ethnic communities' council of victoria

August 2009

ECCV SUBMISSION TO THE AUSTRALIAN GOVERNMENT ON THE RESIDENTIAL MEDICATION MANAGEMENT REVIEW (RMMR) PROGRAM OF THE DEPARTMENT OF HEALTH AND AGEING

1. Ethnic Communities' Council of Victoria (ECCV) welcomes the opportunity to present a submission on the Australian Government Residential Medication Management Review (RMMR) Program to the Department of Health and Ageing.

2. ECCV is the state-wide peak advocacy body representing ethno-specific agencies and multicultural organisations. For over 30 years ECCV has remained the principal liaison point between ethnic communities, government and the wider community in Victoria. ECCV has been a key player in building Victoria as a successful, harmonious and multicultural society.

3. ECCV membership consists of approximately 190 organisations that represent groups with an ethnic or multicultural focus, organisations with an interest in these areas, or individuals who support ECCV. The majority of those members are not-for-profit community service organisations. They provide services in areas such as aged care, migration, discrimination, community harmony, employment, education and training, health and community services, law and justice, as well as the arts and culture.

4. ECCV welcomes the Australian Government's evaluation of the RMMR Program and appreciates the opportunity to provide input on behalf of culturally and linguistically diverse (CALD) welfare and community-based service organisations.

Key issues for CALD residents in Aged Care Homes

5. ECCV has a keen interest in the access and equity for culturally and linguistically diverse (CALD) seniors in both generic residential aged care and ethno-specific aged care facilities which represent 10% of aged care faculties in Australia (DoHA 2009).

6. By 2011 approximately 38% of people over 65 years in the Melbourne metropolitan area and 2% in the Victorian rural and regional area will be from a CALD background (Howe 2006). ECCV is concerned that CALD seniors have special needs such as lack of English language competence which can impact on the process of informed medical decision making.

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7. CALD seniors have higher rates of advanced dementia and higher rates of depression than the average Australian population (ECCV workshop presentation in October 2008 by the Dementia Behaviour Management Advisory Service Vic).

8. ECCV received case study information from members of its Aged Care Policy Committee, representing multicultural and ethno-specific aged care service providers in Victoria, that many CALD older people, their carers and families do not have an accurate understanding of the concept of dementia. In fact some ethnic groups do not commonly use the concept and are unfamiliar with words that recognise or describe the condition in their first language. This has an impact on their medication management decisions.

Barriers and gaps in access

9. ECCV acknowledges that CALD older people over the age of 70 and especially over 80 have a tendency to revert to their first language and also tend to lose first, the last acquired language, which is usually English. CALD seniors in aged care homes and their families, therefore, require interpreter services to better inform them in medical decision making.

10. According to anecdotal reports to ECCV from ethnic welfare and community services agencies in the Melbourne metropolitan area in 2008 and 2009, there is a serious under-use of interpreters in aged care homes. In 2006 to 2007 the use of only four interpreters was recorded in Commonwealth funded residential care (Australian Institute of Health and Welfare *Residential Aged Care in Australia 2006-07: a statistical overview*).

11. ECCV believes that residential aged care facilities require additional guidelines in responding appropriately to the multiple and complex health needs of CALD residents with a Non-English Speaking Background (NESB). To ensure the quality health and wellbeing or multicultural seniors, ECCV recommends the use of interpreters at crucial points in the medical treatment of CALD aged care residents, such as at the commencement of medical treatment and when major changes in medications are made.

12. ECCV is concerned that NESB older people and their families sometimes have limited knowledge of the Australian health care processes and medical options because they have relied in traditional remedies. In addition some culturally diverse people have suspicious attitudes regarding the medical

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professions because they have experienced war trauma prior to migrating to Australia.

Funding and service model

13. ECCV recommends adequate funding and resources be allocated to residential facilities and health providers to better inform CALD residents about medicines in general; and to provide appropriate interpreters with medical language competency to inform them of treatment plans and major changes in medical treatment.

14. ECCV recommends that aged care facilities receive adequate resources to develop and embrace cultural competency in health care at all levels of the management and operational levels. In addition ECCV recommends workforce diversity training to ensure effective health and wellbeing services for CALD residents.

Quality use of medicine services

15. ECCV believes that it is the ethical right of culturally diverse older people in residential care to be informed and involved in decisions concerning their health and wellbeing.

16. ECCV believes it is the responsibility of the aged care providers to ensure appropriate communication support to enable residents to express their values and preferences concerning their health care and medical options.

17. ECCV affirms that it is the responsibility of the aged care providers to increase CALD residents' knowledge about medical options; and to improve the agreement between the resident's culturally diverse values and the recommended medication management to provide quality health care.

18. ECCV advocates that aged care providers make appropriate arrangements to ensure clear high-quality communication between CALD residents, their carers, medical clinicians and support staff in relation to shared decision making regarding the management of medication.

19. ECCV recommends that aged care providers ensure that CALD residents and their families are informed of the potential advantages and disadvantages of medical treatments. To do that effectively aged care facilities, including nursing staff, pharmacists and general practitioners require the time and resources to acknowledge the residents' diverse values, cultural

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preferences and different understanding of medical treatment and health care, in addition to appropriate interpreter and translation support.

20. ECCV is concerned that CALD residents, in both ethno-specific and generic aged care facilities, and their families are at risk of making decisions that do not benefit the NESB patient requiring treatment, due to inadequate access to information about medical options for example in pain relief. In particular residents and patients with dementia, depression and victims of torture and trauma may refuse treatment and experience harmful consequences and additional risks to their wellbeing. Informal reports to ECCV from ethnic residential facilities indicated that those who are better informed tend to choose more suitable options.

21. ECCV recommends the provision of translated information on medical treatment options and benefits, for example in relation to treatment for pain control and dementia.

22. More broadly ECCV advocates that the Department of Health and Ageing take the opportunity through the RMMR to put in place affordable and effective culturally competence strategies in residential aged care facilities to ensure the improved health and wellbeing outcomes for residents who are ethnically diverse.

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