phn MURRAY

An Australian Government Initiative

MURRAY HEALTH REPORT

MULTICULTURALISM IN OUR REGION | SEPTEMBER 2024

Acknowledgement of Country

Murray PHN acknowledges its catchment crosses over many unceded First Nations Countries following the Dhelkunya Yaluk (Healing River).

We pay our respects and give thanks to the Ancestors, Elders and Young People for their nurturing, protection and caregiving of these sacred lands and waterways, acknowledging their continuation of cultural, spiritual and educational practices.

We are grateful for the sharing of Country and the renewal that Country gives us. We acknowledge and express our sorrow that this sharing has come at a personal, spiritual and cultural cost to the wellbeing of First Nations Peoples.

We commit to addressing the injustices of colonisation across our catchment, and to listening to the wisdom of First Nations communities who hold the knowledge to enable healing.

We extend that respect to all Aboriginal and Torres Strait Islander Peoples.

OUR COMMITMENT TO BEING AN ANTI-RACIST COMPANY

We aspire to be an anti-racist organisation, embedding cultural humility as a daily practice, to improve health outcomes and health equity in our communities. We recognise cultural humility as a life-long commitment to self-reflection, personal growth and redressing power imbalances in our society.

Message from our CEO

Murray PHN is one of 29 PHNs (Primary Health Networks) around Australia supporting effective and efficient primary care and service systems in our regions, through commissioning, coordination and capacity building.

We work most with primary healthcare – general practitioners (GPs), community health, Aboriginal Community Controlled Health Organisations (ACCHOs), pharmacy, aged care and allied health practitioners – and with acute services, such as hospitals, specialists, ambulance and emergency care.

This year, the PHN Cooperative, made up of 28 PHNs across Australia, developed a key strategy on multicultural health in its PHN Multicultural Health Framework. The framework is designed to be a roadmap to improvement and to be flexible, rather than prescriptive, in order to guide planning and implementation at a local level, in line with local needs.

Australia has been a strong and diverse country for millennia, with many Aboriginal and Torres Strait Islander Nations. In the last century or so, our country has grown stronger and more diverse through the many waves of international migration, including post-war European and Vietnamese humanitarian entrants and people from China, India, the Middle East and other countries, who come here in pursuit of a better life.

Overseas-born residents are often highly skilled, with many contributing to our healthcare sector as medical practitioners, nurses, aged care workers and others. Other temporary migrant workers are meeting the labour needs of our farmers in regional areas, improving their ability to support their own families.

In 2021, a total of 88,217 people in the Murray PHN region reported that they were born overseas, making up almost 12 per cent of our total population. Of those, more than two-thirds came from predominantly non-English speaking backgrounds. The top three local government areas in our region with the greatest number of overseas-born people are Greater Shepparton, Greater Bendigo and Mildura.

While many of our migrants have, or achieve, fluency in English, others struggle with healthcare information that is not in their native tongues.

Some groups in our community have come from places where they did not have access to a universal health system, like ours or, due to the trauma they have suffered, may be reluctant or unsure how to seek the care they need.

Lack of health literacy, misinformation, racism and trauma can all contribute to late diagnoses for chronic illnesses and cancers and even antenatal care for pregnancy. This is not the health equity that people deserve.

As primary healthcare commissioners and service providers, we need to do better. We need to understand the needs of these people, starting with the need for interpreters, so that their histories can be recorded.

Eight or so years ago, Murray PHN introduced the "Ask the Question" quality improvement activity for general practice, in order to establish which patients identified as First Nations and were able to access the additional support needed to improve health outcomes in their communities.

More recently, Murray PHN has funded health navigator programs in Bendigo, Shepparton and Robinvale, where native speakers of various languages can reach out to local diverse communities and help them, literally, navigate the health system.

Primary care providers now have a range of quality resources to help them deliver optimum patient care to non-English speaking people more easily. Importantly, most providers can access telephone interpreting services free of charge, to help them understand and then capture the social, cultural and health issues that can make good medical care possible.

In our general practice quality improvement work, we aim to support health providers to register for and use the Translating and Interpreting Services (TIS National) and to give them the confidence to use the service well.

We also encourage coordination between service providers to share existing language resources and best practices to improve access to health services and information for people with low English proficiency.

But there is much more to be done – in order to ensure culturally safe primary healthcare we believe that primary healthcare providers should consistently collect the five key culturally and linguistically diverse (CALD) data fields (country of birth, language spoken, interpreter required, ethnicity/cultural background, year of arrival in Australia) in a sensitive and supportive way, and use this information to tailor their services and programs for person-centred care. Through this work, we will begin to address the often misunderstood systemic racism that impacts on people's access to health and their healthcare outcomes.

Matt Jones
Chief Executive Officer

MURRAY HEALTH REPORT

INSIDE:

Our region is home to a diverse population that includes First Nations Peoples and various migrant groups such as first and second-generation migrants, post-war European migrants, permanent and temporary skilled migrants, family and partner visa holders, international students and humanitarian migrants (refugees and asylum seekers).

INTRODUCTION

It is often said that Australia is the most successful multicultural society in the world, in part because immigration is the foundation of our diverse population.

While First Nations Peoples were Australia's original inhabitants, waves of immigration since Australia was colonised by the British and Irish mean that almost half of our current population was either born overseas or has at least one parent born overseas.

Many newly arrived immigrants cluster in our cities, where they have family or professional links. But increasingly, groups of migrants – skilled, unskilled and humanitarian entrants – are making their homes in regional Victoria, adding significant value to local enterprise and making our communities more culturally rich.

In May 2023, the Australian Government allocated funding to Primary Health Networks (PHNs) to support improved multicultural access to primary healthcare services for culturally and linguistically diverse (CALD) populations.

The PHN Cooperative, of which Murray PHN is a member, released a multicultural framework in February this year, with a view to supporting multicultural communities so that they can receive the same levels of healthcare that most Australians have come to expect.

The PHN Multicultural Framework is designed to be a roadmap to improvement and to be flexible, rather than prescriptive, in order to guide planning and implementation.

The framework acknowledges that people from multicultural backgrounds, particularly non-English speaking backgrounds, often face additional difficulties in accessing and navigating the Australian healthcare system.

Language barriers, health literacy, cultural safety and stigma can all play a part in people failing to get healthcare in the right place, at the right time.

Cultural background data is not consistently captured in healthcare settings, despite the influence of culture and language on a person's understanding of healthcare systems and how to access them. A person's past experiences of healthcare can also impact their perceptions of what it means to be healthy.

With a dedicated focus on supporting the delivery of coordinated, person-centred care, PHNs are well placed to increase access and improve the effectiveness of health services and quality of healthcare for people from multicultural backgrounds.

In line with the framework and our obligations to the Commonwealth, Murray PHN has recently undertaken assessments of the health needs of people from CALD and First Nations backgrounds to give us greater insights into their key health issues. This report predominantly covers the needs of people from CALD backgrounds. We anticipate producing a separate Murray Health Report on the needs of First Nations Peoples.

Primary healthcare is the initial point of contact with the healthcare system. It encompasses general practitioners and other healthcare providers, and forms the foundation of an effective healthcare system. When functioning effectively, primary healthcare promotes wellness and reduces hospitalisations. Regardless of location, income, cultural background or gender, everyone should have access to primary healthcare. Unfortunately, access has become more challenging for various groups, including rural residents, First Nations Peoples, those with disabilities, low-income individuals, and those from CALD backgrounds.

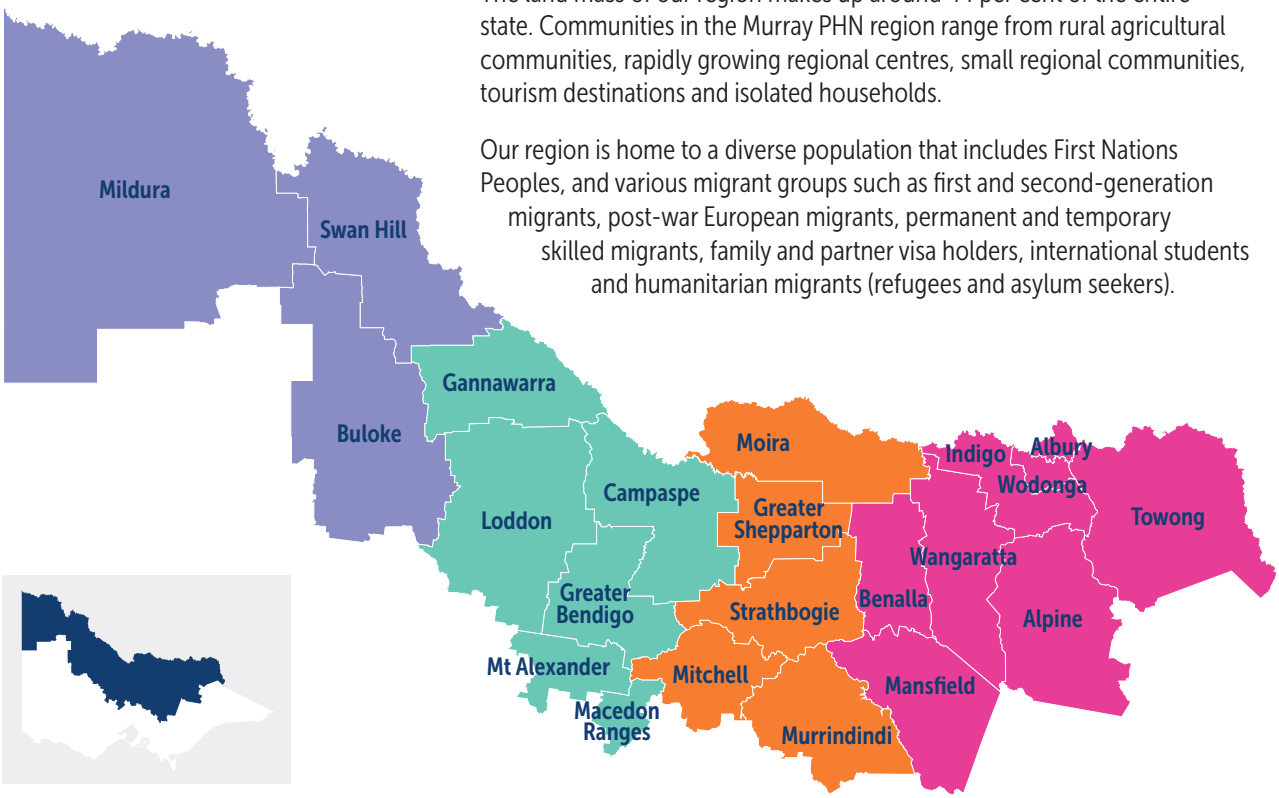
We have worked to identify gaps in primary health service arrangements, or delivery, and access to health services for CALD communities in the Murray PHN region, along with any barriers to accessing services.

OUR REGION

The Murray PHN catchment, which covers almost 100,000 square kilometres and 22 local government areas, is home to approximately 660,000 people, including almost one third of Victoria's First Nations Peoples.

The land mass of our region makes up around 44 per cent of the entire state. Communities in the Murray PHN region range from rural agricultural communities, rapidly growing regional centres, small regional communities, tourism destinations and isolated households.

Our region is home to a diverse population that includes First Nations Peoples, and various migrant groups such as first and second-generation migrants, post-war European migrants, permanent and temporary skilled migrants, family and partner visa holders, international students and humanitarian migrants (refugees and asylum seekers).



	Local government areas (LGAs)	GP full-time equivalent	Aged care services	General practice services	Public hospitals	Private hospitals	ACCHOs
North West Vic	3	75	39	25	9	1	1
Central Vic	6	294	62	73	13	3	3
Goulburn Valley	5	200	85	48	10	4	1
North East Vic	8	203	60	48	12	7	2
Murray PHN	22	772	246	194	44	15	7

January 2024

Image from Adobe Stock

FIRST NATIONS HEALTH AND HEALING STRATEGY

First Nations people have a long and continuous connection to Country and are diverse in both language and culture. Their experiences and needs as First Peoples are unique and have been considered distinct from the culturally and linguistically diverse population for the purposes of this report.

Our commitment to the health of First Nations people across the Murray PHN catchment can be seen in our First Nations Health and Healing Strategy.

For First Nations Peoples, good health is seen as more than just the absence of disease or illness.

Good healthcare takes a holistic approach that includes physical, social, emotional, cultural and spiritual wellbeing, for both the individual and the community.

Our goal with our established First Nations Health and Healing Strategy is to ensure that primary health services and the health service system across the Murray PHN region can be responsive to the needs of our First Nations communities. We have a strong commitment to reconciliation and addressing the impacts of systemic racism and colonisation on the health and wellbeing of First Nations Peoples.

MULTICULTURALISM ACROSS THE MURRAY PHN CATCHMENT

In 2021, 88,217 people in our region reported they were born overseas, accounting for almost 12 per cent of our total population. Of those, more than two-thirds came from non-English speaking backgrounds.

Many of our overseas residents are highly skilled and contribute to our healthcare sector as medical practitioners, nurses, aged care workers and others.

The top three local government areas with the greatest number of overseas-born people are Greater Shepparton, Greater Bendigo and Mildura. The top three languages other than English spoken in our region are Punjabi, Italian and Mandarin.

The culturally and linguistically diverse (CALD) population has an overall younger age profile compared with the whole Murray PHN population, which like many regional areas, is ageing. The estimated mean age for all residents in our region is just under 42 years, compared with 36.5 years for those who speak a language other than English at home.

More than half of the people who speak a language other than English at home are aged between 20 and 49, compared with a little more than a third of the whole population. And only 16 per cent of this population are aged more than 60, compared with almost 29 per cent of the whole population.

Murray PHN's population has increased in recent decades with temporary and permanent skilled migrants through government economic initiatives such as the regional skilled worker and employer-sponsored visa programs.

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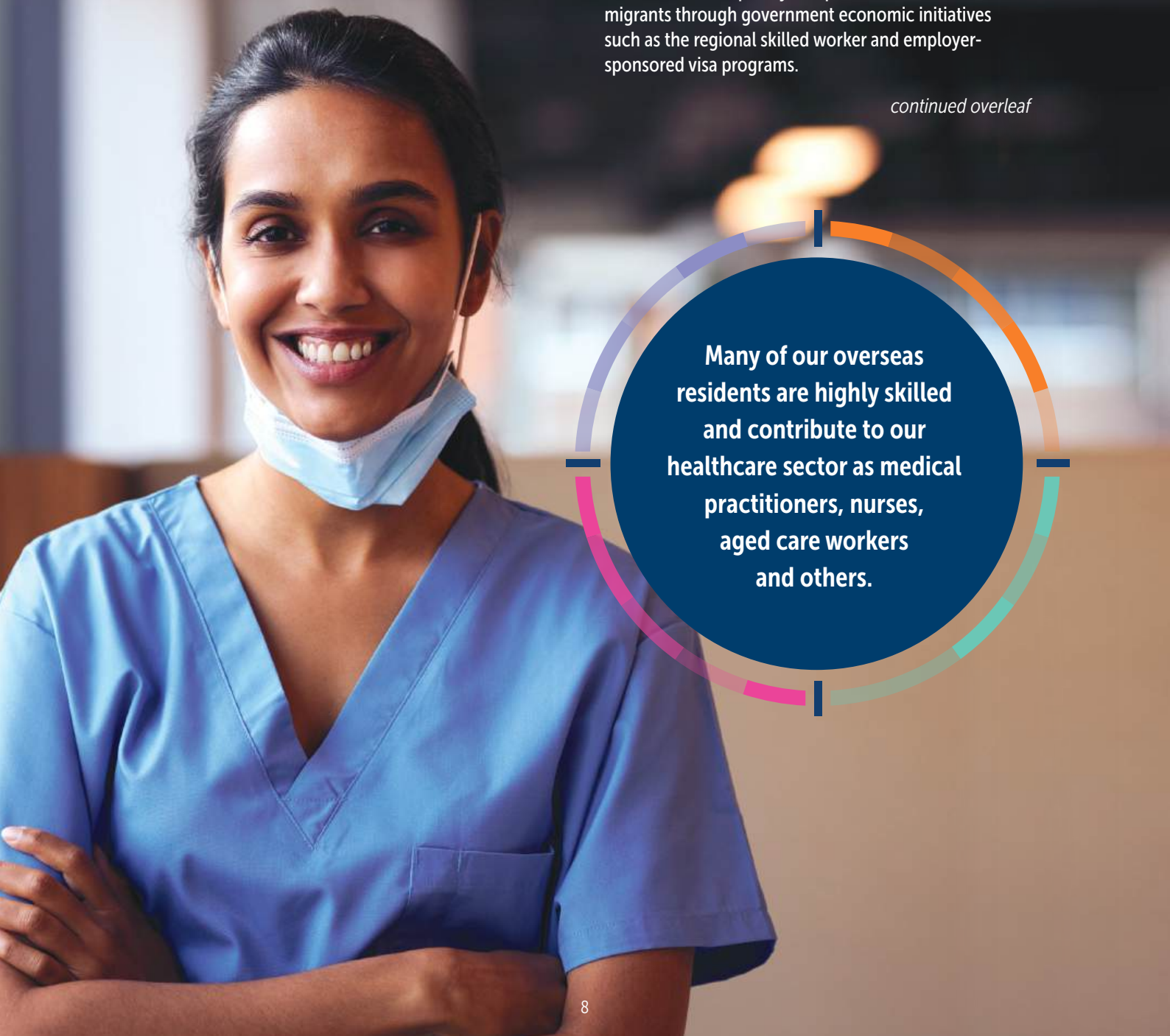

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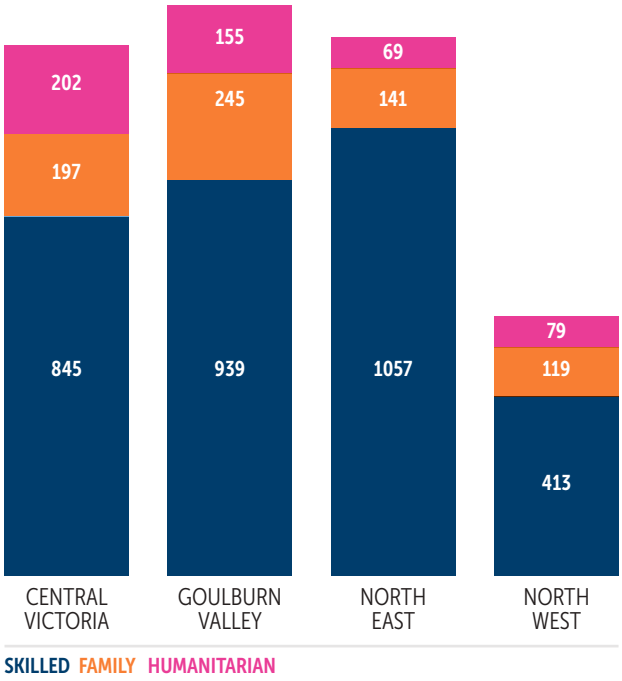

The greatest number of permanent settlers in 2022-23 in the four Murray PHN regions were skilled migrants, followed by family and humanitarian settlers.

Over the past 10 years, the highest number of permanent skilled migrants have settled in the local government areas (LGA) of Greater Shepparton, Greater Bendigo, Albury/Wodonga, Mitchell and Mildura.

Source: Australian Government Dept of Home Affairs Settlement Reports 2023

Since the late 2000s, several regional Victorian centres, including Greater Bendigo, Greater Shepparton, Albury/Wodonga and Mildura have been designated locations for the Australian Government's regional Humanitarian Settlement Program (HSP).

Support for these communities is provided by various state and federal funding programs such as the HSP, Settlement Engagement and Transition Support (SETS) program and the Adult Migrant English Program (AMEP).

In 2022, the Australian Government introduced the Pacific Australia Labour Mobility (PALM) scheme, a temporary migration program enabling Australian businesses to hire workers from Timor-Leste and Pacific Island countries in areas where there is a shortage of local workers.

Stakeholders estimate that the Goulburn Valley and Mallee agricultural regions have attracted significant numbers of PALM scheme workers, with up to 5000 in peak season.

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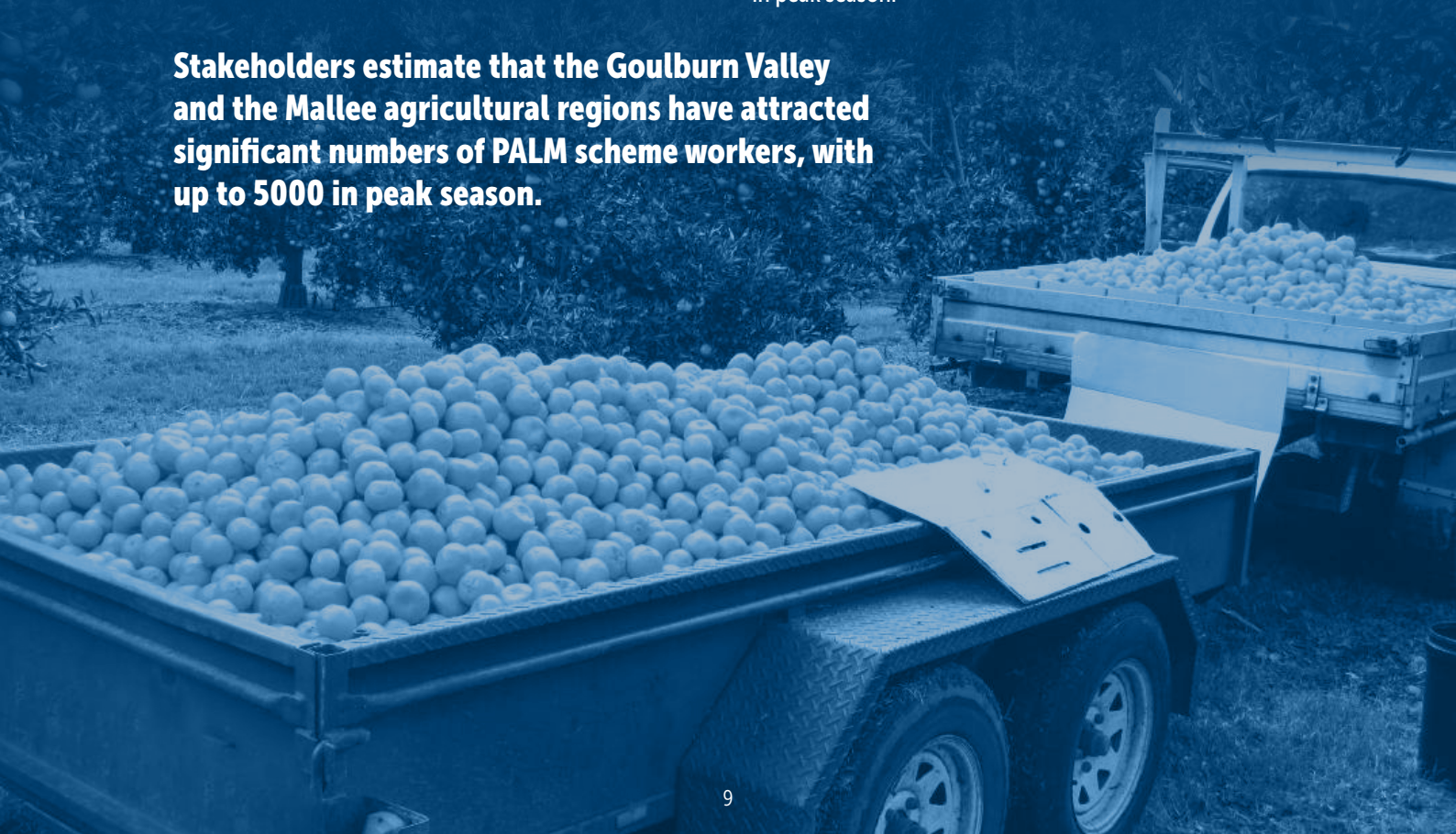


CULTURALLY AND LINGUISTICALLY DIVERSE POPULATIONS

BORN OVERSEAS

AUSTRALIAN POPULATION*	MURRAY PHN REGION POPULATION
27.6 %	11.7 %

TOP 5 LANGUAGES USED AT HOME
(OTHER THAN ENGLISH)

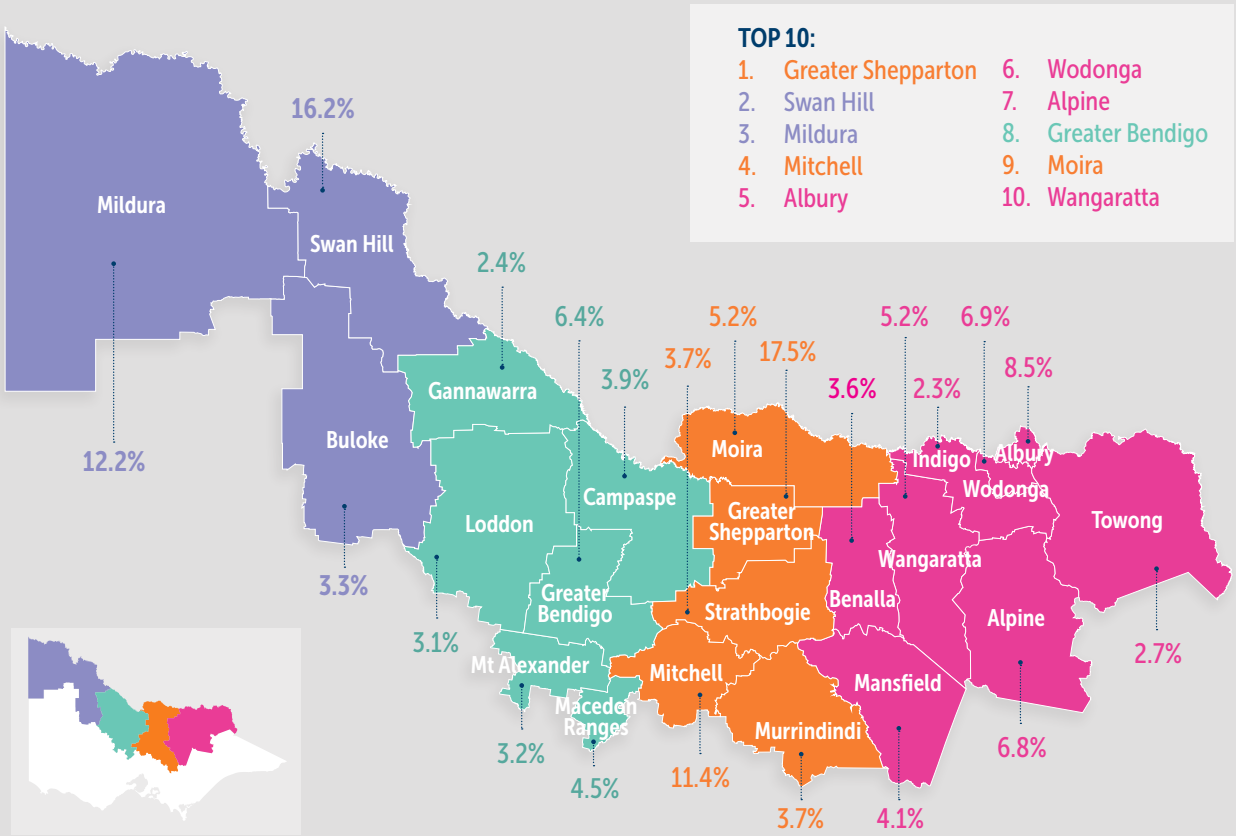
AUSTRALIAN POPULATION*	MURRAY PHN REGION POPULATION
Mandarin (2.7%)	Punjabi (0.7%)
Arabic (1.4 %)	Italian (0.7%)
Vietnamese (1.3%)	Mandarin (0.6%)
Cantonese (1.2 %)	Arabic (0.3%)
Punjabi (0.9 %)	Malayalam (0.2%)

TOP 5 COUNTRIES OF BIRTH
(PREDOMINANTLY NON-ENGLISH SPEAKING COUNTRIES)

AUSTRALIAN POPULATION*	MURRAY PHN REGION POPULATION
INDIA	INDIA
CHINA	PHILIPPINES
PHILIPPINES	MALAYSIA
VIETNAM	ITALY
MALAYSIA	GERMANY

*Australian Population - ABS Census 2021

LGAs ranked by proportion of region population born in non-English speaking countries

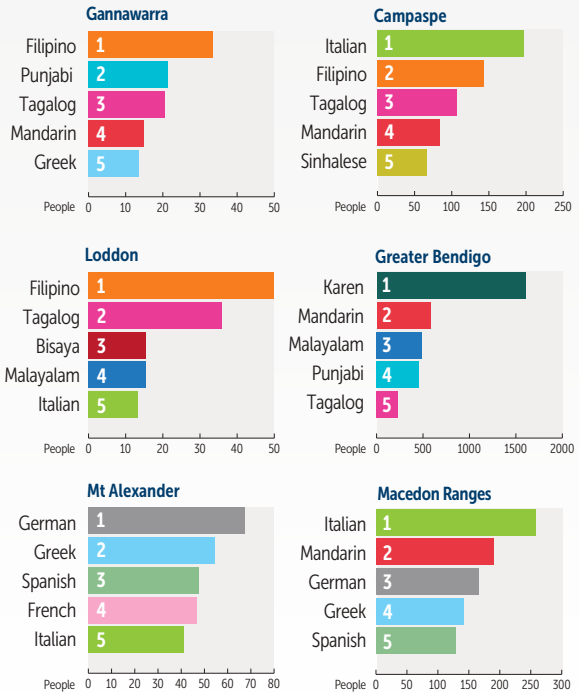


LGA population who speak a language other than English at home

CENTRAL VICTORIA

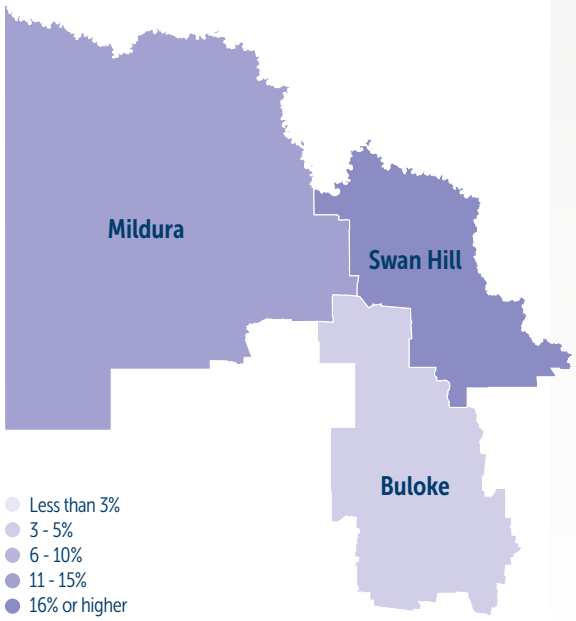
Proportion of LGA population that speak languages other than English (LOTE) at home

Language spoken the most at home (outside English) ranked 1-5

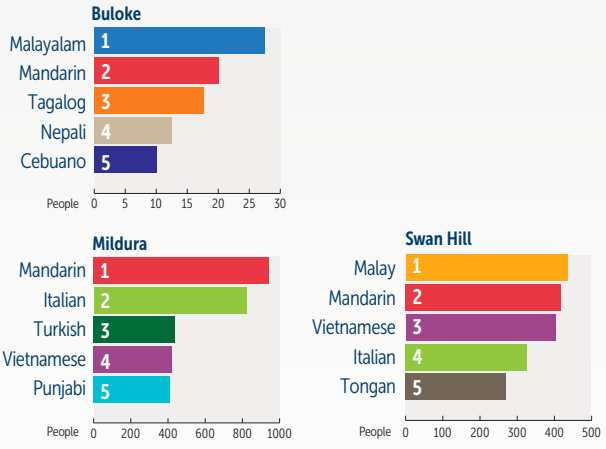


NORTH WEST VICTORIA

Proportion of LGA population that speak languages other than English (LOTE) at home



Language spoken the most at home (outside English) ranked 1-5

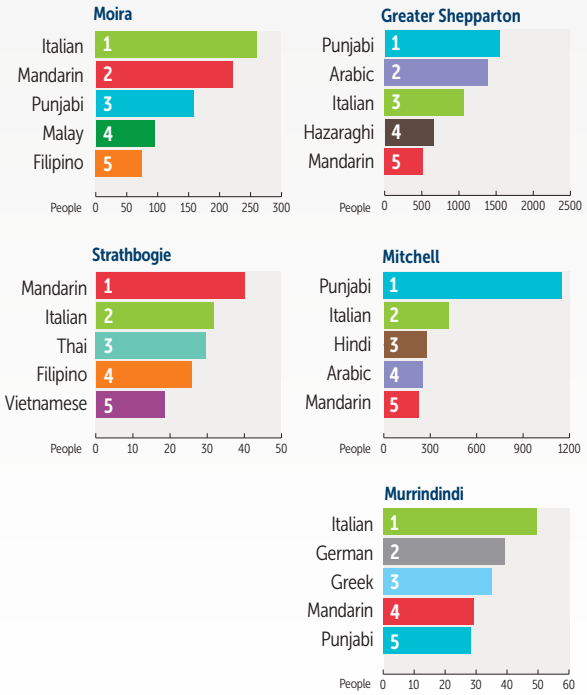


Source: ABS Census of Population and Housing 2021. Public data: accessible to all audiences

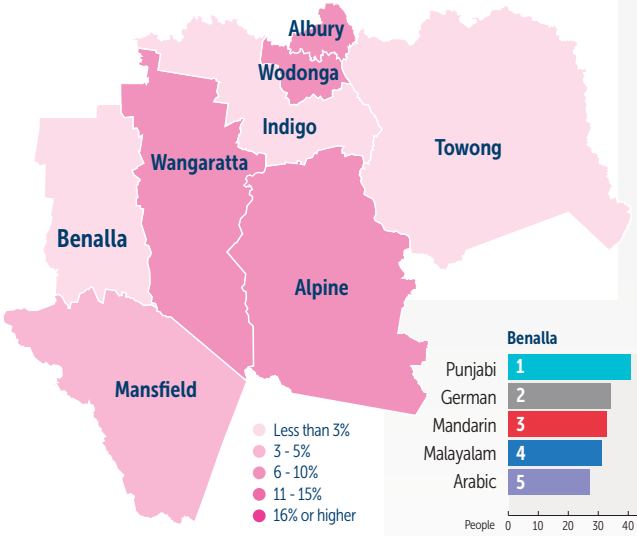
GOULBURN VALLEY

Proportion of LGA population that speak languages other than English (LOTE) at home

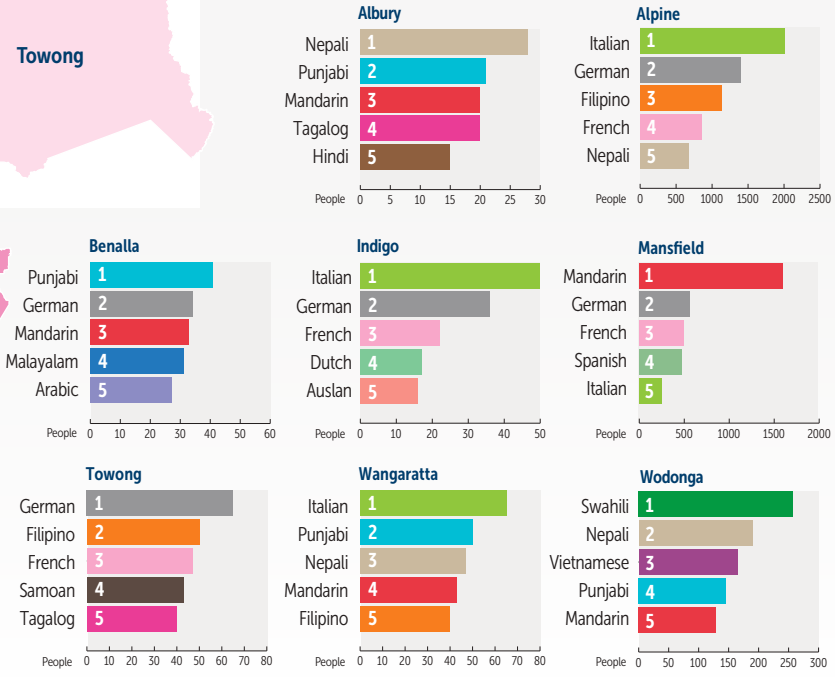
Language spoken the most at home (outside English) ranked 1-5



NORTH EAST VICTORIA



Language spoken the most at home (outside English) ranked 1-5



Proportion of LGA population that speak languages other than English (LOTE) at home

THE HEALTH OF OUR MULTICULTURAL COMMUNITIES

Across our region, Greater Bendigo, Greater Shepparton, Albury, Wodonga and Mildura have been designated as locations for refugee settlement under the Australian Government's Humanitarian Settlement Program.

Humanitarian entrants, who come to Australia as refugees or asylum seekers, may have much greater need than other culturally and linguistically diverse (CALD) communities. They often experience psychological and trauma-related conditions, including stress, post-traumatic stress disorder, racism and mental illness. We know these are significant conditions, but they are under-reported issues for many people from humanitarian and other CALD backgrounds. Their experiences before they came to Australia can also make them reluctant to access healthcare in a timely manner.

The rates of self-reported long-term health conditions were lower for all conditions in the CALD population compared with the whole population, for various reasons. Self-reporting relies on factors such as health literacy, English proficiency, an understanding of the potential care available for conditions, or perhaps the fear or stigma of being seen to be unwell – particularly with mental health issues.

"The rates of self-reported long-term health conditions were lower for all conditions in the CALD population compared with the whole population..."

There is a phenomenon called the "healthy migrant effect" where migrants from lower income countries migrate to higher income countries, such as Australia, and are generally healthier than people in the host country and their country of origin.

The relative health of migrants typically deteriorates over time, eventually levelling out or passing the health status of the local population. Explanations for this include the rigorous pre-arrival health screening, or that people who choose to relocate are typically healthier and wealthier than the populations they leave behind.

Notably, the healthy migrant effect is more likely among voluntary migrants, such as skilled or family stream migrants, and less likely among forced or involuntary migrants, such as refugees and asylum seekers.

Overall, the communities most at risk are newly arrived refugees (especially those who are isolated from their language groups) and unskilled workers and their families.

In many cases, these groups have not previously had access to a universal health system, as we have in Australia. Lack of health literacy, misinformation, racism and trauma can all contribute to late diagnoses for chronic illnesses, cancer and even antenatal care for pregnancy, meaning that first contact with the health system may not occur until an issue has progressed.

When migrants come to Australia, the Commonwealth Department for Home Affairs and its partner agencies look for existing links that the migrants may have, to help people settle more quickly and effectively.

Settlement providers in each area link refugees with local health services for health checks and screening. They also provide a general orientation to the health system, although it can still be difficult for them to know of and access services.

Health navigators who can speak with people in their own language are a key part of improving primary healthcare access, which is why Murray PHN has funded health navigator programs in Bendigo, Shepparton and Robinvale.

Importantly, rates of long-term health conditions can vary substantially between language groups. People who speak Italian and Greek had notably higher rates of the main long-term health conditions, including arthritis, dementia, diabetes, heart disease and mental health conditions, compared with other language groups. These differences are likely to reflect varying age profiles of different language groups.

TOP 5 LONG-TERM HEALTH CONDITIONS REPORTED IN THE CALD COMMUNITY:

1. OTHER LONG-TERM HEALTH CONDITIONS (64 per 1000 people)
2. ARTHRITIS (56)
3. DIABETES (53)
4. ASTHMA (48)
5. MENTAL HEALTH CONDITIONS (45)

Infectious diseases, including tuberculosis, HIV, Hepatitis B and C and a range of sexually transmitted diseases, are more common in some parts of the CALD community.

Chronic pain, family and gendered violence, exploitation, and alcohol and other drug (AOD) use disorders are also notable issues.

Our data analysis showed that the LGAs with the highest level of health needs for CALD populations are Greater Shepparton, Alpine, Mildura, Wangaratta, Strathbogie and Swan Hill.

THE IMPORTANCE OF LANGUAGE IN ACCESSING HEALTHCARE

In 2021, 55,305 people across the Murray PHN catchment, or almost eight per cent of our total population, reported using a language other than English (LOTE) at home.

This is considerably lower than the 27.5 per cent of all Victorians who report using a LOTE at home according to according to data collected in the 2021 Census and confirmed by Australian Bureau of Statistics in 2023.

Table 8 - People who speak a LOTE at home

Murray PHN region	Count	Proportion of region population	Proportion of Murray PHN catchment LOTE population
North West	10,646	12.6%	19.2%
Goulburn Valley	20,181	11.5%	36.5%
North East	11,672	6.1%	21.1%
Central Victoria	12,798	5.1%	23.1%

Source: ABS Census of Population and Housing 2021 Tablebuilder.

Eighteen language groups had more than 100 speakers who identified as having low English proficiency. Together, these groups account for 82 per cent of the total residents with low English proficiency across the Murray PHN region.

In the 2021 Census, 9565 people or 17.7 per cent of those who spoke a LOTE at home indicated they did not speak English well or at all. This equates to 1.4 per cent of the whole Murray PHN population, with more than 60 per cent of these residents living in our Goulburn Valley and North West regions.

Table 9 - People with low English proficiency

Rank	Murray PHN region	Count	Proportion of region population	Proportion of LOTE speakers
1	North West	2924	3.5%	28.1%
2	Goulburn Valley	3195	1.8%	16.1%
3	Central Victoria	1887	0.8%	15.1%
4	North East	1559	0.8%	13.8%

While many migrants have, or achieve, a high proficiency in the English language, others struggle with understanding healthcare information that is not in their native tongue.

In order to understand the particular needs of our culturally and linguistically diverse (CALD) communities, Murray PHN conducted extensive community consultations to gather first-hand lived experiences.

Stakeholder consultations were held with more than 40 groups in the health and community sectors across the four Murray PHN regions – North West, North East, Central Victoria and Goulburn Valley.

Groups consulted included people from migrant and refugee backgrounds, community organisations and representative groups, primary care services, hospitals and other health services, Commonwealth funded settlement services, multicultural peak bodies, mental health services, and local and state government departments.

Stakeholder engagement took place through targeted focus group meetings and semi-structured interviews, both in person and online.

The following list is a distillation of the issues raised and the comments we received.

CHRONIC DISEASES

The key conditions noted within the CALD population were stroke, heart disease, diabetes, kidney disease and dementia.

MENTAL HEALTH

Despite low rates in the official statistics, poor mental health was a commonly reported concern especially in relation to trauma, stress, post-traumatic stress disorder and suicide risk. Issues raised were cultural differences and understandings of mental health, fear and stigma at the individual, community and health workforce levels.

WOMEN'S AND REPRODUCTIVE HEALTH

High rates of late presentation for antenatal pregnancy care occurs in some CALD communities, as well as multiple pregnancies and sexual health issues.

INFECTIOUS DISEASES

HIV, tuberculosis, Hepatitis B, Hepatitis C, syphilis and other sexually transmitted diseases were noted as more commonly seen in some groups in CALD communities.

FAMILY AND GENDER-BASED VIOLENCE

This was noted as a 'huge issue' in some parts of the CALD community, in particular when people had precarious immigration status.

ALCOHOL AND OTHER DRUG USE

Reported as a concern for some CALD populations, including tobacco, alcohol, opiates and betel nut use, often in conjunction with mental health issues. The issue is more complex when use of drugs or alcohol contradict strong individual or community cultural or religious beliefs.

CHRONIC PAIN

CALD populations are more commonly affected by chronic and/or psychosomatic pain. Back pain was also noted for people with a history of manual labour.

LATE HEALTH AND CANCER SCREENING

A range of factors is thought to contribute to late screening, including a lack of health literacy, lack of awareness of screening availability or process, or cultural community beliefs or misconceptions – for example, that screening causes cancer.

OCCUPATIONAL HEALTH ISSUES

For manual labourers and agricultural workers, the key issues are traumatic or overuse injuries and skin and eye conditions.

AUTISM AND OTHER NEURO-DEVELOPMENTAL CONDITIONS

These conditions were reported to frequently be undiagnosed in children before their arrival in Australia but identified once the family has settled.

EXPLOITATION

Sexual and workplace exploitation can significantly impact health and wellbeing. Some groups within the CALD community were noted to be vulnerable to various forms of exploitation including single women and women on partner visas, refugees, LGBTIQA+ people and people with insecure work and/or visa status.

NUTRITION AND POOR DIET

Some stakeholders reported that the change in diet and food environment for recent migrants can be problematic. For example, increased availability and consumption of 'junk foods' were thought to be contributing factors to higher rates of diet-related conditions such as heart disease and diabetes.

HOMELESSNESS

Housing stress was reported to be a growing issue for CALD populations in some areas with housing affordability and availability issues.

THE NEEDS OF DIFFERENT GROUPS WITHIN DIVERSE COMMUNITIES

Our consultations also included an examination of the particular needs of different sub-groups of people within the culturally and linguistically diverse community.

CHILDREN AND YOUNG PEOPLE

Our stakeholders reported mental health and suicide as a particular concern for CALD young people. Primary health access barriers for this group include lack of service awareness, lack of services in some regional towns and long waiting lists. The health, education and social needs of some migrant children were also a concern for some groups that may be negatively impacted by visa status, Medicare ineligibility, lack of access to preschool and school, and other migration challenges.

WOMEN AND GIRLS

Some CALD or refugee women and girls prefer to consult female practitioners for cultural, religious or personal reasons. In these cases, engaging with a male practitioner may not result in all of their health needs being met; a particular challenge in communities with health workforce shortages.

OLDER PEOPLE

Certain groups of older CALD people can sometimes 'fall through the cracks' of health and other support systems, especially where language is a barrier. The lack of bilingual workers in aged care homes, aged care support services and generally in rural and regional areas makes communication about even basic needs very difficult for some older CALD people.

LGBTQIA+

LGBTQIA+ migrants and refugees often face additional challenges accessing appropriate support, as those from CALD backgrounds were at an increased risk of persecution from non-LGBTQIA+ community members, or exclusion from their families. Concerns regarding sexual assault and exploitation, sexual health and mental health support, especially for asylum seekers and persons from ethnic minorities, were also reported.

PEOPLE WITH DISABILITY

Lack of understanding of Australian disability services, low health literacy and complex service systems are all seen as significant barriers for people with disabilities from CALD backgrounds.

MIGRANT WORKERS/FAMILIES

Stakeholders in the Mildura, Swan Hill and Shepparton regions identified migrant workers, particularly PALM scheme workers, as at higher risk of poor health outcomes. As well as the psychological impacts of cultural transition and isolation, they face health risks including manual work injuries, sun exposure and lifestyle factors, such as AOD and tobacco use.

Services report generally lower levels of health literacy, health-seeking behaviour and service awareness within this cohort.

While PALM workers are required to hold private health insurance as a condition of their visa, it was reported that many workers were not using the healthcare system and not benefiting from their insurance coverage.

ASYLUM SEEKERS AND OTHERS WITH UNCERTAIN VISA STATUS

Services reported that some cohorts – people seeking asylum, temporary and bridging visa holders, and unlawful or undocumented residents (e.g. migrants living in Australia on cancelled or expired visas) - are especially vulnerable to poor health access, in particular, people ineligible for Medicare. The "fear of being found out" impacts health access and willingness to seek out healthcare, compounded by a lack of health service awareness and low health literacy.

The exploitation of migrant workers in Australia is pervasive and well documented, with racism, abuse and wage theft of workers all reported by stakeholders.

TORTURE AND TRAUMA SURVIVORS

Some populations have survived the trauma of persecution, war and forced displacement, which means trauma-informed primary care services are essential to healthcare access for these people. One stakeholder told us that for many people from CALD backgrounds, "trauma itself can be even more of a barrier than language."

BARRIERS

TO CULTURALLY DIVERSE GROUPS ACCESSING HEALTH SERVICES

Barriers to accessing healthcare can be cultural, social, environmental and personal, and can prevent individuals from obtaining appropriate healthcare when they most require it. Recognising and addressing these barriers is a crucial part of our work in promoting equitable access to healthcare services and improving overall health outcomes.

Common barriers that CALD communities face when accessing health services include language, location, cost, discrimination and fear, as detailed in the table.

At a local forum involving a panel discussion with several settlement providers, an audience member asked: "What would it feel like [to a refugee client] to receive a warm and welcoming experience from a mainstream service (such as a primary healthcare provider)?"

One of the panellists answered, "They would feel dignified and welcome in their community," while a second panellist said, "...they would feel great joy... their barriers are real, but invisible to everyone else."

Linguistic and cultural differences	Language barriers can hinder effective communication between patients and healthcare providers. Additionally, cultural differences may affect understanding of health information and willingness to seek care.
Geographic accessibility	Limited access to healthcare facilities due to distance, lack of transportation or rural/remote locations can prevent individuals from seeking timely medical attention.
Financial constraints	High costs associated with healthcare services, including consultation fees, medications and diagnostic tests, and other socioeconomic factors, can deter people from seeking necessary care.
Health literacy	Inadequate understanding of health information, medical terminology and treatment options can lead to delays in seeking help or inappropriate self-management.
Racism and discrimination	Fear of judgment or discrimination based on race and culture or health conditions (e.g. mental health, substance abuse, HIV/AIDS) may prevent individuals from seeking care.
Fear and mistrust	Negative past experiences with healthcare providers, fear of diagnosis or mistrust of the healthcare system can discourage people from seeking medical attention.
Social and cultural norms	Societal norms, gender roles and family expectations may influence healthcare-seeking behaviour. For instance, women may prioritise family needs over their own health, or, for cultural or religious reasons, it may be inappropriate for some CALD females to consult a male physician.
Health system complexity	Navigating complex healthcare systems, paperwork and administrative processes can be overwhelming, especially for vulnerable populations.
Lack of awareness	Some individuals may not be aware of available health services, preventive measures or early signs of health issues.
Immigration status	Undocumented immigrants or individuals with uncertain immigration status may fear deportation or legal repercussions when accessing healthcare.

WHAT WE KNOW WE NEED – AND WHAT WE CAN DO ABOUT IT

It is clear from our information gathering that the dominant health needs of our culturally and linguistically diverse (CALD) communities are based around three related areas – interpreter services and translated health information, support to navigate our health system and access to culturally safe primary healthcare. And in our daily work of commissioning, coordination and capacity building in our region, there are other opportunities for us to help make primary healthcare more accessible and welcoming.

This assessment of the needs of multicultural communities will help us design programs that help all people in our communities to get the right primary healthcare, at the right time and in the right place.

We see opportunities for health service providers to collaborate with established community leaders and groups to develop tailored health programs and information or to engage with target CALD communities via established local networks.

Ultimately, our main role is to help to improve health outcomes for everyone in our region, through a combination of commissioning, coordination of existing services and capacity building among health providers.

With our recent updated assessment of multicultural health needs, Murray PHN is now in a better position to support CALD communities and the health professionals who serve those communities.

Interpreter services and translated health information – so that people can understand and be understood

This can include:

- Advocating for the recruitment and retention of more on-site interpreters in regional communities
- Supporting health providers to register and use interpreting services such as TIS National
- Supporting the confidence and capacity of the health workforce to effectively access and use interpreter services and translated health information
- Supporting coordination between service providers to share existing in-language resources and best practices to improve access to health services and information for people with low English proficiency
- Supporting collaboration between communities, local organisations, government departments and health providers to develop translated resources when not available for a specific health issue or language group
- Promoting and providing education opportunities to upskill primary care and commissioned service providers (including allied health) for working with interpreters

Health system navigation support – to help people navigate the health system and increase access

- Strengthening and supporting our formal health system navigation services across the region, particularly in the Greater Shepparton, Greater Bendigo and Robinvale regions
- Supporting the diverse range of existing health system navigation services and capacity building of local health systems to understand their communities, build cultural awareness and support health education and service navigation
- Advocating for health navigation services for priority population groups such as people with disability, older people, migrant workers, asylum seekers, and children and young people
- Supporting health and settlement services to provide accessible health and health service information to all new arrivals, and to work with other service providers working with CALD communities to deliver well integrated and coordinated support to access primary healthcare services

Culturally safe primary healthcare – sensitive ways to understand the needs of multicultural patients

- Encouraging primary healthcare services to employ and retain staff and volunteers in both clinical and non-clinical roles, preferably with a focus on new and emerging CALD populations or those with low English proficiency
- Addressing systemic racism and unconscious bias that impacts on people's access to health and healthcare outcomes
- Supporting primary health providers to consistently collect the five key CALD data fields (country of birth, language spoken, interpreter required, ethnicity/cultural background, year of arrival in Australia) in a sensitive and supportive way.

Commissioning and capacity building

Knowing who to see or where to go to get the care you need can be confusing or overwhelming, particularly if you are not well, English is not your first language, and you are not familiar with the Australian health system.

Murray PHN funds local health system navigator organisations – Primary Care Connect Shepparton, Bendigo Community Health Services and Robinvale District Health Services – to work closely with general practice and community services to provide direct, non-clinical support, health education and primary healthcare referrals.

These services are focused on underserviced groups, including refugees and people from culturally and linguistically diverse (CALD) backgrounds, and those with multiple and complex, chronic conditions who repeatedly present to hospital, or experience barriers in accessing health services.

The Robinvale health navigation program is a partnership between Sunraysia Mallee Ethnic Communities Council and Robinvale District Health Services.

In our capacity building and quality improvement role in primary healthcare, our teams are supporting general practice to provide culturally safe care. This includes informing them of available translated resources and promoting the use of interpreters where English proficiency is limited.

TIS National and VITS Language Loop have been identified as the main providers of interpreting services for primary health services in our catchment. These services generally provide timely access to interpreters, especially when pre-booked. They offer a mix of on-site, phone and video remote interpreting (VRI) services, facilitating communication between clinicians and patients, enhancing cultural safety and improving health outcomes.

The Victorian Virtual Emergency Department (VVED) is also noted as an effective and free service that incorporates the use of interpreters.

On-site interpreter availability is a challenge in many regions. There are fewer challenges accessing both phone and on-site interpreters in large regional centres such as Bendigo and Shepparton, but there is also inconsistent use of interpreters by primary healthcare providers, particularly in private allied health services, specialist clinics and smaller private GP clinics with limited administrative support.

The use of informal interpreters, such as family members or children, is not advised as it can cause clinical safety issues, privacy issues and biased or miscommunication.

MURRAY PHN RESOURCES

In our role as a Primary Health Network, we assist primary healthcare providers to access the information they need for optimum patient care. We regularly provide general practice updates with our "Focus On" series, which tackles topics of interest and importance. We also offer clinicians access at no-cost to our HealthPathways, a collaborative system that offers locally agreed information to make the right decisions, together with patients, at the point of care.

If you are a clinician who does not yet have access to the HealthPathways site, click here.

Interpreter services - Murray HealthPathways

Working with interpreters

Appropriate interpreter use forms part of the RACGP Standards for General Practices.

1. Use objective, professional healthcare interpreters so that non-English speaking and deaf clients can use mainstream services effectively.
2. Offer the services of a professional healthcare interpreter to all patients who are not fluent in English or who are deaf.
3. Consider using an interpreter when:
   - gathering initial history
   - performing a physical examination
   - planning care
   - giving patient information or results
   - beginning treatment or introducing medication
   - providing education.
4. Where possible, use qualified National Accreditation Authority for Translators and Interpreters (NAATI-accredited) medical interpreters, not a family member, to interpret.
5. Only use friends and relatives to interpret:
   - to obtain demographic information
   - to give information about appointment times
   - if the patient has expressly requested it and the problem is minor.

   General practitioners may expose themselves to medico-legal risk if friends and relatives misinterpret and miscommunication occurs about important matters.
6. Use a professional interpreter when getting informed consent for a medical procedure because use of an interpreter is mandatory.
   - Document the interpreter's name on the consent form
   - Consider using a family member for providing extra information.

   Except in the case of medical emergency, never use children to interpret for their family.
7. Identify the need for an interpreter as early as possible and clearly document country of birth and preferred language in the patient file. The treating professional is responsible for arranging the interpreter.
8. Consider tips on using an interpreter. Interpreters may be face-to-face or phone-based.
9. If an interpreter is needed during a phone consultation, see the Royal Australian College of General Practitioners – Telephone Consultations with Patients Requiring an Interpreter for guidance and support.

Other related HealthPathways

- Services for primary care providers and private specialists
- Services for patients

Other resources

- Murray PHN Focus On series
- PHN Cooperative Multicultural Strategy



OTHER RESOURCES FOR CLINICIANS AND COMMUNITY

The Australian Refugee Health Practice Guide
Can be used by doctors, nurses and other primary care providers to inform on-arrival and ongoing healthcare for people from refugee backgrounds, including people seeking asylum.

The Victorian Refugee Health Network
Has a range of resources and tools for health practitioners on the resources page of its website. Some highlights include:

- Working with patients from refugee background – GP administration tips (Refugee Health Network QLD)
- Working effectively with interpreters to support families from refugee backgrounds (Foundation House)

Other resources

- Seeing a patient of refugee background for the first time - Tips for General Practitioners (WA Primary Health Alliance)
- Make your general practice refugee-health ready (North Western Melbourne PHN)
- Managing patients from refugee backgrounds (South Eastern Melbourne PHN)
- Health Translations is a free online library of Australian multilingual health and wellbeing information funded by the Victorian Government. The organisation has a stakeholder kit with communications materials ready to go.
- Appointment translation tool (Cancer Council Victoria)
- Translating and Interpreting Service (TIS National) is an interpreting service provided by the Department of Home Affairs for people who do not speak English and for agencies and businesses that need to communicate with their non-English speaking clients.
- For information on Australia's approach to multicultural affairs, click here.
- Local support services:
  - Albury-Wodonga Ethnic Communities Council
  - Ethnic Council of Shepparton and District
  - Loddon Campaspe Multicultural Services
  - North East Multicultural Association
  - Sunraysia Mallee Ethnic Communities Council

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An Australian Government Initiative

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