# Multicultural health needs assessment condensed report

## World Wellness Group

This report presents an overview of the insights from the Multicultural Access Project – Mapping, Analysis and Planning Phase commissioned by Brisbane North PHN in early 2024.

This phase of the Project focused on exploring the health and wellbeing needs of people from multicultural communities, including refugees and asylum seekers across the PHN region, as well as investigating the barriers and enablers to accessing healthcare, both in-hours and out-of-hours. Emerging recommendations were shared in response to the findings for Brisbane North PHN's consideration.

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# Background and Approach

## Context

In early 2024, Brisbane North PHN (the PHN) engaged World Wellness Group (WWG) to undertake the Multicultural Access Project – Mapping, Analysis and Planning Phase. The Project focused on exploring the health and wellbeing needs of people from multicultural communities across the PHN region, as well as investigating the barriers and enablers to accessing healthcare, both in-hours and out-of-hours. Note: This engagement solely focused on *primary care*.

To enable optimal engagement coverage of the broad range of multicultural communities in the Brisbane North PHN region, WWG partnered with:

- Pasifika Families and the Norfolk Island Health and Residential Aged Care Service (NIHRACS).
- DCI Consulting and Tonita Taylor Consulting.

Additionally, this Project was underpinned by the Evidence Safari process which facilitates a deep dive into existing data, information, and knowledge to build on existing evidence rather than an open-ended consultation process which risks duplicating existing information. This involved analysis of existing data (e.g. Census data, PHN data, literature, existing reports, and service mapping) to:

- Identify and analyse baseline multicultural population level health status.
- Identify wellbeing needs and disparities and inequalities.
- Identify barriers and enablers.
- Establish lines of inquiry for consultation purposes (detailed ahead).

## Engagement approach

Engagement was completed with both the community and service providers, through a combination of surveys and focus groups.

**Community**
Surveys: n = 172
Focus groups: n = 117

Key demographics:

- 69% females
- 46% aged between 35 – 54 years
- 8% aged between 15 – 24 years
- 26% aged 55 years+
- 47 different ethnicities represented

**Service providers**
Surveys: n = 20
Focus groups: n = 24
GP interviews: n = 7

Provider summary:

- Metro North Health and Brisbane South PHN Multicultural Health Team members
- GPs and allied health providers
- Specialist multicultural community services (e.g., Mater Refugee Health)
- Mainstream community services (e.g., Footprints Community)

- In total, 171 countries of birth, 195 languages, and 306 ancestries were analysed.
- 1 in 4 people were born outside of Australia, of whom, 3 in 4 were born in a non-English speaking country.
- 13.7% spoke a language other than English at home.

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# Background and Approach (continued)

## Data analysis approach

In-depth data analysis was undertaken to create a picture of multicultural communities in the region and their access to primary health services. A summary of the data sources and associated metrics is tabulated below.

| Data source | Metrics |
|---|---|
| Census 2021 | • Age and Gender distribution<br>• Country of Birth<br>• Languages spoken at home<br>• English Proficiency<br>• Ancestry<br>• Socio-economic disadvantage<br>• Self-reported long-term health conditions |
| Brisbane North PHN | • Primary Mental Health Care Minimum Dataset (PMHC MDS)<br>• General Practitioner Profile data (e.g. languages and bulk billing)<br>• Free Interpreting Service (FIS) |
| Multicultural Australia | • Humanitarian Entrant data |
| World Wellness Group | • Ethnicity data – primary mental health services |

**Data considerations:**

- Each of these data sources and indicators were analysed and triangulated at Statistical Area 2 (SA2) and postcode level as the lowest geography and aggregated up to Statistical Area 3 (SA3) where required. Brisbane North PHN region was explored by 102 SA2s.
- Analysis considered the epidemiological interdependencies and confounding factors of these data assets.
- Recognised the absence of a standard definition of multicultural communities, and the lack of consistency and comprehensiveness associated with the data collected about how a person defines their cultural community.
- Many different measures of cultural diversity were explored in response to the inconsistencies identified (e.g. Country of Birth, Language, Ancestry, English proficiency, Religion, Ethnicity).

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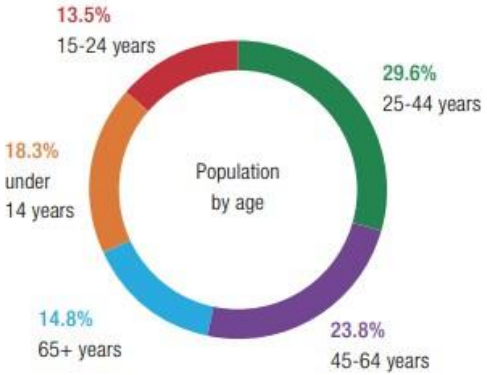
# PHN Population snapshot

## Resident Population

North Brisbane and Moreton Bay
**population**
1,089,601
in June 2022

1.7%
**annual growth rate** predicted over **five years**, to
1,200,000+
**people by 2027**

28,674
estimated **First Nations** resident population as of June 2022




2.8%
are Aboriginal and/or Torres Strait Islander peoples

24.7%
were born overseas

13.7%
speak a first language other than English


The region's life expectancy at birth is **81.2 years** for **males** and **85 years** for **females** compared to **79.7 years** and **84.1 years** respectively for Queensland.


Extracted from The Brisbane North PHN Population Health Snapshot 2022

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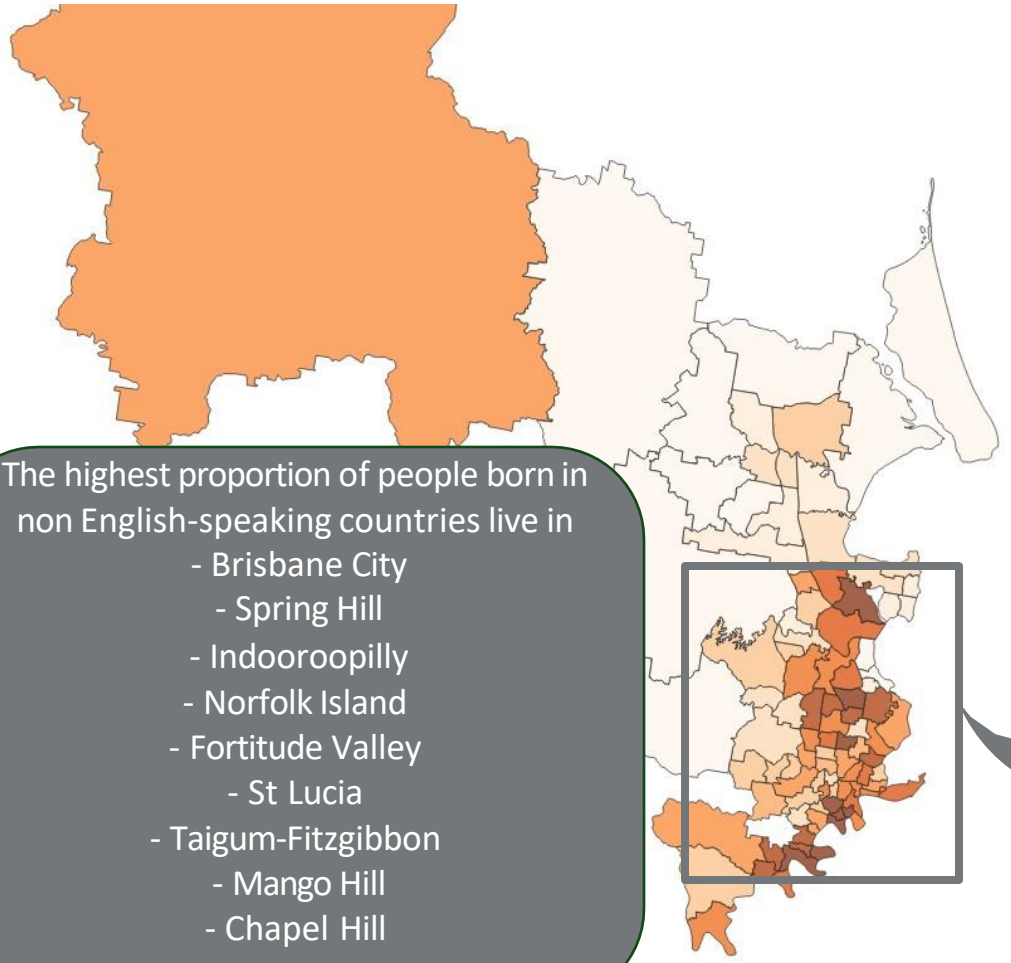
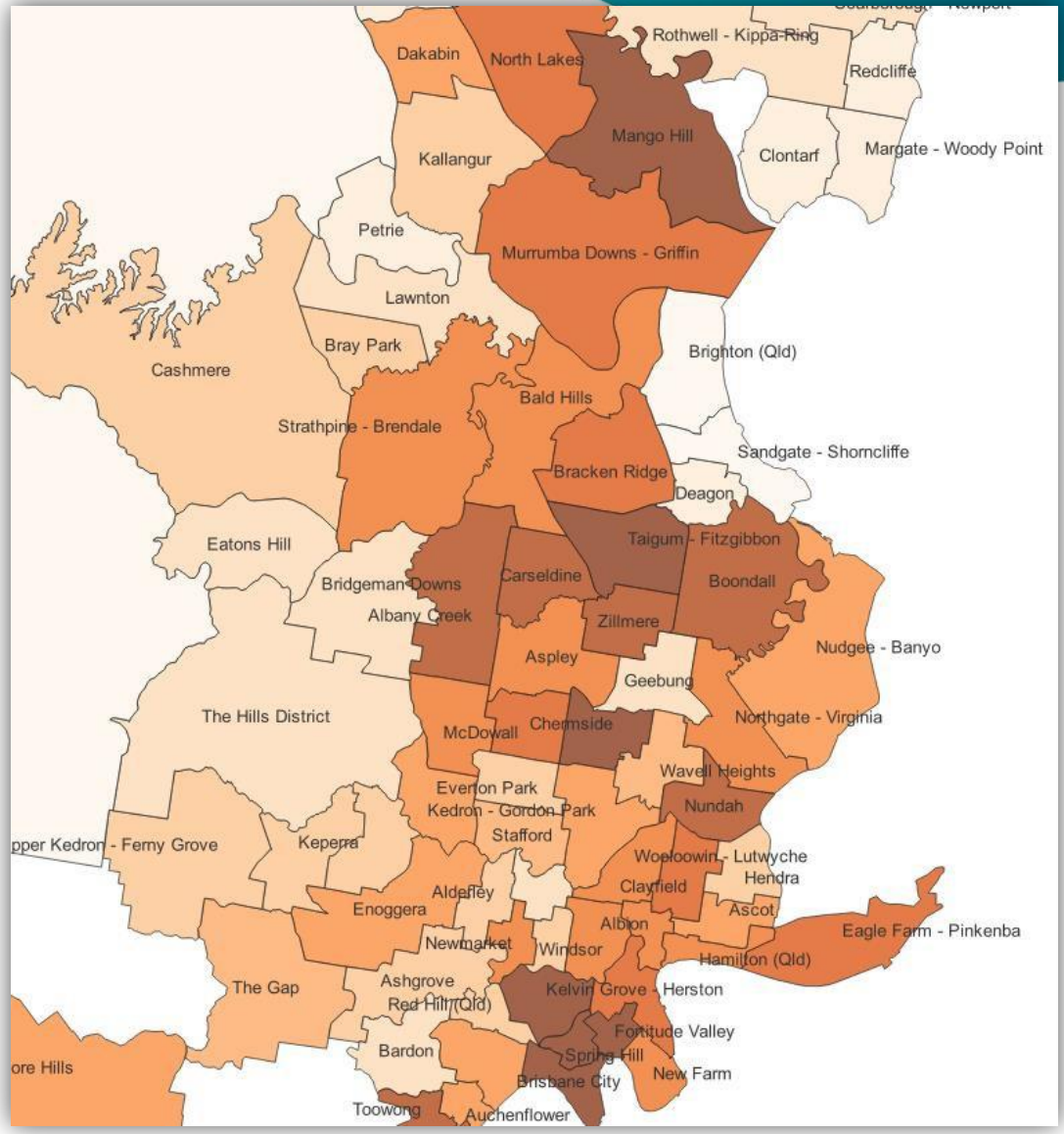
# Population distribution



The highest proportion of people born in non English-speaking countries live in
- Brisbane City
- Spring Hill
- Indooroopilly
- Norfolk Island
- Fortitude Valley
- St Lucia
- Taigum-Fitzgibbon
- Mango Hill
- Chapel Hill
- Taringa

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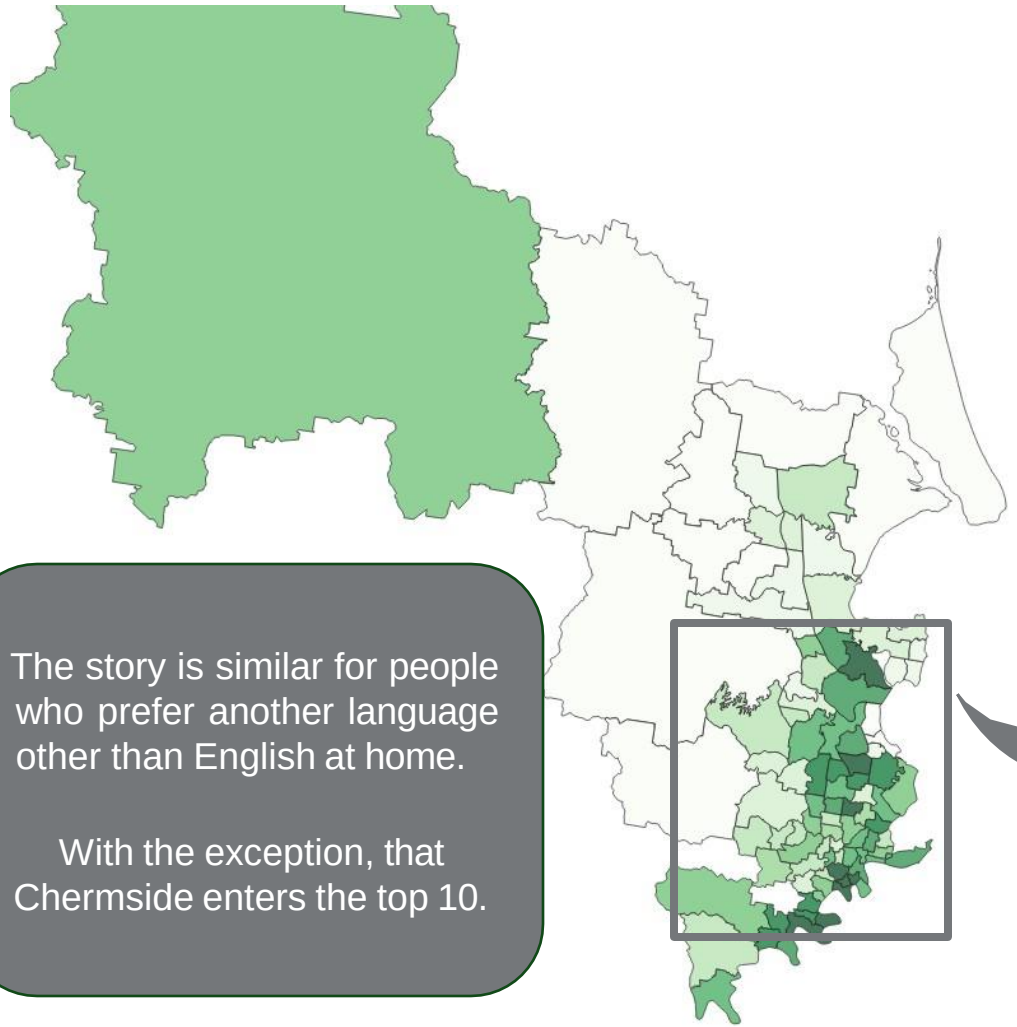
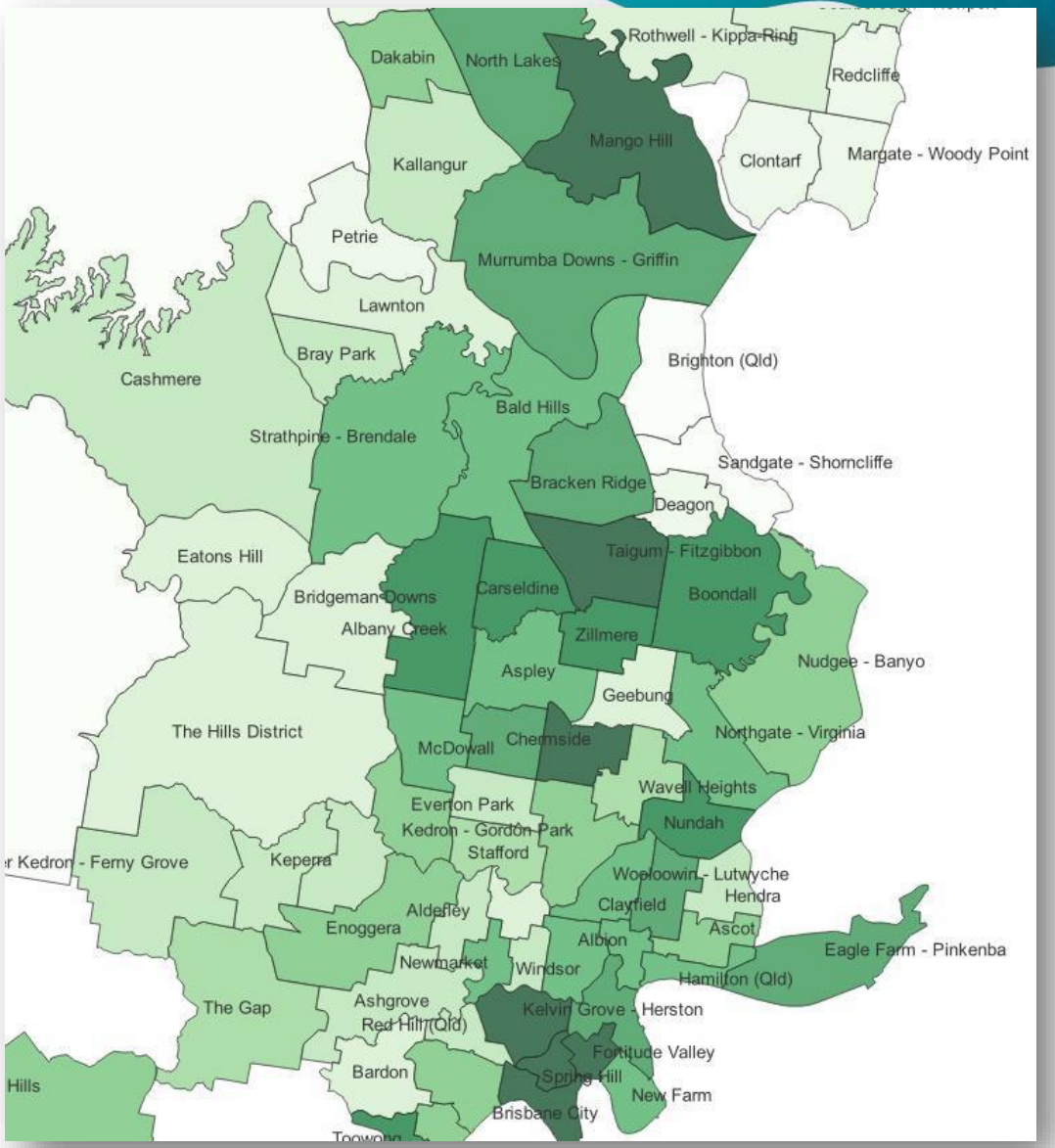
# Population distribution



The story is similar for people who prefer another language other than English at home.

With the exception, that Chermside enters the top 10.

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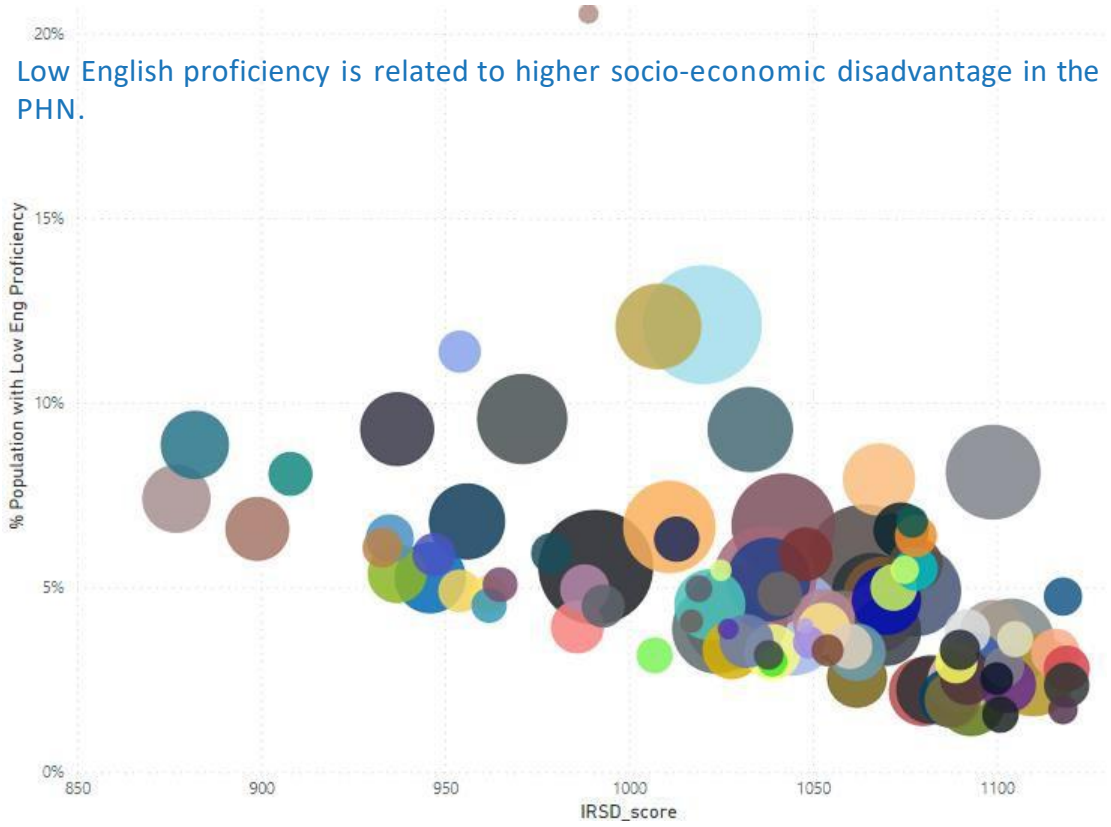
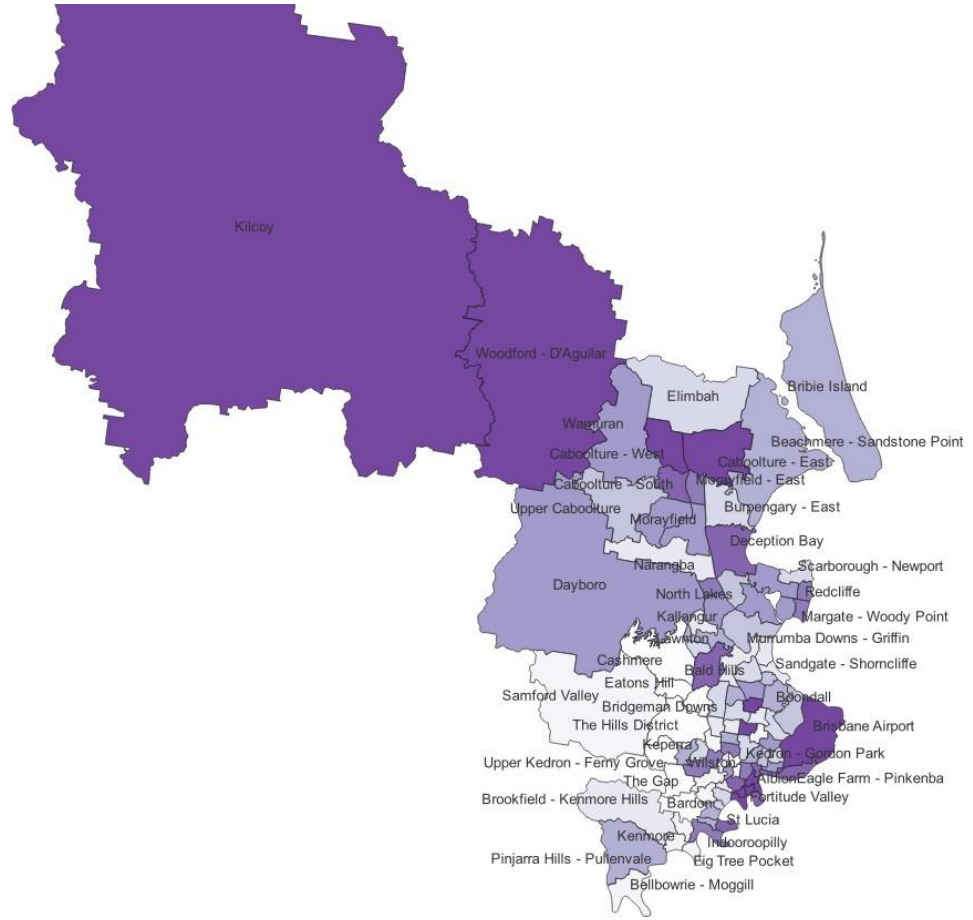
# English proficiency in Brisbane North PHN

Low English proficiency is related to higher socio-economic disadvantage in the PHN.




- Each bubble represents each SA2 in the PHN. The size of the bubble refers to the relative size of that community who speak a language other than English at home.




Highest English Proficiency Lowest

# **Key findings** – Health issues

## Summary of findings

Tabulated below is the summary of findings for health issues specific to community members and service providers. Example qualitative responses have been provided for additional insight / context on individual perspectives.

| Community members | Service providers |
|---|---|
| • > 50% of respondents indicated physical body pain, oral health, and mental health issues.<br>• Individuals with self-reported low English proficiency overall reported higher impact of physical body pain.<br>• Diabetes, asthma and other respiratory conditions also emerged as significant, with obesity, cancer, alcohol and/or drug issues, pregnancy and issues related to ageing also mentioned (albeit less frequently).<br>• Cultural and generational differences impact level of comfort acknowledging, discussing and seeking support for mental health issues.<br>• High cost was a barrier to seeking mental health support. | • Mental health, diabetes, heart disease, alcohol and/or drug related issues and oral health were the top five health issues, with mental health issues having significant impact on multicultural communities.<br>• Additional issues included chronic kidney disease, high rates of disability, mental health for new mothers, women's reproductive health, family and domestic violence, inter-generational conflict, and social isolation amongst the elderly.<br>• People from multicultural communities sometimes present with co-morbidity. |

*"Mental wellbeing for me – the loss of my culture has affected my mental health since moving here."*

*"… we've had such a huge increase in people arriving with disability. So many people are arriving undiagnosed."*

*"You have to do referral yourself. There is a mental health plan and there are 10 sessions but how you know where to go?"*

# **Key findings** – Challenges/barriers to accessing care

## Summary of findings

Tabulated below is the summary of findings for the challenges and barriers to accessing care, specific to community members, services providers, and GPs. Example qualitative responses have been provided for additional insight / context on individual perspectives.

### Community members

- High costs and lengthy wait times (including after hours)
- Health workers being unable to understand / appropriately respond to cultural needs
- Health workers not speaking the preferred language / using interpreters, minimising comfort and safety
- Health workers not always conveying health information in a manner that can be easily understood
- Service navigation and access
- A sense of disappointment or feeling let-down by the Australian healthcare system (e.g. mistakes in names resulting in administrative delays, not being taken seriously, misdiagnosis, visa status limited access to care)
- Discrimination / racism at a health service
- Inadequate protection and medical care for migrant labourers (e.g. limited service access)

### Service providers

- Consumer knowledge on service availability, service eligibility, and service navigation
- Limited consumer understanding of the ways in which the Australian health system functions
- Language and communication barriers for those with limited English proficiency
- Health workers do not often provide health information in ways that people understand, and services don't fully understand the diverse and often complex needs of people from multicultural backgrounds
- Structural barriers which relate to policy impacts, inadequate responses to multicultural community health and inadequate funding
- For individuals with disability, there were issues raised on availability of support due to visa status eligibility and long wait times accessing services.

*"I have no idea what I'm eligible for here and no idea where to find out the info."*

### GPs

*"Patients with limited English proficiency often struggle to understand their diagnoses and treatment options, leading to further complexity in their healthcare journey."*

- Reiterated communication challenges, low health literacy and health system barriers, including cultural and religious considerations in healthcare
- The complexity of delivering primary care in time pressured environments
- Systemic failures such as the lack of policy responses for multicultural communities, gaps in referral pathways, disjointed care transitions, and the need for dedicated services and programs for multicultural communities and funding constrains.

*"Appointments with CALD patients tend to take longer because we have to address language barriers and cultural considerations."*

# **Key findings** – Enablers to accessing care

## Summary of findings

Tabulated below is the summary of findings for enablers to accessing care, specific to community members, services providers, and GPs. Example qualitative responses have been provided for additional insight / context on individual perspectives.

### Community members

- Whilst a small number of enablers were reflected on, it is important to note that these were overall considered not to be working well.
- Named enablers included bulk-billing services, culturally congruent match with healthcare providers, extended hours of service, service proximity, and support from relatives when going to appointments.
- Longer appointment durations was valued and seen to drive quality care.
- Finding a trusted GP who is sensitive to individual needs and takes time to understand, was also raised; associated with a higher value for the relationship and overall contributed positively to the healthcare journey.

*"I choose a GP that understands my background, understands about my issues, and what I have been through and bulk billing as well. My GP really understands me."*

### Service providers

*"Having multicultural health workers on staff has been really beneficial for building trust in our patients."*

- Embedding multicultural streams within programs to improve equity.
- Multicultural navigation services to facilitate access to primary care.
- Integrated multicultural social care programs that address the social determinants of health.
- Embed multicultural lived experience in health services.
- Broader suggestions include policy and funding changes, cultural awareness training, health literacy programs, and additional interpreters and bilingual/bicultural health and support workers.

### GPs

- Services with professional interpreters trained in medical terminology.
- Being able to respond to complex needs with additional time and resources.
- Systemic responses (e.g., dedicated health programs and services).
- Uplifting health literacy and providing navigation support for both patients and GPs.
- Multicultural health workers, helplines, and community resources to bridge gaps in understanding and facilitate access to care.
- Acknowledging that multicultural health services have the expertise to support referral pathways tailored to multicultural patients.

# **Key findings** – Experiences of care

## Summary of findings

Tabulated below is the summary of findings for experiences of care, specific to community members. Example qualitative responses have been provided for additional insight / context on individual perspectives.

**Community members**

Multicultural community experiences of healthcare are impacted by the interplay of cultural, social, economic and systemic factors

- **Access to healthcare:** There are challenges accessing affordable primary care, placing a reliance on home doctors/remedies, emergency departments and after-hours pharmacies. Majority were unaware that Medicare Urgent Care Clinics exist.
- **Finding a provider:** Challenges exist in finding a suitable provider (i.e. culturally aligned, bulk billed, taking new patients, timely, easy booking systems, gender, proximity, and expertise).
- **Quality of care and treatment:** There are concerns surrounding the consistency and effectiveness of treatment, in addition to doctors' experience, poor communication, and feeling rushed during appointments.
- **Navigating a complex health system:** Challenges exist in navigating the system, including accessing information on services and eligibility criteria.
- **Challenges with communication:** : Language barriers, difficulties understanding medical terminology, and understanding how the health system works.

*"When I had a kidney issue, I did not get the right diagnosis and this was through 3 different doctors. For 2 years I was suffering, and my body was really swollen and all the doctors in Australia could not figure out my issue."*

*"My son knows about my health, and he tells me what to say so that I can get what I need. No doctor actually really helped me. I was so sick, but I could not get any help. Nobody actually listened to me. Then I saw a Filipino doctor. He sent me straight to hospital…I was admitted for 3 weeks"*

*"I interpret for my mother and family members. My mother can speak English, but she looks at me for clarification. I then dumb it down for her."*

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# **Key findings** – What will help

## Summary of findings

Tabulated below is the summary of findings for what community members, services providers, and GPs believe will help address the challenges and concerns outlined previously. Example qualitative responses have been provided for additional insight / context on individual perspectives.

### Community members

Suggested improvements focused on enhancing healthcare access and effectiveness through:

- **Greater cultural awareness:** Services better understand and respect various backgrounds.
- **Navigation support:** In language where needed, to support people to navigate the service system.
- **Interpreter services:** With a focus on improving professionalism, proficiency and service quality.
- **Improved access to services:** Flexible appointment scheduling, shorter wait times, accessible locations and providers, and bulk-billing.
- **Empathetic treatment:** Taking patients' concerns seriously with appropriate continuity of care and culturally tailored support.
- **Community based non-government organisations:** For access to safety net services, particularly for those without Medicare.

*"More information on what I'm eligible to access and what costs involved and where after hours doctors are."*

### Service providers

*"Bicultural workers in mental health. This successful model could be expanded to general practice."*

- System level solutions to facilitate more realistic resources and policy responses.
- Embedding dedicated multicultural resources across all programs.
- Addressing policy-generated barriers and institutional racism through inclusive policy; this can further drive equity.
- Multicultural navigation services and social care programs that address social determinants of health.
- Embedding multicultural lived experience in health services and working more closely with multicultural communities.
- Integration of bicultural workers paired with quality healthcare interpreters.
- Cultural awareness training.

### GPs

- Additional time and flexibility with regards to how GPs deliver care; the benefit of salaried GPs in multicultural primary care was suggested.
- Multicultural support services which include multicultural health workers, helplines, interpreters trained in medical terminology and navigation support; these resources may also bridge any existing gaps related to referral options and follow up support.
- Improved collaboration across the tiers of the health system to address inequity.
- Multicultural health specific policies and plans to address discriminatory practices and prioritise the needs of multicultural populations.
- Cultural competency training and health literacy programs.
- Advocacy and leadership to drive systems change for multicultural health issues.

*"Our healthcare system is structured to suit a very, very small subset of our community and we constantly need to be re-evaluating that."*

# Recommendations

**To support Brisbane North PHN to drive better health outcomes, improve patient and staff experience, and manage cost of care,a set of recommendations were developed drawing on community, service provider and GP consultation findings.**

The recommendations have been prioritised to be the most impactful and strategic at a system governance and policy level, as well as a regional service delivery level. Some recommendations have a long-term vision and will likely require policy and funding support at Federal and/or State and Territory government levels and will also require collaboration. Other recommendations have a stronger regional focus and have elements that can be implemented more immediately.

| # | Recommendation |
|---|---|
| 1 | Investment by Brisbane North PHN in salaried GP roles in refugee health, multicultural health, Norfolk Island health and Pasifika health to build sector capacity and reduce health inequity |
| 2 | Co-design and fund a new culturally tailored service model for navigation and multicultural access focused on improving a) multicultural community health access and navigation, b) health literacy, and c) service provider support and cultural competence |
| 3 | An updated PHN national performance framework should explicitly include a priority area focusing on multicultural health |
| 4 | Address the current lack of inclusion of systemic multicultural health data collection indicators collected in Australia in primary health (e.g. ethnicity, country of birth, language spoken, interpreter required and year of arrival) |
| 5 | Co-design and trial in the Brisbane North PHN region of a Practice Improvement Payment Quality Improvement (PIP QI) payment for multicultural primary care data collection |
| 6 | A dedicated MBS funded item/co-payment for professional interpreter usage to drive interpreter service usage in primary care. Paired with dedicated health interpreter training |
| 7 | GP practice accreditation frameworks that require demonstrated cultural awareness (in policies and staff awareness) inclusive of multicultural communities |

Thank You

Contact details

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