



Queensland Women's Health
Strategy submission



The Ethnic Communities Council of Queensland acknowledges the Aboriginal and Torres Strait Islander peoples of this state and nation. We acknowledge the Traditional Owners of the lands on which we live, learn and work.

We pay our respects to ancestors and Elders past, present and future. We honour Aboriginal and Torres Strait Islander peoples' unique culture and spiritual connection to the land, waters and seas and their contribution to enriching Queensland and Australia's communities.

About the Ethnic Communities Council of Queensland

The Ethnic Communities Council of Queensland (ECCQ) is the peak body representing culturally and linguistically diverse (CALD) communities in Queensland. We have a membership base of over 400 individuals, ethno-specific organisations and multicultural owned businesses. We have been pioneering this work for over 45 years, since 1976.

Our work focuses on strengthening and advocating for the needs of CALD communities throughout Queensland. We do this by building their capacity through the delivery of leadership training, strengthening community associations as well as through the delivery of culturally tailored healthcare programs.

We believe that Australia's systems should allow for every Australian, irrespective of their background, to be able to participate and contribute in all aspects of Australian society. We know that the diversity of our multicultural society is one of Australia's greatest strengths.

For further information on this submission please contact:

Lisa Ward
Chief Executive Officer
07 3844 9166
lisaw@eccq.com.au

Introduction

Good health and wellbeing of culturally and linguistically diverse (CALD) women and girls is part of the foundation of a strong, cohesive multicultural society. 22.7% of Queensland's population were born overseas, as at the 2021 census¹. When discussing equity and accessibility of health services of women and girls, the intersection of gender and culture must also be at the forefront.

The disparity between the health services accessed by multicultural communities and the broader Australian community are caused by a number of key barriers, some of which include fear, lack of understanding and the unconscious bias within the system. This is reinforced by a women's previous experiences, which impact on their ability to seek information, respond to health advice and the level of acceptance people feel.

Throughout the consultation process which guided the development of this response, ECCQ found five key factors which play a pivotal role ensuring equity and accessibility of health services to enable good health and wellbeing of CALD women and girls:

1. A flexible system that takes into account the intersections impacting on individuals and can respond
2. Recognition of individuals' and communities' lived experience as experts in their health
3. The importance of decentralized, place-based health and wellbeing services
4. A workforce who are diverse and culturally responsive
5. A holistic approach to health and wellbeing.

Flexible systems

Diverse women and girls need services that are responsive to and recognise the intersectionality of their person and consider all intersections, not just cultural and/or linguistic diversity, but other intersections such as: gender identity, sexual orientation, ability or disability, socio-economic status, religion, education and geographic location. All of these characteristics and social determinants of health impact upon the individual's understanding of and acceptance of health information, their access to services and their responses to treatments². One woman's testimony was that due to the suburb they lived in they were offered different services to someone in another suburb.

¹ Australian Bureau of Statistics (2022) *Cultural diversity of Australia*.

² The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. (2018) *RANZCOG Statement: Cultural Competency*.

Recommendation: That Queensland Health staff are trained in recognising the various intersections impacting on a woman and the system is flexible, empowering staff to respond appropriately.

Due to the limitations of the scheduling of appointments and access to transport, women may struggle to attend appointments and the amount of time required to attend as this involves leaving dependent children and taking time off work (at times casual work) to attend. In addition, the signage around health care facilities and ability to locate services can impact upon their attendance at appointments.

Another barrier to attending appointments at Queensland health services, is that appointments are sent in writing, in English and some multicultural community members cannot understand the letter they are sent. In addition, due to women often carrying familial responsibilities, not only of caring for young children, but also elderly family members, it can be a challenge to arrange the required time away from their home to attend at the time allocated. If there was flexibility in timing of appointments, or the ability to choose, this would enable more women to actively engage and reduce the rate of non-attendance.

Recommendation: That walk-in booking options were made available, which would allow for more multicultural community members to be empowered to connect with Queensland health services.

The lack of data around the diversity of individuals accessing Queensland Health services means there is less understanding the breadth of diverse groups. It is recommended that Queensland Health, at the same time as requesting information regarding whether an individual identifies as Aboriginal or Torres Strait Islander, ask if a person identifies as a diverse-background woman. However, these data systems need to be utilised by the health system from a strengths-based perspective.

Recommendation: That data be collated and used appropriately by Queensland health identifying the range of multicultural groups accessing various services in different locations.³

³ Queensland Government (2022) *Refugee Health and Wellbeing Policy and Action Plan 2022 – 2027*.

Lived experience

Service providers that work from a framework which understands that women and girls are the experts of themselves and their communities and should be listened to, heard, and understood at every level of engagement are more likely to have success. If health services work with diverse consumers and raise awareness of their staff, and their organisations, so that their understanding of these patients and communities, it will improve the services delivered and health outcomes⁴. Involving community voices, in particular diverse women's voices in planning of health services and especially an individual's voice in decisions around treatments, taking into account the various intersections impacting on the individual are essential.⁵

Recognition that there are external factors specific to multicultural women and girls that influence and support health and wellbeing is needed. Health is not just individual, it has flow on effects, impacting upon and being impacted by the whole of community.

The stigma attached to particular health conditions within some diverse communities can impact upon the decision to seek a diagnosis and treatment and their engagement in treatments. This is in turn impacted by cultural beliefs around health treatments and the understanding of western and eastern medicine, along with the belief that "you only see a doctor if you are in pain". Along with this, access to information about health conditions online and from friends and family members overseas, impacts upon the understanding and opinions of health conditions and treatment options. Some cultural frameworks also associate illness with the individual being 'wrong' or 'bad'.

Recommendation: That Queensland Health work with, and remunerate, representatives from various diverse communities in ways such as: consumer planning days, reference groups, advisory groups and focus groups. This would allow the community to inform Queensland Health services and staff to understand nuances from community⁶.

⁴ Victorian Government. (2009) *Cultural Responsiveness Framework: Guidelines for Victorian Health Services*. Melbourne, Victoria: Rural and Regional Health and Aged Care Services.

Australian Commission on Safety and Quality in Health Care. (2010) *Australian Safety and Quality Framework for Health Care*.

⁵ Queensland Government (2022) *Refugee Health and Wellbeing Policy and Action Plan 2022 – 2027*.

⁶ National Health and Medical Research Council. (2005) *Cultural competency in health: a guide for policy, partnerships and participation*. Canberra

Decentralised services

Different regions have a unique combination of needs, due to the different percentages and combinations of multicultural groups and the needs of their population. Therefore, decentralised, place-based services are more likely to be able to meet the needs of the consumers in their location, as they are more able to be flexible in their delivery, have more autonomy and be more coordinated between the various government, community and private agencies working in the area⁷. Transport to be able to access Queensland health services was raised as a concern through ECCQ consultations. CALD communities are more likely to engage with services they know and trust, which are in a location closer to their home. In addition, if specific multicultural provider-led services were established, this would enable information and advice to be more easily shared.

Recommendation: Expand community health services delivered in centres where other community services are provided, and in some cases are for specific multicultural groups.

Our focus group participants reinforced the need for further community education on health issues, as well as the health system, what is available and how to access health services. Due to the wide range of CALD women and girls in Queensland and the various levels of eligibility to services, there can be a lack of knowledge and understanding of what is available, what they are eligible to access or how to work through the Queensland Health system. Consultations revealed that many times multicultural community members feel overwhelmed by the system. They are concerned that if they ask questions or upset a doctor or a nurse, they will have services withheld from them.

Many multicultural communities do not have a regular check-up, preventative health practice within their culture. There can be an attitude of “I’m not sick enough to go to the GP”. One participant spoke of one elderly woman over the age of 65 years who had never had a blood test in her life. This is one example of the many women lagging behind in regular checks which can prevent requirements to attend hospitals later on.

“One thing I find with the communities, they don’t distinguish between various health services. The expectation is they go to health and they should get the service. That is an issue, they don’t know who to complain to or give compliments to”.

⁷ Australian Institute of Family Studies. (2015) *Commonwealth Place-Based Service Delivery Initiatives*.

In Cairns there is an example of how a safe community space has been established, which allows for connections between community members and information from services:

“We run a session with free talk and free chat and have morning tea to share. This group also practice English. Women come and sit with women from other countries to improve their English. We invite speakers from the health department and police department to share information for the women. They talk about how to live safely and what to do, for example, to get breast screening. We provide information about women’s health. Women feel more capacity to talk with providers in a safe place.”

This example from Cairns was the joint Refuge Health, CentacareFNQ and BreastScreen Queensland *Women’s Health Morning Tea*, introducing breast screen in comfortable setting with bicultural support by language group with an opportunity to opt in for first ever breast screen on site and greater open forum women’s health education session with opportunistic needs assessment.

Having a sense of belonging and being valued, having the confidence to self-advocate, within yourself, your family, your community or being aware of the services you can access.

Recommendation: Expand community health education services, in-language community education and women’s groups where information sharing can occur, including through the use of multicultural community navigators.

Diverse and culturally responsive staff

All focus groups conducted by ECCQ highlighted the need for staffing of health services to be more closely aligned to the diversity of the local population. One participant said “Not having a professional that looks like us can be challenge”. The many testimonies of how reception staff, nursing staff or doctors responded to patients in a way that they felt unwelcome and unlikely to re-engage with health services. In addition, some cultures have boundaries for women around engaging with doctors who are men, especially when it comes to specific women’s health issues. This is due to modesty and a sense of shame. Due to this, diverse women are unlikely to ask questions or admit if they do not understand everything they are told by health service staff. In order for diverse community members to feel a sense of belonging, and welcome into the health service system, staff need to be diverse and all staff need to be trained in culturally responsive practice. This would include having familiarity with how to work with interpreters and translators.

Recommendation: Queensland health proactively seek to employ staff that reflect the diversity of the community they work in.⁸

An example of this is that the initial understanding of health care providers in Queensland about women who live with female genital mutilation (FGM) is very minimal or zero. The care that women are receiving is not optimal and reducing the trust they have in health care providers. This occurs, particularly for women attending maternity care, when midwives see they are different in their genitalia. The health care provider's body language demonstrate that they are shocked, and they don't know how to provide care for a person with this condition. Women who have FGM face an additional level of vulnerability.

We heard a testimony of a woman in a maternity ward who was asked if she was comfortable having a student attend her appointment, five students walked into the room causing embarrassment and shame.

When health practitioners do how work in a culturally safe way, culturally diverse women are deterred from accessing further health services, not matter how vital it may be to their wellbeing. It should be acknowledged that the types of supports and resources shared for multicultural communities will benefit other communities, such as First Nations communities and other vulnerable groups.

Recommendation: Queensland Health provides resources and education for the staff within the system which allows them to be culturally responsive and communities to thrive.

It is no longer sufficient to only produce translated materials. There needs to be consideration of how the community listen, engage and learn. This was demonstrated throughout the COVID-19 pandemic and the focus on the need to share information through a range of digital communication spaces, including Facebook and WhatsApp.

Whilst recognizing that Queensland Health has an interpreter use policy, the testimonies of focus group participants demonstrated that this policy is not always implemented. One women shared that her friend's mother who is more than 80 years old, was in hospital for more than a month and her daughter was asked to come in every day to provide language support. They were informed that interpreters could come in for specific things or

⁸ Queensland Government (2022) *Refugee Health and Wellbeing Policy and Action Plan 2022 – 2027*.

documents, but not be engaged for daily care. This put a huge burden on the daughter of this lady and impacted on her ability to meet her job requirements over this time.

The gender of health professionals and the gender and use of interpreters within a health setting impacts on women and girls' accessing health services. For example, when a male interpreter is used for a women's health concern, this may create a breach in the level of trust and privacy for some individuals.

The lack of consistent use of accredited interpreters who speak the correct dialect, not only impacts upon the understanding of patients of their health condition and treatment, but also impacts upon their mental wellbeing and sense of welcome and respect by the health service.

We heard from people who have seen family members used to interpret for day-to-day care, evaluation and health teaching in acute services despite advocacy for interpreter services.

Recommendation: That Queensland Health have a consistent expectation that multicultural community members are supported to use appropriate interpreters for their appointments, leading to safety of patients and building an individual's understanding of health conditions and the possible impacts of potential treatment options⁹.

The Health, Equity and Access team within Metro South Health is wonderful example of how a team can focus specifically on diverse groups. This is unique – there are not others across the state.

A holistic approach to health

The mother is the heart of the family, if that is torn way from the family, we need to take care of the mothers and grandmothers.

There many other systems impacting on a women's health and her likelihood to enter a Queensland health facility. Currently the state and federal health budgets reveal a huge disparity between 3% of the budget expenses being allocated to prevention and 97% to people who have reached the hospital. There is so much opportunity to look at keeping people out of Qld Health services.

⁹ Agency for Healthcare Research and Quality. (2012) *Improving Patient Safety Systems for Patients with Limited English Proficiency – A guide for hospitals*.
Queensland Government (2022) *Refugee Health and Wellbeing Policy and Action Plan 2022 – 2027*.

Experiences of ECCQ stakeholders revealed that, clients they work with who are vulnerable in terms of their visa status and who are not Medicare eligible are in a very difficult situation. If they are applying for asylum and they go to emergency without their letter stating who they are, perhaps they have been rushed into hospital, they are then sent a \$7000 bill. One specific example is a single mother with a 2-year-old daughter and if the daughter has an ear infection, she goes to emergency, it would better if she could go to the GP.

Economic participation, or lack thereof, can greatly influence a person's mental wellbeing. This also has flow on effects, impacting a women's access to transport, ability to pay for expensive car parks, sense of self-confidence and likelihood that she will feel able to ask questions.

Ability to provide feedback / complaints and then utilize this feedback in through multicultural committee.

Recommendation: Queensland Health invest a higher percentage in preventative health programs which are likely to prevent future hospital attendances.