

# Health Matters

Health Consumers' Council (WA) Inc. Magazine  
September 2018, Issue 4

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Day 2018**

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HEALTH CONSUMERS'  
COUNCIL  
YOUR VOICE ON HEALTH

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Cover image: Stock



# Foreword

## Intro

Welcome to the latest edition of Health Matters, where we celebrate all things culturally and linguistically diverse. We share our Going to Hospital resources in a number of languages, highlight the services of Ishar Multicultural Women's Health Service and the newly created Ethnic Advocacy and Support Team from the Ethnic Communities Council of WA.

## World Kindness Day

We are delighted to be able to share more details about World Kindness Day, 13th November. We will be holding a special event at Herb Graham Multicultural Services Centre to explore the theme of kindness in healthcare with a focus on the experiences of people from refugee and migrant communities. See page 21 for further details.

## Staff Comings and Goings

Over June and July, we undertook a mini-restructure of our Engagement Team. This has supported the development of a Leadership Team consisting of myself, the newly-created position of Engagement Manager, the Advocacy Manager (Carly Parry) and Operations Manager (Sheree Mears).

After six and a half years at HCC during which she developed the Cultural Diversity Program, Louise Ford has left HCC to take a very well-earned break

and enjoy time with family.

Karen Lipio has been appointed as Cultural Diversity Coordinator to continue the important work of ensuring culturally and linguistically diverse people are part the health service planning, policy and review.



We have appointed Clare Mullen in the Engagement Manager position, who started with HCC on 3rd September. The Engagement Team will consist of Clare Mullen, Karen Lipio and Tania Harris, our Aboriginal Engagement Co-ordinator.

Tim Williams has also moved on from HCC to pursue other opportunities, and Martin Whitely, after six months leave without pay, finished up on 24/8 before devoting himself to research and travel.

## AGM

Mark your diaries for 21st November for our AGM which we will be holding at The Rise Centre in Maylands. See page 22 for further details. We look forward to seeing you there.

## Pip Brennan

Executive Director  
Health Consumers' Council

# Our Culturally & Linguistically Diverse services to community

## Engaging effectively with CaLD communities to create positive change at HCC

Health Consumers' Council is committed to supporting services to assist with effective engagement and care provision to people from diverse cultures.

We recognise that their voice is often left unheard, for example, WA's Patient Experience in Health Survey specifically excludes people requiring an interpreter.

We also have significant concerns about the poor uptake of interpreters in health services and how this impacts people being able to provide informed consent as patients.

**Since 2015 we have developed a range of forums and workshops to address this.**

### Diversity Dialogues Forum

Diversity Dialogues has been developed by HCC for consumers and health service providers to explore ways to develop hospital services and patient care strategies that respond to cultural diversity. Diversity Dialogues comprises of a panel discussion where the panellists are from a range of cultural backgrounds, who share their knowledge and experience around culturally aware practice, building culturally inclusive services and discussing the importance of cultural awareness in best practice. They can be run in partnership with a health service which will host the event. The outcome of the forums is to formulate recommendations regarding best practice.

Diversity Dialogue events are run on particular themes, e.g. pregnancy, mental health etc.

**The next Diversity Dialogue will be held on Tuesday 16th October. See page 16 for more details.**

### Supporting Cultural Diversity in Healthcare Workshop

Western Australia enjoys one of the most culturally diverse populations in Australia. To assist healthcare workers and providers deliver services that are equitable and in line with the implementation of Standard Two ((Partnering with Consumers 2.1.2) National Safety and Quality Health Service Standards) the Health Consumers' Council has developed this workshop as a means of enabling you to provide culturally inclusive services that support patient-centred care.

*Nursing staff this workshop counts towards your active learning hours.*

- Do you work in Healthcare?
- Are you a consumer representative?
- Are you a member of a CAC, CCAC or CAG?
- How do you support equity in Healthcare provision?





Workshop Content Includes...

- Exploring culture and cross cultural engagement
- Exploring strategies to increase service accessibility
- Identifying methods to engage with CaLD communities

**The next workshop will be held on  
Wednesday 13 February 2019, 10am-  
1pm at Health Consumers' Council.**

You can book these workshops on our website at  
<https://www.hconc.org.au/what-we-do/workshops/>,  
contact [karen.lipio@hconc.org.au](mailto:karen.lipio@hconc.org.au) or call us during office hours  
Country Callers 1800 620 780 Phone 9221 3422

# Sustainable Health Review

## CALD Consultations

As part of the engagement activities undertaken by HCC to support the Sustainable Health Review, two sessions were run in partnership with Ishar Multicultural Women's Centre. One session was held at Ishar in Mirrabooka, and another session at Bentley Library. The sessions comprised informal guided conversation over a light morning tea. All who attended were supportive of the process and thankful for the opportunity to contribute.

The Bentley Library session had 14 attendees and one interpreter. Session had 24 women, with three interpreters plus a bi-lingual and bi-cultural Ishar staff member. Languages spoken were Vietnamese, Macedonian, Arabic and Persian. The attendee number increased to 39 after the lunch break and they contributed to discussion on digital health.

## Staying Healthy

Strategies to stay healthy included cooking good food for themselves and their families. Food was an important part of maintaining family connections for many attendees. Attendees would like to see free exercise classes provided for CaLD consumers, and noted that while some councils already do so, they tend not to be convened at times suitable for carers and/or those with young families. There was interest in government funded health promotion initiatives that "show people how to feed their children good food." More government oversight into what goes into foods purchased at supermarkets and fast food outlets was also suggested. Maintaining good mental health was seen to be more challenging than maintaining good physical health. Social isolation was experienced by several attendees, especially carers.

## Services Available

Many CaLD consumers don't know what services are available and/or how to access them, and felt that services operated in isolation. There was a call for more coordination between services and an audit of what was available. Attendees would like to see more culturally sensitive GP offices. This is the first place CaLD and new arrivals will go if they develop a health issue, but they don't provide enough information and/or appropriate assistance. Most attendees didn't feel comfortable asking their GP for help. This was linked to stigma, especially around mental health, sexual issues and domestic violence. Information in community newspapers was not seen to be effective due to language barriers. Access to good dental health was viewed to be poor. Many CaLD consumers go overseas for dental work to save time on waitlists (up to 4 years in one case) and/or money. Information regarding availability of dental services was seen to be particularly lacking and in need of improvement.

## Language and interpreters

A lack of English is a key barrier to service access. Attendees would like to see more free English classes available but noted that older refugees and people who've never been to school may need to be provided with other options. Terminology can be difficult to understand and there was a request for simpler language. More collateral needs to be developed in Languages Other Than English (LOTE). Online services also need more information in LOTE.

## Digital Health

Most attendees didn't have computers-only one or two had tablets but stated they didn't know how to use them to access information about health care. There was lack of support for telehealth and videoconferencing with GP's etc., with attendees favouring face-to-face contact.

## Sustainable Health Review Aboriginal Community Meeting

On 30th May, a community meeting was hosted by Relationships Australia at the Langford Aboriginal Association. Sustainable Health Review Consumer and Carer Reference Group Members Angela Ryder (Relationships Australia), Pip Brennan and Tania Harris (Health Consumers Council of WA) facilitated the session. There were twenty attendees in total, including 16 from the local Aboriginal community and Aboriginal service providers, including Moorditj Moort, Wungening, Relationships Australia, Richmond Wellbeing, CAMHS, WAPHA and Telethon Kids Institute.

The session comprised informal conversation over lunch, a formal Welcome to Country, and almost three hours of structured discussion. Attendees were provided with copies of the December 2017 report, the SHR Interim Report and the SHR Executive Summary document in advance of discussions.

### KEY THEMES

#### 1. Cultural competency

There was a discussion about the importance of a cultural competency training package that needs to be developed with Aboriginal people to enhance the existing online cultural awareness programs.

#### 2. Health and wellbeing are one and the same

“Nurses and doctors look at things clinically, not holistically.” The system focuses on illness and symptoms of poor health, but not on working to ensure the spiritual and emotional wellbeing of Aboriginal health consumers.

#### 3. Transport remains a major barrier to access

There is considerable frustration in relation to the Patient Assisted Travel Scheme (PATS) and the need for the service to become more attuned to the needs of Aboriginal patients.

#### 4. Funding for Aboriginal health services

There is a strong sense that there is insufficient funding available for Aboriginal health services, and that a large amount of funding goes to providers who aren't delivering value for money, or even sometimes, delivering what they are contracted to do. More transparency is needed about what is funded and what the outcomes are.

#### 5. Greater coordination between mental health and AOD services

“The disconnect between alcohol and other drug and mental health services continues to plague the community.” NB Moorditj Moort is a new culturally responsive service which operates in the Langford, Gosnells and Armadale area which is a holistic drug and alcohol and mental health service.

#### 6. Role of Aboriginal Liaison Officers

There is a need to refine processes which are meant to alert Aboriginal Health Liaison Officers (AHLO's) that an Aboriginal patient has entered the hospital. “Could ALO's do rounds with the Doctor so that patients see there is an ALO available?”

#### 7. Use of technology and digital supported with a few caveats

There was general support for the use of digital technology in service delivery, but attendees pointed out that “tech literacy is very low in the Aboriginal community.” Telehealth was seen to be OK if delivered in a GP clinic with appropriate privacy.



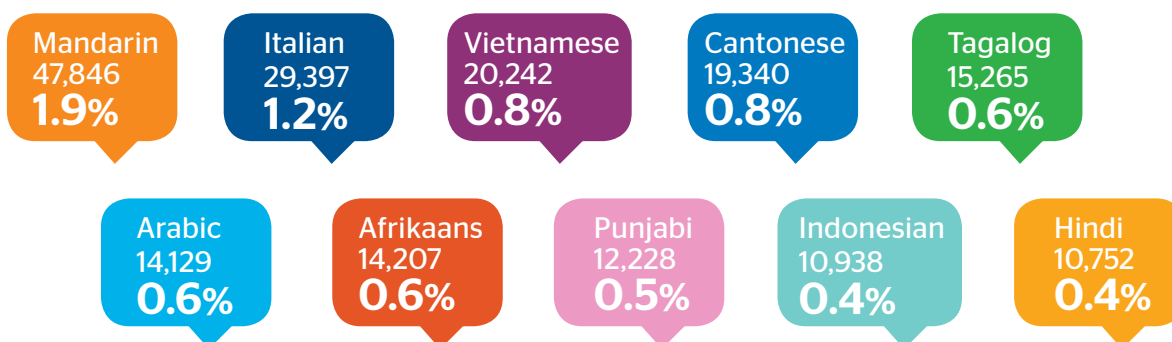




More than **240** languages are spoken in Western Australia (including Aboriginal languages). The **2016** Census shows that **17.7%** of Western Australians speak a language other than English (LOTE) at home. The number of LOTE speakers has increased by **34.7%** since **2011** while the number of Western Australians with low English proficiency has increased slightly from **2%** to **2.5%**.

## TOP 10 | LANGUAGES OTHER THAN ENGLISH (LOTE) SPOKEN AT HOME

Except for Italian, the largest LOTE groups comprised Asian and African languages.



### LANGUAGE GROUPS WITH THE LARGEST NUMBER OF PEOPLE WITH LOW ENGLISH PROFICIENCY

■ Mandarin	11,500
■ Vietnamese	6,178
■ Cantonese	4,062
■ Italian	3,182
■ Arabic	2,425
■ Korean	2,260
■ Punjabi	1,253
■ Karen	1,062
■ Persian	1,027
■ Burmese	1,011



### LANGUAGE GROUPS WITH THE HIGHEST PERCENTAGE OF PEOPLE WITH LOW ENGLISH PROFICIENCY

■ Karen	51.3%
■ Chin Haka	50.8%
■ Mon	41.1%
■ Hazaraghi	38.3%
■ Timorese	34.6%
■ Korean	31.8%
■ Vietnamese	30.5%
■ Khmer	27.9%
■ Dari	26.9%
■ Mandarin	24%





# Going to Hospital

**Our newly created “Going to Hospital Booklet” is another way that Health Consumers’ Council provides support in health care provision to people from diverse cultures.**

Going to hospital can be overwhelming for any one especially if you are a member of the community who may not be familiar with the West Australian hospital system.

If you are sick, hurt or require medical treatment HCC has created a step by step guide to ensure a better understanding and experience for patients from CaLD communities.

This booklet is available in an easy English version as well as languages other than English.

These resources have been developed in consultation with community organisations and members, translated by WA Interpreters. The languages were chosen as those that would better support people from refugee and migrant backgrounds.

I need an interpreter please.  
My language is:

Thank you

**AVAILABLE** (pdf document provided)

Going to hospital – Farsi

Going to hospital – Arabic

Going to hospital – Urdu

Going to hospital – Dari

Going to Hospital – Karen

**COMING SOON**

Kwenda Hospitali – Swahili

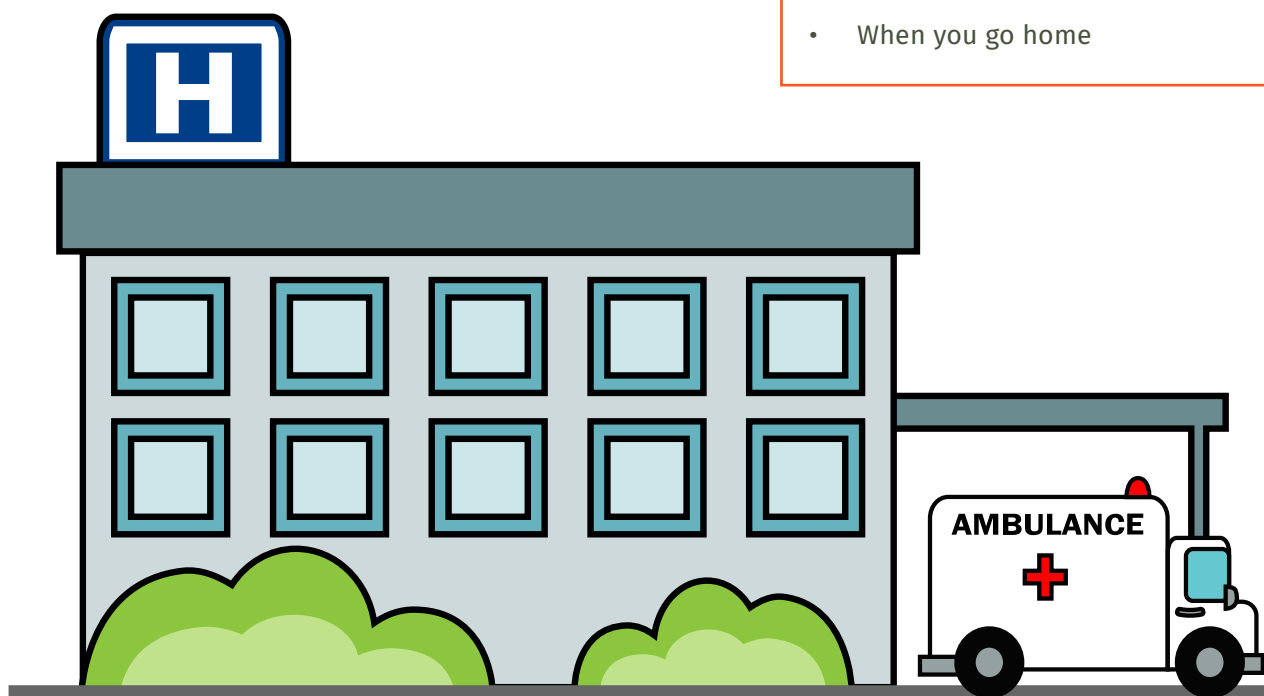
Going to Hospital – Nepalese

## WHY

The languages were chosen as those that would better support people from refugee and migrant.

The guide lists the following steps:

- Before you go to hospital
- What to take to hospital
- Going to hospital and what to take
- When you are in hospital
- When you go home



# Katanning, a meeting place for diversity

Emma Cory our Communications & content writer chats to Karen Lipio about her experiences working with CaLD communities in regional Western Australia.

Arriving in Katanning in January 2015, Karen Lipio had only recently arrived from the Philippines herself. Her first job in Australia she was the newly appointed staff member for WA Country Health Services. Her role was to identify the health needs of the Culturally and Linguistically Diverse communities and develop strategies to address those needs

Katanning she says, “Claims to be the most culturally diverse region in Western Australia. The name itself is believed to come from the Aboriginal word, “Kartannin” which means meeting place”.

With a population of 3,687, it is home for more than 40 nationalities. It also hosts the state’s largest lamb abattoir, the Western Australia Meat Marketing Co-operative Limited (WAMMCO), which is also the biggest single employer in the area.

Because of this, says Karen, it has a history of attracting people from Culturally and Linguistically Diverse (CALD) background to live and work there.

People originally from Cocos Malay and Christmas Island secured employment at WAMMCO in the early 1970s. Starting the early 2000, the Hazaras and Pashtuns from Afghanistan and Pakistan, Karen and Burmese from Myanmar and Thailand, Tamils from Sri Lanka Chinese, Nepalese, Taiwanese, Indonesians, and Filipinos joined the workforce. A number of Congolese from Congo and Twa people from Burundi has also came to settle in Katanning. The majority are from a refugee and asylum seeker background.

“Coming from a collectivist culture, these cultural groups have supported each other in various ways. When a newly community member has arrived, they provided support, driving and accompanying them to appointments and providing them their initial needs. Their social and religious gatherings also kept them united,” say Karen.

Yet despite the social support they have for each other, there were still a lot of struggles for these cultural communities.

**Language, adjustment to the Western way of life, mental health issues, and limitation of services in a regional area are some of the things that makes it challenging for them.**

Despite those challenges, Karen was also able to establish good relationships and networks in these communities. This led to the formation of a reference group which was transitioned into a **Multicultural District Health Advisory Council (DHAC)**. This gave them a stronger voice to the health service.

The Multicultural DHAC provided practical insights and feedback to health resource materials as well as health education sessions. It also informed the health service about issues and challenges in their communities as well as provided recommendations.

As meetings progressed, members put their time and effort in attending despite the existing challenges and seeing through the impact of their contribution to the health service.

**It takes a group of committed people to work together to keep it going and effect change**

Katanning Health Service has also learned to adapt their services to the needs of the CALD community.



Interpreter services were utilised, meetings were scheduled after regular hours and importantly, most health service providers demonstrated empathy and kindness in working with people from CALD background. Katanning Primary Health has also been providing support to the successful Malay exercise group. Through the Multicultural DHAC, the CALD community is being consulted in health matters and decisions. The Central Great Southern District Health Advisory Council also helps advocate issues and concerns to health management.

However, it needs to be sustained and supported. There is definitely a need for more innovation and support. Today Katanning is a town that has learned to adapt and thrive amidst adversity. All the community members who are passionate and dedicated in embracing diversity as part of progress deserved to be acknowledged.

### **A few tips in working and relating to people from CALD background.**

- Be open-minded. You can learn a lot from other culture.
- Be respectful.
- Never assume. Ask people what their preferences are and prepare to negotiate.
- Treat people from different culture the same way you treat people from your own.
- Listen. They too have interesting stories and insights to share.
- Reach out. There could be a reason why they are not engaging with you.

## **Katanning**

**Population:** 3,687

**Top country of births aside from Australia:** Myanmar, New Zealand, England, Thailand, Afghanistan

**Top languages used at home aside from English:** Malay, Karen, Hazaraghi, Mandarin

19% of households speak a language other than English

Source: 2016 Australian Bureau of Statistics survey







# New service providing support and advocacy to CaLD communities in need

**A newly created service Ethnic Advocacy Support Team (EAST) is now being provided by the Ethnic Communities Council of Western Australia.**

A charity, it is seeking to ensure that all CaLD persons have access to services particularly when facing life's challenging events. This service will not duplicate services that are already in existence but will look to work with current funded services.

"This is a team of passionate volunteers who are keen to help prevent people falling into the gaps between funded services. Often the systems and policies can be very confusing and bewildering for CaLD persons, said Vivienne Pillay, Manager Ethnic Advocacy Support Team.

"Our focus is 'client first' and we are interested in the goals of our clients and we endeavour to find ways to help them achieve this," she added.

The Ethnic Advocacy and Support Team is a team of passionate volunteer advocates aiming to provide advocacy and support to Culturally and Linguistically (CaLD) persons facing challenging life events.

Their services will assist CaLD communities such as:

- Multicultural persons dealing with diverse hospital systems in relation to critical / challenging conditions
- Refugees who have been in the country for more than 5 years
- Multicultural women transitioning from Women's refuges into the wider community who need ongoing support for sustainability often due to isolation when the funded services close their files these women feel like they have no one to turn to. They are isolated have no communities or friends. EAST hopes to help them build new networks that can support them with their new found independence.

- Also included are elderly or seniors who are needing access to aged pension / aged care possibly with little family or community support

## **EAST hope to assist the CaLD community by:**

- Assist clients in developing strong relationships with the Social Work Departments of hospitals and where necessary with the Health Consumers' Council
- Referrals to appropriate services including Counselling services
- Assisting clients to access appropriate education and employment opportunities
- Assisting clients with Centrelink and in particular Age pensions

As the Ethnic Communities Council of WA is a charity, EAST is providing services to clients on a fee for service basis.

Fortunately, fees are significantly reduced and will be scale dependent based on the work involved and the income and circumstances of the client.

A standard admin fee of \$10.00 plus GST is charged for initial consultation.

### **Contact details**

**Phone** 0452 399 717 or 92275322

**Email** [east@eccwa.org.au](mailto:east@eccwa.org.au)



**“Our focus is ‘client first’ and we are interested in the goals of our clients and we endeavour to find ways to help them achieve this,”**



# Cultural barriers make CaLD communities vulnerable to obesity and associated health problems.



Multicultural Women's  
Health Centre

According to the Australian Institute of Health and Welfare, Coronary Heart Disease is the leading cause of death for women over 45 in Australia (AIHW 2018).

**At Ishar Multicultural Women's Health Centre, there are a number of services to help women make healthy lifestyle changes to improve their health and wellbeing.**

There is a Dietitian specialising in chronic disease management including diabetes and weight loss and provides one on one consultations as well as group education programs.

"We run a weekly fitness program including yoga and exercise classes. Our clinicians are experienced in working with women from a variety of cultures and interpreters are used as required," said Rachel Pearce, Manager Health services and Dietician.

**Women from refugee and migrant backgrounds are particularly vulnerable to obesity and the associated health problems as they adopt the unhealthy aspects of the Australian lifestyle over time (Dept of Health 2014).**

According to Heart Research Australia the best way to reduce your risk of heart disease is to maintain a healthy body weight, have an active lifestyle and follow a healthy diet with plenty of fruit and vegetables.

## **For more information about Ishar's services:**

Email: [info@Ishar.org.au](mailto:info@Ishar.org.au)

Phone: 08 9345 5335

[www.ishar.org.au](http://www.ishar.org.au)







## WEEKLY PROGRAMS & SERVICES

### Women's Health Clinic

Female GP supported by a Nurse & Midwife, addressing issues of female reproductive health and antenatal care. Free with Medicare.

### Well Women's Checks

Free service provided by a Practice Nurse:

- General Health & Blood Pressure Checks
- Contraceptive & Unplanned Pregnancy Advice
- Weight and Lifestyle Advice
- Cervical Screens

### Dietitian Service

Dietary and lifestyle advice provided by an Accredited Practising Dietitian.

Free with a GP Management Plan from a Doctor, or \$10.00 fee with no Plan.

### Counselling Service

Provided by a female Registered Counsellor.  
\$10.00 fee per consultation.

### Counselling – Sexual & Reproductive Health

Free counselling sessions where women can discuss any issues regarding sexual & reproductive health.

For example:

- unplanned pregnancy
- miscarriage grief
- post termination grief
- sexual orientation

### Clinical Psychologist

Psychological therapy and counselling.  
Mental Health Care Plan from GP required.

### Pregnancy & Postnatal Support Services

Pregnancy, childbirth, & perinatal support and education, provided by a Midwife and Doctor.

Services include:

- antenatal shared care with hospital
- health information
- individual consultations
- childbirth & postnatal education
- home visit after you have had the baby
- Mothers Group

### Health Education / Promotion

Workshops addressing women's health issues for groups at Ishar and community organizations

(By request)

### Domestic Violence Support Program

Services for women who are experiencing, or have experienced domestic violence.

Therapeutic groups and individual client support available.

### Exercise and Fitness Programs

- Exercise classes - \$40 for 10 week term
- Yoga classes - \$40 for 10 week term

### Carer Support Services

- Individual Support and Advocacy
- Weekly Carers Group – Mirrabooka & Bentley
- Carer Respite Activities
- Home visiting

### 40+ Women's Lifestyle Program

- Weekly Activities and Information Sessions
- Events and Outings
- Bentley & Mirrabooka

### Neighbourhood Mother's Program

- Parenting & Relationships
- Information sessions
- Skills Development
- Rhyme Time / Activities for Children
- Family Health
- English Classes
- Home visit for new mothers (referred only)

### Family Settlement Support Program

Activities, information on welfare issues, health and nutrition.

### Settlement Grants Program Case Work

Assistance with settlement issues for newly arrived humanitarian refugees living in Australia for less than 5 years, including:

- Housing
- Education, Training, Employment
- Settlement, Citizenship Information
- Financial Planning
- Centrelink Services
- Managing Relationships in Australia
- Domestic Violence Support

On-site and telephone interpreting services are available on request.

Free crèche facilities are provided for many of Ishar's programs.

Please call 9345 5335 for more information or to make an appointment.



**HEALTH  
ENGAGEMENT  
NETWORK**

# **DIVERSITY IN CONSUMER AND CARER ENGAGEMENT**

THURSDAY 20 SEPTEMBER 2018 • 1:30PM-3:30PM • HARRY PERKINS BUILDING, QEII  
MEDICAL CENTRE, 6 VERDUN STREET, NEDLANDS (ROOM G24)  
COST: **FREE** • TEA AND COFFEE AVAILABLE

**Are you active in consumer or community  
engagement?**

**Do you want to promote best practice and build  
capability in consumer/carers engagement across  
the health sector in WA?**

**Join us to explore diversity and discuss practical  
ways of engaging diverse groups of consumers  
and carers in the health system.**

**REGISTER BY EMAILING**

**THE SCGH CENTRE FOR NURSING EDUCATION:**

**[scgh.cne.registrations@health.wa.gov.au](mailto:scgh.cne.registrations@health.wa.gov.au)**



AS PLACES ARE LIMITED, PLEASE  
RSVP BY MONDAY 17 SEPTEMBER

# Diversity Dialogues

## A forum for engagement, discussion and learning

Health Consumers' Council in partnership with the Department of Health's Cultural Diversity Unit and Ishar Multicultural Women's Health Centre brings you a topic on:

## Delivering health information for people from Culturally and Linguistically Diverse backgrounds

On this session, we will hear from experienced health service providers and CALD community members on

- how community members access health information;
- their perspective of a good and effective health education material;
- gather insights about other effective ways to deliver health information.



**Tuesday, 16 October 2018**

**9:45 AM—12:00 PM**

**Department of Health, Seminar  
Rooms 3 and 4, 189 Royal  
Street, East Perth**

**Cost: Free**

**Parking:** There is no free parking. Pay parking is available in Royal St car park, in front of Department of health

**Public Transport:** Mclver Station is a 5-minute walk away and a yellow CAT bus stop nearby

**RSVP before 11 October:**

**<https://www.eventbrite.com.au/e/diversity-dialogue-tickets-49539921238>**



**HEALTH CONSUMERS'  
COUNCIL**  
YOUR VOICE ON HEALTH





# Men's Health in CaLD Communities

Emma Cory Content writer at HCC chats to Public Health Advocate Majok Wutchok about how delays in diagnosis and poor health literacy are impacting men in our CaLD communities.

## **Our health-care system needs to attend to the overall well-being of every individual.**

Public Health advocate Majok Wutchok says that men from minority and CaLD backgrounds continue to be sicker and suffer ill health more than other demographic groups.

*"Often," he says, "this has more to do with various behavioural and social factors than the biological ones."*

*"Men from CaLD background often delay in seeking diagnosis as well as having poorer health literacy. Sadly some conditions are commonly misdiagnosed, particularly if the men are carrying an isolated tropical disease," he adds.*

Speaking to Majok he says there is a sense that most CaLD men are sceptical and get frustrated by GPs misdiagnosis of their conditions, especially when they are in regular pain and nothing can be found pathologically. This combination of frustration and mistrust suggests a need for our current health care system to review how it works with our CaLD population.

Studies have shown that delayed diagnosis can be detrimental to the health of susceptible segments of the population, including CALD individuals.

In primary health care, the term delayed diagnosis primarily refers to a costly safety incident, which is quite common and capable of harming the affected individuals.

Majok refers to a study conducted by Asante et al. (2009) which led to the identification of four factors that contribute to late HIV diagnosis among respondents from CALD backgrounds.

Even though the research focused specifically on HIV diagnosis, it nevertheless throws some light on the main factors responsible for delayed diagnosis in CaLD communities;

### **Inadequate usage of health services prior to the diagnosis:**

CALD participants often don't perceive themselves to be at risk of some of some diseases such as HIV infections, even when initial symptoms are evident.

Often also the diagnosis is often their very first specific test for such elements. Surprisingly the majority of these participants never expected a positive test result, despite the fact that they have exhibited HIV-related illness like persistent fatigue, diarrhoea and tuberculosis.

Despite qualifying for health services it seems a number of the community also consider themselves to be healthy and rarely prioritise health appointments..

### **Failure of the general health practitioners to address some of the illness with patients**

One study suggests that when heterosexual individuals presented with HIV-related symptoms to GPs they were only much later diagnosed with the ailment. Such delays could be caused by poor communication between patient and provider as well as lack of continuity of care.

### **Fear of discrimination and stigma typically associated with certain illness such as HIV infections.**





**“Men from minority and CaLD backgrounds continue to be sicker and suffer ill health more than other demographic groups.”**

Rejection from relatives and loved ones, as well as confidentiality discourages some members of this demographic group to seek for medical evaluation in relation to certain diseases.

With this current mismatch between health care supply and patients medical needs Majok summarises the existence of these barriers to greater health outcomes:

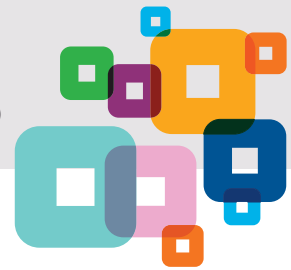
- poor health literacy
- lack of GP care continuity
- lack of access to correct services
- potential mental health issues compounded by new environments or past experiences

As our CaLD communities continue to grow we need to ensure a more equitable future for the health-care of our CaLD communities.

HCC thanks Majok Wutchok (MPH, GDTMH, GDPH, BSc) Public Health Advocate for contributing his time and efforts to this issue of Health Matters magazine.

References as provided by Majok Wutchok

Asante, A., Körner, H. & Kippax, S. (2009). Understanding late HIV diagnosis among people from culturally and linguistically diverse backgrounds. Sydney: National Centre in HIV Social Research



The 2016 Census shows that WA's resident population has reached **2,474,440** - an increase by **10.5%** from 2011 (**2,239,171**). WA has higher population growth rate (**2%** per year) than the national average (**1.7%** per year).

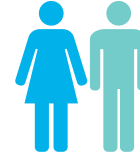
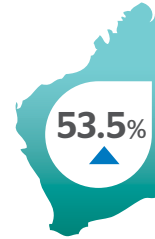
The proportion of Australia-born has been declining steadily from

**67.7%** in 2001  
**60.3%** in 2016

While the proportion of people born overseas increased from

**32.2%** in 2016  
**27.1%** in 2001

The proportion of overseas born is larger in WA (32.2%) compared with the national figure of 26.3%. The proportion of Australia-born is smaller in WA (60.3%) compared to the national figure of 66.7%.

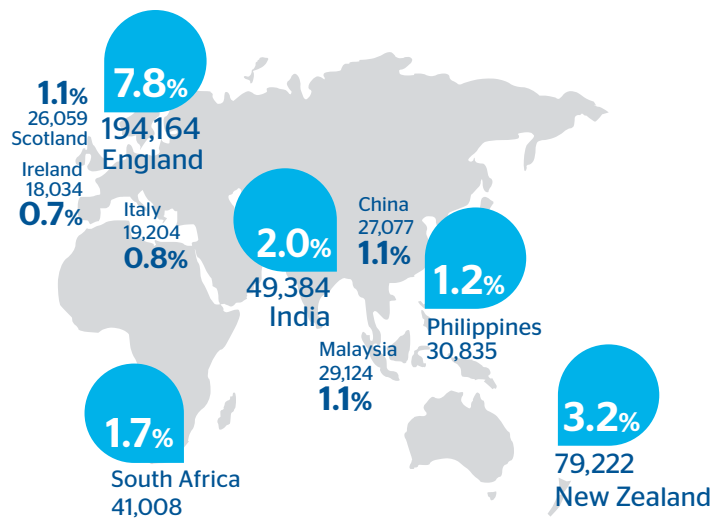


**53.5%** of Western Australians have one or both parents born overseas an increase from **51.7%** in 2011.

## TOP 10 COUNTRIES OF BIRTH

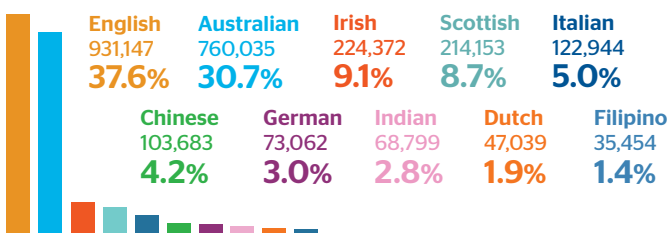
For the first time since the Census began in 1911, of the overseas-born, people born in non-main English speaking (NMES) countries outnumbered those from main English speaking (MES) countries.

Generally, the numbers of people from Asia, the Middle East and many African countries have increased, while those from Europe largely declined. The fastest growing birthplaces of the overseas-born are the Philippines, India and China.



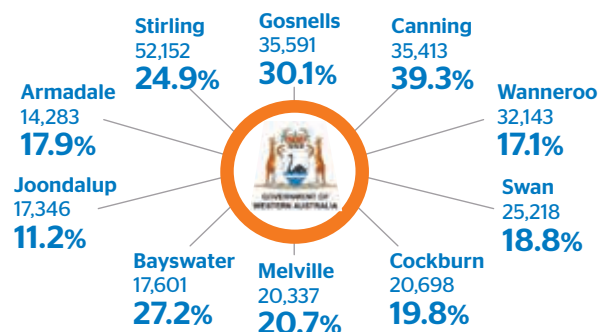
## TOP 10 ANCESTRIES

In 2016, 77.2% of Western Australians had a non-Australian ancestry. Filipino ancestry replaced New Zealand as the tenth most common response.



## TOP 10 MOST CULTURALLY AND LINGUISTICALLY DIVERSE LOCAL GOVERNMENT AREAS

**90%** of people born in NMES countries live in Metropolitan Perth (and **75%** of all Western Australians).



## FIVE MAIN FAITHS

The religious composition of the State is changing. The number of people affiliated with Christianity is declining, while those identified with no religion or non-Christian religions are increasing (except for Judaism).

The fastest growing religions are Hinduism, Islam and Buddhism. 33.0% of people (814,145 Western Australians) identified with no religion.



Christianity  
1,231,605  
**49.8%**



Buddhism  
52,833  
**2.1%**



Islam  
50,650  
**2.0%**



Hinduism  
38,741  
**1.6%**



Judaism  
5,425  
**0.2%**



# World Kindness Day

Kindness can happen anywhere and every day, but it is especially nice to know acts of kindness that happen in our own community and workplaces.



**Join us and be inspired!**

The event aims to promote the importance of the culture of kindness for delivering a more equitable healthcare. The act of kindness can look different in other cultures but health service providers and health consumers need to have a shared understanding and values of what kindness means in healthcare. This event focuses on vulnerable members of our community who experience many barriers in accessing health services.

Service providers with CALD-specific services are invited to have a stall during the event. Please visit the Health Consumers Council website to register.

Registration form available here: <https://www.hconc.org.au/patient-experience-week-2018/>

**Tuesday, 13th November 2018, 12.45-5pm**

**Multicultural Centre, Herb Graham Recreation Centre,  
38 Ashbury Crescent, Mirrabooka, WA**

**REGISTER ONLINE** at <https://www.eventbrite.com.au/e/world-kindness-day-tickets-49840710908> or call 92213422. Registration closes on 8th of November



This World Kindness Day is supported by major funding from WA Primary Health Alliance through the Australian Government's PHN Program.



**Patient Experience  
Week 2018**

# Dates for the Diary

## Membership Renewals

As you should already be aware, our existing memberships expired on 30th June 2018 and all members are required to renew their membership each year on 1st of July.

**We would love to keep you as a member.**

As this is the first time we have done this, you have until 31st October 2018 to renew.

Membership is free, however if you require items to be posted, we are asking for a \$50 contribution to the cost.

If you have any queries regarding these plans or would like more detailed information, please don't hesitate to contact us at [info@hconc.org.au](mailto:info@hconc.org.au) or 9221 3422 or 1800 620 780 for our country callers.

## AGM

This year our AGM will be held on Wednesday 21st November 4.30-7pm at The Rise, 28 Eighth Ave, Maylands WA 6051.

Please consider either renewing your membership or applying to become a member so you can join us at our AGM to join us for an interactive session where we seek your feedback on our future strategies. More details soon!

## My Health Record

- The opt-out period for My Health Record has been extended to 15th November 2018. For further information see <https://www.myhealthrecord.gov.au/> or call 1800 723 471.
  - There has been a Senate Inquiry announced into My Health Record, an a report will be due by 8th October 2018.
  - We have created a web page to ensure we keep you updated: <https://www.hconc.org.au/what-we-do/policydevelopment/my-health-record/> or call 9221 3422 or 1800 620 780 for our country callers.
- **Thursday September 20**  
Diversity in Consumer and Carer Engagement (see page 16)
  - **Tuesday 16th October**  
Diversity Dialogues (see page 17)
  - **31st October**  
RENEW YOUR MEMBERSHIP!!
  - **Tuesday 13th November**  
World Kindness Day (see page 21)
  - **Thursday 15th November**  
My Health Record Opt Out deadline
  - **Wednesday 21st November**  
AGM



# Updates

## Sustainable Health Review

The consultation process for the Sustainable Health Review has drawn to a close, and the final report is due in November 2018. We are hoping for a renewed focus on preventative health and a commitment to increasing and innovating the involvement of consumers in shaping our health system and ensuring we have a healthier community.

We have developed a web page here with updates for you, <https://www.hconc.org.au/what-we-do/policy-development/sustainable-health-review-consumer-view/> and you can check the Health Department's web page here <https://ww2.health.wa.gov.au/Improving-WA-Health/Sustainable-health-review>

## Fiona Stanley Hospital Family Birth Centre

We have been working with Fiona Stanley Hospital to ensure that women are part of the planning of a family birth centre within the maternity ward at the hospital. We partnered to develop a survey and run a community conversation, and now a consumer reference group has been formed to guide the project's development.

## Obesity Collaborative – Partners in Change

We have also been partnering with Health Networks to ensure consumers, carers and families are shaping the agenda for planned work in the sector on obesity. Our survey had more than 700 responses and consumer forums are being planned.

## Health Engagement Network

The Health Engagement Network launched on 31st July 2018 and is a self-organising community of consumers, carers, community members and health service professionals dedicated to the practice of engagement to make a better health system. You can join the online platform at [www.healthengagement.org.au](http://www.healthengagement.org.au) and please note the next event, Diversity in Consumer and Carer Engagement advertised on page 16.

For more information, please visit [www.hconc.org.au](http://www.hconc.org.au) or you can call 9221 3422 or country callers on 1800 620 780.





**HEALTH CONSUMERS'  
COUNCIL**  
YOUR VOICE ON HEALTH

### Health Consumers' Council

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Web [www.hconc.org.au](http://www.hconc.org.au)

### Opening hours

Monday - Friday 9.00am - 4.30pm  
Closed Public Holidays