the presentation too on the website. Thanks also to those who filled in the survey form online. Your feedback is much appreciated.
For those who have not, please access the form on https://www.surveymonkey.com/r/XLBXJ3K.

ACMA CONFERENCE 2020

Please note that the ACMA Conference 2020 for May 2020 has now been postponed until Sat May 8 2021 due to coronavirus. We will keep the them the same and hopefully have the same speakers and workshops.

ACMA VICE PRESIDENT

As mentioned in the last CME in June, the ACMA Vice-President (VP) position remains unfilled. You should have all received an email from our membership secretary to nominate one of our listed Executive and Committee members for this position. **This person will also be the ACMA President for 2021.** Please nominate only one person before the **cut-off date of Sun 12 July**. You will be sent reminders to do so prior to then too. This is the only way we can guarantee succession planning for our organization. Make your vote count!

HOUSEKEEPING

I also encourage all those members who have not paid up to pay their subscription to click on the link http://www.acma.org.nz/ renew and email the membership secretary on membership@acma.org.nz. You should have already received a reminder notice and invoice from our Treasurer. If you have any contacts with any particularly wealthy and philanthropic individuals, companies or organizations that would be keen to sponsor ACMA events, please email our sponsorship co-ordinator on sponsorship@acma.org.nz. We also aim to do a newsletter every 2 months. If you have anything you would like to contribute to the newsletter or would like to be interviewed for a newsletter, please email editors@acma.org.nz.

ACMA SHIELD

We are currently seeking nominations for our ACMA Shield Award. If you know either through word of mouth, local or national media about some notable achievement of one of our members, please also inform me through my president@acma.org.nz email. More information on this is available on our website under Membership > ACMA Shield.

WEBSITE

If you wish to sell your clinic/buy a clinic or look for locums, please email our webmaster on webmaster@acma.org.nz. We will negotiate rates with you. Email our secretary on secretary@acma.org.nz if you would like to be featured on our Public Doctor's List. The latter is a free service. Of course, our website will be updated periodically on upcoming events.

SAVE THE DATES

Winter Social Event
Event TBD – Sun 26 Jul

CME #3
Sun 16 Aug (venue TBD – yum cha)

Regards,
Dr Carlos Lam,
ACMA President 2020

YACMA Presidential Address

Hello to our wonderful YACMA and ACMA members!

We've been through some very tough and stressful times since our last update, with the COVID-19 Lockdown bringing us much uncertainty. Thankfully, New Zealand has battled COVID-19 in such a practical manner resulting in our favourable outcome now. Hopefully we will continue to have a positive projection from now onwards.

There has also been some very unfortunate and sad news in the US – the Killing of George Floyd. I want to take the time to express my deep sadness to this event, which is obviously one of many accounts of racism in our society.

Over the period of lockdown, and until now, YACMA launched an official "Iso w/ YACMA" event series. We had two events; Skribblio Tournament and Kahoot Quiz. They were both hilarious events that was full of jokes and laughter. We are glad we could bring some light-heartedness into stressful times.

Now for some super exciting news – our YACMA Yumcha has luckily been shifted to July the 18th and I am looking forward to seeing all of your beautiful faces! There will be PLENTY of delicious food and hopefully a lot of laughter and new connections.

We also have the infamous YACMA Retreat on September 11th coming up in Coromandel, which will be a bit of a change from previous years – hopefully a bit more sunnier, warmer and more opportunities to do some fun water activities!

With winter approaching, I hope you all stay warm and healthy, being more careful because of our COVID-19 times. Take extra care of yourselves and those around you!

Love,
Aimee Meng
YACMA President 2020

YACMA EXEC Address

When the lockdown came, we were in the midst of planning our annual YACMA yumcha. Our bookings had to be postponed, as well as all of our meetings and plans. We were then tasked with the new challenge, of engaging with old and new members of YACMA from the safety of our new isolation bubbles.

We thought that a discord server would be a good way to easily organise online events, as well as encourage discussion within the exec members as well. Thus iso with yacma was formed, in preparation for our first ever online yacma event, a skribblio tournament.

The Iso with YACMA discord required a lot of work initially to get set up, the entire process of verification to ensure the server was open but secure to members. Then promo, promo and more promo. We promoted the server a lot so that we could encourage more existing members to join and to interact with the server, this would ensure that we could have the largest and most engaging turn out possible with our events. With regards to our skribblio tournament we were quite unsure about how the event would turn out, but it ended up going surprisingly smoothly, and we were blown away by people's involvement.

It was nice to feel connected with our peers even in such different circumstances. We would then host our second online event, the YACMA kahoot night, a twist on the classical quiz night we would usually have. We ran into a few difficulties during the event but we managed to sort everything out. In the end, we were happy with how everything turned out, and we now have the experience and ability to host more online events even if quarantine is over.

Thanks for reading,

Your YACMA preclinical reps

Good Social Distancing And Hygiene Practices Help Keep Chinese Away From CBACs

Here is our President Carlos' opinion piece published in the May 20th edition of NZ Doctor magazine in response to concerns that Asian people were not testing enough for COVID-19 compared to other ethnic groups.

My response is based on what I have gathered from my Chinese networks as to some of the reasons for the lower Asian testing levels.

New Zealand Doctor reports the latest data released this week indicates the Asian testing rate is 14 per 1000 people - compared with 23 per 1000 for European/other, 24 for Māori and 29 for Pacic.

My statements below apply mostly to the Chinese community and not other Asian communities like the Indian, Korean, Southeast Asian etc. The exception to this is where I have drawn data from websites that mention other Asian countries or give some anecdotes.

Chinese patients are not testing as much as non-Asian patients due to the following reasons: They are less likely to become unwell due to strict compliance with social distancing, self-isolation, hand hygiene and avoiding congregations eg, churches and also visiting high-risk areas such as medical clinics and hospitals. They tend to be more meticulous with disinfecting surfaces they have had contact with.

Some of this stems from lessons learnt during the happening in China and South Korea earlier on in the year, when these countries were at the top of the epidemic curve while New Zealand was still yet to identify cases. This has prepared them well for what many knew would eventually become a pandemic.

Another reason is the general acceptance of wearing masks in public and having none of the stigma associated with mask-wearing that seems to plague many Western countries. That has been shown to limit spread of respiratory infections, as can be clearly seen in the lower numbers of cases/ million population in many of the East and Southeast Asian countries where mask-wearing is SARS epidemic in 2002. They also saw what was the norm.

Culturally, many Chinese people are used to listening to authorities and have greater trust in and respect for the Government. They value group think, the concept of protecting society, and the fear of repercussions if not being compliant with regulations over more "Western" values that focus on the individual ie, their "rights" to go about doing their own thing, like run a business, meet up in a group etc.

This is the classic East-West dichotomy illustrating how Western societies tend to place an emphasis on the individual or "me", versus Eastern communal thinking and their emphasis on society as a whole or the "we". The mask situation exemplies this, for example, you will see many more Asian people in supermarkets wearing masks than non-Asian people, even though it is not mandatory even at Level 4.

The more vulnerable elderly or morbid patients are more likely to stay home and not leave their house, even for shopping, and instead rely on informal and formal networks to help with the delivery of groceries, eg, NGOs, the student army etc. Others may order online instead, if they are tech and English-savvy. In general, Chinese elderly tend to be more health literate, and in my experience, have greater health anxiety too.

A small proportion of patients don't believe that they have the virus and so will not test even if they have COVID-19 symptoms. Some are probably afraid of being diagnosed with it and the stigma that it carries. I have not seen any patients myself in this category but some of my colleagues have.

A good proportion are also worried about congregating in CBACs due to fears of being crosscontaminated by others who are being tested, and the staff themselves. This group will include those advised to see a CBAC but who refuse to go, or end up not going after agreeing to the GP's advice. I am not sure about the proportions of these patients but it seems to crop up in a few conversations with my networks.

Many dislike the discomfort of having the nasopharyngeal swab done and prefer not to go and get tested even if they feel unwell. This is a common theme running through my Chinese networks.

Maybe the WeChat channels and similar forums where Chinese people tend to socialise are being under-utilised and this has not allowed timely dissemination of translated COVID-19 information.

This is especially true for Chinese people who have poor English skills and may not understand the 1pm daily Government and Ministry of Health briefings in English, and rely on their WeChat social networks to learn about events. A good solution would be to make the location of the CBAC testing stations known through Chinese social and traditional media channels and have Mandarinspeaking staff available in those CBACs servicing sizable Chinese populations. I do not think there are major equity issues, as most Chinese patients will have family members who can transport them to testing places or GP practices if required. However, there may be more equity issues in those communities that are in higherdeprivation areas such as South Auckland, and mobile testing clinics may be the solution here.

Anecdotally, I know there are more Southeast Asian populations there and they may not have as many networks as the more numerous Chinese and Indian communities.

Also, a lack of health professionals of Southeast Asian ethnicity and appropriately translated materials may also contribute to lower health literacy for these populations and possibly lower levels of testing.

It would be worthwhile separating out the "Asian" category into the main subgroups as per the Census, eg, Chinese, Indian, Southeast Asian etc. I think you will get a much clearer picture of what is going on.

In terms of Asians identifying as "New Zealander" rather than Asian I cannot make any judgement on this. Presumably when they tick the ethnicity box on the registration form, most will choose "Chinese" or "Other Asian". I am not sure if there's a specic category for "New Zealander".

I know the incidents of racism towards Chinese are particularly bad in Australia and the USA but I have yet to hear of any signicant incidents in New Zealand that has affected COVID-19 testing. Hopefully, this does not get worse with all the anger-pointing by the USA and now Australia towards the Chinese Government, accusing them of trying to cover up and downplay the seriousness and origins of the virus.

June ACMA CME

The first CME following lockdown took place at Lucky Star Restaurant late June. It involved talks from three speakers. First was Carlos, our President, giving an update on recent and future happenings of ACMA, second was Dr Tien Huey Lim on "Viral Hepatitis - Treatment updates", and finally Kelly Feng, who is the National Director for Asian Family Services.

At the outset, Dr Lim reminded us of the steadily climbing rates of death from viral hepatitis - with a 60% increase (1.34 million) in 2015. Poor HBV (hepatitis B virus) and HCV (hepatitis C virus) awareness, testing and treatment have led to the climbing mortality due to hepatitis. Did you know that in 2018, the mortality from chronic hepatitis C infection surpasses that from HIV by 100-fold?

Dr Lim then continued to discuss mREACH-B score as the best predictor of HCC (hepatocellular carcinoma) risk. Currently, we have lifelong treatment for HBV infection, which allows patients to control the virus at a relatively low cost. However, Dr Lim reminds us that we also need to be aware of the increasing risk of HCC with age. Hence, aims include increasing treatment response rate and increasing HBV surface antigen (HBsAg) clearance.

She discussed treatment methods that have been trialled, including the "Stop Therapy" and also new therapies on the horizon.

Following on, Dr Lim discussed HCV therapy. Treatment guidelines suggest that it is "recommended for all patients with chronic HCV infection, except those with short life expectancies owing to comorbid conditions".

Next up was Kelly Feng. She discussed the asian perspective during Covid-19, bringing about points discerning the risks of New Zealand Asian mental health and wellbeing. Notable problems included the high prevalence of gambling amongst Asians, racial discrimination, depression and anxiety. For example - since the lockdown, 43.9% of Asians (at least), have experienced a form of mental health distress. In terms of racial discrimination, almost half of these cases since lockdown were Chinese and most prevalent in students.

She continued to discuss public health and the effect it has, for example, stigma reduction. There is a need to focus on wider sectors and issues, and Feng mentioned a few approaches to help do so.

If you need help - Asian Family Services is ranked number 1 as an asian focused mental health service provider in New Zealand. Helpline - 0800 862 342.

June ACMA CME

June ACMA CME

A BRIEF GUIDE TO :
RACISM

What is Racism?

Racism is defined as the "belief that race accounts for differences in human character or ability, and that a particular race is superior to others." This results in discrimination and prejudice based on race (a person's physical characteristics).

Why should we care now?

Racism is at the forefront of our society at the moment. Racism stains our history and leads to inequities that should not exist in our modern society, but they do. Right now, people all over the globe are coming together and standing together to make a change. We should keep this momentum so that impactful, tangible changes can be implemented.

3 levels of Racism

Camara Jones eloquently classifies racism into three levels;

Firstly, institutionalised racism. This is when POC have differential access to services and opportunities in society. This type of racism is often integrated in our society in the form of policies and is made normative. Examples include differences in housing, education and access to healthcare.

Secondly, personally mediated racism. This is the type of racism that we typically think of when talking about racism in general. It is prejudice and discrimination towards others based on their race, with a lack of respect for others. It can be intentional or unintentional. This could range from a 'casual' racist comment to hate crimes.

Thirdly, internalised racism. This is when POC accept those negative messages projected to them about their own intrinsic abilities. This could involve personally mediated racism from a POC to another POC, creating limitations to their own dreams, conforming to 'white' norms e.g. straightening natural hair. It could result in rejection of one's own race with feelings of helplessness and hopelessness.

White Privilege

White privilege is not disregarding that one's life hasn't been difficult, but rather acknowledging that skin tone is not a factor that makes one's life harder than necessary. In order to tackle systemic racism, it's important that we also acknowledge white privilege. You could approach this term by thinking about it as two sides of a coin – with systemic racism comes the oppression of POC and simultaneously the privilege of 'white people'. The two aspects together make a whole problem. There are many other privileges such as male gender in sexism or able-bodied people in ableism. White privilege exists as a direct result of history and prolonged racism, biases and practices.

What can we do to help?

- Support businesses run by POC.
- Donate to causes supporting BLM.
- Be more than 'not racist', be actively anti-racist – call out bias when you see it or if you experience bias do not be afraid to stand up for yourself.
- Hire POC to create a diverse workforce.
- Use your own privilege to listen and amplify the voices of suppressed POC.

By Aimee Meng

ISO WITH YACMA

During the COVID-19 lockdown, YACMA started the online series “Iso with YACMA”. This consisted of two online events where members could take part from the safety of their own bubbles. For this series, YACMA created a discord server, which acted as the medium in which people could meet, communicate and where events could be hosted. You can join our discord by clicking on this link!

https://discord.gg/AWGhv6

YACMA Skribblio tournament

On the 16th of April, we had our first event which was the skribblio tournament, an online multiplayer drawing and guessing game. In each round, a player is allocated a word to draw and other players have to guess the word against the clock to earn points. The player with most points at the end of the game is the winner. We had to draw interesting pictures such as an octopus, a bookshelf, grapes and many more random words. YACMA played this in 3 rounds and only 6 players remained in the finals. Online games were a great way for YACMA members to have fun and stay socially connected from home.

YACMA Kahoot Night!

The next event in this series was a Kahoot! Quiz on the 14th of May. Kahoot! is an educational gaming platform for online quizzes. Players can join the quiz by entering a code from their own devices to answer questions. For our quiz, we included 6 categories (General, Young. Auckland, Culture, Medical, Association/Members). YACMA asked questions such as “which year did Jacinda DJ at Laneway?” and “guess the exec” based on baby photos of our members. There were also prizes up for grabs for the top 3 players which was a bonus! Our YACMA executive worked hard to come up with entertaining and diverse trivia questions, making this online event yet another success.

ISO Student reviews: WITH YACMA

Grace Zhu

"The skribbl.io tournament was an extremely enjoyable time for me, though I may be biased since I've been a fan of the game for a long time There was a huge turnout, but despite that the event was still well organized! I was anxious to participate at first but I'm glad I did, as it happened to be a great way to socialize during lockdown, and winning the prize (Jackbox Party Pack 6) was definitely a bonus. I strongly recommend anyone who was anxious like me to give all YACMA events a go, you never know what might come out of it!."

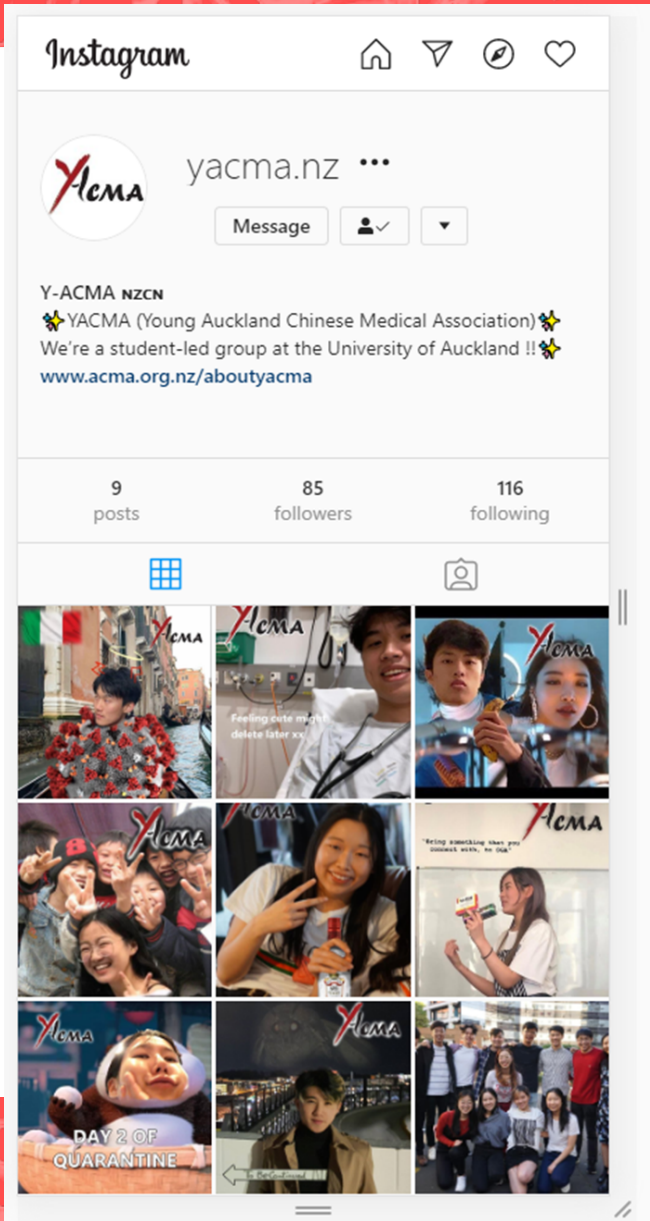
Phoebe Liu

“The Kahoot night was a great time to socialise with YACMA friends over the lockdown period. The game song transported us back to high school where kahoot quizzes were the highlight of the day and the preclinical reps came up with some really funny and interesting questions for us to answer. Overall, it was a well-coordinated event with a great turn out. The cash prize was just the icing on the cake!”

Upcoming Events

YACMA Yumcha	18th July
Winter Social Event	26th July (TBD)
CME 3	16th August
YACMA Communications Workshop	31st August
ACCC Senior lifestyle club dementia talk	September
YACMA Retreat	11th September (TBD)
ACMA-TANI Collaborative Health Talk 3	12th September
Chinese Community Health Talk and Health Stall	31st october
AGM	8th November
ACMA-TANI Collaborative Health Talk 4	21st November

Check out our Instagram page!



Message From The Editors

编辑语录

We hope you have enjoyed reading this month's ACMA newsletter! The start of 2020 has definitely been a whirlwind and we would like to thank everyone for their work and support during this period.

We do have some exciting YACMA and ACMA events to look forward to in the second semester including our Yumcha, YACMA retreat and our 3rd CME.

We look forward to seeing everyone again at these events :) In the meantime stay safe and for those of you who are on break we hope you have a well deserved rest.

If anyone has any feedback for us in regards to the format and/or content of our newsletters, please do not hesitate to get in contact with us via email: editors@acma.org.nz

Angela, Yusi, Phoebe and Kevin