

Health and Communities Services feedback in response to
Our Healthcare Future: Advancing Tasmania’s Health
July 2022

Introduction.....	2
PART 1.....	4
Suggested inclusions	4
Our Challenges and Drivers	4
Population characteristic.....	4
Climate change	4
Responding to future need – population growth and diversity (page 21).....	4
Our Strategic Ambitions	4
Better and More Accessible Community Care	4
Partnering with Consumers and Clinicians.....	4
Building the Health Workforce.....	5
Delivering the Health Infrastructure of the Future	5
Strengthening Tasmania’s Pandemic Response.....	5
PART 2.....	6
Examples of work for consideration under the plan:.....	6

Introduction

In response to the recent Reach article inviting comment on *Advancing Tasmania's Health*, a selection of staff working with people from migrant backgrounds have collaborated to provide feedback. A note on Language – the term migrant refers to a 'person who moves from one place to another, especially in order to find work or better living conditions'. The term "migrant" in this submission will encompass all people from culturally and linguistically diverse backgrounds; including people from refugee and asylum seeker backgrounds, humanitarian entrants, temporary visa holders (skilled migrants, seasonal workers, international students) and people who reside in Australia with limited English language skills).

According to the World Health Organisation Constitution (WHO, 1946) "... the highest attainable standard of health as a fundamental right of every human being." A rights-based approach to health demands that health policy and future planning prioritise the needs of people who experience greater barriers to accessing timely, safe and high-quality and evidence-based care, through applying an equity lens.

Research indicates that people from migrant backgrounds experience greater challenges accessing and navigating the Australian health care systems, this is resultant from a number of complex and interrelating factors. Some of these factors include:

- Limited English language skills
- Social, cultural, spiritual health beliefs, behaviours and perceptions on health and illness
- Poor health literacy
- Multimorbidity
- Lack of culturally appropriate health services
- Associated medical costs
- Discrimination – racism
- Institutional and professional biases
- Perceived lack of cultural safety

As a result, people from migrant backgrounds often experience health disparities leading to lower quality health care, poorer health outcomes, delayed diagnoses and disempowerment.

Migrant populations are nuanced with varying health needs; however, they commonly underutilise health care services due to the above stated factors, and are frequently underrepresented in health care research, future planning and evidence-based practice protocols.

Tasmania is a culturally, linguistically and spiritually diverse state with a rich history of migration. Recent 2021 Census demographic data indicates an incline in the proportion of people who were born overseas who live in Tasmania, now represented at 15.3%. there was a diverse range of languages spoken at home, with common languages including Mandarin (1.5%), Nepali (1.3%), Punjabi (0.5%) and Spanish (0.3%). This linguistic diversity reflects the need for interpreters. Whilst Tasmania was reflected in becoming more secular in their religious view with a decline in Christianity, the data indicated that in 2021, 4.5% of people in Tasmania were affiliated with a non-Christian religion. The most common were Hinduism (1.7%), Buddhism (1.0%) and Islam (0.9%) which should be taken into consideration when planning appropriate healthcare services. (ABS 2021).

Fair and equal access to government services, such as healthcare settings, is a requirement under the Tasmanian government's *Our Multicultural Island Tasmanian Multicultural Policy 2019* and the *Multicultural Language Services Guidelines for Tasmanian Government Agencies (2021)*. Both stating that all people have fair and equal access to services regardless of their cultural or linguistic differences. The Anti-Discrimination Act Tasmania 1998 makes it unlawful to discriminate against people based on certain characteristics, such as age, race, religion, sex or disability.

All individuals have the right to receive care and to be informed about their health care treatment in a way that is respectful of culture, beliefs and values.

Of further relevance to the *Our Healthcare Future*, the National Safety and Quality Health Service (NSQHS) Standards require organisations to consider the diversity of consumers and high-risk groups in the planning and delivery of care and services (Action 1.15). In addition, the Australian the Charter of Healthcare Rights (the Charter) 2, sets out seven rights and principles that people can expect when accessing health care in Australia. This includes the right for people to have their culture, identity, beliefs and choices recognised and respected. To successfully implement these actions, organisations need to understand the characteristics of their patient population.

Planning for Tasmania's future healthcare should take into account our culturally and linguistically diverse population. It must be acknowledged that mechanisms are required to ensure that meaningful consideration of the social and cultural determinants of health and prevention are integrated into the development of policy, programs and service delivery.

PART 1

Suggested inclusions

Below are suggestions for inclusion to the *Our Healthcare Future: Advancing Tasmania's Health* document:

Our Challenges and Drivers

Population characteristic

Recommend adding a characteristic on pages 18/19 as below:

Cultural and language factors

People from migrant backgrounds experience greater challenges accessing and navigating the Australian health care systems due to number of complex and interrelating factors. Migrants often have little knowledge of health care services in Australia and may experience increased difficulty navigating the healthcare system as well as major barriers in accessing and engaging with healthcare services and understanding health information.

Climate change

Greater displacement of people from their country of origin due to changing climate. This may lead to greater humanitarian response need, greater food insecurity and, higher rates of emerging diseases requiring a public health response.

Responding to future need – population growth and diversity (page 21)

Our Healthcare Future requires advanced planning to accommodate population growth of people from various migrant backgrounds. [Tasmanian Government Population Growth Strategy](#) – indicates Tasmania will invest \$2.55 million over four years to actively pursue and facilitate overseas and interstate migration and retain people in Tasmania.

The Tasmanian Government has committed to supporting additional numbers of refugees and asylum seekers, particularly in response to humanitarian crises. Tasmania provides safe and welcoming communities in which to settle.

Our Strategic Ambitions

Recommend adding dot points to ambitions as per below:

Better and More Accessible Community Care

What we are working towards (page 27)

- Strengthened communication channels between different healthcare settings; community, primary care providers, acute and sub-acute healthcare settings to ensure people can access the right care at the right time.

Partnering with Consumers and Clinicians

What we are working towards (page 31)

- Strengthened consultation process with priority populations including Migrant, Aboriginal, LGBTIQ+ and people living with a disability
- Planning for effective communication, relevant information, opportunities and resources to be available in languages to support partnerships from within our diverse community

Building the Health Workforce

What we are working towards (page 33)

- The health workforce is trained and competent in providing culturally safe and respectful health service delivery for our diverse population including members of LGBTIQ+, Aboriginal and migrant communities
- Tasmania's public health sector reflects the diversity of our community
- Tasmania supports the development of health literate responsive services to better meet the needs of people trying to locate, access, understand and act on health information and services
- Leader stewardship to identify and address structural issues that hinder equitable access to healthcare services

Delivering the Health Infrastructure of the Future

What we are working towards (page 35)

- Digital health records include the collection of migrant demographic data that is geographically specified to evaluate and guide service delivery, development and improvement
- All new health infrastructure - physical and virtual – is co-designed in partnership with and around the needs of all members of the community and with a health equity lens
- Planning for language and literacy needs in all aspects of service design and delivery
- Evaluate and track performance on health care delivery across the diversity spectrum

Strengthening Tasmania's Pandemic Response

COVID deaths were nearly three times as high for those in the lowest socioeconomic areas, and 2.5 times as high for people born overseas [COVID-19 Mortality in Australia: Deaths registered until 30 April 2022 | Australian Bureau of Statistics \(abs.gov.au\)](#)

What we are working towards (page 37)

- Ensuring systems, processes and communication strategies are culturally sensitive and responsive
- Planning for language and literacy needs in all pandemic related systems, processes and resources

PART 2

Examples of work for consideration under the plan:

Building on the significant work undertaken with migrant communities during the COVID-19 response, the group recommends consideration of establishing a Tasmanian Migrant and Refugee Health and Wellbeing Framework, including a robust mechanism for oversight of implementation and reporting. This could be achieved through the re-establishment of a DOH/THS Multicultural Health Collaborative Group.

A Tasmanian Migrant and Refugee Health and Wellbeing Framework would:

- Be grounded in evidence with a focus on provision of a continuum of quality, trauma-informed and culturally safe and responsive care
- Be nuanced across the age spectrum, this lifespan approach will support a focus on comprehensive age-appropriate care
- Involve effective collaboration and information sharing between all stakeholders, is strength based, enhances self-agency and optimises health and settlement outcomes in individuals and families

Key elements:

- Support flexible program design which addresses the breadth of migrant health needs, strengthens primary care and settlement service capabilities and that ensures access to appropriate community and primary care
- Improve health literacy and self-agency
- Provide quality continuum of care which is nuanced across the age spectrum including comprehensive screening and vaccination
- Ensure access to preventative health care
- Identify, measure and track key health metrics for people of migrant background over time
- Enable access to funded interpreter services for all health consultations
- Optimise service coordination and information sharing
- Enhance community connections

Examples of potential actions:

Strengthening prevention

- Actions under [Healthy Tasmania](#)
- THS/DoH develop culturally relevant, bilingual health information and qualitatively evaluate for better health outcomes

Partnering with consumers and clinicians

- State-wide consultations for general health, beyond the scope of just COVID. Partnership with Primary Health Tas. Identified key authorities who can escalate issues for action
- Assisting newly arrived humanitarian entrants and migrants navigate the health care system
- Routinely collect data on the use of interpreting services across the Department, compare the expected to actual demand for services as well as failures to engage an interpreter when needed, throughout the DoH
- Implement systems to identify and audit if client preferences for interpreter services are met
- Monitor the delivery of interpreting services to the DoH, such as wait times, quality and safety of outcomes for individuals
- Routine auditing of admissions and outpatients health care records, for patients who are identified as requiring an interpreter, to monitor policies and procedures compliance
- Provide training for the workforce in the use of interpreter services, evaluate training and seek feedback from the workforce to identify ongoing requirements for training
- Provide technology to support the use of video or telephone interpreter services such as access to speakerphone, hands-free telephones and video or web-based video equipment
- Provide signage and information to consumers about available language services
- Provide signage to direct people to rooms for worship; or to indicate that specialised multicultural support services are available and how to access them
- Establish a directory of evidence-based or best practice resources, visual and written aids, pictograms, online tools and websites for the workforce to provide to patients and consumers in plain English or in languages other than English and mechanisms to ensure they remain current or are removed from the directory

Strengthening Tasmania's pandemic response

- Continuation of Migrant Support Network meetings through Public Health Emergency Operations Centre (PHEOC)
- Continuation of partnership between OTS Communication and Australian Red Cross

Delivering the health infrastructure of the future

- Building health infrastructure e.g. multi faith prayer spaces
- Digital food service systems that enables the provision of culturally appropriate food
- Improved data collection and systems through the Digital Health strategy, including partnership with organisations to collate data around culturally and linguistically diverse (CALD) community groups

- Whole of DoH Use of Interpreters policy
- Develop systems for collecting and using migrant demographic data to evaluate and guide service development and improvement
- Analyse data from different sources and stratify by various factors to identify disparities in health outcomes for migrants and refugees
- Analyse routinely collected data sets such as the use of interpreters, bilingual staff, consultation times and frequency, adverse events involving migrant and refugee patients
- Use the data to develop a supportive infrastructure for cultural responsiveness. Evaluate services and use the findings to implement quality improvement initiatives. Report to the highest levels of governance, patients and community members
- Strengthened accountability across the health system
- DoH funding agreements to have an Interpreter policy, budget and to work with professionally accredited interpreters

Building the health workforce

- Education of GPs. Forming partnerships between GPs and the Migrant Resource Centre
- Paediatric care for all refugee arrivals not just selected referrals
- Use of bi-cultural health workers
- Improved cultural awareness training in DOH
- Interpreter training for doctors & health professionals
- Increase local interpreter availability, particularly in emerging communities, by supporting community members to gain NAATI accreditation
- Promotion of refugee health in undergraduate teaching curriculum at UTAS
- Develop policies, position descriptions and key performance indicators that include and define cultural responsiveness
- Incorporate information about cultural responsiveness into workforce orientation programs and mandatory training. Include the following topics in workforce training
 - migrant and refugee pathways and impacts upon health
 - prejudice, social inclusion
 - improving cultural responsiveness
 - addressing stigma and discrimination
 - reflective practice effective communication
 - use of interpreters
- Where required, prioritise training for those members of the workforce that frequently work with migrant and refugee populations

Better and more accessible community care

- Concerns around communication with GPs. There are significant limitations in the number of GPs supporting refugee patients
- Continuity of care - state-wide consistency/clinical & community partnerships working in collaboration

Feedback submission prepared by:

Zeph Lyne-Spink	Coordinator, State-wide Interpreter Booking Service THS
Elizabeth Mahnken	Priority Populations Officer, Public Health Services
Grace Jones	Multicultural Health Liaison Officer, RHH
Matthew Carew	Clinical Nurse Consultant, Refugee Health Services, LGH
Susan Neighbour	Refugee Health Social Worker, LGH
Wanda Buza	Assistant Director, Strategic Planning and Communications, DCT

Reviewed by:

Tracey Turner	Discipline Lead Social Work (South) & Manager Interpreter Services
Cindy Hollings	Director of Allied Health, North