



**ethnic
communities'
council of
victoria**

Patron

The Right Hon Malcolm Fraser
AC, CH, former Prime Minister of
Australia

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**ECCV submission
In response to
Consultation paper on
Consumers, the Health System and Health literacy
by the
Australian Commission on Safety and Quality
in Health Care
August 2013**

The Ethnic Communities' Council of Victoria Inc. (ECCV) is the peak body for ethnic and multicultural organisations in Victoria. It is a community based, member driven organisation committed to empowering people from diverse multicultural backgrounds. We are proud to have been the key advocate for culturally diverse communities in Victoria since 1974. For over 35 years we have been the link between multicultural communities, government and the wider community.

The organisation advocates and lobbies all levels of government on behalf of multicultural communities in areas like human rights, access and equity, improving services, racism and discrimination, community harmony, employment, education and training, health and community services, disability, child protection law and justice, and arts and culture.

We also help build the capacity of new and emerging communities and develop policy on a wide range of issues including undertaking culturally inclusive research in collaboration with major tertiary institutions.

This submission provides constructive input to the Australian Commission on Safety and Quality in Health Care's (ACSQHC) efforts to initiate concerted actions from all levels of government to improve health literacy in Australia. The ECCV would welcome the opportunity to further engage with the ACSQHC in the development of health literacy plan within culturally and Linguistically Diverse (CALD) communities

Summary

In 2011, the Ethnic Communities' Council of Victoria (ECCV) Health Policy Subcommittee was made aware of increasing concern from health service providers regarding low levels of health literacy within Culturally and Linguistically Diverse (CALD) communities. This subsequently led to the establishment of a Health Literacy Working Group comprising health professional organisations and members of CALD communities to enquire into the reasons behind this issue.



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In 2012, the ECCV released a policy paper, *An Investment Not an Expense: Enhancing health literacy in culturally and linguistically diverse communities*. This paper presented the findings of the Group, aiming to provide information and recommendations to the Victorian government to improving the health literacy of these communities.

The ECCV recognises that low health literacy is a nation-wide problem, but proposes that extra consideration be given to the needs of CALD communities when addressing this issue.

As an 'at risk group', low health literacy is a major concern for Australian's multicultural population. Only 33 per cent of people born overseas have adequate or better health literacy, compared to 43 per cent of the Australian-born population. This figure is lower for those who arrived in Australia within the past five years and people whose first language is not English, representing 27 per cent in the first category and 26 per cent in the second (*Australian Bureau of Statistics, 2009*).

As a result of low health literacy, people from non-English speaking backgrounds are;

- less likely to access the services that they need
- less likely to understand issues related to their health
- more likely to experience social isolation, which can lead to damaging behaviours and negatively impact physical and mental health
- at risk mismanaging their medication
- less likely to have an adequate understanding of health issues

The ECCV welcomes this consultation process undertaken by the ACSQHC to harmonise actions that support improvements in health literacy at a local, regional, state and territory levels. In particular, it fully supports steps outlined in the consultation paper to enhance health literacy for CALD communities across Australia and make recommendations to strengthen those steps.

Key recommendations were identified by the Health Literacy Working Group for each of the following areas:

1. Language, literacy and health literacy
2. Culture and health literacy
3. Community capacity-building for improved health literacy

1. Language, literacy and health literacy

- 1.1. As was indicated in the consultation paper, patients are often faced with complex information materials containing unfamiliar medical jargon. This can create confusion and add difficulty when these materials are translated in community languages. The ECCV, therefore, proposes that health information be produced in plain English and in a variety of formats, including audio-visuals materials. Information should have minimal jargon and include diagrams, pictures and symbols wherever possible.

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- 1.2. The ECCV warns that using plain English does not mean avoiding complex ideas and concepts when tailoring information materials to CALD communities. It suggests that health providers and funding bodies allocate appropriate resources to ensure that the source material used for translation is of supreme quality. This is required in order that there may be greater parity in the quality of information provided to both English speaking and non-English speaking Australians.
- 1.3. Feedback from the ethnic community sector highlights that many issues with translated materials result from a lack of consultation with target communities, both before and during the translation. For instance, terminology can often present problems for cross-cultural interaction, as certain words - such as rehabilitation - are not used in some cultures. The ECCV emphasizes the importance of health providers to work collaboratively with CALD communities to ensure that translated material is culturally relevant and appropriate.
- 1.4. The ECCV advises that consideration be given to the comprehension of all public written material in health settings - including signage, maps and directories - by people from non-English speaking backgrounds.
- 1.5. The ECCV draws attention to the fact that hospitals and health services face challenges in responding to the needs of people from new and emerging communities, due to a shortage of appropriately qualified interpreters from those communities. These communities tend to be smaller, with lower than average levels of English and writing ability and minimal interpreter training. The ECCV believes that the issue can be remedied by providing the resources required to facilitate and enhance access to expert interpreting services in healthcare settings, via the methods identified by the Victorian Foundation for Survivors of Torture (*Exploring barriers and facilitators to the use of qualified interpreters in health: Discussion Paper, 2012*).

Recommendation 1:

- 1.1 That health information is provided in plain English and a variety of easily accessible formats.
- 1.2 That health providers produce appropriate high-quality translations.
- 1.3 That adequate resources are allocated for interpreting services in healthcare settings.

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2. Culture and health literacy

- 2.1. As was highlighted in the consultation paper, communication is crucial when providing information healthcare and cultural awareness is an essential part of this. The ECCV recognises that a culturally competent health service is required if CALD communities are to be better supported to manage and make informed health-related decisions and recommends that all healthcare workers be required to undertake cultural competency training.
- 2.2. The ECCV proposes that the health and multicultural sectors be resourced in a manner that permits them to enhance cultural competency in healthcare, via partnership projects, cross-sectoral communication and knowledge sharing.
- 2.3. Additionally, the ECCV would like to see further research being undertaken to provide an evidence base, in the Australian context health literacy and CALD communities.

Recommendation 2:

- 2.1 That healthcare workers receive training in cultural competence.
- 2.2 The ECCV encourages health literacy research focusing to CALD communities.

3. Community capacity building for improved health literacy

- 3.1 Empowerment of CALD community members to better manage their own health and to negotiate the healthcare system is central to increasing health literacy. Ethno-specific and multicultural community organisations play a very important role in raising health literacy. Partnerships with ethnic and multicultural welfare agencies are widely recommended by policy makers, however such organisations are frequently underfunded and especially new and emerging community groups. The ECCV advises that these organisations be provided with the resources necessary to support local, community-specific health based education initiatives, partnership projects and capacity building.
- 3.3. The ECCV recognises the crucial role that CALD communities play in helping policymakers to make informed decisions, and recommends that such diversity should be reflected on advisory boards and committees for primary and secondary care organisations. This includes agencies such as Medicare Locals, Primary Care Partnerships and principal healthcare providers.

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Recommendation 3:

- 3.1 That healthcare providers adequately resource community-based partnerships and consultations with ethnic and multicultural groups must be engaged.
- 3.2 That advisory and decision-making bodies in healthcare reflect CALD community representation.

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