

Submission to Social Development Committee's Inquiry into Chronic Disease in Queensland

Community Health Action Group (CHAG)

As noted in the background paper on the Committee's website for this Inquiry, the Smart State Council working group has argued that interventions combating preventable chronic disease require long-term commitment and then go on to provide some key points that need to be addressed.

Amongst these key points it is stated that there exists a specific need to "recognise the specific needs of target high risk groups (e.g. indigenous, disadvantaged groups, rural and remote communities)"

While this point is valid, it is important to emphasize that the needs of CALD communities also require specific attention. CALD communities cannot simply be subsumed within a general heading of disadvantaged groups. While some CALD groups may fit under this category, many do not. There are needs and issues specific to various different cultural and linguistic backgrounds, including within specific target groups such as rural and remote communities, the elderly, etc.

CALD communities can be positioned across or face multiple barriers at one time (e.g. be aged, have low socio-economic status and originate from different cultural background).

The National Health and Medical Research Council (NHMRC) regularly identifies CALD individuals or communities as explicit target groups. Specific attention needs to be given to the particular factors relevant to different cultural backgrounds.

Being grouped under a banner of 'disadvantaged group' is somewhat counter-productive in remedying CALD specific health issues. Definitional issues, while seemingly superficial, are likely to result in significantly negative health outcomes for CALD groups, as well as inappropriate and restricted treatment options for CALD groups.

In other words, grouping heterogeneous communities such as the CALD group under a collective banner, or even not recognizing them at all, is likely to result in non-targeted interventions that fail to recognise the specific needs of people of CALD backgrounds and their related chronic health issues.

Each CALD group may have significant issues that pertain specifically to them. The CALD population is highly variable and no single generic approach will apply, thus the interventions need to be targeted and culturally appropriate.

It is important to emphasize that requesting targeted and appropriate treatments is not asking for anything greater than is afforded to mainstream

society, but rather it is seeking to ensure health outcomes that are equal with other members of the community.

People from CALD communities can experience considerable barriers to accessing universal health services. Lack of English, having a refugee background, low levels of education, discrimination and health treatments with inflexible western frameworks can all have an impact.

The cultural competency of health providers (or their lack of it) can impact on the capacity of CALD people to overcome barriers to access. The use of translators and interpreters is important, though not sufficient. Unfortunately, there is not always sufficient awareness amongst health providers about when it is appropriate to use translators, or how best to work with them. There are also shortages of translators and interpreters in some areas and in some languages, especially for new and emerging communities. Because this group often include people of refugee backgrounds who are more likely to have unique and complex needs, a lack of access to interpreters, or a failure to use them appropriately, can be even more problematic.

An example of inappropriate use of interpreters which often comes to light is using family members to interpret about health matters which can be complex, highly personal or about matters which are culturally unfamiliar and thus difficult to accurately interpret.

In combination, all of the abovementioned factors also lead to poorer treatment and health outcomes for CALD communities. It is a paradox then that many people from CALD backgrounds seem not to exist in statistical terms, as many services do not have data collection mechanisms which adequately record interactions with refugees and migrants.

It is also true that people of CALD backgrounds are underrepresented in mainstream service provision. Thus, the presenting problem of chronic disease within CALD communities largely remains unknown.

Currently, limited environmental scanning of chronic disease prevalence amongst CALD populations is carried out. All stakeholders involved in the provision of health services need to contribute their efforts to the creation of evidence based approaches that will better inform investment in chronic disease prevention for CALD communities in Queensland as a specific target group.

Further, there needs to be better coordination and notification between stakeholders so that those investigating CALD health related issues are not duplicating existing or planned work, but rather complimenting existing efforts. While some research has been conducted – e.g. ECCQ has carried out work in conjunction with Bond University - there needs to be a concerted effort between Government Health departments and community sector organisations to better inform optimal health interventions and outcomes.

In addition to these measures, community awareness programs must be utilised to better educate and empower CALD communities on culturally acceptable methods of prevention or early intervention on chronic diseases.

Failing to recognise CALD communities explicitly as a target group; failing to establish research initiatives that help create better informed practices and interventions for CALD communities; and disempowering communities through the lack of appropriate education and information has significant ongoing long term cost consequences for the health sector. These costs will remain unknown and will pose significant ongoing challenges to the Queensland Government unless CALD groups are explicitly targeted with appropriate research and treatment methods and are consulted with on a continual basis.