Policy Paper: Ongoing Funding Commitment to Multicultural Community-Based Chronic Health Services

Multicultural communities constitute 26% of the total Australian population and, although disproportionately affected by chronic diseases, they are under-represented in public health interventions, including research and funding allocation (Renzaho, Polonsky, Mellor & Cyril 2015). In this position paper, we will expose some of the ongoing challenges with chronic health faced by multicultural communities and provide key recommendations to address them.

What's the problem?

Multicultural health promotions can be complex in nature because, within the migrant communities themselves, significant heterogeneity of health disparities exists. For example, the prevalence of cardiovascular disease is highest among north-west European migrants (29%), followed by those from the UK (28%), southern Eastern Europe (28%) and North Africa and the Middle East (19%). Based on genetic pre-dispositions and post-migration lifestyle changes, certain multicultural groups are also disproportionately affected by obesity, diabetes, and mental health disorders (Renzaho et al. 2015).

Similarly, the 2024 Australian Institute of Health and Welfare's data indicates that several chronic health conditions, including but not limited to dementia, heart, stroke, and kidney diseases exhibit disproportionately higher prevalence rates among individuals born outside Australia. For instance, Australians of Bangladeshi origin have the highest prevalence rates of diabetes and heart disease (12% and 4.6%, respectively) while individuals born in Polynesian countries like Tonga and Samoa have elevated rates of kidney disease, standing at 1.9% and 1.5%, respectively (Australian Institute of Health and Welfare 2024).

On the other hand, due to increased global unrests, civil wars and violent conflicts, refugee numbers have grown exponentially over the recent years. These numbers have historically posed major challenges to Australian services providers, particularly in relation to caring for the complex health and well-being needs of this highly vulnerable population (Kara & Stuart 2021). Besides, Australia has historically been a preferred destination for older migrants over the age of 65 from culturally and linguistically diverse backgrounds, and it is anticipated that these numbers will continue to grow over the next decades (Georgeou et al. 2022).

Paradoxically, while there is a positive relationship between the length of time lived in Australia and all other integration and settlement outcomes (employment, for example), evidence suggests that Individuals with low English proficiency who have resided in Australia for a long time have higher age-standardized prevalence of arthritis, asthma, mental health, and lung conditions. In other words, the prevalence of chronic health conditions tends to increase with the length of time since arrival in Australia across most countries of birth (Australian Institute of Health and Welfare, 2024).

This is potentially because multicultural communities, including migrants, asylum seekers, and refugees may find it difficult to access local and affordable specialized medical care through the mainstream services as providers lack experienced personnel, resources, and equipment. As such, they either must travel or remain untreated, making them dependent on relatives and friends for an extended period, and undermining their trust in the health systems (Georgeou et al. 2022).

From ECCQ's work on the ground in Queensland, currently there is no prevention program in Queensland that supports Culturally and Linguistically Diverse backgrounds (CALD) who are at low or medium risks of developing a chronic disease.

What's the ask?

- Commitment to a new long-term funding directly to the Ethnic Community Council of Queensland (ECCQ), a multicultural and community-based organisation with experience in delivering culturally responsive chronic disease prevention and self-management services. ECCQ also has a well established and trusted relationship with multicultural communities across Queensland. The funding will allow ECCQ to design appropriate intervention programs (improving diet, increasing physical activity, reducing tobacco and alcohol consumption, linking people to existing community resources), targeting CALD Queenslanders at low and medium risk of developing chronic disease. When individuals adopt healthier behaviours earlier, they are less likely to increase their risk level, require expensive medical treatments, hospitalisations or long-term medication, ultimately reducing the strain on our health care system and budget. The funding will also enable ECCQ to enhance its dedicated health promotion program, health system literacy support and referral pathways, including maintaining and expanding employment of highly qualified and experienced bi-lingual/bi-cultural community health workers who can build trust and provide culturally appropriate health education and awareness, improving multicultural communities' health in turn.

- Commitment for funding for professional development to healthcare providers working with CALD communities, including ECCQ to enable them to receive on-going training on cultural competence, enhancing their understanding of diverse cultural norms, health beliefs, and practices. The National Safety and Quality Health Service Standards Act 1.21: Improving Cultural Competency (Australian Commission on Safety and Quality in Healthcare, 2024) emphasised that cultural awareness is a process that requires ongoing learning and a culturally safe workforce considers power relations, cultural differences and the rights of the patient, whilst encouraging workers to reflect on their own attitudes and beliefs. Cultural respect is achieved when individuals feel safe and cultural differences are respected.

- Commitment for funding to enable ECCQ and other community-based organisations to engage professional interpreters and provision of translated material to ensure effective communication between healthcare professionals and CALD patients and community members.

Reference List

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