

Multicultural Development Association



A Call for Help



***Understanding Ethnic Communities
Needs in Relation to Emergency
Services***

July 2004

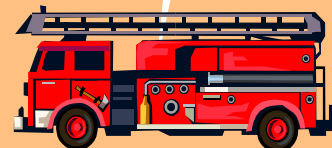


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- all those members of the Afghani, Korean, Italian, Spanish speaking and Arabic speaking communities who participated in this study for sharing their experiences and views with us.

Reference Group

Representatives of the Department of Emergency Services, Multicultural Affairs Queensland and the Multicultural Development Association met on a regular basis throughout this project. The guidance and expertise provided by Reference Group members was invaluable.

Project team

Multicultural Development Association staff

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Acronyms and abbreviations

BRA - Bi-Cultural Research Assistant

CALD - Culturally and Linguistically Diverse

CPR - Cardio Pulmonary Resuscitation

DES – State Department of Emergency Services

MAQ – Multicultural Affairs Queensland (The State of Queensland's Department of the Premier and Cabinet)

MDA – Multicultural Development Association Incorporated

NESB – Non-English Speaking Background

Disclaimer

All issues raised by project participants have been reported on in this document, including some that are outside the portfolio of the Department of Emergency Services. A full account of the views of each community contained in Appendix 2 has been edited for clarity but deliberately retains grammatical errors to keep the comments as expressed by participants.

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Executive Summary

The Multicultural Development Association (MDA) applied for funding from Multicultural Affairs Queensland (MAQ) to undertake a consultation with ethnic communities on emergency services issues. This project was implemented in partnership with the Department of Emergency Services (DES) and Multicultural Affairs Queensland (MAQ).

A questionnaire was developed by the Project Reference Group (MDA, DES and MAQ) to elicit answers to the following questions:

- How do members of ethnic communities **identify “emergency”** situations?
- What **services** do they know of, or have used?
- How can the DES **communicate** more effectively with these communities?
- What do they know about **employment or volunteer opportunities**?

Consultations, utilising focus groups and interviews, were conducted by Bi-cultural Research Assistants with the following communities in Brisbane:

- Afghani community
- Arabic speaking communities
- Italian community
- South Korean community
- Latin American Spanish speaking communities

109 people participated in the consultation.

Key findings relating to the Department of Emergency Services and its services include:

- Awareness of '000' as the number to call in an emergency was limited.
- Of those familiar with '000', respondents linked this number to fire, ambulance and/or police, but were not aware of any other services.
- The culturally and linguistically diverse (CALD) communities consulted knew very little about the specific services offered by the DES. There is limited awareness

about the ambulance, police and fire services. Awareness about the rescue service and Cardio Pulmonary Resuscitation (CPR) unit was almost non-existent.

- A lack of knowledge of what costs are incurred if an emergency service is used led many participants to avoid using the services.
- Concerns were raised about whether an interpreter is used when they call '000' and how long this would take. All communities viewed an interpreter's involvement as essential.
- While some participants found the emergency services excellent, others had experienced very poor responses from telephone staff ('000'), slow response times for an ambulance and unpleasant experiences with the Police.
- There was practically no knowledge of employment or voluntary work opportunities within the DES but a high level of interest in this. There is also a high level of interest in CPR and First Aid Courses, but concerns over the costs.

Key findings identifying barriers within the communities include:

- The Afghani community don't call emergency situations 'an emergency' as it is culturally inappropriate. In Afghan culture it is shameful to seek help, particularly from the Police, as it is an admission of family failure.
- Some members of the Spanish speaking community do not view an event as an emergency if it occurs to someone outside their family. For example elderly Spanish speakers are unlikely to assist a neighbour in a crisis situation due to the language difficulties.
- Arabic speakers have difficulty with the number '000' as '0' is the number '5' in Arabic.
- Afghani, Korean and Arabic speaking participants thought the emergency number in Australia was '911'.
- Participants found it difficult to communicate to the emergency telephone staff, as they felt unconfident using English. They felt misunderstood, interrogated and nervous.

Key findings in relation to methods of communicating with ethnic communities were:

- The vast majority of those surveyed require communication to be in their own language to be effective.
- They recommend presentations by Emergency Service staff (with interpreters), articles in community newspapers, appropriate use of radio and television, translated pamphlets and fridge magnets.

In summary, for the Emergency Services to fulfil their mandate with ethnic communities, those communities must know what services exist, know how to access them and feel confident that in doing so they will receive the assistance they need and be treated with respect. This research has established that ethnic communities currently know little about the Emergency Services but are keen to know more.

The Department of Emergency Services has taken a consultative role in guiding this project through participation on the Reference Group. To address the issues raised by ethnic communities the DES will need ongoing commitment, allocation of resources and a willingness to work in cooperation with ethnic communities.

1. Project background

The Multicultural Development Association (MDA) applied for funding from Multicultural Affairs Queensland (MAQ) to undertake a consultation with ethnic communities on emergency services issues. This project was implemented in partnership with the Department of Emergency Services (DES) and Multicultural Affairs Queensland (MAQ).

The objectives of this project were:

- To assess the level of information and knowledge possessed by the target communities about emergency services;
- To determine further training requirements for the target communities from emergency services;
- To identify gaps in knowledge, and barriers to target communities accessing required Department of Emergency Services information about services, employment and volunteerism; and
- To inform the Department of Emergency Services and Multicultural Affairs Queensland of appropriate methods for providing these services to ethnic communities.

Initial Reference Group discussions raised the question of the incidence of coronary disease amongst ethnic communities and the possible need for Cardio Pulmonary Resuscitation (CPR) training. While this was not a major focus of this project, a literature review is included in Appendix 3 and Recommendation 20 relates to this issue.

2. Methodology

Qualitative research methods were employed to gain insight into the needs and views of multicultural communities in relation to emergency services. Bi-cultural Research Assistants (BRAs) were employed to conduct focus groups and interviews with the 5 target groups based on a standard questionnaire.

2.1 Target communities

Through consultation and negotiation amongst the three project partners on the Project Reference Group the following target communities were selected:

- ARABIC speaking community, across several cultural and geographic backgrounds;
- ITALIAN speaking community, focusing on those from mainland Italy;
- KOREAN speaking community, focusing on South Korean backgrounds;
- SPANISH speaking community, mostly focusing on Latin American backgrounds.
- AFGHANI community was also targeted, to ensure sufficient representation of newly arrived refugees.

These communities were selected to provide participants who ranged from the newly arrived to second generation residents.

Males and females were targeted at different settlement stages:

- Those who settled in Australia in last few years (recently arrived);
- Those who have lived here 10 years or more; and
- Those who are second generation and identify with their cultural background.

All consultations were held in Brisbane.

2.2 Questionnaire development

The questionnaire (see Appendix1) was developed by the Project Reference Group, which included representatives of the Multicultural Development Association, the Department of Emergency Services and Multicultural Affairs Queensland. Alterations were made to ensure that the questions reflected the current needs of the Department of Emergency Services.

Over five meetings a reduced number of questions were selected. They focused upon the following key research areas:

- How do members of ethnic communities **identify “emergency”** situations?
- What **services** do they know of, or have used?
- How can the DES **communicate** more effectively with these communities?
- What do they know about **employment or volunteer opportunities?**

Section 1 focused on emergency situations and knowledge of ‘000’ from the perspective of members of each community. At the trial interviews with two communities, it was identified that some did not know the “000” number, so MDA advised the BRAs to reframe the question, from “*What do you know about ‘000’?*” to “*What is an emergency number in Australia?*”

Section 2 explored service issues including each community's level of understanding and perceptions about emergency service and service barriers.

Section 3 focused on communication with multicultural communities in order to clarify the best way to educate the communities as well as to improve the quality of the Emergency Services.

Section 4 asked questions in relation to the current employment and volunteering policy from the DES, which promotes employing people from culturally and linguistically diverse backgrounds.

Section 5 examined the demographic information of respondents such as age, gender, language spoken at home, self identified cultural background and length of time in Australia.

2.3 Bi-cultural Research Assistants

Language barriers and trust issues are features of cross-cultural research. The topic of emergencies posed particular difficulties as people from multicultural communities find it very difficult to disclose information to a stranger when questioned on crisis family situations. As one Bi-Cultural Worker advised:

“Exposing individual experiences with emergency services means that they sought help, which is seen as being not honourable. Personal pride is based on the notion of not raising problems although they exist.”

Therefore, in this qualitative research, MDA selected and supervised Bi-Cultural Research Assistants (BRAs), who were well known and active members of the target multicultural communities. This ensured effective interviewing and focus group facilitation as they were viewed as trustworthy representatives of their communities.

The Bi-Cultural Research Assistants were required to satisfy a number of criteria:

- To be bilingual, and bi-cultural in their knowledge and experiences;
- To understand the nature of their target community and their social structures. This was essential to maximise opportunities for representative samples within the identified categories within limited timelines; and
- To have community research skills.

Bi-Cultural Research Assistants were resourced by: -

- Orientation to the project objectives and the qualitative research process;

- Questionnaire agreed to by the three partner organisations. Questionnaires were provided in English. Each BRA linguistically and culturally interpreted and translated the questionnaire into their language.
- Regular Individual support and supervision with MDA Project Coordinator; and
- Orientation and information session by the Department of Emergency Services personnel, including the CPR Project, and the Police Recruitment section. This resourced BRA's with:
 - An outline of different roles of each representative present;
 - A supply of English language brochures;
 - Reinforcement that they did not expect the BRAs to answer questions about Emergency Services; and
 - An offer to arrange information sessions for communities, if a request was forwarded to a DES contact.

2.4 Focus groups and interviews

On the basis of preference and cultural dynamics within each community a number of interview methods were utilised by BRAs:

- **Focus groups / group interviews:** To increase the likelihood of people responding to personal questions, the BRAs targeted existing groups meeting in their communities. For example:
 - The Arabic speaking community were accessed primarily through the Mosque.
 - Some of the Latin American Spanish speaking communities were accessed through the existing Grandparents Group and other social meetings.
 - The Afghani and South Korean communities were also more effectively accessed through existing community meetings and other activity groups.

As participants know one another they were more likely to participate in a discussion. This method also gains the participation of a greater number of people than one would get coming to a meeting set up for consultation purposes. The questionnaire was used as the basis for discussion with each focus group. When MDA assessed that there were some gaps within participant demographics, BRAs were advised to supplement their group interviews with:

- **Individual interviews (face-to-face)**, especially targeting older people, or families who seemed more at risk such as those already known to require regular medical attention, and older residents.

- **Telephone interviews.** These were a last resort due to transport difficulties for some who were known by the Spanish speaking BRA to be at risk. Only because of her existing working relationship with them and the consequent trust established, could telephone interviews provide clear information for this research.

2.5 Cross cultural research

When working cross culturally, there are essential processes that lead to the collection of meaningful information. The following points guided the consultation process. They describe the most effective methods to use when consulting with ethnic communities.

- The utilisation of bi-lingual / bi-cultural workers is essential. As well as overcoming language barriers, they have the cultural knowledge to seek information appropriately and they generally are well known and have the trust of their community.
- Where possible, it is best that women from some cultural backgrounds are interviewed by women. When there is a male interviewer employed, it is important that a woman trusted within the community introduces him. When there is a female interviewer who is to work with the males, it is important that she is initially accompanied and introduced by a male with authority in the community.
- All BRAs recommended that males and females be interviewed separately. These arrangements ensured that there was fuller participation, and that responses were more detailed.
- Discussion format led by BRAs elicited the most useful responses to the questionnaire. Using the questionnaire as a structure and basis for discussions was more effective cross culturally than asking participants to write out their answers to each question. Feedback indicated that the questionnaire was too long.

3. Brief Community Profiles

According to the 2001 census, 261,297 Queensland residents (7.4%) were born in a non-English speaking country. A further 172,665 people (4.9%) were born in Australia to parents who were both born overseas. 249,655 (7.1%) speak a language other than English at home. Approximately 116,000 of Queenslanders who speak a language other than English reside in Brisbane.

3.1 Afghan community

510 Queenslanders were born in Afghanistan, according to the 2001 census. This was a 97.7 increase on the 1996 census. Local residents who have originated in Afghanistan are most likely to have experienced trauma before their arrival in Queensland. Refugees have been leaving Afghanistan since the Soviet invasion of their country in 1979. The persecution of the Hazara minority by the Taliban government before its overthrow and the subsequent further political and economic turmoil is just the latest chapter in the turbulent history of this troubled country.

In addition to the difficulties associated with settling in a new country, Afghan residents of Queensland are therefore also likely to be coping with the effects of post-traumatic stress disorder, a condition which first became generally recognised following the experiences of returned Australian servicemen from Vietnam.

3.2 Arabic speaking communities

4,660 Queenslanders (0.1%) speak Arabic at home (2001 census). Arabic speaking residents of Queensland are made up of several distinct groups and are mainly from Iran, Lebanon and Egypt. Residents from Lebanon and Egypt largely arrived here before 1981, according to the 1996 Census, while the numbers of people coming from Iran have been steadily increasing through the 1990s. Most have fled war through other countries, so people settling here will have experienced more than one other system of emergency servicing. For example, they may have stayed in Iran or Iraq, before coming to Australia.

Islam is the predominant religion and, because it informs every aspect of its followers' lives, some knowledge of its practices and principles can be helpful in understanding some of the shared characteristics of this group. Modesty is a main feature, for both men and women. In addition to codes of dress, Muslims are taught to avoid prolonged eye contact and touching, particularly between genders. It is not considered appropriate, even for comforting purposes. 14,900 Queenslanders identified themselves as Muslim in the 2001 census.

3.3 Italian community

15,197 (0.4%) of Queenslanders were born in Italy (2001 census). 91% of them arrived here before 1981 (1996 census). Most are men and, reflecting their earlier dates of arrival, a relatively high proportion are aged 60 and over. 23,865 Queenslanders (0.7%) speak Italian at home (2001 census).

The first major flow of migration from Italy occurred after the Second World War and was characterised by poverty and uncertainty at home, according to the Italian Australian Records Project, which is in the process of documenting the history of this group. The Italian community is generally well integrated and have a range of ethnic specific services. However, language barriers are still present as older Italians are reverting back to their native language and culture as they age.

3.4 South Korean community

3,788 Queenslanders (0.1%) speak Korean at home (2001 census). According to the 1996 census, Queenslanders born in Korea number just under 3000. Most are young, aged between 25 and 49, and arrived in Australia under the family and skilled migration program. They have settled in Brisbane mostly since 1991.

Korean society is based on the tenets of Confucianism, which originated in China and places great importance on etiquette and manners and the role of the family. In many respects, Korean culture is very similar to that of China, reflecting the close historical association between these two nations. It can be reasonably expected then that Queenslanders of Korean origin have a strong work ethic and sense of family and societal responsibility.

3.5 Spanish speaking communities (Latin American)

9,475 Queenslanders (0.3%) speak Spanish at home (2001 census). According to a Queensland Government report *Diversity – A Queensland Portrait* (1999), most people of Latin American origin living here hail from El Salvador. They number just over 2,000 and are mostly in the 25 to 49 age bracket. The peak years of their migration to Australia occurred between 1986 and 1990. Therefore, in considering the possible circumstances of this group, one should be aware of the possibility of trauma, as previously discussed, but also sensitive to the issues of trust and safety that may arise.

4. Project Participants

109 people participated in the consultation, from the following backgrounds:

- **Afghani** community: 20 identified as from Afghanistan;
- **Arabic** speaking community: 23 were interviewed, self identifying as from Bosnian, Fijian, Iraqi, Lebanese and Syrian backgrounds;
- **Italian** speaking community: 14 were interviewed, self identifying as from Italian background;
- **Korean** community: 27 were interviewed, self identifying as from South Korean background;
- **Spanish speaking** community: 25 were interviewed, self identifying as from Argentina, Bahamas, Chile, Ecuador, Guatemala, El Salvador Spain, Uruguay and Peru.

Table 1 Country of origin of participants

COMMUNITY	NUMBER
Afghanistan	20
Argentina	1
Bahamas	1
Bosnia	2
Chile	5
Ecuador	1
El-Salvador	10
Fiji	3
Guatemala	1
Iraq	2
Italy	14
Korea	27
Lebanon	11
Spain	1
Peru	3
Syria	5
Uruguay	2
Total	109

5. Project Findings

5.1 Emergency situations

Respondents from the five communities surveyed identified a range of emergency situations, including injury, accident, other health problems, fire and criminal acts. The following specific issues emerged:

- The Afghani community don't call emergency situations 'an emergency' as it is culturally inappropriate.
- In Afghan culture it is shameful to ask for help from the Police, particularly regarding domestic violence, as it is an admission of failure. Cultural issues surrounding shame and losing face can prevent individuals from seeking help.
- The Spanish speaking community view emergencies as events occurring in their homes and affecting their families.

5.2 Knowledge of the '000' emergency number

The communities varied in the degree of familiarity of '000' as the emergency number in Australia.

- The communities least aware of the number were the Afghani community and the Korean community.
- Familiarity increased with the length of time in Australia (Arabic speaking community).
- Of those familiar with '000', respondents linked this number to fire, ambulance and police, but were not aware of any other services.
- Some were aware that it is a 24 hour service.
- Some members of the Afghani, Korean and Arabic speaking communities thought the number was '911'.
- Many Arabic speaking people find it difficult to get the number right in a crisis as '0' is the number '5' in Arabic numerals.

Participants generally lacked information about the '000' emergency number. They raised concerns about the quality of the response they receive from the person answering the phone and about the language difficulties they experience. For example:

- *"We don't know what happens if we dial 000"* (Korean community).

- *“To call 000 we don’t get the services we expect. They speak so quickly. They interrogate you. We are so nervous”. “The people who answer the phone are not polite. When they hear our accent they don’t allow us to finish talking to them. They are very rude.” “Staff do not make any effort to try to understand us when they hear our accent”. (Spanish speaking community)*

5.3 Perceptions of the effectiveness of emergency services

This topic was not raised directly in the questionnaire. However, it arises in participants’ replies. Perceptions of the effectiveness of emergency services ranged from excellent (Italian community) to poor (Spanish speaking community), illustrated by the following quotes:

- *“They (emergency services) are excellent.” (Italian community)*
- *“When we call the ambulance we have to wait so long. If we call the police they don’t come.” (Spanish speaking community)*
- *“It is not worth to call them. They are delayed. It is better not to call”. “We are not motivated to use this service”. (Spanish speaking community)*

5.4 Usage of services

None of the Afghani respondents had used any of the emergency services. A minority of the Arabic, Korean and Spanish speaking communities had used the services. The Italian community had used the services the most. The services used most often were ambulance, police and fire.

5.5 Knowledge of ambulance, CPR / heart attack unit, fire, rescue, police services

Generally, the ethnic communities surveyed have only a very basic level of knowledge about the ambulance, fire and police services and almost no knowledge of the CPR unit and rescue services. There was however limited knowledge about rescue services by some Italians, Spanish speaking people and second generation Arabic speakers. A minority of Spanish speakers had heard of the CPR unit.

Ethnic communities lack information on the cost of services, particularly ambulance services, with some stating that it is very expensive and therefore it is best not to call an ambulance and others stating that it is a free service.

- *“It is very expensive. It costs \$200-300. I would rather call a taxi when emergency situation happened.”* (Korean community)
- *“I am afraid of using Fire Service if I can get fined for misusing”.* (Korean community)

5.6 Questions about the services

The following questions are the main ones raised by participants:

- What do services cost (ambulance, CPR courses, fire safety inspections)?
- Are there interpreter services if we call 000 and how quickly do they respond?
- How long does it take for an ambulance to arrive?
- What does the rescue service do?
- What does the CPR Unit do?
- Are there direct numbers to call the different services instead of ‘000’?
- Can we call the ambulance in cases of mental illness?
- Can I get fined for using the fire service?
- Why are we not consulted about charging for ambulance services in our electricity bills?
- Where can we get more information on services available to non-English speaking people?

5.7 Interest in learning more about the services

Participants expressed a desire to know more about the services, particularly the rescue and CPR services and first aid courses. The Korean community are uncertain about whom to contact. The Spanish community wish to know about all services, in their own language. Afghani participants were mainly interested in further information about the police.

5.8 Preferred methods of communicating information to ethnic communities

Four out of the five communities surveyed specified that they needed all information to be delivered in their own languages (Afghani, Arabic speaking communities, Spanish speaking community, Korean).

Participants consider the following the most effective ways to reach their communities:

- Presentations by a member of the Emergency Services (Afghani, Italian, Korean, Spanish speaking community, Arabic speaking community)
 - Female speakers are needed for female issues (Arabic speaking community)
 - Uniform preferred (Italian)
 - Multi format – oral, written, video (Italian)
 - Venues – libraries, community centres, church halls (Spanish speaking community).
- Handouts / pamphlets in own language (Afghani, Korean, Italian, Spanish speaking community, Arabic speaking community).
- Newspaper / community magazine in own language (Afghani, Italian, Korean, Spanish speaking community, Arabic speaking community).
- Radio in own language (Afghani, Arabic speaking community, Italian).
- Television in own language (Afghani, Arabic speaking community).
- Through children at school (children pass on the information to parents) (Afghani, Spanish speaking community, Arabic speaking community).
- Fridge magnets or sticker (Korean community, Italian).
- Internet (Italian).
- With bills (Italian).

5.9 Employment of people from CALD backgrounds by the Department of Emergency Services

None of the Afghani, Italian, Korean or Spanish speaking participants knew about any employment opportunities at the DES for people from CALD backgrounds. Only one person from an Arabic speaking country knew of these opportunities.

All groups were very interested in employment opportunities. Some were interested in finding out about voluntary work opportunities. They would like more information on:

- the qualifications required;
- the age group sought;
- the types of work available for people with limited English;
- the English level required for employment or voluntary work;
- the experience sought;
- the number of NESB people working for the DES;
- where to find out more; and
- where and when to apply.

5.10 Issues relating to the Queensland Police Service

While the Police Service are not part of the Department of Emergency Services, they are one of the services accessed through '000'. Members of ethnic communities think of the Police as an emergency service and therefore raised positive and negative issues arising from their contact with the Police. In line with MDA's commitment to ethical research, the views and experiences of those consulted are reported here and recommendations made.

The Police Service was the service that elicited the most negative comments and feelings.

In summary:

- The Italian community find the Police very effective. They are seen as carrying out their duties well.
- Concerns raised included the perceived racist treatment of Muslim people. For example *"The Police are biased against us. They are not as helpful to us as to other Australians."*
- Korean respondents found the Police impolite.
- Concerns were raised over lengthy response times (Arabic speaking community, Spanish community) or not attending at all (Spanish speaking community).
- A common issue in relation to the police service was the fear that they would be blamed for a situation and thus they feel that they should run, or not stay and talk to the police or make a complaint at all.

The Afghani community would like the Police to present information on drug issues and shoplifting (female officer preferred).

The following recommendations are for the **Queensland Police Service** and aim to address the above issues.

1. That the claims of racism and unfair treatment of Muslim people by the Police be investigated.
2. That all Police Officers participate in training on cross cultural communication and how to access and work with interpreters.
3. That those who supervise Police Officers emphasise the importance of providing a high quality response to people from CALD backgrounds to restore their confidence.
4. That feedback be routinely sought from people from CALD backgrounds to determine whether they were satisfied with the help provided by Police Officers. That an appropriate officer be given responsibility for this.
5. That a female Police Officer present information on drug issues and shoplifting to the Afghani community.

6. Summary and conclusions

Barriers to using emergency services provided by the Department of Emergency Services fall into two broad categories; those within the DES and those within the multicultural communities.

Key findings of this research about the DES and its services are:

- Awareness of '000' as the number to call in an emergency was limited.
- Of those familiar with '000', respondents linked this number to fire, ambulance and/or police, but were not aware of any other services.
- The culturally and linguistically diverse (CALD) communities consulted knew very little about the specific services offered by the DES. There is limited awareness about the ambulance, police and fire services. Awareness about the rescue service and Cardio Pulmonary Resuscitation (CPR) unit was almost non-existent.
- A lack of knowledge of what costs are incurred if an emergency service is used led many participants to avoid using the services.
- Concerns were raised about whether an interpreter is used when they call '000' and how long this would take. All communities viewed an interpreter's involvement as essential.
- While some participants found the emergency services excellent, others had experienced very poor responses from telephone staff ('000'), slow response times for an ambulance and unpleasant experiences with the Police.
- There was practically no knowledge of employment or voluntary work opportunities within the DES but a high level of interest in this. There is also a high level of interest in CPR and First Aid Courses, but concerns over the cost.

Key findings of this research identifying barriers within the communities include:

- The Afghani community don't call emergency situations 'an emergency' as it is culturally inappropriate. In Afghan culture it is shameful to seek help, particularly from the Police, as it is an admission of family failure.

- Some members of the Spanish speaking community do not view an event as an emergency if it occurs to someone outside their family. For example elderly Spanish speakers are unlikely to assist a neighbour in a crisis situation due to the language difficulties.
- Arabic speakers have difficulty with the number '000' as '0' is the number '5' in Arabic.
- Afghani, Korean and Arabic speaking participants thought the emergency number in Australia was '911'.
- Participants found it difficult to communicate to the emergency telephone staff as they felt unconfident using English. They felt misunderstood, interrogated and nervous.

Key findings in relation to methods of communicating with ethnic communities were:

- The vast majority of those surveyed require communication to be in their own language to be effective.
- They recommend presentations by Emergency Service staff (with interpreters), articles in community newspapers, appropriate use of radio and television, translated pamphlets and fridge magnets.

In summary, for the Emergency Services to fulfil their mandate with ethnic communities, those communities must know what services exist, know how to access them and feel confident that in doing so they will receive the assistance they need and be treated with respect. This research has established that ethnic communities currently know little about the Emergency Services but are keen to know more.

The Department of Emergency Services has taken a consultative role in guiding this project through participation on the Reference Group. To address the issues raised by ethnic communities the DES will need ongoing commitment, allocation of resources and a willingness to work in cooperation with ethnic communities.

7. Recommendations for the Department of Emergency Services

Delivery of emergency services is a complex and extremely challenging process. A great deal of sensitivity is required from emergency services officers to ensure appropriate and immediate measures are undertaken while they attend to emergency situations.

The Department of Emergency Services has developed a number of initiatives to enhance access to services for people from culturally diverse backgrounds. Its partnership with Multicultural Affairs Queensland (MAQ) in up-skilling officers on cross-cultural communication is a commitment to address the language barrier.

We acknowledge the Department's willingness to further improve its services through openly supporting this project. Following the focus group interview with members of the identified community groups, we offer the following recommendations.

A Reaching ethnic communities

1. That a DES Ethnic Communities Communication Strategy be developed and implemented using a coordinated whole-of-Department approach, including the following:
 - i) DES continue to undertake a range of community education strategies to increase ethnic communities' knowledge of all sections of Emergency Services and the use of '000', which may include the range of available emergency services, how to access them, the costs involved (if any), employment opportunities and the policy of using interpreters for callers to '000';
 - ii) community consultation and community education sessions be designed and delivered in partnership with community agencies with the assistance of bilingual / bicultural facilitators, with input from community leaders, to ensure that information sessions are culturally appropriate and meet the needs of the communities;
 - iii) continue to use ethnic media such as 4EB to advertise services and produce promotional materials (pamphlets / brochures) about all DES services in a range of community languages, with input from bi-cultural workers, to ensure that written materials are developed as appropriate and effective community education tools;

- iv) consider promoting emergency services through social events / activities, community grocery shops, ethnic restaurants, community language schools and churches; and
- v) continue to produce fridge magnets and stickers with '000' and distribute them to ethnic communities.

B DES employment

- i) That the community education strategies outlined above include information on employment and voluntary work opportunities, and link with migrant and refugee employment services.

C Improving access to DES services

- i) That DES note that some ethnic communities have experienced difficulties when accessing '000' and continue to monitor the existing protocols for the use of interpreters to ensure they are effective and fully implemented;
- ii) That DES approach the Commonwealth Translating and Interpreting Service to consider the establishment of an Emergency Priority Line;
- iii) That DES continue staff training in cross cultural communication and how to access and work with interpreters, particularly for '000' staff;
- iv) That DES continue to routinely seek feedback from '000' callers from CALD backgrounds to determine how satisfied they were with the help provided by staff taking emergency calls, in order to monitor progress; and
- v) That DES note that ethnic communities have a high interest in CPR and First Aid training. To enable access, courses would need to be at minimal cost and utilise the assistance of interpreters.

Appendix 1: Questionnaire

Understanding Ethnic Communities' Needs in relation to Emergency Services

Questions to use with culturally diverse communities by Bi-lingual Research Assistants

1. EMERGENCY SITUATIONS

1 A) what type of situations would you name “an emergency”?

- In your home?
- With your family?
- With your neighbours?

1 B) what do you know about “000” phone number?

- i. What does it get for the phone caller?
- ii. What happens if you phone “000”?
- iii. When do you use this phone number?

2. SERVICES –

2 A) Have you used? -

- **Ambulance;**
- **CPR** (Cardio-Pulmonary/ Heart Resuscitation Services)
- **Fire** eg in your home;
- **Rescue Services** eg if the roof blows away? If a tree falls on the home?
- **Police** services?

2 B) **What do you know about-** Ambulance; CPR/Heart attack Unit; Fire; Rescue Services; Police?

2 C) **When would you use the** – Ambulance; CPR Unit; Fire; Rescue Services; Police?

2 D) If someone you know had an accident/fire/emergency,

Where would you go for help? **Who would you call first?**

2 E) **What does** the – Ambulance; CPR Unit; Fire; Rescue Services; Police **do?**

2 F) **What are your questions about** the- Ambulance; CPR Unit; Fire; Rescue Services; Police?

2 G) **Do you want to learn more about** the – Ambulance; CPR Unit; Rescue Services; Fire; Police?

3. COMMUNICATION

3 A) what is the best way to tell people from your community about these services?

- ❖ Eg: a person informing a group?
- ❖ Male or female preferred? Other culturally respectful needs?
- ❖ What if that person is wearing a uniform?
- ❖ What will make any difference to the group?

3 B) What are the best ways to tell people from your community about these services?

- Eg; Radio?
- Newspapers/magazine in your **first language**?
- Local paper EG “Southern News”; “Star”?
- Through the children at their school?
- Brochures/Pamphlets in everyone’s letterbox?
- Internet?
- Information Groups at local Library, or Community Centre?

4. Did you know that Dept of Emergency Services is **employing people** from culturally & linguistically diverse backgrounds?

- ❖ In paid work
- ❖ In Voluntary Work

What more do you need to know about these opportunities?

5. Statistics

Self identified cultural background.
Language most spoken in the home.

How long have you been in Australia?

- Do you live in a home -
- a) Alone?
 - b) with a partner?
 - c) with children?
 - d) with elderly relatives?

Number of Males,

- Aged approximately
- Over 55 years?
 - Over 40 years;
 - Over 20 years;
 - School aged

Females in this home?

- Aged approximately
- Over 55years?
 - Over 40 years;
 - Over 20 years;
 - School aged

Are you working in your own business, or working for someone else?

Thank you for your contribution. This will contribute to a report by MDA, summarising several communities' feedback, for the Department of Emergency Services & MAQ.

BRA notes: The people / interviewees request follow up about:

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Appendix 2 Questionnaire Responses

1. Emergency situations

1. A) What type of situations would you name “an emergency”?

Community	Findings	
Afghan community	Emergency situations	Fire, electrical incidents, burst water pipes, leaking gas or stove, cook top left on. Heart attack, broken bones, burnt with boiling water, someone fainting and turning blue, sudden & unexplainable stomach ache, poisoning, children miss-taking medication or chemicals. Poisoning, poisonous spiders & ants, children choking, women going into labour, spotting dangerous animals in your house or yard like snakes.
	Comments	<i>“Everyone agreed that they don’t call any of these situations “an emergency” because culturally it is not appropriate. In Afghan culture it can be shameful to involve the police in domestic matters”.</i>
Arabic speaking community	Emergency situations	Near death situations, criminal events such as murder, robbery, accidents, fires, serious injuries. Criminal events as above and including vandalism and home invasion, accidents- car, home etc. Fire, big snake in the back garden.
Italian community	Emergency situations	Fire alarm, life threatening situation for the outside, a break in, health hazard, child in pool, microwave on fire, hairdryer in the bathtub. Relative’s health, personal injury, domestic violence, someone fainting. Someone calling for help, fire, domestic violence, gas bottles exploding in the neighbourhood. Life threatening health situations. Fire, road accident, work related injury, burglary, nuisance, electricity related accident.
Korean community	Emergency situations	Car accident, robbery, heart attack, kidnapping, fire, sick, children are sick, sport injury, vomiting, burning, home invasion, sun burning, burglary.
Spanish speaking	Emergency situations	Fire.

community	Comments	<ul style="list-style-type: none"> • <i>“Most of the people considered an emergency if it would happen in their homes and to their families”.</i> • <i>“Most of the elderly people did not considered an emergency if it would happen with their neighbours because of the language difficulties”.</i> • <i>“Adults considered an emergency if it would happen in their home, with their families and neighbours”.</i> • <i>“Most of the young people considered an emergency if it would happen in their families”.</i>
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1. B) What do you know about the “000” phone number?

Community	Findings	
Afghan community	<p><i>4 people knew that they can contact this number when there is a dangerous situation, such as a fire or break in.</i></p> <p><i>4 people answered that they can get help in such situations.</i></p> <p><i>Only 1 person knew that the operator will say “fire, ambulance or police?”</i></p>	
Arabic speaking community	Recently arrived	<ul style="list-style-type: none"> • <i>Most of the recently arrived have not used these services.</i> • <i>The best known were that this number was for police, ambulance and fire.</i> • <i>Nothing was known of other mentioned services.</i> • <i>“Confusing because in my country 000 is 555.”</i>
	10 years or more	<ul style="list-style-type: none"> • <i>As above, all know that 000 was for police, fire and ambulance.</i> • <i>When they rang, they received help.</i> • <i>Nothing mentioned of other services.</i>
	Second Generation	<ul style="list-style-type: none"> • <i>That is a number that is called in an emergency in relation to police, fire and ambulance.</i> • <i>That it is a 24 hour service.</i> • <i>Again nothing mentioned of other services.</i>
Italian community	<ul style="list-style-type: none"> • <i>It is used to call an ambulance.</i> • <i>Emergency service phone number.</i> • <i>Don’t know.</i> • <i>Many questions about Police, Fire Brigade, Ambulance.</i> • <i>Help and information.</i> • <i>Operator available 24 hours.</i> • <i>Free and they know your phone number.</i> • <i>Used free in emergencies.</i> • <i>Used in the past for ambulance.</i> • <i>Fire brigade, Ambulance, Police. Peace of mind and a quick response, operator, safety, reliable assistance.</i> • <i>Many questions made by operator while the appropriate vehicle is dispatched, explain the situation, they put you through to the right department.</i> • <i>5 people had used in emergencies for life threatening situations only.</i> 	

Korean community	<ul style="list-style-type: none"> • <i>I don't know.</i> • <i>I know it is for Police and Ambulance</i> • <i>You can use it for an emergency situation. Someone will answer "May I help you?"</i> • <i>It is used for an Ambulance and Fire.</i> • <i>A number of people believed that an emergency number in Australia is 911.</i> • <i>If you misused it, you will get fined.</i> • <i>Some people are aware of '000' as an emergency number, but do not know what happens if they ring the number.</i>
Spanish speaking community	<p>Most of the people knew 000 was a number to call when there was an emergency. Elderly people had general knowledge about 000 but it was more related to Ambulance Services. Adults and young people were more aware of 000 and the services people could get such as Ambulance, Fire and Police. CPR and Rescue Services were less familiar for them. Comments from people interviewed about the above two questions:</p> <ul style="list-style-type: none"> • <i>"It is not worthy to call them. They are delayed. It is better not to call".</i> • <i>"I have never called that number".</i> • <i>"To call 000 we don't get the services we expect. They speak so quickly. They interrogate you. We are so nervous".</i> • <i>"When we call the Ambulance we have to wait so long. If we call the police they don't come"</i> • <i>"We need emergency services in Spanish Language when we call 000".</i> • <i>"People who answer the phone are not polite. When they hear our accent they don't allow us to finish talking to them. They are very rude."</i> • <i>"When we ask for help to 000 they don't respond when we need the services."</i> • <i>"They are not patient when we talk to them. It takes too long to give us a solution".</i> • <i>"Receptionists who answer 000 are not friendly. We are not motivated to use this service".</i> • <i>"Receptionists do not make any effort to try to understand us when they hear our accent".</i>

2. Services

2. A) Have you used Ambulance; CPR (Cardio-Pulmonary/ Heart Resuscitation Services); Fire; Rescue Services; Police Services?

Community	Findings	
Afghan community	None used	
Arabic speaking	Recently arrived	<ul style="list-style-type: none"> • Most common use of ambulance, police and fire service.

community	10 years or more	<ul style="list-style-type: none"> • Very few had used services, but if they had the majority were police and ambulance services. • None had used CPR Unit or Emergency Services. • Most of those interviewed had used police, ambulance and fire at some time.
	Second generation	<ul style="list-style-type: none"> • Police and ambulance were the most common. None had used CPR unit or Emergency Services.
Italian community	Police x 7, Ambulance x 6, CPR x 1, Fire x 3, Rescue x 1	
Korean community	<p>Some have used ambulance services because one of family members had a heart attack. Used police service when reporting home invasion. When experienced car accidents. Baby capsule hire.</p> <ul style="list-style-type: none"> • <i>"It is very expensive, I would rather call a taxi when emergency situation happened. It costs \$200-300".</i> • <i>"I am afraid of using Fire Service if I get fined for misusing".</i> 	
Spanish speaking community	<ul style="list-style-type: none"> • Few elderly people, adults and young people used Ambulance services. Few elderly people and adults used police services such as reporting robbery, reference check, certificate of survival and domestic violence situations. • One person used CPR to help a friend. • The other services were not used. • Some people were unhappy because the police did not respond as quickly as they expected and needed. 	

2. B) What do you know about Ambulance; CPR/Heart attack unit/ Fire/ Rescue/ Police Services?

Community		Findings
Afghan community	Ambulance	<i>They get to your house quickly in 5 or 10 mins.</i>
	CPR	Not much.
	Fire	Houses catch fire easily here since usually timber houses, children easily can reach the gas stoves.
	Rescue	If a car falls off the road, rescue can get there faster than ambulance.
	Police	Fine on the spot, J-walking, parking.
Arabic speaking community	Recently arrived	<ul style="list-style-type: none"> • Only the very basics were known about the police, fire and ambulance. • Generally knew that they were there to help people in emergencies. • Nothing was known about CPR Unit and Rescue Services.

	10 years or more	<ul style="list-style-type: none"> • Know that the police are for criminal activities as well as situations of danger to themselves or others. • Knew that the fire service was for house fires. • Knew that the ambulance was for medical emergencies and when lives are in danger. • Not one person interviewed knew of CPR Unit or Rescue Services.
	Second generation	<ul style="list-style-type: none"> • As above, know what the police, ambulance and fire services were for. • There was limited knowledge in relation to CPR Unit. • Most interviewed know that the Rescue Services was for rescuing humans and animals from dangerous situations.
Italian community		<ul style="list-style-type: none"> • Ambulance officers hold first aid certificate, it provides first aid used in health emergencies (x2) if local GP not available, picks you up from the road and comes with sirens and flashing lights, well equipped and dispatched in Brisbane in 45 minutes, they save life 99% of the time, bring you to hospital. It is paid with Telstra, provides transport to the Hospital, it is free, I know little about it, it is called by dialling 000. • CPR is a resuscitation technique, helps with heart problems (x2). They can help you in case of heart failure (x2). Have done the course 3 times. Paid \$5 with post operation rehabilitation, helps the heart, don't know. • Fire Brigade put fires out and can be called through various numbers but 000 is good in case of panic. Evacuation plans consist of a fire alarm in the house, rolling on the ground and making for the exit sign. Fire Brigade put the fire out, activated by calling the same number 000. • Rescue services: help in various situations, floods, cyclones, electricity hazard, roof collapse etc. No answers. • Police: public service, catch criminals, protect from burglary and trespassers, only know what is seen on TV. Assistance in case of road accident, they come and help you with safety issues, against violence. • Extremely effective, they carry out their duties well.
Korean community		<ul style="list-style-type: none"> • Does not know the difference between First aid and CPR. • Is not aware of community ambulance cover. • Ambulance service is very expensive. • Baby seat and capsule hire. • If misused we will get fined. • Police is very impolite.
Spanish speaking community		<p><u>Ambulance service</u> Most of the elderly people knew that it was an emergency service but they were not clear about specific services they provided. There was more awareness about these services among adults and young people.</p> <p><u>CPR/ Heart Attack Unit</u> Most of the people did not know about this unit. Adults knew this Unit helped people with heart attack and respiratory problems.</p> <p><u>Fire services</u> There was more awareness among adults and young people about these services. Most of the elderly people knew it was used for an emergency. There was general awareness that if it were an emergency, they had to call</p>

	<p>000. <u>Rescue Services</u> They knew they provided help in emergency. Some mentioned they saw on television people rescuing others in danger and looking for missing persons. Most of the people were not clear about specific services they provided.</p> <p><u>Police Services</u> Some knew that the services could provide help in emergencies without specifying what kind of services. Adults and young people were more aware of what kind of help in emergencies without specifying what kind of services. Adults and young people were more aware of what kind of help this service provided such as reporting robbery, rescue people in danger, being protected from assault and other criminal actions. Only a few people stated they knew nothing.</p>
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2. C) When would you use the Ambulance; CPR/ Heart Attack Unit/ Fire/ Rescue/ Police?

Community	Findings
Afghan community	<i>Whether '911' is the Australian or American emergency number?</i>
Arabic speaking community	The same as 2 B)
Italian community	<ul style="list-style-type: none"> • In a health emergency to go to hospital. If a person can not go to the hospital by themselves because they are very sick, in cases of serious wounding. • In a heart attack emergency and symptoms persist when their heart beat is weak. • Fire and rescue, when needed. • For Protection. • In case of non-controllable fire danger. • Fire and rescue services for storms or trees falling, when needed. • For protection in extreme situations, for example, in a car crash.
Korean community	<ul style="list-style-type: none"> • I will rather call a taxi as it is cheaper than using ambulance service. • Heart attack; Home invasion; Baby seat and capsule hire; Car accident; Burglary.
Spanish speaking community	<p><u>Ambulance and police services</u> Most of the people did not mention in which situations they could use the services. There were few examples of situations related with ambulance such as when someone had a serious illness or accident and needed to be transported to hospital. Situations with police were mentioned mainly by adults, such as in case of robbery or being attacked.</p> <p><u>CPR / Heart Attack Unit, Fire and Rescue Services</u> People did not mention any situation they could use these services. One elderly person and one young person mentioned they could use CPR in cases of heart attack.</p>

2. D) What does the Ambulance; CPR/Heart Attack unit/ Fire/ Rescue Services/ Police do?

Community	Findings	
Afghan community	<p>We call the ambulance when someone is very sick, not for any simple illness. The Ambulance will take the patient to the hospital. No one had any questions about these services. They had no idea about CPR however they are keen to have information. Fire, for example, in your home. They knew to call 000 when there is a fire but they didn't know the Fire brigade is a separate service. Rescue service: They didn't know anything about this service but wanted to know more. Police services: They understood the role of the police in obviously dangerous situations such as a break in or missing children. I do not think they have complete understanding of the police system in Australia. All 7 women knew to call 000 first if someone they knew had accident, fire or emergency. They had no idea about free audit for home and fire risks. In case of a car accident if you have insurance you call your insurer first; if not insured then call RACQ. If someone gets hurt you also call 000.</p>	
Arabic speaking community	Recently arrived	<ul style="list-style-type: none"> • Knew to call 000 in emergency. • Had issues as non-English speaking people and being understood. • The main questions that they had were in relation to the Rescue Services and CPR Unit. These were the areas that they wished for more information on.
	10 years or more	<ul style="list-style-type: none"> • Knew to ring 000 in emergency. • In relation to most of the services there were questions in relation to the cost of the services. • There was very little knowledge of CPR Unit and Rescue services and as such these were the areas that they wished to know more about. • The police service was the most contentious with continual questions in relation to lack of multicultural police, bias in the police force and the fact that there seems to be a belief that they are not as helpful to Muslim people as to Australian people. • There was also a question of lack of staff in the police service.
	Second generation	<ul style="list-style-type: none"> • Knew to ring 000 in emergency. • There was much more knowledge of all services. • There was also still some confusion though in relation to CPR Unit and Rescue Services. Thus these are the only ones that there were any questions about. • There was not a lot of interest in relation to further information at all. • Again the issue of racism and bias in the police service was continually mentioned.
Italian community	<p>Triple 0 (x2), The yellow pages, Directory, Yell help! Helps in health emergency, comes and gets you, help you on the spot or</p>	

	bring you to hospital. Resuscitation on the appropriate machinery, gives specialized heart attack help. Put the fire off (x3) Get people out of danger, respond to natural disasters. Fines, check speed and make arrests (x2), maintain social safety.
Korean community	<ul style="list-style-type: none"> • Baby seat and capsule hire. • Fire safety check. • Help car accident. • Looking for criminals (burglary, robbery and home invasion, kidnapping). • Hospital transport. • First aid.
Spanish speaking community	<p><u>Ambulance services</u> A few people said they provide First Aid, transport people to hospitals, save lives. Most responded just that they helped in emergencies.</p> <p><u>CPR unit</u> Most of the people did know about this service. Most adults knew they provided help in case of heart attack and respiratory problems. One elderly person mentioned they provided equipment to solve the problem.</p> <p><u>Fire services</u> Adults knew they provided equipment to control and extinguish fires, firemen and rescue people in trouble.</p> <p><u>Police Services</u> Adults were aware about these services. Some of the responses were: They acted when the law is broken. To enforce the law. Fight against crime. Investigate criminal cases. Elderly people and young did know answer. There were comments among the elderly people about these services:</p> <ul style="list-style-type: none"> • <i>"The Police does not come when it is called."</i> • <i>"I don't like to be involved as a witness if something happens."</i> • <i>"We waste a lot of time in court if you call the police."</i>

2. E) What are your questions about the Ambulance; CPR/ Heart attack rescue/ Fire/ Rescue services/ Police?

Community	Findings
Afghan community	No questions
Arabic speaking community	Same as 2D
Italian community	<ul style="list-style-type: none"> • They are excellent. Do you subscribe or pay through Energex? • Do you call the doctor after performing the resuscitation technique? • Do the fire Brigade do something else? • What is the purpose of the rescue services? • Can the police intervene in case a vehicle is molested? Can they be a bit more lenient?

	<ul style="list-style-type: none"> • What do rescue services do? • Why use unnecessary force (police)?
Korean community	<ul style="list-style-type: none"> • Does the 000 provide interpreting service like Centrelink? • Wish to know CPR course (fees and time table). • Many concerns expressed about the course time table as some interviewees wish to attend the course but have no time to do so. • How much is it for the ambulance service? • How much is it for the fire inspection? • Any group concession for CPR?
Spanish speaking community	<p>The following questions were raised among the adults and young people:</p> <ul style="list-style-type: none"> • <i>“Are there direct numbers to call the different services instead of calling 000?”</i> • <i>“Are there interpreter services to call emergency services and how quickly do they respond?”</i> • <i>“Can we call the Ambulance in cases of mental illness?”</i> • <i>“Why weren’t we consulted about charging Ambulance services in the electricity bill?”</i> • <i>“How much do they charge?”</i> • <i>“What is CPR Unit and in which cases act?”</i> • <i>“How quickly do they get there when there is an emergency situation?”</i> • <i>“Are they allowed to drive over the speed limit?”</i> • <i>“Where can we get more information for the services offered to non-English speaking people?”</i> • <i>“Could you go the school and talk about all the services because we don’t get info about this stuff?”</i> • <i>“Why is it that every time we know there is an emergency we are asked or suggested to call the Ambulance?”</i> • <i>“Why is it that we don’t hear much of the other services as individuals? For example, CPR Services or Rescue Service”.</i> • <i>“What is considered an emergency by these services in order to get help?”</i>

2. F) Do you want to learn more about the Ambulance; CPR/ Heart attack/ Fire/ Rescue services/ Police services?

Community	Findings
Afghan community	The emergency services, participants only showed interest in learning about police.
Arabic speaking community	Same as 2 D
Italian community	Some answered yes.
Korean community	How much would it cost for using Ambulance service? Can I get fined when using Fire service? Group concession for CPR? Time table and cost for CPR? Very confused who is the right body to contact.
Spanish speaking	Elderly people and adults said they wanted to know about all services in Spanish language.

community	<p>Most of the young people wanted to learn more about all services.</p> <p>Comment from the group about all previous questions: The questions are repetitive. We like more tick question to respond quickly.</p>
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3. Communication

3. A) Who are the best people to tell your community about these services?

Community	Findings	
Afghan community	<p>The best way to tell people from the Afghan community is TV or newspaper in their own language. However as this is not common in Australia so the most practical ways are through the children at school or handouts in their own language. It did not matter for the women if someone giving them information as a group is male or female or wearing a uniform.</p> <p>The participants suggested that someone from the Police Service present some information about their service (they preferred to have a female person presenting this kind of information). They were particularly interested in issues such as drugs (especially in school) and shoplifting.</p>	
Arabic speaking community	Recently arrived	<ul style="list-style-type: none"> The most important areas of communication were in relation to culturally sensitive issues. They would prefer female speakers in relation to female issues. It was also important that any information that was to be provided was to be done so in their native language. Suggestions included television in their own language. Would benefit the community as they would have more knowledge.
	10 years or more	<ul style="list-style-type: none"> Nearly all of the mentioned communication types were accepted. There were a few that had issues with uniformed police, this was the only uniformed person that was mentioned. Television was again mentioned.
	Second generation	<ul style="list-style-type: none"> The most common communication type mentioned was the radio though most types of communication were agreed upon as informing the community. A small proportion had an issue in relation to culturally respectful needs. The television was again mentioned as well as newspapers in the first language.
Italian community	<ul style="list-style-type: none"> Community / emergency person x4. Female or male the same. Someone with a uniform more effective x5. Use multilevel communication eg, audio/ oral, written/ print, images, video at the same time to cover all sorts of learners. 	
Korean community	<ul style="list-style-type: none"> Do not care who ever comes for the information session as long as they can speak Korean. Use very simple information booklet such as using sticker or fridge magnet. Translated pamphlets. 	

Spanish speaking community	<ul style="list-style-type: none"> • Most agreed on one person to inform the group. • Gender and wearing uniform did not matter. • Elderly people and adults said that the information should be provided in Spanish language.
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3. B) Where is the best, to tell people from your community about these services?

Community	Findings
Afghan community	Radio, through children's school (as some parents are new arrivals and are in the process of learning English, therefore learning it from their children is easier), brochures/ pamphlets in their own language (Dari) library & fridge magnets).
Arabic speaking community	Same as 3A.
Italian community	Radio x6, brochures x6, internet x2, fridge magnets x3, newspapers in Italian x3, local paper x3, all of the above, in the bills x1, info groups x2.
Korean community	Do not care whoever comes as long as the person speaks Korean. Regardless wearing uniform or not, male or female. Korean community magazine. Community newspaper.
Spanish speaking community	Newspapers, magazines, brochures, pamphlets in their first language were more popular in this community. They preferred written information. Information groups in community centres and local libraries were also popular. There was a suggestion to use church halls. Most of the young people were happy through the children at their schools. Local newspaper, radio and internet were less popular among the whole group.

4. Employment

4. A) Did you know that the Department of Emergency Services is employing people from culturally and linguistically diverse backgrounds?

Community	Findings
Afghan community	None of the women knew this. Only one participant was interested in working in the rescue services.
Arabic speaking community	Recently arrived There was no knowledge of volunteer work for this department. Questions in relation to the employment of interpreters at 000.
	10 years or more There was no knowledge of employment opportunities in this department. Not one person interviewed knew of the opportunities. The general questions were in relation to what qualifications were needed. The interest was fairly high in employment opportunities.
	Second generation Only one person interviewed knew of the opportunities. Certain amount of interest in qualifications needed to pursue employment opportunities in this department.
Italian community	Give more details on how to participate, maybe in community newsletters. Give more details on paid jobs

Korean community	None of interviewees knew that the DES employs people from NESB but some were interested to know more about the opportunity.
Spanish speaking community	All age groups did not know about this. Adults and young people were interested to have more information about these employment opportunities.

4. B) What more do you need to know about these opportunities?

Community	Findings
Afghan community	They are interested to know: What kind of employment it can be? What the duties can be with lack of English? Do these opportunities including all ages such as 10-20 or older?
Arabic speaking community	Same as 4A
Italian community	
Korean community	What qualification do I need? My English level? Age, gender and experience affect the opportunity?
Spanish speaking community	Questions made about these opportunities: <ul style="list-style-type: none"> • Where and when to apply? • Which countries do they come from and what language they speak? (the people already working with DES) • Where to find out for work in emergency and what qualifications are needed? • I would like to know how many people from NESB are working in that Department. • Do they inform the public about these employment opportunities? • Who is a potential candidate to apply for these jobs? • I would like to know all about employment opportunities. What do they do? What do we need to work with this Department?

Appendix 3: Literature Review – Incidence of Coronary Disease in Ethnic Communities

Synopsis

A literature review was conducted to identify at risk ethnic communities that experience a high incidence of coronary disease. Analysis of the data indicates that migrant groups have lower levels of mortality due to heart disease compared with the Australian born population. However, among migrants living in Australia for 10 years or more there is a higher prevalence of coronary disease in people born in southern, northern and eastern Europe, Asia, the Middle East and Northern Africa.

Coronary disease in ethnic communities

Elevated levels of serum cholesterol and blood pressure, both of which are diet related, increase the risk of ischaemic heart disease and stroke in populations and individuals (U.S. National Research Council, 1989). Data on birthplace was collected in the National Heart Foundation's Risk Factor Prevalence Studies (RFPS) of 1980 and 1983, but no analysis of blood pressure or blood cholesterol levels have been published (National Heart Foundation 1983, 1984).

Mortality by cause of death shows significant variation between overseas population groups. Overall, migrant groups have lower levels of mortality from heart disease compared with the Australian born population. However, studies show that rates tend to increase after the migrants' first ten years of residence in Australia. It is highest in people born in southern, northern and eastern Europe, Asia, the Middle East and northern Africa (National Heart Foundation, 1996). Morbidity rates, as measured by hospitalizations for various diseases, similarly reflect a lower rate for overseas born people (Australian Institute of Health and Welfare, 2002).

Risk factors

Risk factors are attributes, exposure or other factors that are believed to increase the risk of ill health. The major modifiable risk factors associated with cardiovascular disease (CVD) are cigarette smoking, high blood pressure, obesity and sedentary lifestyle. Studies have also linked factors such as heavy alcohol consumption, inappropriate diet, diabetes

mellitus, and oral contraceptive use with an increase in CVD (Waters and Bennett, 1995). Some studies have shown that factors such as moderate alcohol consumption, low dose aspirin prophylaxis and oestrogen replacement therapy in post-menopausal women may protect against the risk of CVD, particularly coronary heart disease (CHD). Non-modifiable risk factors for CVD include age, race and family history. Risk factors often overlap and interact, so individuals with more than one factor are at even greater risk of CVD. Details of risk factor data for Australians can be found in the Australian Institute of Health and Welfare's Risk Factors for Cardiovascular Disease: a Summary of Australian Data (Waters and Bennett, 1995).

In two studies of inner urban samples of Italian-born subjects small differences have been noted between risk factors profiles of southern European immigrants and those of the Australian-born population. Among Italian immigrants in Perth, Armstrong et al (1983, cited in Reid and Trompf, 1990) observed lower mean systolic and diastolic blood pressure compared with an age-matched Australian-born sample, even though higher levels of body fat, smoking and drinking were noted in the Italian group. No differences were noted in total serum cholesterol levels.

A study of immigrants from Italy (and a reference group of British ancestry) in Perth in 1977 found that coronary risk factors levels were not substantially different in the two groups and could not therefore explain the markedly lower coronary mortality levels in the Italian-born (Armstrong et al. 1983b, cited in Reid and Trompf, 1990). Both studies showed substantially lower blood pressure in Italian-born males; for females this pattern was repeated in one study, while in the other there were only modest differences. Risk factor levels varied little by duration of residence.

Lovell and Prineas (1974, cited in Reid and Trompf, 1990) found similar results with regard to blood pressure among Italians in Melbourne compared with their siblings who remained in Italy. In a study of immigrants from the Greek Island of Levkadia, risk factor levels in migrating and non-migrating siblings were compared. Blood pressures were found to be substantially lower in those who remained on the island. Blood pressures of the immigrant group have risen roughly half way towards Australian-born levels (Powles et al, 1988b, cited in Reid and Trompf, 1990). Blood total cholesterol concentration differed little between the non-immigrants and immigrants and both were similar to published Australian values. The most significant predictor of blood pressure in this study was body mass index, which was also higher for immigrants than for their siblings in Greece. Elevated blood glucose and diabetes mellitus, which increase the risk of heart disease, were found in one Australian study to be more prevalent among Maltese immigrants (Martinet al.1984, cited in Reid and Trompf, 1990).

In general the relatively small difference observed in risk factor prevalence (including smoking) are insufficient to explain the considerably lower mortality from heart disease among immigrants from southern Europe.

Cholesterol and other risk factors in Asian immigrants have been widely studied in Australia. Limited evidence from a study of an (unrepresentative) Indo-Chinese clinic population in California suggests they have a different but not necessarily reduced risk profile compared to the American-born population. A higher than expected prevalence of hypertension and smoking was found and a relatively low prevalence of elevated serum cholesterol, particularly for Hmong people (Bates et al, 1989, cited in Reid and Trompf, 1990). We still do not know why, in spite of apparently similar risk factor prevalence profiles, immigrants have lower mortality rates from heart disease than the Australian-born.

Data from the Risk Factor Prevalence Study (National Heart Foundation, 1996) on the prevalence of smoking and obesity demonstrate that rates of both smoking and obesity are higher among males born in southern Europe, in comparison to Australian-born males. Yet, their rates of heart disease and all-cause mortality are substantially lower. The classic risk factors for heart disease provide an incomplete explanation for its relative incidence among specific ethnic groups (Reid and Trompf, 1990).

Another complicating factor is the effect of occupation. Studies have repeatedly revealed that those employed in lower status occupations suffer higher rates of mortality and morbidity, including heart disease (Antonovsky 1967; Syme and Berkman 1976, cited in Reid and Trompf, 1990). Yet as Young has pointed out, there is both a lower level of mortality due to heart disease and a low proportion of Greek, Italian and Lebanese men employed in high status occupations. Thus, she concludes that other factors unique to these ethnic groups may be protective against heart disease (Young 1986, cited in Reid and Trompf, 1990).

Data on the prevalence of diet-related coronary risk factors among immigrants is limited. The existing literature offers very few adequate descriptions of the eating habits and nutritional status of Australians in general, but particularly of immigrants. There is little conclusive evidence about the nature, extent and timing of changes in diet or nutritional status associated with migration. Of the studies that have addressed these questions, most have substantial methodological deficiencies. Research concerning the nutritional status of immigrants has been narrowly defined and measured. The lack of similarity of the methods between studies limits the comparability of results, and the methodological difficulties in studying the diets of immigrants may discourage relevant research. Traditional diet and other consumption habits are suspected of playing the central role in conferring protection against serious non-communicable disease (Reid and Trompf, 1990).

Sufficiently large and representative data on the prevalence of diet-related coronary risk factors among immigrants is limited due to the diversity of the overseas born population, the low numbers within specific groups and the fact that they do not always reside in specific ethnic communities (Reid, 1990, cited in Reid and Trompf, 1990). To assess the nature and extent of change in dietary habits and nutritional status associated with migration, the ideal investigation would comprise a longitudinal study of cohorts of immigrants upon arrival in Australia, comparing them with non-immigrants groups in their home and host countries, assessed at periodic intervals over a number of years. The high cost and complexity of such a cohort study has prohibited this kind of work. However, a study with several of these elements has commenced in Melbourne to assess the influence of diet and other factors on life expectancy and the aetiology of cancer and heart disease (Ireland 1988, cited in Reid and Trompf, 1990).

Research indicates that physical inactivity, a risk factor for cardiovascular disease, is more common among people from southern, northern and eastern Europe, Asia, the Middle East and North Africa, in comparison with Australian-born counterparts (National Heart Foundation, 1996).

Socioeconomically disadvantaged areas have higher death rates for coronary disease than the Queensland average, by about 15% (Queensland Health, 2001). Some immigrant groups, particularly refugees, have a low socioeconomic status due to unemployment, unrecognised qualifications and so on. Asylum seekers and refugees on Temporary Protection Visas or Bridging Visas are particularly vulnerable to a cycle of poverty, ill-health and limited access to health services (Kisely et al, 2002).

Conclusion

Mortality rates from cardiovascular disease are lower among immigrant groups than for the Australian born population. While death rates increase with duration of residence, first generation immigrants retain much of their health advantages. Some exceptions to this are the substantially higher death rates from heart disease among immigrants from southern, northern and Eastern Europe, Asia, the Middle East and Northern Africa. More research is needed into the risk factors of ethnic communities in Australia.

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