

Mr Daniel Coase  
Senior Manager  
MCHPU  
ACT Health Directorate

Dear Daniel

**Re: ACT Health Multicultural Framework**

Thank you for the opportunity to comment on this draft framework. The Public Health Association of Australia has taken the opportunity to seek advice from its most appropriate special interest group and so this response reflects input from more than just the local Branch which I chair. I apologise for the delays that have occurred in providing this response.

By and large, the PHAA understands that this is an overarching framework to apply across ACT Health but look forward to seeing more specific policies and guidance documents for staff that will help staff implement its intent at the clinical interface so that it can have significant impact on the planning and delivery of ACT Health Services to people from the culturally and linguistically diverse communities in the ACT

We would support the idea put forward by the Health Care Consumers Association that a consumer friendly version of this Framework be produced and then translated into languages other than English to ensure that the consumers most affected by the Framework are able to understand it.

We would encourage use of CALD community members themselves as agents for change within the Health Directorate. Members of this community are underrepresented in service delivery agencies ACT Health should ensure that it has mechanisms to allow it to engage with CALD consumers in all aspects of the planning and delivery of services, and in the provision of better health care.

Such entitlements are covered by *The Australian Charter of Healthcare Rights* and are reinforced by the *National Safety and Quality Standards* endorsed by the ACT Government. This will require access to interpreters for CALD consumers to be improved as clear communication is not only the consumer's right, but it will also impact on the health outcome provided, often necessitating further demands on services which might have been avoided had clear communication occurred in the first instance.

To be more specific, in rough sequence with the framework as presented, here are some further comments .

We would support the section on purpose (Section 1.1) being modified to note that a culturally competent health service "Monitors, develops, implements and evaluates an understanding of the health needs of its local culturally and linguistically diverse communities."

When it comes to implementation (Section 1.2), it is unclear how staff performance plans will be established and implemented, and further detail would be helpful.

In section 2, the Background section, the changing pattern of migration is interesting and it may be important to note how many are professional migrants, refugees, work visa holder and business migrants and to note that English language proficiency may be impacted by category of visa status. This comment is picked up again below in relation to Appendix 1.

When addressing the ACT Health Directorate response to multicultural community needs in Section 2.2, the document notes that there have been in-house interpreting services and grants provided to community organisations to facilitate interpreter service in the past but the extent of these services and grants is not documented and probably should be.

Similarly, when discussing risks of inaction (Section 4.3), the framework document does not indicate the scale of intervention that may be required to remedy the inadequate provision of services with its implied risks to safe patient outcomes.

In Section 5 on Guiding Principles, we wonder if it might be useful to state how evidence will be obtained in these communities affected by the framework and what sort of research and will be undertaken into evidence based practice.

In relation to Section 6.4, delivery of services and information which are accessible in culturally safe and appropriate ways, we would like to see reference to participation of more migrant and CALD groups in clinical trials as an additional way to increase health literacy within the multicultural community. Furthermore, consideration could be given to specific recognition of the importance of Domestic Violence as a factor in CALD groups as it is often not effectively addressed in these communities. Finally, in relation to support for mental health patient, it may be worth noting that this is a very difficult area in the mainstream community context and it will necessarily more difficult be effectively implement such services for CALD groups

Finally, in Appendix 1, it may be important to provide information from the ABS about the nature of overseas born residents you have listed. If these are professional migrants then there may well be a difference in their health seeking behaviour

Yours sincerely

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President, ACT Branch  
Public Health Association of Australia

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