REPORT

ACT Multicultural Primary Health Care Needs Assessment

August 2024

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Suggested citation:

Owuor Nadia August 2024. Consultation: ACT Multicultural Primary Health Care Needs Assessment (ACT). Health Care Consumers Association. Canberra.

About HCCA

The **Health Care Consumers' Association (HCCA)** is a health promotion agency and the peak consumer advocacy organisation in the Canberra region. HCCA provides a voice for consumers on local health issues and provides opportunities for health care consumers to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- consumer representation and consumer and community consultations
- training in health rights and navigating the health system
- community forums and information sessions about health services; and
- research into consumer experience of human services.

HCCA is committed to **consumer-centred care** as a foundation principle in all its work and to promoting consumer-centred care across the health system, within government and across the ACT community. Consumer-centred care meets the physical, emotional, and psychological needs of consumers, and is responsive to each person's unique circumstances and goals.[1]

HCCA is a Health Promotion Charity registered with the Australian Charities and Not-for-Profits Commission.

About Multicultural Hub Canberra

Multicultural Hub Canberra (mHub) is a leading provider of services to the multicultural community in Canberra and surrounding regions. mHub has long-standing connections with multicultural communities, including those who are new and emerging and provides a wide range of services including youth, men, women, counselling, employment, settlement services and emergency preparedness. mHub is a key go-to service for external agencies and community leaders and values the relationships it has within the multicultural community and amongst community organisations.

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Acknowledgements

We extend our deep gratitude to our project partner Multicultural Hub for their invaluable time, assistance and support in this work. HCCA and mHub have shared a longstanding and collaborative working relationship, each bringing unique strengths to this partnership. This project highlights the strength of our collaboration, allowing us to engage with multicultural communities and gather key insights into their primary health needs in the ACT.

The Health Care Consumers' Association (HCCA) extends our sincere thanks to each of the focus group participants who generously shared their experiences and ideas with us for this project.

HCCA also thank the representatives from A Gender Agenda (AGA), Advocacy for Inclusion (AFI), Canberra Multicultural Community Forum (CMCF), Companion House, Migrant and Refugee Settlement Services (MARSS) and Multicultural Communities Council of Illawarra (MCCI) who generously shared their valuable insights into the experiences of multicultural people accessing primary health care. We are grateful to the staff members from these services who connected us with multicultural community members, helped coordinate focus groups, and provided translation services where necessary.

Thanks to the members of the Health Policy and Research Advisory Committee who provided guidance and advice on this work.

1. Executive Summary

About this report

The purpose of this needs assessment is to identify and understand the experiences and challenges that multicultural communities in the Australian Capital Territory (ACT) face when accessing primary health care services. To do this, the Health Care Consumers' Association (HCCA), in partnership with Multicultural Hub Canberra (mHub), was contracted by Capital Health Network (CHN) to engage with multicultural communities in the ACT and conduct a Primary Care Needs Assessment.

In this report, the Australian Department of Health and Aged Care's definition of primary care is used. This definition identifies primary care as the first level of health care that people access before requiring hospital or specialist care. It includes:

- the diagnosis and treatment of health conditions,
- long-term care, and
- health promotion and prevention services.[2]

Throughout this report, the term "multicultural community" is used consistently in place of "Culturally and Linguistically Diverse" (CALD). Feedback from HCCA community consultations indicated a preference for "multicultural" as a more accurate and respectful term.[3]

This needs assessment is informed by key informant interviews with community organisations that support multicultural communities, as well as focus groups with multicultural residents of the ACT. The insights gained from this assessment will guide CHN in developing strategies to enhance the inclusivity and accessibility of primary health care services, ensuring they effectively meet the needs of multicultural communities living in the ACT.

Findings

The findings from focus groups and key informant interviews reveal that multicultural communities in the ACT use a range of primary care services. Participants reported common access to general practices, walk-in centres, community pharmacies, dental services, women's health services, and the emergency department.

Several key issues affect participants access to primary care services including:

Waiting Times: Participants reported long delays in securing appointments with primary care services particularly GPs, as well as long wait times while attending services. Participants recognised that wait times are exacerbated by workforce shortages. Participants also spoke at length about the long wait times for specialist care in the ACT region; however, specialist care goes beyond the scope of this needs assessment.

Cost of Services: Financial constraints are a significant issue, with many participants struggling to find bulk-billed services due to their limited availability in the ACT. Participants also discussed how the differences in services available to people with Medicare versus private health insurance, particularly for temporary migrants, complicated access. Several participants mentioned attending Walk-in Centres to alleviate the financial burden of primary care, while others reported avoiding primary care altogether or seeking care at emergency departments to avoid out-of-pocket costs.

Navigation Challenges: Participants highlighted difficulties in navigating the health care system, largely due to a lack of information about available services and their locations. This issue is especially pronounced among those who are not well connected within the multicultural community or are new to the ACT and the Australian health system, leaving them without the necessary support or guidance. Participants also noted that differences between the Australian health care system and those in their countries of origin added to their confusion. Without clear, accessible information and proactive outreach, many struggle to identify and access appropriate care, leading to delays in treatment and increased frustration. The gap in effectively sharing information further isolates these individuals, making it even more challenging to manage their health needs in an unfamiliar environment.

Communication Barriers: Participants with low English proficiency discussed the challenges they face regarding language barriers and the access to and quality of translation and interpretation services. They highlighted issues such as the availability of translators who speak their language and the quality of translation. These factors, along with cultural differences in health care approaches, hinder effective communication between participants and providers. This lack of effective communication contributes to feelings of social isolation and misunderstandings about health conditions and treatments.

Participants also discussed the need for more compassionate and culturally competent care. They expressed concerns about the lack of sensitivity to cultural differences and the absence of services tailored to their specific needs. Participants noted that primary care practitioners often fail to build rapport and show limited engagement during appointments, which exacerbates these challenges. Building trust with health care providers and understanding cultural nuances in health practices were highlighted as areas for improvement.

The findings from this assessment highlight that while multicultural communities in the ACT use various primary care services, they face significant barriers including long wait times, financial constraints, navigation difficulties, and communication challenges. Addressing these issues through targeted improvements in service accessibility, cost management, and culturally appropriate care is essential to better meet the needs of these communities.

Opportunities for Change

1.1 Enhance System Navigation and Health Literacy Support for Multicultural Communities:

- Develop plain-language, easy-read resources available in multiple languages to help multicultural communities understand available services and costs.
- Support digital and printed resources in GP clinics, hospitals, and community centres.
- Leverage community peer support groups, outreach programs, and in-language radio to improve access to care.

1.2 Invest in enhancing the quality of Translation and Interpreter Services:

- Expand access to high-quality translation and interpreting services across all primary care settings.
- Provide training for interpreters and health care providers to improve communication during appointments.
- Adopt longer appointment times for consumers who require interpreters and consider after-hours telehealth options with language support.

1.3 Improve Access to After-Hours Primary Care:

- Expand after-hours services and lower-cost out-of-hours care options, especially for carers working multiple jobs.

1.4 Ongoing Cultural Competency Training for primary care providers:

- Provide ongoing cultural safety training to ensure primary health care providers understand the needs of multicultural consumers and approach care respectfully.
- Include training on illnesses that disproportionately affect certain communities and develop treatment plans that are culturally aligned.
- Encourage GPs to assist multicultural patients in understanding and registering with Medicare where necessary.

1.5 Invest in Trauma-Informed Care:

- Fund the development of trauma-informed care programs to create a sense of safety and trust for refugees and asylum seekers.
- Expand successful models like Companion House, which provides coordinated care and supported transitions for multicultural consumers.

1.6 Conduct Additional Multicultural Needs Assessments

- Explore the specific challenges young multicultural individuals face in accessing primary care.
- Investigate the unique barriers faced by multicultural LGBTQIA+ individuals in primary care settings.

- Assess the difficulties in accessing specialist care, including long wait times and financial barriers.

1.7 Advocate for Policy Changes to Address Workforce Shortages:

- Address workforce shortages in the ACT by advocating for policy changes that incentivise health care professionals to work in the region.
- Establish streamlined training pathways for overseas-trained professionals to practice in Australia.

1.8 Incentivise GPs to Bulk-Bill:

- Encourage more GPs to bulk-bill, particularly for priority groups like multicultural communities, by leveraging schemes such as MyMedicare, which supports longer telehealth appointments and helps reduce financial barriers to care.

2. Introduction

2.1 Purpose

The purpose of this needs assessment is to identify and understand the unique challenges and experiences that multicultural communities in the ACT face when accessing primary health care services. Throughout this report, the term "multicultural community" is used consistently in place of "Culturally and Linguistically Diverse" (CALD). Feedback from HCCA community consultations indicated a preference for "multicultural" as a more accurate and respectful term.[4]

Despite the increase in multicultural populations within the ACT, there is still a gap in understanding the specific challenges and unmet needs when accessing primary care services in the ACT. To bridge this gap, HCCA in collaboration with Multicultural Hub Canberra have been contracted by Capital Health Network (CHN) to engage with various multicultural communities to conduct a Primary Care Needs Assessment. By engaging directly with members of the multicultural community through focus groups and key informant interviews with community organisations that serve these communities, we aimed to uncover specific barriers and factors that influence their access to care. The insights gained will help develop strategies to enhance service delivery and ensure that primary health care services in the ACT are more inclusive and accessible to the ACT multicultural community.

Australia’s cultural diversity is substantial and continues to grow. In 2021, approximately 27.6% of people living in Australia were born overseas and 22.8% of the Australian population spoke a language other than English at home.[5] Australia's multicultural population continues to grow, with immigrants, refugees, and international students representing a significant portion of the overall population.[6] However, ensuring equitable access to quality health care for multicultural communities remains a challenge.

2.2 What is primary care?

In this report, the Australian Department of Health and Aged Care’s definition of primary care is used. This definition identifies primary care as the first level of health care that people access before requiring hospital or specialist care. It includes:

- the diagnosis and treatment of health conditions,
- long-term care, and
- health promotion and prevention services.[7]

General Practitioners (GP) or family doctors, community nurses, dentists, pharmacists and community health workers are some examples of health care professionals who provide primary care services.

Primary health care in Australia is predominantly delivered through a network of general practitioners (GPs), community health services, and allied health professionals. Primary health care generally does not include care related to hospital visits or specialist care, including the diagnosis and treatment of health conditions and the management of long-term conditions.[8] Equitable access to primary care supports and enhances accessibility, affordability, and continuity of care.[9] For many people, establishing a strong relationship with a regular GP is vital for preventative care, managing chronic conditions, and receiving ongoing support. As the first point of contact for most health needs, quality primary health care is essential to an effective health system.

Despite being a vital component of the Australian health system, significant gaps remain in access to primary health care for vulnerable populations, including multicultural communities. Addressing these disparities is integral to promoting and maintaining the health and wellbeing of all Australian residents. Ensuring easy and equitable access to quality primary care can significantly enhance preventive care, treatment, rehabilitation, and ongoing support for these communities.[10,11,12]

2.3 Multicultural populations in Australia and the ACT

Australia hosts a diverse population, including temporary migrants (such as international students and skilled workers), refugees, asylum seekers from conflict-affected regions, and permanent residents from various migrant backgrounds. These individuals bring a wide range of cultures, languages, religions, and migration experiences.[13]

According to the Australian Bureau of Statistics, overseas migration contributed a net increase of 518,000 people to Australia’s population in 2022-23, reflecting a 15% increase compared to the previous year. By contrast, in 2021-22, net migration was significantly lower, with a gain of only 170,900 people, largely due to the impact of COVID-19 travel restrictions. This sharp increase reflects the lifting of those restrictions, which had previously reduced migration. This jump reflects the lifting of those restrictions, which had previously reduced migration. The largest contributors to this increase were temporary visa holders. Among them, international students made up the largest group, followed by working holiday visa holders and temporary skilled migrants. The top four countries of birth for temporary migrants were India, China, the Philippines, the United Kingdom.[14]

Australia’s migration policy encourages the distribution of migrants across the country by providing incentives for skilled migrants to relocate to areas classified as Category 2 ‘Cities and Major Regional Centres’ or Category 3 ‘Regional Centres and Other Regional Areas’.[15] This policy has led to a growing proportion of multicultural populations settling in regional areas.

In the ACT, this trend is evident. Canberra, classified as a 'Major Regional Centre' by the Department of Home Affairs, reflects this growing diversity.[16] Between 2022 and 2023, the ACT saw a net increase of 8,790 people due to overseas migration. The 2021 Census also shows a notable rise in the proportion of ACT residents born overseas, increasing from 26.4% in 2016 to 28.7% in 2021. Many of these residents come from non-English speaking backgrounds, with Mandarin, Nepali, Vietnamese, and Punjabi being the most common languages spoken after English. The top countries of birth for ACT residents are Australia (67.5%), India (3.8%), England (2.9%), China (2.7%), and Nepal (1.3%).[17]

The gradual increase in migration and changing demographics highlight the need to address the specific health care needs of people from multicultural communities. Despite the rising multicultural population, there is a notable gap in understanding how these communities' access primary health care services in the ACT. National research shows that multicultural communities across Australia face similar challenges to access to primary care, highlighting a critical gap in local data that needs to be addressed to ensure fair and equitable access for all ACT residents. Key barriers identified include a lack of awareness about available services, language difficulties, challenges in navigating the health care system, and issues related to cost and transport. More detailed information on these challenges can be found in Appendix 1.

3. Method

Qualitative methods were used for the needs assessment. We used focus groups and semi-structured interviews to explore participants' experiences of accessing primary health care in the ACT.

3.1 Participant eligibility and recruitment

To be eligible for participation in the focus groups, individuals had to meet the following criteria:

- Be a current resident of the ACT; and
- Self-identify as a person belonging to a multicultural community.

For the purposes of this report, the term "multicultural community" is used consistently in place of "Culturally and Linguistically Diverse" (CALD). Feedback from HCCA community consultations indicated a preference for "multicultural" as a more accurate and respectful term.

The Multicultural Hub and HCCA project staff identified and approached relevant cultural groups and language groups for consultation, with the aim of capturing diverse perspective within the ACT population. Although the findings may not represent all ACT multicultural communities, our sampling strategy and data collection methods allowed for an in-depth exploration of the issues faced by community groups spoken to.

Participants for the focus groups were recruited through convenience sampling, leveraging community networks primarily composed of organisations that provide services to multicultural communities. Community leaders shared information about the project with their networks, and interested individuals contacted them to participate. These leaders then passed the participants' details to HCCA and mHub staff for coordination. Additionally, organisations HCCA regularly partners with, such as MCCI, Max Solutions, and Companion House, informed their community groups and helped arrange participants for the focus groups. HCCA and mHub staff also used community radio programs and social media channels to reach potential participants. Interested individuals contacted mHub, HCCA staff, or community organisation staff involved in participant recruitment. The community and language groups consulted for the focus groups included:

- Multicultural Women’s Group
- Afghani and Arabic speaking refugee and asylum seekers
- African community
- Italian Seniors
- Karen refugee and asylum seekers
- Latin American community
- Adult Migrant English Program students
- Pacific Islander community

- South Asian community

Multicultural Hub and HCCA project staff identified community organisations that provide services and advocate for members of multicultural communities in the ACT. These organisations provided insights into the experiences of multicultural individuals accessing primary care services and participated in Key Informant interviews. Some of the organisations were chosen to share issues faced by underrepresented groups, including people who identify as part of the LGBTQIA+ community and people with disabilities.

Insight gleaned from these interviews helped inform questions asked during focus groups. These organisations included:

- A Gender Agenda (AGA);
- Advocacy for Inclusion (AFI);
- Canberra Multicultural Community Forum (CMCF);
- Companion House;
- Migrant and Refugee Settlement Services (MARSS); and
- Multicultural Communities Council of Illawarra (MCCI).

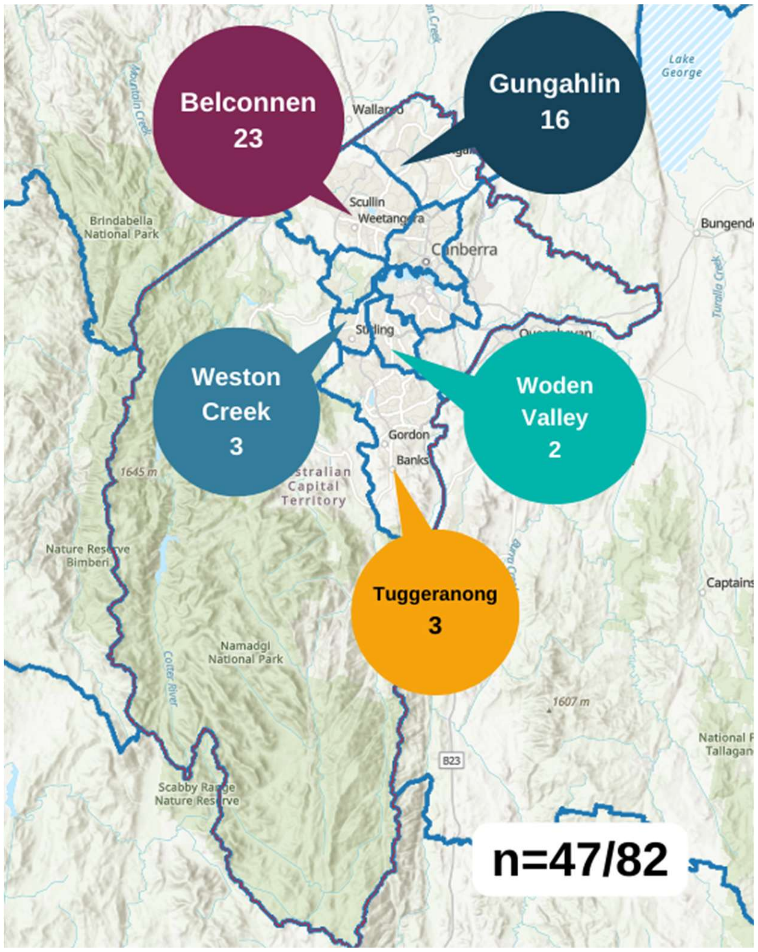
HCCA developed a Participant Information Sheet (Appendix 2) for both Key Informant interviews and focus group participants. This document outlined the project's purpose and provided an overview of the questions they could expect during the interviews and focus groups. The email sent to community organisations included the eligibility criteria and that focus group participants would receive a $50 gift card to thank them for their time and effort.

3.2 About Focus Group Participants

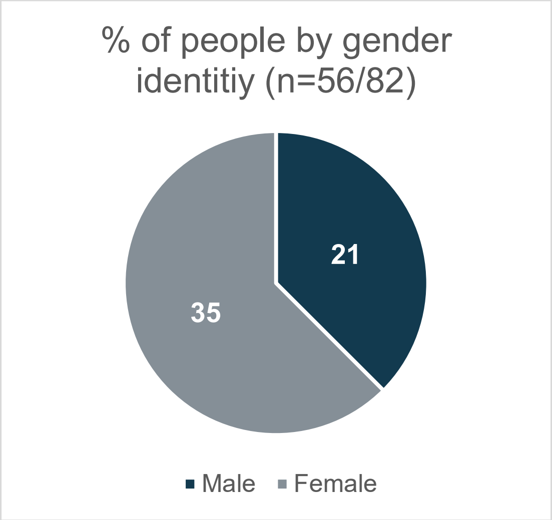
A total of 84 participants from multicultural communities took part in the nine focus groups sessions facilitated. During the sessions, participants were provided with a Pre-interview/focus group survey (Appendix 1) to fill in their demographic (e.g. age, heritage etc) information. Participants were told that completing the questionnaire was voluntary and that they could skip any questions they did not wish to answer.

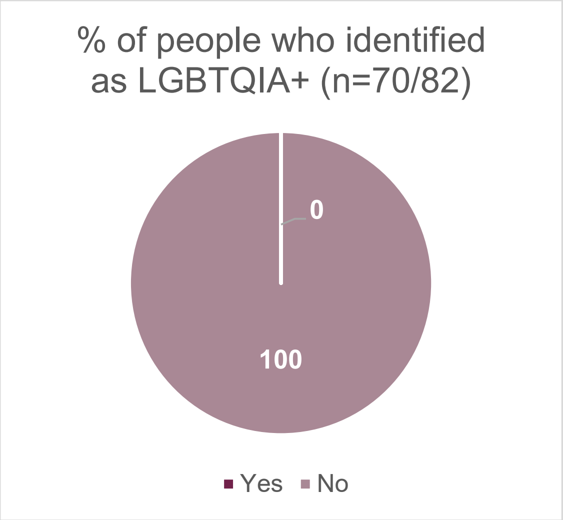
Demographic information is shown in the figures below, demonstrating the range of people consulted for this needs assessment. The "n" represents the number of respondents to the survey compared to the total number of participants in the focus groups.

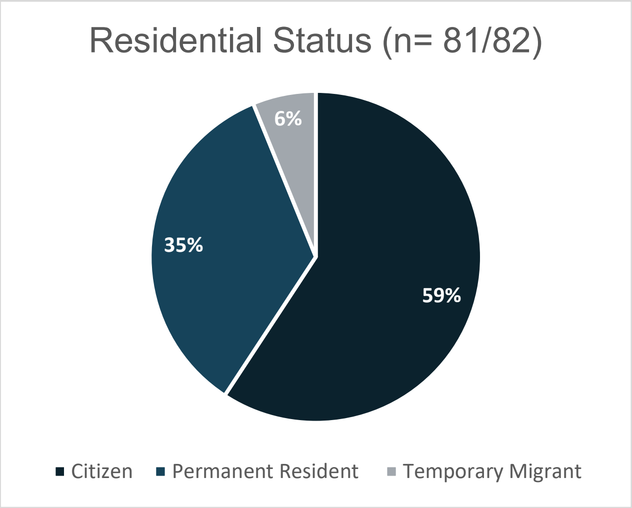
Geographical Region: The following figure shows a breakdown of the geographical areas survey respondents live within the ACT region.

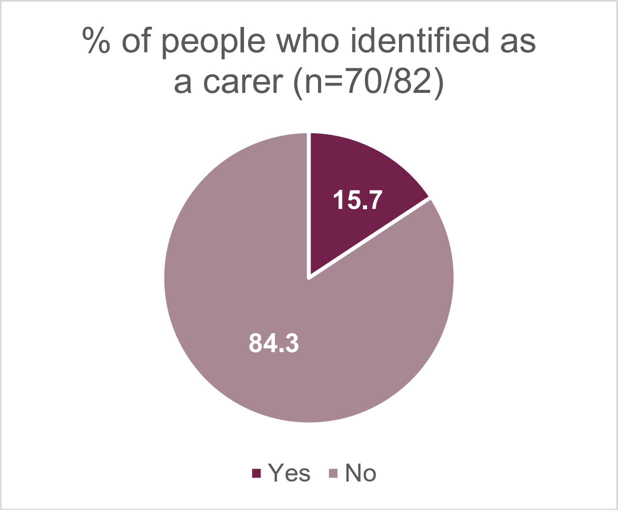


Age: participants' ages ranged from 25 to 100 years old.



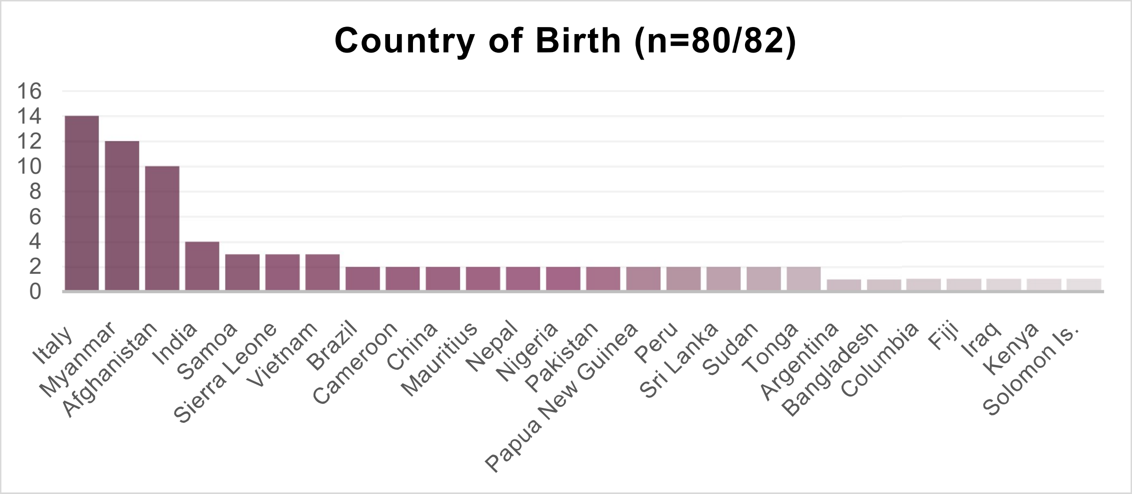






Country of Birth

Focus group participants were born in various countries; The following graph shows country of birth of the focus group participants.



Languages Spoken

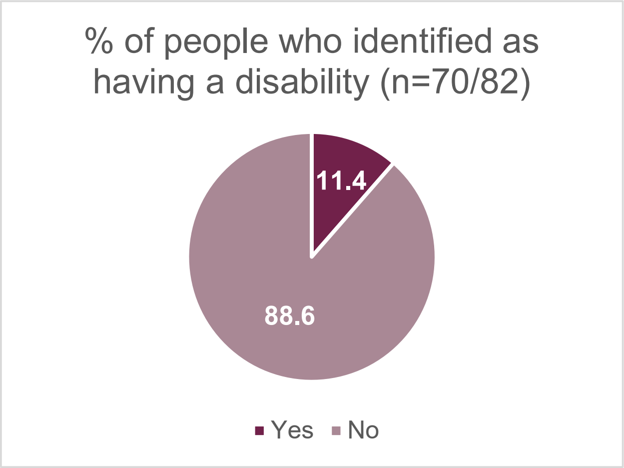
Participants spoke a wide range of languages:

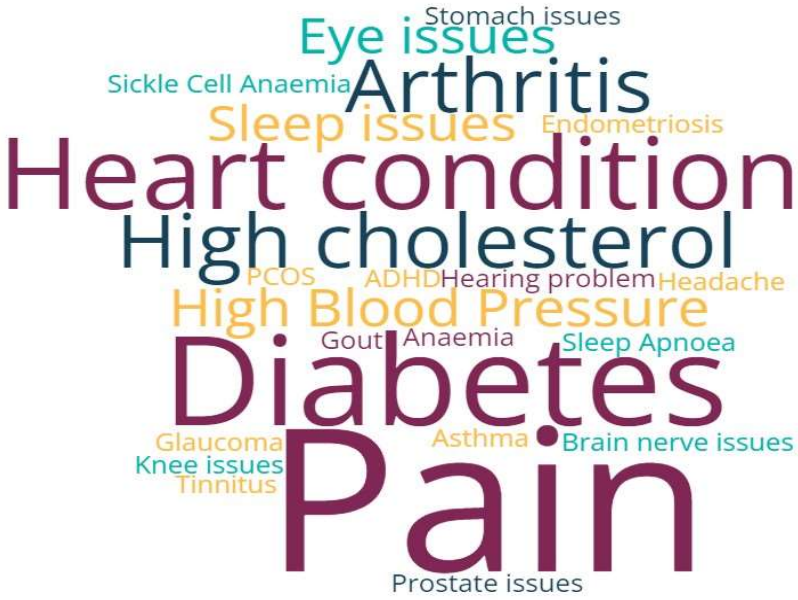
Arabic
Bengali
Burmese
Cantonese
Dari
English
Fe'Fee
French
French (Creole)
Hindi
Igbo
Italian
Karen
Kiswahili
Krio
Mandarin
Nepali
Pashto
Portuguese
Punjabi
Samoan
Sinhalese
Sol Island dialect
Spanish

Susu
Tamil
Tok Pisin
Tongan
Urdu,
Vietnamese
Yangoru

Chronic Conditions, disabilities and injuries

Participants reported a wide range of chronic health conditions, disabilities, and injuries. The following figures shows the percentage of individuals who identified as having a disability, as well as a word cloud representing the chronic conditions, disabilities, and injuries reported by participants. Among all reported health conditions, chronic pain was the most frequently mentioned, followed by diabetes, heart conditions, and high cholesterol.





3.3 Data collection and analysis

Data collection was conducted by semi-structured one-on-one interviews with key informants and semi-structured focus groups with participants. All interviews and focus groups were conducted in-person at the most convenient time and location for participants. They took place over five weeks in July and August and were predominantly held out of business hours to accommodate participants' schedules.

HCCA staff facilitated all nine focus groups, three of which were co-facilitated by Multicultural Hub, two co-facilitated by Companion House Bilingual Staff members, and one by an Italian facilitator who supported the Italian group session.

To ensure participant comfort and confidentiality, conversations were not recorded, and notes were handwritten. In-person sessions were chosen to encourage open sharing, as people often provide more detailed and honest feedback when not recorded.

For the key informant interviews, one HCCA staff member was responsible for notetaking and two HCCA staff members documented notes during the focus groups to ensure comprehensive information was recorded.

Two separate conversation guides were developed: one for key informant interviews and the other for focus groups (Appendix 3). These guides were designed to elicit the necessary information for the needs assessment, though the conversations remained semi-structured in practice to enable participants to raise the issues affecting them. The discussion guides were based on learnings from the environmental literature scan (Appendix 1) completed before the initial focus groups and the first few key informant interviews. They were shared and agreed with the Capital Health Network.

The questions focused on:

- The primary health services participants use;
- how they locate these services;
- what they like about the services they access;
- their experiences of and challenges they face when accessing primary care services; and
- their suggestions for what would make it easier for them to access primary care services in the ACT.

Data from the interviews and focus groups were reviewed and coded (themed) in two stages. Initially, two HCCA staff members coded notes according to broad themes identified in the environmental literature scan (Appendix 1) and questions asked during the interviews and focus groups. These themes were carefully chosen to be mutually exclusive, ensuring that participants' statements were assigned to one specific and appropriate theme. The broad themes were:

- Primary health care services used

- What do you like about your GP (or past GPs you have liked)?
- Finding primary care services
- Barriers to access
- Experience of interpreter services
- Suggestions for improved access to primary health care services

After initial coding, a HCCA staff member reviewed the data, focusing on identifying sub-themes. These sub-themes are reflected throughout this report, offering deeper insights into the specific issues and concerns raised by participants. For example:

- System Navigation and Health literacy
- Cost of Services
- Compassionate Care and Communication
- Cultural responsiveness
- Barriers for Temporary Visa Holders

3.4 Limitations

This is a qualitative study of consumer experiences based on semi-structured conversations with 84 individuals from various multicultural communities and representatives from five community advocacy organisations including one that provides health services. The findings should not be read as representative of all individuals from the multicultural community living in the ACT. However, there was strong consistency in the experiences, issues and concerns reported by participants, many of which are also experienced by the broader Australian population.[18]

The findings indicate a range of considerations for designing services and support to better manage health and meet the needs of multicultural communities accessing primary health care. However, it is important to note that while conversations were wide-ranging, there may be factors affecting access to primary care that we did not enquire about and that are therefore not reflected in the findings.

While participants were asked to share their experiences of accessing all primary care services, participants mainly focused on access to GPs and specialists. While access to specialist care is outside the scope of this needs assessment, discussions revealed that it is a significant concern for multicultural communities and could be a topic for further exploration. At times instead of using the term “primary care services”, facilitators used substituting terms like “GP” or “doctor” to standardise questions and improve understanding for participants who speak English as a second language.

The pre-survey question asking participants to self-identify as part of the LGBTQIA+ community received no responses. This lack of data may reflect participants' hesitation to disclose this information due to concerns about privacy and potential stigma. Research shows that concealment can stem from internalised stigma, fear of discrimination, and a lack of supportive networks.[19] This concern was also highlighted in the key informant interview with A Gender Agenda, where it was highlighted that individuals from multicultural communities have previously expressed discomfort with disclosing their identities due to similar fears and a lack of visibility and support within health care settings.

Another limitation, was that focus group participation was more skewed towards people who identify as female compared to male, which may have influenced the perspectives shared, potentially resulting in a stronger emphasis on the experiences of female participants

Lastly, the short timeline for conducting the needs assessment limited the possibility of more key informant interviews and focus groups. One major group that was not consulted was multicultural young people, due to scheduling conflicts with their commitments in work, school, university, family commitments and carer responsibilities. Although some young people mentioned they could take leave from work, it is important to avoid placing this burden on them. Insights from HCCA's *Looking after your health with a long-term condition: Perspectives from international students living in the ACT* report can offer valuable perspectives on the challenges faced by young people when accessing health services.[20] The report explores the everyday strategies that international students use to look after their health, and some of the difficulties they can experience when using health services and seeking health information in the ACT. These insights are applicable to the broader issues that young people encounter when accessing primary care. Future projects should account for the fact that individuals often juggle various commitments. Therefore, project timelines should include flexibility to accommodate the availability of community members and allow for schedule adjustments that alleviate time pressure for both project staff and participants.

4. Findings

This section describes the factors that influence access to primary health care as well as barriers to accessing these services. It begins by discussing the primary care services participants use and the factors they consider when seeking access. It then addresses barriers to access, focusing on issues around wait times, cost, system navigation and communication. The following section then explores opportunities to enhance the multicultural community's access to primary care services.

4.1 What primary care services do participants access?

Participants reported accessing a range of primary care and allied health services depending on their health needs and the nature of their conditions. Primary health care services mentioned by participants included:

- General Practitioners (GP)
- Walk-in Clinics
- Emergency Departments
- Community Pharmacists
- Doctor-on-call services (mainly for after-hours services)
- Telehealth services
- Community health service (Companion House)

In addition, participants reported using various allied health services. Allied Health encompasses specialised services that provide additional support and expertise to complement primary care. The allied health services reported were:

- Pathology clinics
- Physiotherapy
- Women's Health Centre
- Student Counselling
- Radiology
- Dentist
- Optometrist

General Practitioners (GPs): Almost all participants visited GPs, often finding them through referrals from friends, family, or community groups. For minor illnesses, some participants sought advice from pharmacists but turned to their GP if the condition worsened.

One participant mentioned that they sought health advice from pharmacist if it’s a minor illness but if their condition deteriorated, they visited their GP.

> *Depends on how I’m feeling, if it’s just a cold I go to the chemist and ask what they suggest. If it gets worse then it’s time to see a doctor.*

Another participant shared that when they first arrived in Canberra, they were unaware of the services available to them, so they used *a* 'doctor on call' service, which they found very helpful.

> *When I first arrived, I didn't know about the services available. The doctor on call was really helpful in guiding me.*

There were varied experiences among participants regarding GP care and help with managing their chronic conditions. Some felt well-supported by their GP, but others shared that they've had to change GPs multiple times because they weren't receiving the support they needed, or the GP wasn't the right fit for them in terms of culturally safe care, communication style, or rapport building. This is explored further later in the report.

Walk-in-Clinic: In non-emergency situations, when immediate care is needed without an appointment, many participants preferred to visit a Walk-in Clinic. For participants who used them, Walk-in-Clinics were a good option for care, given their affordability, accessibility, and convenience.

> *If it's not an emergency, I go to the Walk-In Clinic. It's quick and easy.*

Community Health Services: For newly arrived migrant refugees and asylum seekers, community health services like Companion House are the primary source of primary care. Companion House is the preferred and well-liked service provider, offering comprehensive health care support and referrals to specialists.

> *Companion House has been very helpful. They referred me to Canberra Hospital for diabetes management and dietician support.*

> *I mostly use Companion House. They provide good support and help with referrals to specialists.*

One participant also mentioned that they use the women's health centre.

> *I recently started accessing the women's health centre, and it's been a positive experience.*

Emergency Department (ED): Some participants shared that they visit the emergency department for urgent or serious medical issues. A few said that they attend the ED to mitigate GP costs if they cannot afford it.

> *I only go to the hospital for x-rays or major issues. For everything else, I use local clinics.*

> *We go to Canberra hospital straight away for emergencies.*

Specialist Services: While not necessarily part of primary care, most participants mentioned accessing specialist services as needed. Referrals to specialists are typically facilitated through GPs, and participants often attend GP appointments to access specialised care. Those with chronic conditions or specific health needs, such as diabetes or gynaecological issues, frequently seek specialist care.

4.2 Finding primary care services

Participants commonly rely on their social networks to navigate their health care needs and determine when to seek care from a health professional. They frequently consult with knowledgeable individuals within their community or family members with medical expertise before making appointments with doctors. This informal exchange of knowledge helps them assess the severity of their symptoms and decide on the most appropriate care.

> *In the community there are people who have medical knowledge, so I go to them first. If it’s something more serious, then I make an appointment to see the doctor.*
>
> *My sister is my first port of call because she is a pharmacist.*
>
> *Talking to friends, family and community groups is the best way to find a doctor.*
>
> *My family help me, especially my children who are older.*
>
> *Google. Or sometimes my friends from the Vietnamese community can help to find a Vietnamese doctor, but I can speak English pretty well so sometimes I got to a different doctor.*
>
> *My daughter helped me. She told me about her [GP].*
>
> *I know about my doctor through my family. We all go to the same doctor.*

For some, online tools like the "Hotdoc" app are also used for booking appointments. However, face-to-face or phone interactions are preferred by those with language barriers, as they facilitate better communication through body language.

> *Hotdoc is really good for booking appointments. It saves a lot of time.*
>
> *Face to face is better if you can’t speak English well. In terms of body language, it helps when you can use body language too to explain.*

4.3 What do participants look for and value when looking for a primary care service

When looking for primary care services, focus group participants highlighted key factors they consider and what they value about the services.

Clear communication

Participants emphasised the importance of GPs who can communicate complex medical information in a way that is easy to understand. They appreciate when GPs take extra time to explain conditions and treatments thoroughly. Many participants emphasised that clear communication is integral to understanding how to manage their illness or condition and treatments. One participant described how their GP explained their condition very clearly and easily, noting that the doctor provided a detailed explanation of the dosage and timing of their medication.

> *My GP always explains things twice. Once with the tricky medical terms, then again re-explained in more simple English*
>
> *If they can explain things in a different way, that helps.*
>
> *Have in-depth conversations, where the focus is not just on the immediate issue but also on discussing the patient's history and experiences. Participants noted the value of appointments dedicated solely to explaining diagnoses, treatments, or other health-related information, allowing for a thorough understanding.*

Participants shared that they also appreciate it when primary care providers use different methods of communicating with them to ensure they understand the information imparted to them. These methods include using visual aids such as drawings, diagrams, and models or resources to refer to in their own time. These tools help bridge gaps in understanding, especially when verbal explanations me not provide enough clarity. One participant shared that their GP writes things for them to read and refer to later. Participants also expressed the need for GPs to give them time to process the information received, acknowledging that while urgency can be necessary, an overload of information can be overwhelming. By allowing space for reflection and ensuring clarity through various communication methods, primary care providers can help consumers make the most of their appointments, ensuring they leave with a clear understanding and confidence in the information provided.

Friendly atmosphere and rapport building

Participants highly valued a welcoming and personable approach from primary care providers. Friendly GPs and staff who build rapport make participants feel more comfortable and supported.

> *Doctors are kind and empathetic. Very good and happy with the doctors in Australia. [They are] Good at connecting to other services.*

However, some found Walk-in-Centre nurses to be friendlier and more approachable than their regular GPs.

> *The way they treated us is amazing. I feel like the nurses really see you as a human and you feel more welcome than with doctors who are sometimes really rushing.*

Establishing a trusting relationship with a regular GP is crucial. Participants prefer GPs who take time to get to know them and their medical history, without rushing appointments.

> *I book for 15 minutes but I talk for more time.*
>
> *[…] They will spend time and get the whole story.*
>
> *When I have booked a short appointment, it helps if they can actually spend more time together/take longer.*
>
> *Companion House are so good. They check you and they ask you about things. Me and my friend are not happy we had to leave.*

Participants highlighted the importance of feeling that their GP genuinely cares about their wellbeing and treats them as an individual. They preferred GPs who take the time to offer support and engage personally, rather than those who are impersonal. According to participants, a good GP is one who asks about their health and family and takes the time to understand their personal story.

> *They actually care for the patient and are not so rushed.*
>
> *My husband used to come to explain things for me. My GP told my husband not to come to allow me to speak. She takes longer with me to understand.*
>
> *He talks to me. He asks me questions. He takes the time to sit down and explain the issue and asks what I have done about it and did you take anything.*
>
> *I'm not going anywhere else. He is our main GP now. You feel like he's concerned when you tell him something. You tell him something and he asks questions.*
>
> *I like her because she is thorough now. And nice […] she calls me mamma and gives me a hug when I go there and says sorry when she's wrong.*
>
> *I like the way she treats me. I feel like it's how the doctors treat me back home. She is Filipino, she cares, she takes a minute with me to check in asking things like 'how's your husband' This connection makes you feel more welcome.*
>
> *My GP doesn't bulk bill anymore but we still go because he cares about you. He engages with you not the computer.*
>
> *I knew he was good the first consult because he is very thorough. He told me off for stopping medication after I chose to skip it myself and He will sit you down and be really firm to make you realise the importance of taking medication.*

> *He asks how my week has been and because my family go to him he asks about them too.*

Participants from the South-Asian focus group discussed the challenge of finding a good GP who will consistently follow up and manage their care effectively. With many GPs fully booked and unable to accept new patients, this often places additional pressure on emergency departments. A reliable GP can reduce this burden by providing preventative care, ordering tests, and ensuring that their patients have all the required medical records before they visit other health care services including the ED.

Several participants appreciated Australian doctors for encouraging them to ask questions and recognising their role as experts of their own health.

> *Doctors here are very good at talking about health and what you can do to help yourself.*
>
> *Here you are encouraged to ask questions. You are the expert of your own health and body.*
>
> *"It is a partnership"- a few participants reflected on the fact that the doctor is not the only authority, "you know your body too".*
>
> *Giving birth in Sydney – doctors really respectful of wishes to have 'natural' birth and explained they could take their time to make a decision/think about things.*

Participants also shared positive experiences with their GPs going beyond basic care, such as helping with additional needs or applying for compensation.

> *My husband asked my GP to help me apply for compensation (after an injury). My GP is very helpful and filled out the form*
>
> *I have a female doctor, I found a new one this year. I wasn't happy with previous doctor just saying to take medication. The new doctor ordered tests and rang up the hospital to get her in the next day when something was wrong on the x-ray. She looks after me*
>
> *Companion House doctors are fantastic and do as much as they can within their boundaries but outside these boundaries too*

Long-term relationships with GPs were also appreciated, as they foster trust and personalised care.

> *I have a good relationship with him. I can easily do an online consult. I've been with him for many years so now we have that trust.*
>
> *If you have a good GP you can do a lot. If you have a relationship with them then you can get appointments over phone.*

> *I prefer on the phone because it's the same treatment because of the good relationship with GP.*

For some, having a long-standing relationship with their doctor has been invaluable, particularly in ensuring continuity of care. One participant from the Italian Seniors focus group shared that they've been with their doctor for 20 years and continue to value the consistent care they receive. This continuity allows the GPs to develop a deep understanding of the patient's medical history, preferences, and needs, leading to more personalised and effective care. Another participant reflected this sentiment, saying,

> *We followed her [the GP] when she switched clinics even though it is now a one-hour drive to see her.*

Continuity of care is important as the ongoing relationship between a consumer and their GP builds trust, improves satisfaction, and their overall health outcomes.

Shared Language and cultural background

For some participants, having a primary care provider who speaks their language and shares their cultural background significantly enhances their confidence, comfort, and communication. Being able to speak the same language as their GP makes it easier for them to establish trust and openness.

> *If something is wrong, it is better in my language.*
>
> *My doctor can speak Arabic too. I always see her so that I can understand.*
>
> *I have a doctor who speaks Italian and wants me to speak Italian. It helps having a doctor who can speak both [and understands you mean].*
>
> *When you meet someone that understands you. It's the first aspect of feeling better.*

Participants also value GPs who share their cultural background, as this familiarity helps them feel more understood and at ease, due to the GPs' understanding of cultural nuances.

> *With the Vietnamese Doctor, we can talk easily, and I can ask private things. Normally I go to a different medical centre and see an Indian doctor, but if I have something private then I will go to the Vietnamese doctor.*
>
> *I go to a Nigerian doctor that I can talk to in language.*
>
> *If its someone who understands your culture, they are more relaxed and confident themselves. – participant on having a doctor from their culture*

One participant noted that international students they interact with also prefer to see someone who is from their own community because it makes them feel more comfortable.

The demand for culturally aligned GPs is evident. For example, in the Latin American focus group, the demand for culturally aligned GPs was highlighted by a discussion about a Portuguese-speaking GP who is so widely relied upon by the community, to the point that she is no longer accept new patients and has extended wait times.

> *I have to really plan ahead when I want to see her.*

There has also been a noticeable improvement over time in the availability of GPs from specific cultural backgrounds, making it easier for participants to find doctors who understand their needs. For example, a Vietnamese participant talked about how there are now much more Vietnamese doctors than when they first arrived in the early 80s.

Participants had varying preferences for culturally aligned doctors. Some preferred GPs who share their cultural or religious background, valuing the familiarity and shared understanding that comes with it. Others prioritised cultural sensitivity and the ability to connect on a personal level, even if the GP didn’t share their exact background. Common understandings can often bridge cultural gaps and foster meaningful connections. For example, a participant from the Latin American focus group shared that they preferred GPs from other multicultural communities because they are more likely to understand and relate to their unique experiences, making it easier to connect. Similarly, a participant from the Pacific Islander focus group appreciated their African GP’s friendliness. Others noted:

> *I like the way she treats me. I feel like it’s how the doctors treat me back home. She is Filipino, she cares, she takes a minute with me to check in asking things like ‘how's your husband’ This connection makes you feel more welcome.*

> *Doctor explains everything and writes it on the paper for me. He gives a report. They have moved with him. First time I said to him and I don’t speak 100% English, he said he was from Greece so they would find a way to understand each other.*

Respect for confidentiality

Participants also expressed an appreciation for primary care practitioners who kept their medical information private and confidential especially when multiple family members have the same GP and for those who compare their experiences in health care systems in other countries.

> *From my experience, in Australia I have seen many doctors, but I feel more confident to talk to the doctor freely and really tell them what is going on inside my body. I feel confident and can understand everything perfect.*
>
> *I am not stressed about information going out to community.*
>
> *Here they properly follow protocols and I trust my doctor in Australia 100%.*

Same Gender

For some participants, the gender of their primary care practitioner is a significant factor, influenced by cultural and religious beliefs, as well as the nature of the issue they are seeking care for. Several female participants across focus groups expressed that they appreciate the openness they can have with a female GP. For example, one participant shared their experience of having a male doctor treat PCOS, noting that while he was good, there was more "openness" after switching to a female GP. One participant commented that *"if it is only men, you don't feel free to talk".* A male participant told us that he *"feels more confident with a male*".

Participants often feel that female GPs can empathise more with medical experiences, especially those related to "female" issues. A participant in the South Asian focus group shared that they felt a male doctor "won't understand" and preferred a female GP. Similarly, another participant mentioned that Muslim women in their community would prefer and feel more comfortable with a female GP.

However, this preference is not universal. Some participants place greater importance on the GP's communication skills and experience rather than their gender. Those who do not prioritise the gender of their GP feel that the clinician's ability to communicate effectively and their professional expertise are more important factors in their experience of care.

Wide breath of knowledge and experience

Participants highly valued the expertise and experience of their GPs, particularly in managing complex health issues and making appropriate referrals. A knowledgeable GP who can effectively coordinate with specialists is seen as a major advantage.

> *My GP is really connected to specialists; she knows who to connect me with.*
>
> *I had a family GP in Canberra for a long time and they were very thorough. They seemed to know a lot. They had a wealth of experience and knew where to refer you.*
>
> *I liked that she had a list of doctors in her brain.*
>
> *I have found doctors and medical professionals from everywhere are good in Australia. Generally, I don't care where an experienced professional is from.*

Others highlighted the benefits of having a GP with extensive experience, saying that a good GP can offer thorough care and valuable preventive measures.

> *A good GP can do so much. They can do a lot of preventative care.*

This emphasis on preventative care was echoed by another participant appreciated having access to free annual mammograms, highlighting the significance of cost-free preventive services**.**

Coordination of Care for Migrant Refugees and Asylum Seekers

Participants praised Companion House for its strengths in coordinating care, particularly for migrant refugees and asylum seekers. They highlighted the “superior” quality of care compared to mainstream health care services and commended Companion House doctors for efficiently arranging appointments with other health care providers. The service's holistic and culturally sensitive approach, including the use of skilled interpreters to ensure effective communication during appointments, was deeply appreciated. Many noted a strong sense of loyalty, with some expressing a desire to return even after being transitioned out due to the exceptional care. Companion House was recognised for its cultural safety, kindness, and affordability**.**

> *Companion House makes me feel comfortable and confident.*

Companion House provides comprehensive support to three main client groups:

- Newly arrived refugees, who typically stay with the service for around 3 months, with the hope that most major health needs will be addressed during this time.
- Asylum seekers, many of whom do not have Medicare and face significant challenges navigating the health system, and
- Individuals with complex health conditions, who can stay indefinitely, including those with complex mental health conditions like PTSD or those on long specialist care waitlists.

Companion House helps clients access essential health care by coordinating with partner GPs around Canberra, who offer bulk billing and interpreter services. They also support clients through processes such as accessing the NDIS, which can be particularly challenging for newly arrived migrants or those on temporary visas. Companion House also provides critical advocacy, particularly for asylum seekers, many of whom face uncertainty regarding their visa status, leading to difficulties accessing consistent care. Despite its efforts, the service is strained by increasing demand and the limited availability of bulk-billing GPs and specialist services, particularly for complex cases involving people with disabilities.

Reflecting on their early experiences, a participant mentioned their deep appreciation for the service and staff at Companion House when they first arrived in the country. A comparison to the mainstream health care system was made, with participants feeling that Companion House offered better quality of care, making them want to continue accessing health services there. Participants provided specific examples of how Companion House ensures well-coordinated care, such as doctors making appointments with various health care providers, including radiologists and dentists, on their behalf. One participant noted,

> *Doctors at companion house are good, they make appointments with x-ray, dentists, everywhere! We don't have to do anything. They give us a call when they have made the appointment for us.*

However, participants also expressed concerns about the challenges they face after leaving Companion House. Those who struggle with language barriers and navigating the mainstream health system often find it difficult to access care elsewhere. This gap in support can lead to avoiding further medical attention, revealing a significant disparity in care for those who no longer have access to the comprehensive services at Companion House. Overall, participants value primary care providers who communicate effectively and empathetically, with a deep understanding of their cultural and personal context.

4.4 Challenges and Barriers to access

Focus group and key informant interviews highlighted several key barriers to accessing primary care. The most significant challenge identified was the prolonged waiting times for GP appointments and the time spent waiting during GP visits, which impacts their ability to receive timely care. In addition to waiting time, *participants also noted the associated costs of services, difficulties navigating the health system, and challenges related to communication, including the availability of interpreters and culturally appropriate care. These barriers collectively impact their access to essential primary care services.*

4.4.1 Waiting times

Participants frequently cited wait times as a significant barrier to accessing primary care. This multifaceted issue significantly impacts their ability to access timely and necessary health care. The primary concerns were delays in booking GP appointments and long waiting times to see a GP after presenting at the practice.

Waiting times for Primary Care appointments

Participants expressed frustration with the long wait times to secure an appointment with primary care services, particularly the long delays in booking GP appointments. Many must wait several weeks, which often discourages them from seeking necessary care. Additionally, some participants mentioned having to wait several months for their preferred GP to open their books to new patients, further extending the time before they can secure an appointment.

> *I have to wait 2 weeks to get a GP appointment.*
>
> *Another GP that's both mental and physical health, not taking people anymore. 6-month wait time, and she's very busy.*
>
> *When the GP takes longer than a week to get into, you just forget about going.*

Female participants, in particular, noted that the high demand for female GPs exacerbates long waiting times.

> *We found a good GP, but there's usually a 2-week wait for an appointment. Someone recommended her to us, and we've tried to continue seeing her, but if you're sick, a 2-week wait is just too long.*

Participants from the Latin American focus group also mentioned issues with a widely used Portuguese-speaking GP, who now cannot take on new patients and has long wait times, leading to frustration and resignation that sometimes discourages seeking care altogether.

Time spent waiting while attending a primary care service

The issues with wait times extend beyond booking appointments to the experience of attending health care services. Many participants reported long waits once they arrived at their GP appointments.

> *They often overbook and make you wait when you come in for an appointment.*

These extended wait times can have significant financial and health impacts:

> *I used to go to Companion House, but they referred me to the Belconnen mall. I was waiting for 1 hour in the waiting room before I was seen.*

4.4.2 Cost

Costs associated with accessing primary care poses as a challenge for many participants. Many shared how high costs deter them from seeking medical attention or cause financial strain.

> *If you want to stay healthy, you have to pay for it.*
>
> *Everything is run like a business and its so expensive and a lot of people aren't able to afford it. A lot of people avoid going to the doctor because they don't have the money.*
>
> *The health system here is awesome, but it does come down to affordability and accessibility.*

> *You sometimes have to choose between things because of the cost – e.g. dentist very expensive.*

Some participants also expressed anxiety about ambulance costs, particularly the differences in charges for calling an ambulance at home versus during an accident. While those with concession or pension cards are usually covered, others worried about the financial impact, indicating participants were not aware of the need for ambulance insurance and how cost effective it can be.

> *[I have called] the ambulance multiple times and its very expensive.*
>
> *Ambulances are expensive.*

The financial strain is further exacerbated by the increasing cost of prescriptions and the need to pay for GP visits when renewing them. For non-concession card holders, the maximum price for Pharmaceutical Benefits Scheme (PBS) listed medicines increased to $42.50 in January 2022, which is double the cost in 2000.[21] In the ACT, GP consultations typically cost $92, leaving consumers to cover around $52 out of pocket.[22] These combined costs continue to place pressure on individuals seeking regular care.

Availability of bulk billed services

Participants highlighted the limited availability of bulk-billed services as a major barrier to accessing affordable primary care. Many expressed frustrations over the high costs of GP and dental care, noting that the scarcity of bulk-billed options in Canberra has made it increasingly difficult to afford necessary services. For those who rely on bulk billing, this scarcity often leads to tough decisions between personal and family care.

> *The GP we went to in the past was bulk billed but no longer, it's just getting more expensive.*
>
> *A good one is very expensive. I have a lady one too but it's very expensive*
>
> *I have to make choices between care of children or care for yourself. Especially when you have multiple children, it can get expensive.*
>
> *After living in Melbourne, I've noticed here in Canberra that accessing GPs is very high-end. We no longer have bulk billing. It's very expensive.*
>
> *Accessing a GP is very "high end" finding bulk billed GPs is really hard. It's the lowest in the country and it's very expensive. Because they aren't available. People from multicultural communities aren't always able to afford GP. You come here with your little suitcase, looking for employment and you have a lot of financial pressures, you don't even have the support of extended family.*

> *People in my community have talked about how hard it is to find bulk billed GPs – When talking about people from the Nepali community*

> *Not everyone can afford a GP, because the average income reported in the ACT is high and doesn't reflect the reality, so they think people can afford it.*

One participant shared that they wanted to change from their family doctor but had to pay to see a new doctor. They were looking for bulk-billed GPs but had to make an initial payment, which was expensive, so they decided to go back to their original doctor.

> *I wanted to stop seeing the family doctor, but the new doctor did not bulk bill, so I had to go back.*

The scarcity of bulk-billed GPs has made it harder for one participant to seek care without financial strain, and in turn, they rarely visit the GP or seek out primary care services.

> *My GP. When bulk billing was a thing, I was there all the time, but now I don't see the doctor because it's pricey.*

Participants who have lived in the ACT for a long time reflected on the shift in health care costs and the availability of bulk-billed primary care services over time.

> *When I first arrived, you didn't have to pay, but it's like a business now. Not all people can afford it... People avoid it.*

Some participants have turned to Walk-in Centres to mitigate costs, finding them helpful in finding an affordable alternative.

> *the ones we have used so far have been very helpful and stops the cost of the GP*

> *I avoid going to the GP unless its really serious but the Walk-in-Centres, if its close by its good. It has taken the burden off going to the GP and paying, good that its available for people.*

> *it takes that cost that stop you from going to see a doctor. And they're very helpful.*

Participants who have access to concession cards for people over 65 shared positive experiences with costs associated with access to primary care.

> *I'm lucky because I have a pensioner card, so going to the doctor and accessing tests don't cost me anything. I used to get private insurance but stopped because it was very expensive […] X-Ray is also easy to access. I had to go for follow ups for mammograms and it's all covered with the pension cards and Medicare.*

> *Everything is more or less free except if you go for an operation and need to pay upfront.*

Some participants discussed how the cost for specialist care is a source of financial strain and anxiety. One participant shared that they haven't seen a GP in a long while and is concerned that if something serious happens and they are referred to a specialist, they won't be able to afford it. They can't afford to see a GP at the moment and are worried about the cost of seeing a specialist.

> *I worry that if I have something serious the GP will refer me to a specialist but that would cost me a fortune!*

Other participants said the cost was high for a GP but manageable, but the high out-or-pocket cost for specialist care is a challenge. Some said because the out-of-pocket cost of initial and follow up appointments just became too much, and they abandoned investigating the cause of their illness. Most others just accept the specialist costs and get the treatment they need.

Another participant talked about the difficulty of finding a GP who can address their specific health needs, such as PTSD and post-menopause care. They have been unable to find a GP and have resorted to finding a specialist, but accessing specialist care is too expensive.

> *The GP is unable to help with PTSD and post menopause, looking for a wholistic doctor but its quite expensive and inaccessible (about $300). I want someone that will work on a deeper level.*

Costs for visiting family

Participants highlighted how access to Medicare significantly influences their health-seeking behaviour and access to primary care. Many participants discussed having to make financial sacrifices to live in Australia but experience a lot of financial pressures, with high health care costs deterring them from seeking care when possible.

In the Pacific Islander focus group, participants talked extensively the importance of family connections. Participants noted that extended visits from family, particularly elderly family members, can cause financial strain if they fall sick while visiting. Visitor visas can cost between $195 and $490, depending on the circumstances, and private health insurance varies by provider, resulting in substantial expenses.[23] These costs, combined with the potential for unexpected medical bills, place a considerable financial burden on families.

> *Connection for family is really important to us and we want to keep the connection strong, but there are costs to having them come visit.*
> *When your parents or family come to visit, going to the GP means you pay hundreds for medical help. They have to be healthy before they come here*

> *because being sick here is so expensive. We have to pay the full price. I pray they don't have to see a GP because we have to pay upfront.*
>
> *When we bring relatives, it can be really costly for them. When you are on a visitor's visa, they can charge you so much.*
>
> *My parents who come to visit for 3 months, had to go to the GP and we paid around $500 to get medical assistance. We make sure that they're fit and healthy before coming into the country.*

Private Health Insurance

Participants discussed the complexities of private health insurance, finding it confusing and primarily useful for tax relief. Many preferred to pay for primary care services upfront or join waitlists, as they found private insurance expensive and offering little practical benefit beyond tax relief, ambulance cover, and emergency procedures, which they rarely need.

> *Private Health Insurance is confusing. In my country Private Health Insurance gives you a premium experience. You don't have to wait in emergency.*
>
> *In terms of private health insurance, we had it but went off it as the GP is still expensive anyway. There is no use for the private health insurance when there are no real benefits because you have to go and pay a high excess anyway.*
>
> *The private health insurance cost has become too much. Now we are just prepared to pay in full if issues come up or join waitlists. Made this decision as the excess costs too much anyway.*
>
> *I would rather pay the fee and pay upfront when an emergency happens. We need to pay a large fee to access the service. Doesn't make sense to pay monthly for insurance.*
>
> *Unfortunately, private health insurance does mean you get quicker treatment.*
>
> *We have private health insurance, but we still have to wait, and the price is ridiculous. It is more expensive than Sydney.*

International students and their families also face challenges without access to Medicare rebates. They often struggle with the cost and availability of health care services.

> *You need private health insurance to get a visa, but it is expensive.*
>
> *There are things you want to use, but they aren't included in private health insurance. If you don't have Medicare, this is another roadblock to getting health care.*

Several participants also highlighted how Medicare significantly impacts access to mental health services. Without Medicare, accessing mental health support can be challenging. As one participant noted,

> *There are a lot of structural issues around health, the structural divide is already there. A student (or individual) without Medicare can't access a mental health access plan. It is not a feasible advice for people who can't afford a psychologist up front.*

Cost is a significant barrier for multicultural individuals with a disability, especially for those who do not have access to Medicare and, consequently, the NDIS. Without Medicare, these individuals face high out-of-pocket costs for essential primary care services such as diagnostic tests, routine check-ups, and managing long-term conditions. Key informant interviews highlighted that private health insurance, while mandatory for temporary residents, provides limited support for the primary care needs for people with disabilities, leaving them with few affordable options. Additionally, many are not aware of alternative support services outside of the NDIS, further exacerbating their financial challenges.

Key informants also noted that the length of GP appointments is often insufficient to address the complex health needs of individuals with disabilities. Longer appointments are critical, yet these are rarely available through bulk billing services. To address these cost-related barriers, key informants suggested offering longer, low-cost GP consultations and implementing annual free check-ups to improve access to care. Improving transport options was also identified as a way to reduce financial strain. Without greater awareness of alternative supports and more affordable primary care options, multicultural individuals with a disability risk facing delayed care and worsened health outcomes due to the financial burden.

These insights reflect the barriers faced by multicultural individuals who do not have access to Medicare, complicating their ability to receive adequate and affordable health care.

4.4.3 Health Literacy and System Navigation

Participants identified challenges in navigating the health system as barriers to accessing primary care. These challenges include

- a lack of access to health information about service locations, available service options, and consumer rights;
- difficulty adjusting to a health system different from what they're accustomed to;
- technological barriers;
- cultural attitudes; and
- a reliance on social support.

System navigation

Participants discussed several challenges in navigating the health system that affect access to primary care. A key issue was confusion around booking a Level C consultation and transferring or sharing medical records between services. Some suggested that receptionists should provide guidance to ensure appropriate booking and handling of medical records.

> *It's hard to judge what you need. The receptionists should ask to make sure.*

This problem is particularly pronounced for those who had recently left Companion House, where many found the transition to the mainstream ACT health system difficult and daunting. Several participants expressed a strong preference for the comprehensive support provided by Companion House and found it challenging to find primary care services after leaving.

> *After 10 years I can't go to Companion House anymore. I must be referred out.*
>
> *If I call Companion House, they say that they have referred me to a different doctor, and I have to go there.*
>
> *Doctors were better at Companion House.*
>
> *It is hard to find a good new doctor once we exit [Companion House].*

Participants who access Companion House mentioned the value of HCCA's 'Navigating the Health System' talks at Companion House for understanding how to access care. However, there was widespread frustration with the complexity of medical information provided by doctors, with participants preferring explanations in plain language to avoid confusion.

> *The doctor sends me home with so much printed-out information, but I don't know half of these words. Even googling it is confusing. It's not provided appropriately.*

Access to information

Another major barrier identified by participants is the lack of accessible information about primary care services, including their availability and locations. Although information exists, it is not effectively shared within multicultural communities, making it difficult for people to find and access services.

One participant mentioned the challenge for older people in the Nepali community

> *Finding a GP is really hard for them. Older people don't know where to access.*

Participants also reflected on the challenges they faced when newly arrived in the ACT. Many emphasised that new arrivals, including international students, struggled due to a lack of comprehensive information about the Australian health system, even though they received welcome packages.

> *The problem is when you arrive in Australia, and you hardly know English and need to access services. There's a huge portion of people who come to Australia and don't speak English well. The only point of contact is your agency or the school. When you're here the only people you can contact are the school.*
>
> *When we get here, how do we know where to go? We had to figure it out when our kids were sick.*
>
> *Students not knowing where to go is a big issue. Orientation week has so much information but there is an approach that assumes that everyone has the same access to services.*
>
> *We have to pay a lot of money [for health insurance] before getting a visa for Australia. Where do we go when we get here? We have to look for something that is free.*
>
> *If you are here on a student visa to learn English, then your main point of contact and community connections will be within the school, so schools need to take on the responsibility to give people the information they need to navigate the system.*
>
> *The amount of time we have here is so little, by the time we learn everything we have to leave.*

Participants also experience confusion about which services are free, particularly regarding whether Medicare coverage is required.

> *I went for years without visiting the dentist because I didn't realise that my health insurance covered it. I now go every 6 months after not going for 15 years.*
>
> *Financial barriers are the main thing that stops people from going to the doctor. If they knew there are free facilities, they would go there.*

Lastly, several participants mentioned using Walk-in Centres but were unaware that there are five across the ACT and that these services are free.

> *Upon arrival there should be a briefing for international students to help them navigate the system and know what is free, so they know where to take themselves.*

Differences between health systems in country of origin and Australia

Navigating the Australian health care system can be especially challenging for individuals from multicultural backgrounds due to differences from their home countries. Many participants expressed frustration with the referral process, which requires a GP appointment before seeing a specialist—a contrast to the more direct access to specialists in their countries of origin.

> *I have to wait 2 weeks to get a GP appointment. In India, it is very easy to go. There are lots of doctors and specialists. I can go straight away without needing a referral from a doctor first.*
>
> *It bothers me that I have to see a GP first if I need to see a specialist. I understand that is the system here but at home I just call and go myself […] at home I go to the Gynaecologist annually for all women's health issues. But here, you have to go to the GP and explain why you have to go to the specialist. I have to insist that I want to see one. If you don't know English well doing this would be hard.*
>
> *In my country there is no help unless you have money. But in my head, it is hard to accept that I need to wait for a good GP, then get a referral, this is lots of time and money! I don't get this process.*

Differences in terminology affect understanding of the health system. For example, some participants initially found the term 'GP' unfamiliar, as they were accustomed to seeing specialists directly.

> *Having a regular GP isn't the culture. This doesn't exist.*
>
> *The longer you are here, the more you know, but in Kenya, we just go to the hospital for everything.*

These differences often lead to confusion, delays, and a sense of overwhelm when navigating the Australian health care system.

Consumer Rights

A key issue raised in focus groups was the lack of awareness about consumer rights, especially regarding Work Health and Safety (WHS). This lack of knowledge has led to significant challenges with workplace injuries and workers' compensation claims. Participants expressed frustration with some employers and insurance companies who exploit workers' limited understanding of their rights.

Participants shared experiences with insurance doctors, hired by employers to minimise compensation claims. One participant expressed frustration, saying,

> *They always lie on the reports, so they don't have to cover the patients.*

A participant who is a psychologist noted that they frequently have to educate their clients about their entitlements, as many are unaware of their rights as a health consumer.

> *Most difficulty I see are people that have been injured at work. I feel like when they come to me, I'm actually educating them.*

Participants shared stories of feeling unsupported after workplace injuries and emphasised the need for improved education and resources. They stressed that multicultural communities need to be better informed about WHS to avoid exploitation and know how to seek appropriate support from primary care practitioners.

> *These things need to be talked about. We need to go and research what rights are.*

Community Support and Navigation

Across all focus groups, it was evident that familial and community support is integral to support for navigating the health system, particularly through information sharing and alleviating social isolation. Participants noted that information about various primary care services often comes through informal channels, rather than being readily accessible.

> *After hours services, CALMS, it's something that you find out about until you speak to someone and through the grapevine. The information is not readily available.*

Participants from the Italian Seniors focus highlighted how intergenerational living facilitates health care management and recalled the loss of the Italian Club in Canberra, which previously served as a community hub, and how the lack of such spaces has led to increased insularity within the community, where people only spend time with their immediate family.

Other participants reflected on their early experiences in the ACT and noted that newly arrived migrants often focus on finding schools and health care services. They suggested that more comprehensive welcome information would be helpful.

> *We look for two things when we arrive in the country: a school for children and health care. If people could get a briefing before arriving from overseas, it would help. Luckily, the community was around to support us.*

Participants also shared that peer support groups on Facebook and church networks are valuable for connection. Participants from the Pacific Islander focus group noted that while many students seek support through church networks, it can be difficult to identify those in need if they do not actively ask for help, which is often challenging.

Participants noted that improving navigation could involve providing consistent, translated materials and a comprehensive welcome pack to better inform new arrivals about the health system and available primary care services.

> *Upon arrival, there should be a briefing for international students to help them navigate the system and know what is free, so they know where to go.*

4.4.4 Communication

Language barriers

Language barriers pose significant challenges for participants with limited English proficiency when navigating the Australian health care system. Many reported that difficulties in accurately communicating their health concerns lead to anxiety and discomfort, with some researching medical terms before appointments.

> *When I first arrived, my English was terrible, and seeing a GP would always make me very anxious.*

Participants also noted that navigating the complexities of the health care system and handling administrative tasks is especially challenging when English is not their first language. This difficulty affects their ability to communicate effectively with health care providers and complete necessary paperwork for accessing primary care.

> *It's beyond an interpreter. What you need is to understand the system and have someone in the know to support you. […] Its hard to advocate for what you want and need but because communication is a barrier you cant be that firm and advocate for yourself effectively.*
>
> *You can have money, but if you don't speak English, it's hard.*
>
> *How do we inform them we can't make an appointment if we don't speak English?*

Participants also emphasised the importance of clear and plain English explanations. While many agreed that it wasn't always necessary for information to be provided in their native languages, they valued clarity in English communication. However, for individuals with low English proficiency, explanations in their native language are essential.

Participants from the Pacific Islander focus group highlighted issues with understanding the Australian accent, particularly when spoken quickly or with complex language; leaving patients feeling overwhelmed and misunderstood.

> *For us coming from the Islands, I found the Australian accent to be really challenging because sometimes they speak really fast.*

In some cases, language barriers have led to serious consequences. A participant described a situation where they suffered for months due to a misdiagnosis. which occurred because they couldn’t effectively communicate their symptoms or advocate for themselves. This participant eventually discovered they had broken ribs, an issue that was overlooked due to the communication difficulties they faced while trying to convey the pain they were in.

> *I had an accident, and the doctors (at TCH) told me nothing was wrong. I worked in pain for four months after this. I cried every day.*

The need for systemic support in overcoming these barriers was also discussed. Participants suggested that schools could play a more active role in guiding newly arrived families, as they are often the first point of contact with the community. Additionally, they recommended using organisations like Migrant Resource Centres and community radio stations to provide multilingual health information.

Quality of Interpreter Services

Interpreter services are essential for effective communication in health care, yet participants highlighted several challenges accessing them. Key issues include inconsistent availability and effectiveness, with many noting that while translation services can be critical, they are not always accessible. This creates difficulties in navigating the health care system without adequate support.

> *For newly arrived people, we have big issues with the system because we don’t know it and we don’t speak the language.*

> *Interpreters need to be a normalised easy option. Especially for older people who very often switch back to their own language as they age.*

Some participants rely on friends or family, including children, to interpret during medical appointments. While they acknowledged that this practice isn't ideal, they prefer it for convenience as they are more familiar with their health. One participant shared an experience of trying to switch GPs but, after needing their daughter’s help with translation during two frustrating visits, they returned to their original GP.

Participants who access primary care at Companion House value the proactive translation services they provide compared to other primary care services they access. One participant highlighted the difficulty in finding Arabic translators elsewhere but praised Companion House for consistently providing them when needed. Another participant noted that without an interpreter, they might agree to treatments without fully understanding them.

Key informant interviews and several participants also talked about difficulties in accessing interpreters for specific dialects, which led to miscommunication or misunderstandings during medical appointments. One participant explained,

> *I waited more than 30 minutes. I speak Tamil, but they connected me to a Sri Lankan Tamil speaker, but I speak Indian Tamil.*

Participants also talked about issues with interpreter professionalism, such as selective translation and miscommunication. These problems are made worse by the extra time needed for translation services, which can double the length of appointments.

> *They didn't interpret properly. Picked and chose what they wanted to interpret. [When the interpreter came] they didn't understand. They said the wrong thing to the doctor.*

Another participant talked about needing to intervene during a GP appointment when they noticed that the translation was not accurate.

> *I had to explain that I can understand more than I speak and had to ask them to speak better and translate correctly.*

The time required for translation services was another common issue. Several participants noted that using an interpreter can double the time needed for an appointment, making the process cumbersome and frustrating.

> *Every professional that needs to use TIS, must have time. Using TIS doubles the amount of time an appointment takes as you must translate everything. 15 mins not enough.*

> *Participants had mixed feelings about telephone versus face-to-face interpreters. While some valued the convenience of telephone interpreters, others felt the lack of personal connection led to disjointed communication. Additionally, there were concerns about frequent disconnections during calls, complicating interactions further.*

> *Translating takes time, instead of taking 30 minutes, it takes 1 hour. Other times the connection disconnects, and this also takes time.*

The gender of the interpreter significantly impacts the comfort and effectiveness of communication. A participant who is a community worker shared an instance where a female client who needed discreet family planning support felt distressed when provided with a male interpreter. This resulted in the missed the opportunity for much needed care and disappointment after an appointment that was difficult to coordinate. This highlights the need to match interpreters by both language and gender for a respectful experience. Participants stressed the importance of accessible, reliable, and culturally sensitive translation services.

Compassionate care and communication from clinicians

Compassionate care and effective communication were key concerns across focus groups. Participants *felt frustrated with brief and superficial GP appointments, noting that a single negative experience could discourage them from seeking care again.*

> *One experience or one statement can really make you avoid treatment even if you need it.*
>
> *When I was first diagnosed with diabetes, I had a bad experience with a doctor. I didn't return for 6 years.*
>
> *Some participants preferred face-to-face consultations over telehealth due to stigma and concerns that telehealth lacks the personal rapport needed for effective primary care.*
>
> *They don't like telehealth; there's stigma unless they have checked you, they prefer face-to-face.*

Participants stressed the need for GPs to strike a balance in their approach, specifically avoiding what they described as both "*unnecessary panic and excessive calm.*"

> *[I need] somebody with the right awareness, right tone, and right body language ensures that they maintain an appropriate level of professionalism.*

Participants frequently emphasised the need for thorough, empathetic, and culturally aware consultations. Their ideal primary care practitioner has a wide breadth of knowledgeable, attentive, and avoids rushing through appointments.

> *thorough, knows where to refer the patient,*
>
> *knew a lot about my circumstances, knew who to ring. He was culturally aware.*
>
> *My GP rushes, she just says you're still going and you're fine.*

Participants also observed that the increased focus on business models in health care can impact the level of care provided. This suggests that some may perceive a focus on aesthetics and efficiency as detracting from patient-centred care.

> *Fancy office indicates the transition from practice to business and the level of trust*

Participants also emphasised the significance of clear communication. This desire for clarity was particularly acute among those who faced complex conditions or language barriers.

> *Don't send me home with information without explaining. Happy to book an appointment just for the GP to explain.*
>
> *They have to pay attention to what they can see. I am trying [to explain] with body language.*

The emotional and cultural dimensions of care were also significant. Some participants felt that a lack of empathy or cultural understanding diminished the quality of their interactions with their primary care practitioners. For instance, a participant described feeling “dismissed” and highlighted issues with “ageism” in their care, noting the impact of not being taken seriously. Similarly, there was a call for “trauma-informed care” to better support those with past traumas.

Compassionate care and effective communication are critical to the patient experience. Ensuring that clinicians are thorough, empathetic, and able to communicate clearly can significantly enhance the quality of care for health consumers.

4.4.5 Culturally appropriate care

Culturally appropriate is essential for primary care practitioners to meet the diverse needs of multicultural communities. Feedback from focus groups highlights several issues related to cultural sensitivity in primary care.

Participants noted the contrast between the expectations and practices in Australia versus those in their countries of origin. Participants highlighted the challenge of finding GPs who provide holistic care that addresses both emotional and physical symptoms, noting frustrations with conventional treatments for conditions like PTSD.

> *My doctor can’t pinpoint what the issue is, so I’m looking for a holistic doctor. Someone who can work with me on a deeper level.*

Participants also shared concerns about the medical approach to conditions like endometriosis and fibroids. For endometriosis, one participant noted that their primary care provider suggested a hysterectomy, a condition often managed differently in their culture. They felt that such a drastic approach was not always necessary and that there should be more consideration of alternative, less invasive treatments. Similarly, for fibroids participants expressed frustration with the prevalent recommendation for hysterectomy. In their view, this approach might not always align with their cultural preferences and could overlook less invasive treatments.

Conversely, some participants felt that Australian doctors often rely on conservative treatments or over-the-counter medications, whereas their home countries might favour more aggressive approaches. Participants talked about how this difference can lead to mistrust in their primary care providers

> *In our culture we start from the highest kind of medicine not from paracetamol.*

Participants from the African focus group discussed their frustrations with the care and treatment of illnesses endemic to Africa, such as Sickle Cell Anaemia and Malaria. They expressed concern about the lack of understanding and appropriate responses to these conditions in Australia. For example, some participants noted that Australian GPs seem unfamiliar with Sickle Cell Anaemia, often needing to look up information about it.

> *Some GPs have to google what sickle cell anaemia is*

They also shared their frustration with malaria treatment in Australia, where it involves extensive precautions and quarantine, unlike the straightforward treatment approach in their home countries.

> *In Nigeria you take 3 tablets and move on, but here you're put in quarantine.*

Participants noted that this not only affects their trust in the medical system, but also highlights a need for better cultural competency among practitioners.

Overall, GPs need to be more culturally aware and responsive to diverse health practices and expectations. Effective care involves not just addressing medical needs but also integrating and respecting consumers' cultural contexts.

Mental health services

Participants across focus groups raised concerns about the lack of accessible information on mental health services for multicultural communities, especially for those without Medicare, and the impact of cultural stigmas on seeking help.

> *We need to educate people to frame it as a health condition like diabetes. There's no shame in seeking help.*

Participants highlighted that the lack of information and access is of particular importance for young people in their communities. The lack of information is especially detrimental to young people, who often feel isolated and unsure of where to turn. One participant shared their experience of cultural dislocation and the mental health challenges it brought:

> *I come from Cameroon, and the social life is so good. It's such a difficult transition where you may not talk to someone for a whole week, and you are socially isolated.*

This sense of isolation was echoed by others, particularly international students, who struggled to adjust to life in Australia. A participant who moved from South Australia to Canberra for university described the challenges,

> *The whole time for my 3-year degree, who do I turn to or who do I talk to? I didn't know where to look, making friends was difficult. All of uni, I felt like I was by myself.*

The focus group discussions also underscored the importance of culturally appropriate support systems. Participants suggested that mental health services should engage more with communities at the grassroots level to reduce stigma and build trust. One participant recommended that

> *Someone from the health sector should come and talk about mental health and how to access it.*

> *There needs to be greater support for people to navigate all the admin and mental health issues that come along with a physical injury.*

Finally, the role of GPs in mental health was brought into question. While GPs are often the first point of contact for mental health concerns, their understanding and approach can vary widely. One participant recalled a situation where a GP dismissed mental health concerns, saying, “I just need to exercise.” Another participant recounted an experience where a GP of the same cultural background trivialised mental health, remarking that it is just a “fancy western issue.” A few participants talked about being given a mental health care plan that didn’t apply them because they don’t have Medicare and mental health services are too expensive to pay out of pocket for.

Culturally Safe Care for Multicultural LGBTQIA+ Individuals

Key informant interviews highlighted the need for culturally safe primary care options for multicultural individuals who identify as part of the LGBTQIA+ community. These individuals often face heightened vulnerability, social isolation, and discrimination, especially when intersecting identities are involved.[24] The complexity of their health care needs is compounded by a lack of culturally safe services, with some experiencing mistrust or even mistreatment due to their gender identity or sexual orientation. Key informant interviews noted that, for example, transgender individuals require experienced and knowledgeable doctors to ensure their safety and well-being, yet many GPs feel unprepared to provide this level of care. The need for culturally safe care is further highlighted by the fact that mainstream services may not always feel secure or welcoming for LGBTQIA+ individuals, leading to avoidance of necessary health care. Addressing these issues requires ongoing training for health care providers, and the development of more inclusive and accessible services tailored to the needs of multicultural LGBTQIA+ individuals.

These examples highlight the need for training and awareness among primary care providers to ensure they offer culturally safe support for people from multicultural communities with intersecting identities.

5. Opportunities for Change

The findings from the focus groups and key informant interviews highlight several barriers that multicultural communities living in the ACT face when accessing primary care services. These include long wait times, high costs, difficulties in navigating the health care system, challenges around communication, and the lack of culturally appropriate care. Noting that some of the challenges mentioned by participants mirror those experienced by the broader population. Nonetheless, these barriers highlight the need for targeted interventions to improve access to primary care.

Based on the findings, the following are recommendations are proposed to improve access to primary care for multicultural communities in the ACT:

1. **Enhance System Navigation and Health Literacy Support for Multicultural Communities**

Participants' experiences highlighted the complexities of navigating the health system, particularly due to a lack of accessible information about available services, their locations, and the costs associated with them. Many participants were unaware of the full range of available primary care services, such as the Walk-in Centres across the ACT. To improve awareness, it is essential to invest in the development of plain-language and easy-read resources that are also available in multiple community languages. These resources could include handouts on common conditions, treatments, and how the health care system works, which can be made available digitally and in print at GP clinics, hospitals, and community centres. To further support navigation, these resources should be designed to educate multicultural communities about their health care rights, how to navigate the health care system, and the options available to them. A digital library of these resources that can be accessed by GPs and other health care providers will ensure that patients receive relevant information during their visits. Greater education around health care rights will empower individuals to advocate for themselves and access the care they need without fear of exploitation or discrimination.

Additionally, investing in plain-language guides, community outreach programs, and partnerships with community organisations can make it easier for multicultural communities to get the care they need. Participants also suggested leveraging community peer support groups and in-language radio to reach individuals who may not be connected to community organisations. Building strong relationships with community organisations and collaborating with universities to provide clear information will also help people navigate the system more easily. Supporting consumers in building health literacy, particularly for managing chronic conditions, is key to improving health outcomes. Aligning these efforts with the Australian Charter of Health care Rights ensures that consumers are informed, involved in their care, and treated with respect.[25]

2. Invest in enhancing the quality of Translation and Interpreter Services

Language barriers significantly affect access to primary care for many multicultural communities. Expanding and improving high-quality translation and interpreting services across all primary care settings is crucial seeing as gaps in availability and good quality interpreter services, can often lead to miscommunication and compromised care, as expressed by participants. Investing in accredited translation and interpreter services, ensuring interpreters are trained for clinical settings, and providing health care providers with the skills necessary to work effectively with interpreters can reduce the impact of language barriers.

Additionally, given the time-intensive nature of appointments that require interpreters, it is recommended that primary care practices adopt policy for booking longer appointments for patients who need language support. This will ensure that adequate time is available to discuss health concerns thoroughly, without the pressure of shorter consultation times that can lead to misunderstandings and incomplete care. This could also include offering after-hours appointments, and telehealth options that are sensitive to the needs of those who require interpreter services. Practices could also implement a reminder system that accommodates different languages, ensuring that patients are well-prepared for their appointments. Additionally, implementing greater quality control measures for interpreter services is necessary, as participants shared experiences of inadequate interpretation that led to disengagement from the system.

3. Improve access to After-Hours Primary care services

Participants highlighted the challenges of accessing care outside of standard working hours, which is particularly important for individuals working multiple jobs or those with caregiving responsibilities. Expanding after-hours services and exploring ways to incentivise lower-cost, after-hours care for priority groups will improve accessibility and reduce the need for emergency department visits, which are often used as an alternative due to the unavailability of after-hours primary care.

4. Ongoing Cultural Competency Training for primary care providers

Improving the cultural responsiveness of primary care services is essential for meeting the needs of multicultural communities. Without culturally appropriate care, health care providers may misunderstand or overlook the unique needs of multicultural health consumers. Allocating resources for ongoing cultural competency training ensures that care remains respectful, appropriate, and effective. This training should help providers become more informed about illnesses that disproportionately affect certain communities and ensure treatment plans are culturally aligned. Additionally, GPs should be encouraged to assist their multicultural patients in understanding and registering with Medicare, where necessary.

5. Invest in Trauma-Informed Care

Participants expressed a need for more culturally sensitive mental health support, particularly for those from refugee and asylum seeker backgrounds. Expanding culturally appropriate and trauma-informed services is crucial, as this type of care recognises the emotional and mental strain many refugees and asylum seekers face. Integrating trauma-informed care into broader training initiatives for primary care providers will help them respond more sensitively to the needs of these individuals. Funding the development of trauma-informed programs in primary care settings will create a sense of safety and trust, which is essential for keeping patients engaged with their health care and improving their overall mental well-being.

Additionally, expanding funding for models like Companion House, which already supports refugees and asylum seekers, would be a valuable way to extend these services to more people in need. Companion House’s partnership model, which collaborates with GP clinics to provide supported transitions for patients, was highly praised by participants. Expanding this model across the ACT would help ensure continuous and coordinated care for multicultural patients after they leave community health services.

6. Conduct Additional Multicultural Needs Assessments

Youth access to primary care:

While this needs assessment primarily focused on the broader multicultural communities, unique challenges faced by young people in accessing primary care were not addressed in this report. Key informant interviews highlighted that pure mainstreaming of funding for young people's health often makes assumptions about who those young people are, with the belief that a single service can meet the needs of all. However, there is a clear need for more specialised care and greater consideration of the diverse experiences of young people. A dedicated needs assessment should be conducted to explore specific barriers encountered by young multicultural individuals, such as navigating the health care system, dealing with language barriers, and the availability of youth-friendly services. This targeted assessment will provide key insights into how primary care services can be better tailored to meet the needs of young people from diverse cultural backgrounds.

LGBTQIA+ people’s access to primary care:

Another important area for further investigation is the unique barriers faced by multicultural LGBTQIA+ individuals in accessing primary care. A dedicated needs assessment should be conducted to explore the intersection of cultural and sexual/gender identity-related challenges, such as discrimination, stigma, and lack of culturally safe care. This assessment would provide valuable insights into the specific health care needs of multicultural LGBTQIA+ individuals and help identify targeted strategies for improving access to inclusive, appropriate primary care services.

Access to Specialist Care:

During focus groups, participants raised several concerns about the difficulties in accessing specialist care, which go beyond the scope of this report. A separate needs assessment should be conducted to investigate the challenges associated with long wait times, financial barriers, and the availability of specialists in the ACT. This assessment would focus on understanding the needs of multicultural people requiring specialist care, aiming to inform targeted interventions that improve access and support.

7. Advocate for Policy Changes to Address Workforce Shortages

The long wait times for both primary and specialist care were a major concern for participants. They noted that long waiting times for GP appointments can be attributed to workforce shortages in the ACT and suggested that advocacy efforts should focus on policy changes to address this issue. This could include incentives for health care professionals to work in the ACT. Moreover, establishing rigorous yet more accessible training pathways for underemployed individuals who have been trained overseas would enable them to practice in Australia more easily. This approach would not only help address workforce shortages but also contribute to a more diverse and responsive health care workforce, better reflecting the multicultural communities they serve.

8. Incentivise GPs to Bulk-Bill

The limited availability of bulk-billed services in the ACT was a significant concern for many participants. Incentivising GPs to bulk-bill, especially for priority groups such as multicultural communities, will alleviate the financial burden and encourage more individuals to seek timely medical care. This could be achieved through targeted funding or reimbursement schemes that make bulk-billing a more viable option for GPs. This could look like encouraging GPs to identify and register eligible patients from multicultural communities for MyMedicare, which would enable patients to access longer telehealth appointments while reducing financial barriers.[26,27]

Appendices

Appendix 1: Key Factors Influencing Multicultural Communities' Access to Primary Health Care

Individuals from multicultural communities in Australia face unique challenges when accessing primary health care, which differ from those experienced by Australian-born individuals.[28] These barriers can be broadly categorised into individual, service delivery, and systemic factors. Together, these factors contribute to the vulnerability of people from multicultural communities and their ability to access equitable primary care that meets their specific needs.[29]

Individual factors:

- **Language barriers:**
  Limited English Proficiency (LEP) is a significant barrier to accessing health care. LEP refers to the inability to read, write, speak, or understand English well.[30] It is associated with decreased access to health care, poorer health status, and worse health outcomes compared to those who are proficient in English.[31] People with LEP face challenges in finding health information and understanding and using trusted health-related information written in English. This often leads to delayed access to health care, delayed health seeking and support, and overall worse health outcomes.[32]

  Language barriers also affect individuals' ability to communicate effectively with their primary care providers. This can lead to difficulties in expressing health needs clearly, getting appropriate medical advice, and understand the medical advice provided by primary care staff.[33] As a result, there may be miscommunication, misunderstandings, and improper management of health conditions. Additionally, language barriers can present difficulties understanding distributed health materials, filling out forms, and scheduling medical appointments, negatively impacting access to timely and necessary care.[34]

- **Lower Health Literacy:**
  Lower health literacy is a significant barrier for multicultural communities in accessing primary care.[35] Health literacy is the ability to get, understand and act on health information and access health services in daily life.[36] People with low health literacy may struggle with navigating the health care system, interpreting health information, recognising symptoms that require medical attention, and making informed decisions.[37,38] For some people from multicultural backgrounds, reliance on friends, children, or GPs for information, combined with communication challenges and limited digital access, further compound these difficulties.[39,40] Insufficient multilingual health

resources and inadequate interpreting services only worsen the problem, making it even harder to understand and navigate the health care system.[41]

- **Cultural and Sociocultural Factors:** Cultural beliefs and practices can influence health-seeking behaviour. For some individuals, traditional health beliefs from their country of origin may conflict with mainstream Australian medical practices, leading to reluctance in accessing conventional health care services.[42] Additionally, stigma associated with certain health conditions, such as mental illness, can deter individuals from seeking help, further complicating their health management.[43]

Service Delivery Factors:

- **Interpreters and Culturally Appropriate Services**

The limited availability of interpreters, culturally insensitive communication practices, and a lack of awareness among health care providers regarding specific health needs within multicultural communities can create feelings of alienation and distrust for the primary care providers amongst people from multicultural communities. This can lead to a reluctance to seek care or use available primary care services. Health care providers often face challenges in understanding cultural differences in health beliefs and practices, which can sometimes lead to misunderstandings and less effective care.

Interpreter services are essential in overcoming communication barriers, yet their availability and quality are often limited. Challenges such as the use of family members for translation, reluctance by some providers to use interpreting services, and delays in interpreters joining appointments create anxiety, uncertainties and distrust. Ensuring accurate translation and communication is essential, and the gap between the demand for and availability of professional interpreters significantly affects people's access to health care. Additionally, funding for interpreting services for allied health providers, including psychologists, is often lacking. For non-English speakers, the lack of availability of interpreting services can result in missed medical appointments and reliance on friends and children as interpreters, raising ethical and confidentiality concerns. Phone interpreting services also present technical challenges and the limited ability to build rapport and relationships.[44]

Additionally, primary care providers may not be adequately trained to work with interpreters, leaving them unable to meet the needs of people from non-English speaking backgrounds. Without adequate translation resources or a primary care provider who speaks the same language affected individuals are likely to experience worse health outcomes, including:

- Failing to understand medication instructions
- Inability to read prescription labels
- Poor post-operative pain management

- Lower uptake of vaccines
- Compromised quality of care due to using bilingual relatives or non-medical staff to translate medical information

These challenges highlight the need for improved interpreting services and culturally appropriate care to ensure equitable access to primary health care for multicultural communities in Australia.

- **Cultural Competence of Health care Providers:** Primary care providers may sometimes face challenges in understanding and respecting cultural differences. Addressing these challenges can significantly improve patient care. Some cultures may have unique approaches to dealing with health and illness that do not align with conventional medical advice provided in Australia. Additionally, people from different cultural backgrounds may describe pain or distress differently from the way their primary care provider understands it. For example, the use of metaphors or expressions used in one cultural context may not translate to another, even when language barriers do not factor in. Enhancing cultural competency training and improving cultural awareness and communication skills can help bridge this gap, enabling primary care providers to build stronger relationships with their patients and deliver care that is both high-quality and culturally safe.[45]

  For some people, gender considerations are also an important cultural factor that affects access to primary care services. Although patients may be asked about their preference for the gender of their provider, health care staff from the same gender may not always available when needed.

  Mental health is another area where cultural differences are particularly pronounced. Cultural factors often influence health-seeking behaviour and the utilisation of mental health services. The stigma attached to mental health conditions in some cultures can prevent people from seeking and accessing mental health services, regardless of the availability and quality of these services.[46]

  By addressing these cultural competence issues, primary care services can become more inclusive and responsive to the needs of multicultural communities.

Systemic Factors:

- **Transport**

  Transport can pose challenges to accessing primary care, particularly for people who speak English as a second language. Geographical distance and limited transportation options can greatly affect access to timely care. In regional areas, the high turnover of health providers and the long distances required to reach services exacerbate this problem.

For those from multicultural backgrounds, these transport issues are further exacerbated by difficulties in navigating the health care system and arranging appointments due to language barriers. The financial burden of transport costs, such as those associated with using a private vehicle or taxi, also pose challenges. This makes accessing essential primary care services more challenging, affecting overall health outcomes and equitable access to care.

- **Service affordability:**
  The cost of health care services can make accessing primary care more challenging. For many individuals from multicultural backgrounds, both direct and indirect costs—such as those associated with bulk-billing and out-of-pocket payments—often create significant barriers to access. The scarcity of bulk-billing practices leads to long waiting times, and the lack of access to public health insurance (Medicare) for certain migrant groups can make essential medical services unaffordable.

  Additionally, the high cost of medical specialists, pathology test and mental health services disproportionately impact people in low socioeconomic status, including people from multicultural communities. Economic disadvantage is linked to poorer living conditions and higher risks of chronic diseases, further exacerbating health inequalities. These financial and systemic barriers contribute to unequal access to primary care, preventing individuals from obtaining the necessary care.

- **Migration status:**

  Migration-related factors profoundly affect multicultural populations' ability to access primary care. Temporary migrants face significant barriers, including economic instability and exclusion from the National Medicare Scheme, which impedes their access to affordable health care. This group often struggles with high out-of-pocket expenses and limited access to essential services due to their temporary status and lack of income support.

  Refugees and asylum seekers experience additional difficulties, including complex health needs and barriers such as Medicare ineligibility. These factors contribute to their challenges in accessing primary care services. The lack of comprehensive health care coverage for these groups exacerbates their vulnerabilities, making it harder for them to receive timely and appropriate care.

  Since the 1990s, Australia's migration policies have been increasingly inclusive, with permanent migration pathways through the Skilled Migration and Humanitarian Programs. Although the Skilled Migration Program tends to attract healthier individuals, and the Humanitarian Program addresses more urgent needs, both programs face limitations in addressing ongoing health care access issues for multicultural populations.

Temporary migrants, whose numbers have surged since 2013, are particularly affected by systemic barriers. Their exclusion from Medicare and reliance on private health care options often result in unaffordable care. The COVID-19 pandemic has further intensified these challenges, highlighting the urgent need for improved access to primary care for this vulnerable group.[47,48]

Additionally, while migrants entering through the Skilled Migration and Family streams may initially show better health outcomes, the ‘healthy migrant effect’ diminishes over time. Long-term residence in Australia can lead to a decline in health, particularly among those from lower GDP countries. This trend is coupled with the increasing difficulty in accessing primary care services as health needs evolve and systemic barriers persist.[49]

Asylum seekers face particularly acute challenges in accessing primary care, due to Medicare ineligibility and the associated financial and psychological stressors. These barriers prevent them from accessing necessary care, highlighting the need for targeted strategies to improve primary care access for multicultural populations.

Migration-related factors affect the health needs of multicultural populations and their ability to access appropriate services. Temporary migrants often face economic and health insecurity due to lack of access to income support, vulnerability to underpayment, and exclusion from the National Medicare Scheme. Refugees and asylum seekers, in particular, have more complex needs and face significant challenges in accessing health care services.

- **Complexities of the Health care System:**
  Navigating the Australian health care system can be a complex and confusing process for multicultural individuals especially since the Australian system can differ from health care systems in their country of origin. Challenges include identifying the appropriate services, understanding the referral process, and accessing specialised care. These difficulties often result in delays in seeking care, which can negatively impact health outcomes. The intricacies of Medicare and private health insurance, including understanding bulk billing arrangements, can be especially challenging. multicultural individuals often struggle with managing long waiting times for appointments, particularly with specialists, and finding necessary services. This is compounded by the limited availability of after-hours services, making timely care even harder to access. These complexities can lead to delays in seeking care, potentially worsening health conditions. Furthermore, the short duration of GP appointments, especially when interpreters are needed, can limit the effectiveness of consultations and impact the quality-of-care individuals receive.

- **Long Waiting Times**

  The shortage of GPs, allied health professionals, and specialists contributes significantly to long waiting times for appointments. For individuals from multicultural backgrounds, these delays can be particularly discouraging and may deter them from seeking or continuing care. Extended wait times can exacerbate health issues, particularly for those with urgent medical needs. This issue is further magnified by the challenges in accessing timely care due to language barriers and other systemic barriers.

- **Limited After-Hours Services**

  Access to after-hours services is a critical issue, particularly for those who work outside regular business hours or require urgent care beyond standard operating times. The limited availability of these services can prevent individuals from receiving timely medical intervention, exacerbating existing health problems. For multicultural communities, this barrier can be more pronounced due to difficulties in finding and accessing appropriate care during non-standard hours.

Other social determinants of health:

Social determinants such as employment status, income, racism, and social isolation significantly impact access to primary care for people from multicultural communities. Employment and income disparities can limit access to health care, with those in low-paying jobs often prioritising immediate needs over medical care. Additionally, multicultural individuals frequently face poor working conditions, such as long hours and mistreatment, which can further affect their health. Social isolation and racism also exacerbate these challenges, leading to physical and mental health issues that hinder access to necessary services. For many, the combination of these factors means that health care often takes a backseat to immediate survival needs, such as securing adequate housing and employment.[50,51]

Furthermore, the complexities of maintaining sociocultural ties while adapting to a new environment can create additional health barriers. For instance, cultural practices and dietary habits from one's country of origin may clash with Australian norms, affecting health outcomes. The COVID-19 pandemic has highlighted these vulnerabilities, with multicultural communities experiencing disproportionately high mortality rates compared to the general population. This disparity underscores the urgent need to address the systemic barriers faced by these groups, including improving access to health care services and reducing the impact of social determinants on their health.

Overall, the unique challenges faced by individuals from multicultural communities in accessing primary health care in Australia are multifaceted and complex. Addressing these challenges requires a holistic approach that considers individual, service delivery, and systemic factors to ensure equitable access to health care services for all individuals, regardless of their cultural and linguistic background.

Appendix 2: Participation Information Sheets

Key Informant Interview – Participant information

Thank you for agreeing to take the time to talk with us. HCCA and Multicultural Hub Canberra have been contracted by Capital Health Network (CHN) to consult with multicultural communities in the ACT about accessing primary health care. This work will assist CHN:

- Complete a Health Needs Assessment for multicultural communities in the ACT.
- Support the development of needs and priorities for multicultural communities to inform future planning activities.

This interview focuses on understanding access to primary care for these communities. **Below are the questions we hope to discuss.** Your insights will help us assess their needs and recommend improvements.

Questions:

Access to Primary Care

1. What are some common health and wellbeing issues faced by multicultural community members you work with?
2. How do you engage with multicultural communities to understand their health needs and preferences?
    - What role do community leaders or organisations play in facilitating access to primary health care?
3. How aware are multicultural community members of the primary health services available to them, and what are their preferred methods for receiving information (e.g., flyers, community events, social media)?
    - How do they generally find accessing primary care services?
    - Can you share specific experiences or feedback about their interactions with GPs/primary health care providers?
    - Are there differences in awareness and attitudes towards accessing primary care among different genders? Can you provide examples?

Barriers and Challenges

4. How well do primary care services currently meet the diverse needs of the multicultural community?
5. What major barriers do multicultural consumers face in accessing primary care services?

    - What specific actions or practices by primary health care providers make access difficult?
    - Are there unique barriers (e.g., language, culture, values, and beliefs)?
6. What challenges do multicultural consumers face in understanding health information and making informed decisions about their health?

Cultural competence

7. What training or resources do you think are necessary for GPs/ primary health care providers to better serve multicultural communities?
8. What language services (e.g., interpreters, translated materials) are available, and how adequate are they?

Suggested improvements

9. What changes would you like to see in primary health care services to better meet the needs of multicultural consumers?
    - Are there new services or programs you would like to see to help improve primary health care access for multicultural communities?

Focus Group Participant Information Sheet

Health Care Consumers' Association (HCCA) and ***Multicultural Hub Canberra (mHub)*** have been contracted by ***Capital Health Network (CHN)*** to do a needs assessment for multicultural communities in accessing **primary health care**.

HCCA is the peak health consumer organisation in the ACT. HCCA works to improve the quality and safety of health services and advocates for health equity for people living in the Canberra region. You can find more about HCCA at www.hcca.org.au.

Multicultural Hub Canberra is a leading provider of services to the multicultural community in Canberra and surrounding regions. mHub provides a wide range of services for migrants, refugees and asylum seekers including settlement support, youth, men, women, employment, counselling services and more. Find out more about Multicultural Hub at: www.mHub.org.au.

Capital Health Network (CHN) works to make sure Canberrans receive the right health care in the right place at the right time. CHN address community needs by working together with consumers, GPs, clinicians and sector stakeholders to improve health outcomes. Find out more about CHN at: www.chnact.org.au.

Primary health care is the first point of contact for people looking for health care. General Practitioners (GP) or family doctors, community nurses, dentists, pharmacists and community health workers are some examples of health care professionals who work in primary care.

In our conversation, we will talk with you about:

- The health services you use regularly.

- What is important to you when you look for a new GP/primary health care:
  - E.g. they speak the same language, have a similar cultural background, lower cost, can get appointments easily?
  - Where do you look?
  - Who do you ask?
- Have you been able to find health care providers that meet your needs/preferences? Why/why not?
- What has been your experience using interpreters or trying to find an interpreter at your health appointments?
- Who helps you look after your health?
- Do you help someone else look after their health/are you a carer?

You don’t have to think about the answers to these questions before the conversation, but some people find it helpful to prepare ahead.

You can choose to answer only the questions you want. It is ok to skip some (or all) of the questions.

You can contact the Health Care Consumers Association team by emailing [redacted].

Appendix 3: Participant Survey

Participant Survey

Note: Your information will be kept private and will not be linked to your name. You can choose not to answer any of the questions.

About You

Age: ______ years

Post Code: ________

✓ Please tick:

☐ Do you have a disability?
☐ Do you look after someone's health care or medical needs as a carer?
☐ Do you belong to the LGBTQIA+ community?

Which country were you born in?

____

What is your cultural background and/or ethnicity?

____

What language/s do you speak at home or with your family?

____

How long have you lived in Canberra?

____

Residency Status:

✓ Please Tick:

- ☐ Citizen
- ☐ Permanent Resident
- ☐ I am on a visa. Please tell us what visa number/type: __________________

Do you have any health conditions? Please list them below:

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Please return this form to the group facilitator.

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