Thursday 15 October 2020

Are culturally and linguistically diverse consumers having their needs met during COVID-19?

Last week, Health Consumers Queensland facilitated a conversation between culturally and linguistically diverse (CALD) and non-CALD consumers*, NGOs representing the interests of CALD consumers and staff from Queensland Health's Disability and Multicultural Health Unit who have been leading engagement with CALD communities on the health response to the pandemic, the Social Policy Department, the Deputy Director-General of Corporate Services, the Statewide Lead for COVID-19 for Aged Care and Disability, and the Strategic Communications Branch. In all, more than 40 people were part of this on-line discussion about the issues culturally and linguistically diverse consumers faced in the health system during COVID.

Since April 2020, the Department and stakeholders representing CALD community groups in Queensland have been working together to develop policy and action plans for a COVID-19 response that meets the needs of culturally and linguistically diverse Queenslanders. Throughout this time, Health Consumers Queensland has also been listening to CALD consumers in our frequent Consumer Conversations sharing their experiences of accessing health care during the pandemic and expressing their concerns and views about what is still missing the mark.**

This conversation offered a rare moment for the Department, consumer organisations and every day CALD consumers to reflect upon the opportunities and improvements in access or delivery of health care which have been developed during COVID and collectively ask ourselves how we can keep doing this better.

This Issues Paper is broken into three key sections:

What consumers said: Key positives, concerns and recommendations shared by CALD and non-CALD consumers during the conversation

What has worked well for CALD consumers and led to better connected care

- "Biggest challenge and biggest positive has been building the bridges between government and policy and the community and building the bridge in such a way to create two-way communication because we were all learning through that."
- The recognition of the importance of hearing immigrants' stories.
- The new connections between migrants and communities or community support organisations e.g. international students getting in touch with foodbanks.
- The opportunity to develop resilience.
- "Being able to spend more time with my family and hit the 'refresh' button. This involves more time to teach my children their culture."
- There has been a real collaborative approach and recognition that a community development approach is required and because of COVID-19 there was a real imperative to do things better.
- "The pandemic has opened up new networks between migrants and we need to tap in to this."

What is not working well or is a cause for concern for CALD consumers

Mental health

- "COVID 19 has presented a lot of problems for culturally and linguistically diverse consumers and the general population, including emotions, interruption of mental health services. An inability for CALD consumers to receive mental health services as much was diverted to COVID, the absence of lifestyle activities, counselling, exercise, music, meditation, and prayer."
- "The lack of connections exacerbated the problems with those who have lived experience and those who were well and now are in danger of diagnosis. There needs to be more funding for those activities to help people."
- "There is a lot of stigma around mental health for people from CALD backgrounds and many people won't come out [to access care]. However, these programs will be helpful for people to talk, express their emotions and later talk about the difficult topics of mental health. There has also been stress and trauma in the CALD communities and these are catalysts for mental health."
- World Wellness Group reported: "50% of the calls we are getting are mental health related." The group also reported people who have issues with their visa status or who are on bridging visas are facing serious difficulties and serious mental health issues and impacts on their families.
- Another consumer reminded the group about the challenges of physical distancing measures that have impacted the way CALD communities come together to solve problems, support and care for each other. She described, "With COVID it was very restrictive in the way collectivist cultures are used to dealing with disasters together. We come together rather than going away from each other as with COVID."

Who is being left behind?

Consumers felt strongly about the people they felt had been forgotten or who had fallen through the cracks in the systems. Consumers want these issues to be resolved.

International students

Many consumers on the conversation highlighted the plight and vulnerability of international students. University fees are extremely high and many students who, pre-COVID, worked in the hospitality industry have lost their jobs, are unable to renew their visas, unable to get work and unable to get home. “International students have faced a lot of barriers. Feel that Queensland Health has left them behind with no basic access to services… in their mind there are no guarantee … depends on overseas health insurances… afraid to access services and afraid to take COVID test in case it impacts their future immigration status. Will it cost them money that they don't have? Two or three days of not working is huge… They are afraid of what to do next.”

Queensland Health’s Disability and Multicultural Unit reached out to the consumers present on the conversation to ask how they most effectively get the messages out to these students that state-funded COVID testing and treatment is free to everyone in Queensland regardless of their visa status.

Older people

An older consumer spoke up for the vulnerability of people in residential aged care facilities due to isolation and restrictions saying, “one of the things that was very important that we never did for health was to create relationships with local government. A lot of support would have gone through local government if local government was aware of what was required. e.g. in residential aged care facilities homes.” He described how staff would leave food outside, they will not talk to people… suffering from loneliness… left them on their own…vulnerable to fraud… community groups were going to go out there but that ran into a lot of problems.”

Many older people have mobility and functional issues and he believes these are better dealt with by local governments.

Interpretation of information

“The plain English wasn't quite plain English; the messaging wasn't hitting the mark.”

One consumer raised the issue of language and interpretation and what that means for people from CALD backgrounds. “English is quite limiting in terms of explaining of cultural components and it can feel unrelatable to their own life experience.”

Another consumer urged a greater awareness that health literacy is socially contextual and determined. “It depends on whether you surround yourself with people who have similar information, financially you have support to do the right thing.”

The Digital Divide

There was considerable consensus that telehealth has not worked for many CALD consumers. In fact, COVID-19 has increased the digital divide and actually created more difficulties for CALD consumers to access health care.

Closing the feedback loop

A number of consumers had questions about where and how Queensland Health (QH) is hearing and acting upon their lived experiences:

- "It will be good to know where the outcomes of the conversations go in the QH machinery, the other side of the equation? We often hear from the communities but not sure where it goes and how it impacts."
- Are QH initiatives filtering out to rural and remote CALD communities?
- How do we know that Queensland Health is hearing and acting on what we are saying? "How do all the experiences get into Barb's ears?" (The Director-General who participated in much of the conversation).

Consumer recommendations

- In addition to accessible, culturally appropriate communications and supports, there is an increasing imperative to embed a structural mechanism within Queensland Health to provide a safe, authentic space for the lived experience of everyday CALD consumers to be shared and heard and inform policy and operations right across the system.
- One consumer described this mechanism as: "a task group of consumers focused on multicultural health experiences and actions to address barriers and improve care Informed by lived experience." Another described it as: "inverting the pyramid – going back and asking consumers what they want and filling in the gap and building from this community knowledge."
- Address the impact of isolation on people's mental health, particularly those with physical or mobility issues and look at how we can address this better in the future.
- Community organisations have stepped in to fill the gaps but in providing this support, vulnerable populations have become invisible to the public health system. CALD consumers need state-wide safeguards and assurances about the availability of health care.
- Better training for interpreters so they can accurately translate anatomical and clinical terminology to avoid mistakes and misinterpretation which can prevent people accessing care.
- Consumer information should be codesigned with CALD consumers along with appropriately interpreted resources to make sure the resources are meaningful. QH relies heavily on written communication and translating those text – a greater range of audio and video-based communications could be used to share information more easily.
- If 1 in 5 people are culturally diverse, cultural sensitivity should be common practice. Liaison officers and nurse navigators for CALD health consumers can work really well and can direct care and provide support.
- International students are a particular group of CALD consumers whose current plight is concerning this Community of Interest. ''No one left behind" also needs to include international students.
- Re-think where information is made available. E.g. if information is targeting international students, understand which communication channels are trusted and used regularly.
- Tap into the new networks between migrants e.g. people using foodbanks who haven't had to use them before.
- A need for more mental health funding and the need to acknowledge that funding mental health is a positive return on investment rather than a burden.

- Mapping the stakeholders in multicultural health in Queensland could be valuable to improve communication and engagement.
- Routinely involve bi-cultural/multicultural workers in the care of CALD consumers. “When a bi-cultural worker is involved, the person has a peer to reduce anxiety, can express through language and culture in an appropriate way.””
- “From systemic perspective, funding for sustainable partnerships with communities, policy work, service delivery, and research for sustainable solutions for health issues that are of priority for us.”
- Create relationships and involve local government – this is particularly important in reducing the impact of isolation for older people and those in residential aged care facilities.
- An integrated approach to communications rather than CALD communications seemingly coming as an afterthought. At least improve the response times for providing information which meets the needs of CALD consumers.
- “When treating mental health clients, health services need to make sure that their cultural and spiritual needs are met on an individualised approach. This is because as Africans we practice culture and spirituality and these need to be used as an avenue to improve people's health.”
- The systemic and structural challenges that temporary visa holders face in trying to access health care are nothing new but they been exacerbated by COVID. There are still so many unknowns about how temporary visa holders make their [healthcare] decisions. If we want to develop health prevention strategies, can there be an investment in research to gather data and practical solutions so we can understand the enablers for better healthcare decisions.

- When thinking about CALD consumers – we need to be really clear what immigration experience they bring and their cultural and religious perspectives as well. This is complex but it affects health care delivery.
- Currently some significant health issues are mental health. CALD communities are really struggling with isolation which is exacerbated by racial discrimination during the pandemic. Fear of accessing care due to not understanding what COVID is and how it might affect them.

In order to implement these consumer recommendations, Health Consumers Queensland recommends using the following consumer engagement approaches:

- Queensland Health recognises the difference between community engagement, which they are currently doing, and consumer engagement. Creating regular mechanisms to hear directly from CALD health consumers and carers enables the Department to hear directly from the people who use (or not) the health services about their experiences.
- When thinking about who leads any piece of work for CALD communities – consideration needs to be given to what lens the person/organisations looks through e.g. a refugee perspective or a long-term resident of Australia. Care needs to be taken to ensure a broad and inclusive perspective is represented through many stakeholders including CALD consumers from a rich variety of backgrounds/experiences. Preference should be for CALD communities and people to lead work with and by CALD communities.
- When work needs to be done that involve CALD communities and their health needs, QH needs to consider the involvement of a variety of stakeholders. Health Consumers Queensland knows working directly with consumers is essential. We also recommend a rich

diversity of CALD consumers from various backgrounds (listed earlier) are involved. Organisations who are already involved directly with these groups are best placed to work with them. QH needs to be mindful of specific lenses various NGO health organisations have.

- It is equally important, when considering the needs of culturally and linguistically diverse health consumers and carers to recognise the rich diversity of people, cultures and experiences. Need to consider the intersection of CALD people with:
    - people living with disability
    - chronic conditions
    - age (considering all age groups especially those who are seldom heard such as the older and younger generations) and
    - where they live (urban, regional, rural areas)
    - migrant experience.
- Collaborate with a diversity of stakeholders including health consumers, community leaders and staff when planning health care options including public health, testing, treatment, and communications. This can be done in the early phases of work (planning) right through to the testing/review phase. Time and resources need to be given to do this.
- Consider how Queensland Health can tap into familiar and trusted sources of information or networks which are regularly used by CALD consumers to disseminate advice and guidance rather than expecting or relying on consumers to seek out Queensland Health's own websites. For example, make information about free state-funded COVID testing and treatment being available to anyone regardless of their visa status via university websites or other trusted sources for international students.
- Consumers value the two-way communication bridge which was built together during the initial days of COVID-19 and now exists between consumers, communities, policy makers and government. Continue to strengthen this bridge through learning about and understanding each other's viewpoints and foster even greater trust and collaboration.

*Who are CALD consumers?

21% of all Queenslanders are born in overseas countries and 11% of Queenslanders are born overseas in non main English-speaking countries (source here). These consumers face extra challenges and inequities in health which have been highlighted and exacerbated by the pandemic.

Sometimes when we think about CALD consumers we think only of refugees and asylum seekers but this group of Queenslanders is exceptionally diverse and, for many, their visa status has a significant impact on their access to public health.

- Refugees
- Asylum seekers (no immigration status)
- Economic migrants (recent as well as their first generation children – different needs, settled immigrants, older migrants/parents of migrants)
- New Zealand citizens
- International students
- Working visa holders
- Spouse visa (of someone on working visa or of an Australian citizen)
- Temporary visas

** An overview of engagement since April 2020

Ross Alcorn, Director of the Disability and Multicultural Health Unit reported: In April 2020, the Disability and Multicultural Health Unit established a working group with stakeholders representing CALD communities in Queensland to meet people's needs during COVID-19. The group has developed policy and action plans for CALD communities which are holistic and have considered all we need to do at a policy and operational level e.g. around testing, education and community engagement with leaders. This work has also given the Unit a vehicle to branch out to other responses to COVID including developing a hard-to-reach populations testing strategy. He added that the working group has a life beyond COVID-19 possibly with a wider membership or more focused to look at CALD health in general.

The Refugee Health Network reported that it is working collaboratively with the policy branch and QUT to update and renew the current refugee health and wellbeing policy and action plan. Currently this working group is reviewing existing principles and priority areas, integrating the learning from COVID-19 and intends to frame seven new priority areas which will include sustained and meaningful engagement over the long term with consumers. This will be in place early in 2021.

Emma Morton from the Strategic Communications Branch added: They (SCB) have been supporting the Disability and Multicultural Health Unit's working groups with translations. They recently redeveloped the multicultural page on the COVID site to make it sharper, translations for 40 languages, information around restrictions, lockdowns, visiting hospitals, print and audio formats, mask video. They are continuing to build upon this work by identifying gaps and cross-over and what can be improved.