phn ACT

An Australian Government Initiative

Capital Health Network

Partnering for better health

2024

Multicultural Health Needs Assessment

Contents

Executive Summary

Capital Health Network (CHN), ACT's Primary Health Network, regularly conducts comprehensive Health Needs Assessments to examine the health and service needs of the territory's population. Building on the 2024–2027 Health Needs Assessment, this report focuses specifically on the health and service needs of the ACT's multicultural population. Drawing on recently released data and insights from stakeholder consultations facilitated by the ACT Healthcare Consumers' Association (HCCA) and the Multicultural Hub (mHub), this report combines quantitative and qualitative analyses to provide a deeper understanding of the health challenges faced by multicultural communities in the ACT.

While the ACT's multicultural population generally experiences lower rates of chronic disease compared to the general population, the Multicultural Health Needs Assessment reveals significant variability across regions and demographic groups. Differences in the distribution and profiles of multicultural communities have led to disparities in specific chronic diseases and long-term health conditions (LTHCs) within certain SA3 regions.

Key findings from the assessment also highlight systemic barriers that impact equitable access to healthcare for multicultural residents, including:

- Limited cultural competence among healthcare providers.
- Gaps in data collection and integration, which hinder the identification of specific health needs.
- Limited access to culturally and linguistically appropriate health information, impacting health literacy and system navigation.

These barriers restrict effective engagement with the healthcare system, exacerbating disparities in health outcomes for multicultural communities.

The priorities emerging from this assessment align closely with CHN's broader objectives for at-risk populations in the 2024-2027 Health Needs Assessment and include:

- Supporting primary care providers to deliver culturally competent care.
- Enhancing care navigation services for multicultural communities.
- Improving data collection and sharing to better address the specific needs of multicultural populations.

Addressing these systemic shortcomings is essential to ensure equitable healthcare access and improve health outcomes for all residents, regardless of cultural or linguistic background. This report underscores the importance of fostering cultural competence, addressing systemic barriers, and supporting equitable healthcare delivery across the ACT.

Recommendations

1. Support primary care providers to deliver culturally competent care

Advocate for and seek funding to:

- Establish dedicated GP roles focused on multicultural and refugee health to address service gaps and champion culturally competent care.
- Provide ongoing cultural competence training for GPs and other primary care providers to equip them with the skills and tools needed to engage effectively with multicultural patients.

- Develop culturally and linguistically appropriate resources to support primary care providers in delivering patient-centred care.

2. Enhance care navigation services for multicultural communities

Advocate for the development of culturally tailored navigation services to:

- Provide targeted guidance to help patients navigate healthcare services, addressing barriers such as limited health literacy, language, and the complexity of the healthcare system.
- Establish or expand roles for Multicultural Diabetes Educators to guide patients in managing chronic conditions like diabetes.
- Target high-need regions such as Belconnen, Gungahlin and Weston Creek to prioritise areas with significant service gaps or high disease burdens.
- Develop multicultural health centres, modelled on Companion House, to serve as care navigation hubs and provide tailored support in regions with diverse populations.

3. Improve data collection and sharing within the ACT

Advocate for improvements in data systems by:

- Promoting the collection of key multicultural indicators, including ethnicity, language spoken, interpreter needs, and health literacy levels.
- Supporting the integration and sharing of data across primary care providers, ACT Health, and other stakeholders to inform service planning and targeted interventions.
- Using enhanced data systems to identify service gaps, measure intervention impact, and design culturally appropriate programs tailored to the needs of multicultural communities.

Introduction

Overview

The Australian Capital Territory (ACT) is home to a rich and vibrant multicultural population, with over one in three residents born overseas[1]. This diversity enriches the social and cultural fabric of the community, but it also presents unique challenges to delivery of health services. These are often attributed to language barriers, cultural differences, and socioeconomic inequities, which disproportionately affect multicultural communities.

Addressing these disparities, requires a comprehensive understanding of the social determinants of health and the unique challenges faced by multicultural populations. This includes recognising the interplay between cultural norms, migration experiences, and healthcare utilisation patterns. By identifying and addressing unmet needs through evidence-based strategies, the ACT has the opportunity to advance health equity, ensuring that all residents, regardless of their cultural or linguistic background, have the opportunity to achieve optimal health outcomes.

Purpose

The ACT Multicultural Health Needs Assessment aims to explore the health of the ACT's multicultural population and identify areas of need that can be targeted by future programs and policies. By analysing quantitative data, identifying gaps, and consulting with stakeholders, the assessment seeks to provide evidence-based recommendations for improving the health outcomes of the multicultural population. This report underscores the importance of culturally and linguistically safe and respectful health care to ensure that all residents have access appropriate and effective care. The findings are intended to inform policymakers, healthcare providers, and community organisations about the areas of need and guide strategic resource allocation.

Scope

The needs assessment focuses on:

- Identifying the health needs of Canberra's multicultural communities.
- Understanding patterns of health service use among these communities.
- Highlighting gaps in current services and opportunities for integration.
- Exploring strategies to enhance health literacy within Canberra's multicultural populations.

[1] ABS (2021) 2021 Australian Capital Territory, Census Community Profiles | Australian Bureau of Statistics (abs.gov.au), ABS Website

Methodology

A mixed-methods approach was employed for the needs assessment, encompassing:

- **Quantitative Analysis:** Data from the Australian Bureau of Statistics (ABS), Australian Institute of Health and Welfare (AIHW), and Public Health Information Development Unit (PHIDU) were analysed to identify patterns and disparities within the multicultural population.
- **Qualitative Insights:** Stakeholder consultations, key informant interviews, and focus group discussions were conducted to capture the perspectives and experiences of multicultural communities in the ACT.
- **Literature Review:** An in-depth review of existing literature was undertaken to analyse health determinants and outcomes among multicultural Australians.

To engage effectively with multicultural communities, CHN contracted the Health Care Consumers' Association (HCCA) of ACT, in partnership with the Multicultural Hub (mHub). These organisations facilitated consultations with community members and stakeholders. To guide the topics for focus groups, HCCA and mHub conducted key informant interviews with representatives from community organisations providing advocacy, support, and services to ACT's multicultural communities. Findings from their stakeholder consultations are outlined in the following section, and a copy of their report is available here.

The assessment recognises key data limitations, including underrepresentation of multicultural variables and difficulties in disaggregating data, which constrained some analyses.

Defining the Multicultural Population

The term CALD is unique to Australia, officially adopted by the Ministerial Council of Immigration and Multicultural Affairs in 1996 and is intended to encompass the ethno-cultural diversity of the Australian[2]. To assist with standardising the collection and reporting of CALD data, the Australian Bureau of Statistics (ABS) also developed several Standards for Statistics on Cultural and Language Diversity[3]. These standards are outlined in table 1, with core set of four variables being advised when collecting information on the CALD population[3].

Capital Health Network (CHN) has adopted a definition for the CALD population that utilised a number of the core CALD variables outlined in the Statistical Standards for Cultural and Language Diversity developed by the ABS. ACT residents were considered to be a part of the CALD population if they were:

- An individual born in a country that predominantly speaks a language other than English
- An individual with one or more parents born in a country that primarily speaks a language other than English.
- An individual who has identified that English is not the primary language spoken at home
- An individual who has identified that they use a main language other than English

[2] AIHW (2022) *Reporting on the health of culturally and linguistically diverse populations in Australia: An exploratory paper*, AIHW, Australian Government
[3] ABS (2024), *Standards for Statistics on Cultural and Language Diversity*, ABS Website

Standard Set of Cultural and Linguistic Variables	
Minimum Core Variables	Country of birth Main language other than English spoken at home Proficiency in spoken English Indigenous status
Non-Core Variables	Ancestry Country of birth of father Country of birth of mother First language spoken Languages spoken at home Main language spoken at home Religious affiliation Year of arrival in Australia

Table 1: Core and non-core cultural and linguistic statistical variables (ABS 2024)

Residents born in, or who had one or more parents born in, predominantly English-speaking countries were considered not to be part of the CALD population. Predominantly English-speaking countries were identified as being Australia, England, the Republic of Ireland, Scotland, Wales, New Zealand, Canada, the United States of America, and South Africa[4].

The CALD variables 'year of arrival' and 'religious affiliation' were excluded as defining characteristics of the multicultural population due to multiple reasons. For example: year of arrival does not provide information on an individual's cultural or linguistic background, and individuals with the same religious affiliation can come from different countries, ancestries, and ethnocultural backgrounds there creating difficulties in interpretation[3]. Also, although Aboriginal and Torres Strait Islander communities are diverse in language and in culture, their experience and needs as First Nations people are unique, and have therefore been considered distinct from those of the CALD population for the purposes for this report[3].

The Australian Government's Style Manual affirms the official use of the term "CALD", outlining its common use when writing for government, however it also emphasises the importance of speaking to the person, not their difference[5]. HCCA also reported that the term "multicultural" is preferred over "culturally and linguistically diverse", stating that community members perceived it to be a 'more accurate and respectful' term[6]. Therefore, the term "multicultural" is intentionally used in place of "Culturally and Linguistically Diverse" and "CALD" throughout the remainder of this needs assessment, as its use aligns with CHN's continued commitment to prioritise and promote use of inclusive language at all times.

[4] Pham, T. T. L., Berecki-Gisolf, J., Clapperton, A., O'Brien, K. S., Liu, S., & Gibson, K. (2021). Definitions of *Culturally and Linguistically Diverse (CALD)*: A Literature Review of Epidemiological Research in Australia. *International journal of environmental research and public health*, *18*(2), 737

[5] Australian Public Service Commission (2023), *Australian Government Style Manual*, (stylemanual.gov.au)

[6] Health Care Consumers Association of the ACT (2024). Consultation: ACT Multicultural Primary Health Care Needs Assessment (ACT).

Data Limitations

Key limitations of the assessment include:

- Incomplete capture of critical multicultural variables, such as ethnicity, country of birth, language proficiency, and duration of residency.
- Treating "multicultural" populations as a single group risks oversimplification and concealing significant intra-group differences.
- Reliance on simplified variables, like "born in a non-English-speaking country," limits the ability to account for critical factors such as ancestry, socioeconomic influences, and pre-migration experiences.
- Lack of multivariate analysis restricted the exploration of how multiple factors interact to influence health outcomes.
- Limited access to detailed local datasets reduced the capacity for comprehensive and targeted analyses.
- Inconsistent recording of multicultural specific variables, such as cultural health beliefs and health-seeking behaviours, hindered accurate representation of the multicultural population's diversity.

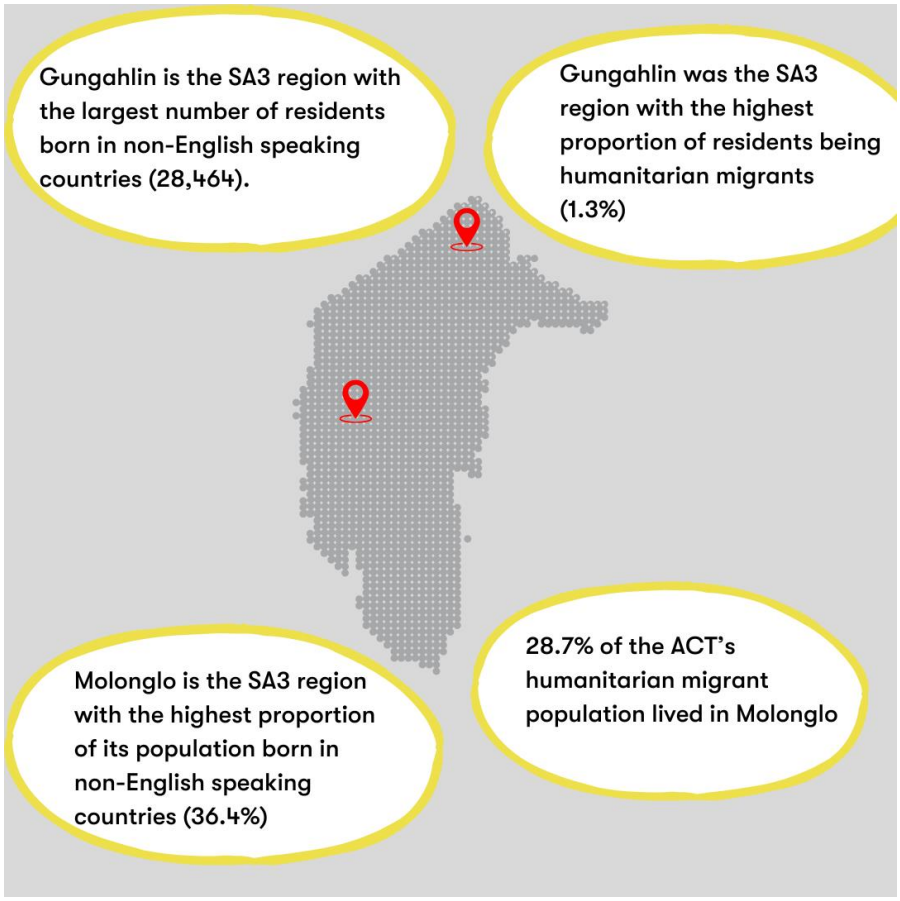
Assessing the health needs of the ACT's multicultural population presented unique challenges due to several data-related constraints. These limitations underscore the importance of enhanced data collection and integration to capture the diversity of experiences within multicultural communities. Improved data would enable more precise identification of health disparities and inform targeted service delivery.

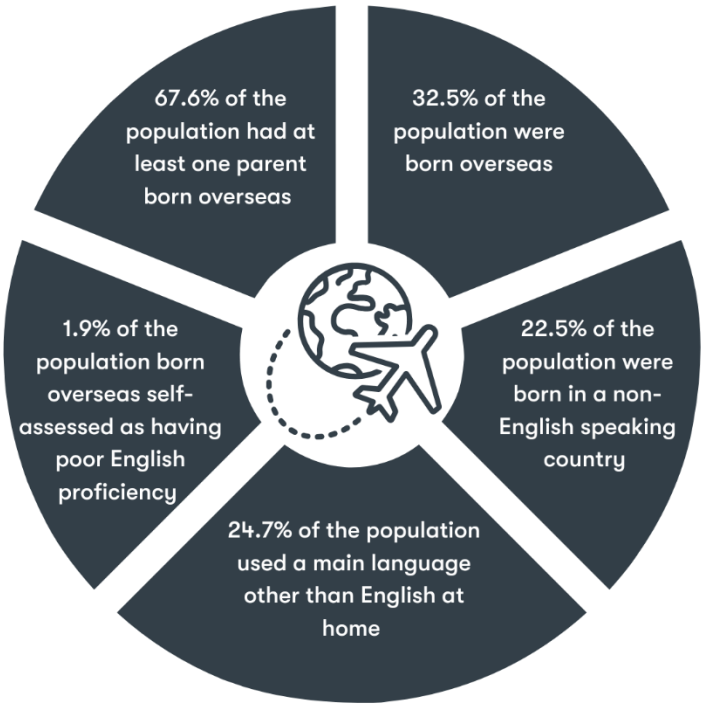
The ACT's multicultural population is highly heterogeneous, encompassing diverse ethnic, linguistic, and cultural backgrounds. This diversity complicates the identification of consistent health patterns and service needs. Viewing multicultural communities as a homogenous group risks masking important intra-group disparities, while aggregated data (e.g., comparisons between "multicultural" and "general" populations) can obscure significant differences within specific cultural or linguistic groups.
Health data systems often fail to capture essential variables, such as country of birth, primary language, and length of residency. This limitation constrained the ability to develop targeted interventions. Simplified multicultural variables, such as "born in a non-English-speaking country" and "poor English proficiency," provide limited insights into the complex interactions between factors like ancestry, socioeconomic influences, and cultural health beliefs.

The lack of multivariate analysis further restricted exploration of intersections between variables, such as language proficiency, migration experiences, and health-seeking behaviours. This narrow lens risks underestimating the true diversity and health needs of multicultural populations, potentially leading to gaps in service delivery.

These challenges highlight the need for enhanced data systems that routinely include multicultural-specific variables and methodologies that reflect the intersectionality of multicultural communities. CHN remains committed to collaborating with stakeholders to improve data quality and availability, establishing a foundation for more equitable and informed health planning.

Multicultural Population of the Australian Capital Territory





Migration Trends

Between 2000 and 2021, 58,691 migrants settled in the ACT and accounted for 13% of the overall population in 2021. There has been a shift in migration trends over the decades, with the majority of Australian migrants across all time having originated in England. However there has been an increasing trend in migrants originating in South Asia, with India becoming the most common country of origin for migrants entering Australia in the past 5 years. India, China and Nepal were the top three countries of origin for multicultural migrants, being the birthplace for 3.8%, 2.7%, and 1.3% of the ACT population respectively. The proportion of ACT residents born in India has grown dramatically over the past 10 years, increased by 123.5% – growing from 1.65% in 2011 to 3.79% in 2021. The top four countries of origin having relatively low proportions also infers that there is significant diversity among the countries of origin for ACTs multicultural population.

Gungahlin had the largest population of individuals born in India and China among SA3 regions, while Belconnen had the largest population of individuals born in Nepal. However, when looking at proportions, Molonglo had the highest percentage of residents born in India (10.2%), whereas Gungahlin had the highest proportions of residents born in China (4.6%) and Nepal (6.7%). These trends align with patterns observed in other multicultural metrics.

Residence Status and Access to Primary Health Care

In Australia eligible individuals can apply for, and obtain, a Medicare card. This Medicare card can then be used to make a claim for a Medicare service that is subsidised by the Australian Federal Government. A claim can be made for paid and bulk-billed General Practitioner services, treatment as a public patient in a public hospital, treatment at one of the ACT's Walk-in-Centres, and when filling a Pharmaceutical Benefits Scheme prescription at a pharmacy[7]. Individual's eligible for a Medicare card include:

- Australian citizens or permanent residents
- New Zealand citizens
- Individuals applying for permanent residency
- Temporary residents covered by a ministerial order, and
- citizens or permanent residents of Norfolk Island, Cocos (Keeling) Islands, Christmas Island, and Lord Howe Island[8].

Asylum seekers who arrive in Australia without a valid visa are not eligible to obtain a Medicare card. To assist with healthcare access, ACT Health Services encourages asylum seekers to apply for an ***ACT Services Access Card,*** which provides access to several free health services and enables reduced-cost access to others.

Once granted refugee status, individuals become eligible for Medicare. However, pre- and post-migration experiences often leave asylum seekers and refugees with complex physical and psychological health

[7] Australian Department of Health and Aged Care (2022) About Medicare | Australian Government Department of Health and Aged Care (https://www.health.gov.au/topics/medicare/about)
[8] Services Australia (2024) Enrolling in Medicare - Medicare - Services Australia (https://www.servicesaustralia.gov.au/enrolling-medicare)

needs. To address these, humanitarian migrants are eligible for a ***refugee health assessment,*** a comprehensive evaluation designed to connect individuals to necessary care and support (See glossary for details).

In the ACT, asylum seekers, refugees, and new arrivals can access free primary healthcare at **Companion House** during their first 12 months in Australia, even without a Medicare card[9]. Companion House plays a vital role in providing culturally appropriate healthcare services to the multicultural community, which will be explored further in this health needs assessment.

Understanding the interplay between migration, residency status and access to primary healthcare is essential to addressing the unique health challenges faced by asylum seekers and refugees. These populations often encounter systemic barriers to care, including limited eligibility for Medicare, which necessitate alternative pathways to access essential health services. Highlighting these pathways early in the report provides a critical foundation for understanding broader healthcare access issues and the recommendations that follow.

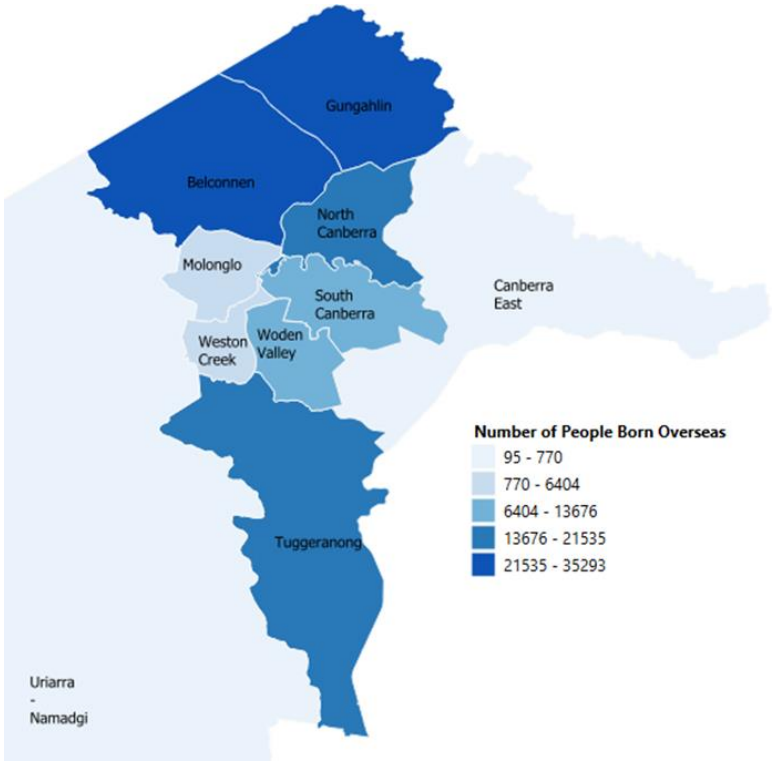
Humanitarian Migrants

In the 10-year period between 2014-2024, 2,109 humanitarian migrants have settled in the ACT with 530 arriving between July 2023 and June 2024[10]. While humanitarian migrants ranged in age from newborn to the elderly, the top three countries of origin were Afghanistan, Iraq, and the Syrian Arab Republic[10]. Arabic was the most common language spoken, however there was significant cultural and linguistic diversity among migrants[10]. Of the 530 humanitarian migrants that arrived between 2023-2024, 47.9% were aged 18 – 34 years and 11.9% were aged 0-5 years[10]. Only 5.9% reported having good or very good English proficiency, while poor English proficiency was reported by 52.6%[10]. Gungahlin was the SA3 region with the highest number, and highest proportion, of humanitarian migrants[10].

Born Overseas

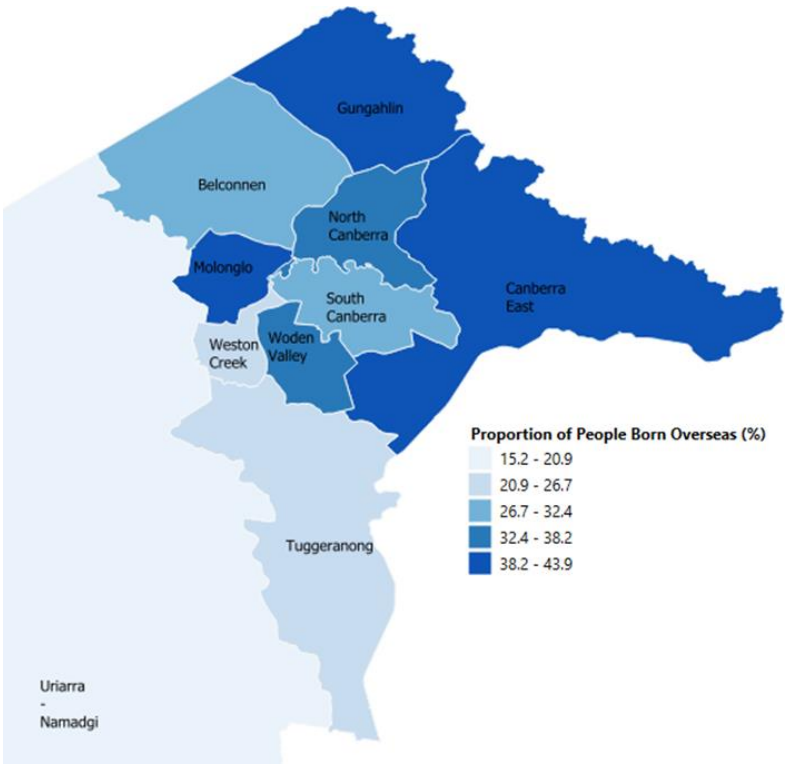
The ACT has one of the most diverse and culturally rich populations in Australia. In 2021, there were 147,365 individuals residing in the ACT that were born overseas, accounting for 32.5% of the ACT's population[11]. This proportion has experienced a 50.4% increase over the past 23 years, growing from 21.6% in 2001.

[9] Companion House (2024) Medical : Companion House (https://www.companionhouse.org.au/medical)
[10] Australian Government (2024). Settlement Reports - settlement-data-reports- Financial Year 2023/24 by Migration Streams (https://data.gov.au/data/dataset/settlement-reports)
[11] PHIDU (2024), Social Health Atlas of Australia: Australian Capital Territory Data Workbooks - Phidu (https://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlas-of-australia-population-health-areas)



Map 1 – Number of ACT residents born overseas (PHIDU 2024)

Map 1 illustrates the distribution of the overseas born population by SA3 region. There is significant variability in the distribution of ACT residents born overseas. Gungahlin was the SA3 region with the highest number of residents born overseas (35,293), closely followed by Belconnen (33,516). Uriarra-Namadgi (95) and Canberra East (770) had the fewest residents born overseas.

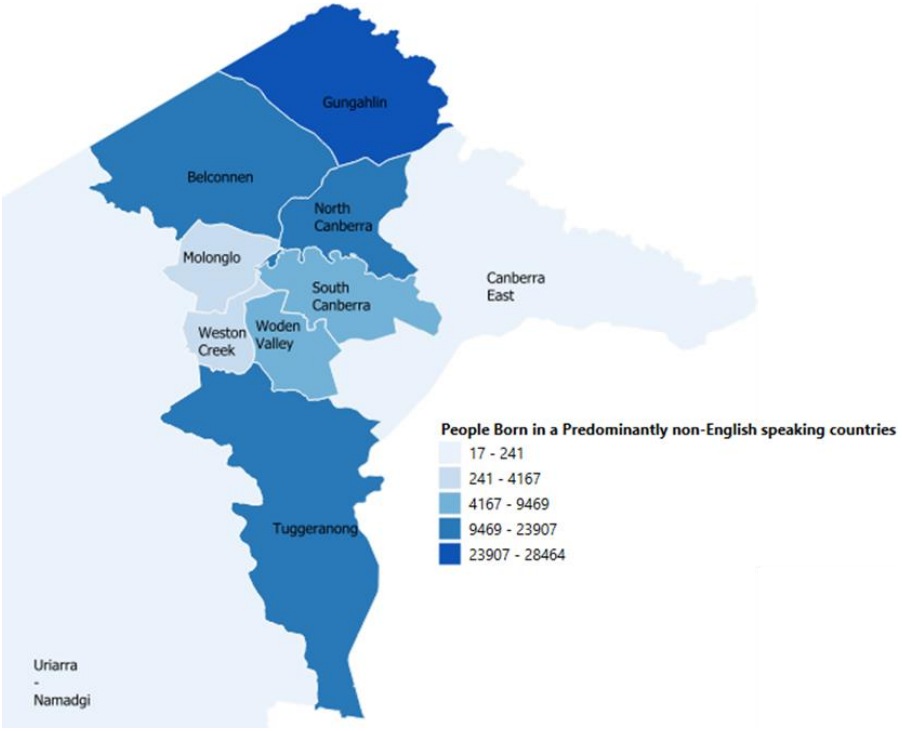


Map 2 – Proportion of SA3 residents born overseas (PHIDU 2024)

As illustrated in Map 2, there was significant variability in the proportion of SA3 residents born overseas. Molonglo was the SA3 with the highest proportion of residents born overseas, with 43.9% of its 5,020 residents having migrated to Australia. Gungahlin had the second highest proportion, with 40.3% of its residents having been overseas. As well as having the smallest migrant population, Uriarra-Namadgi was the SA3 region with the lowest proportion (15.2%) of residents born overseas.

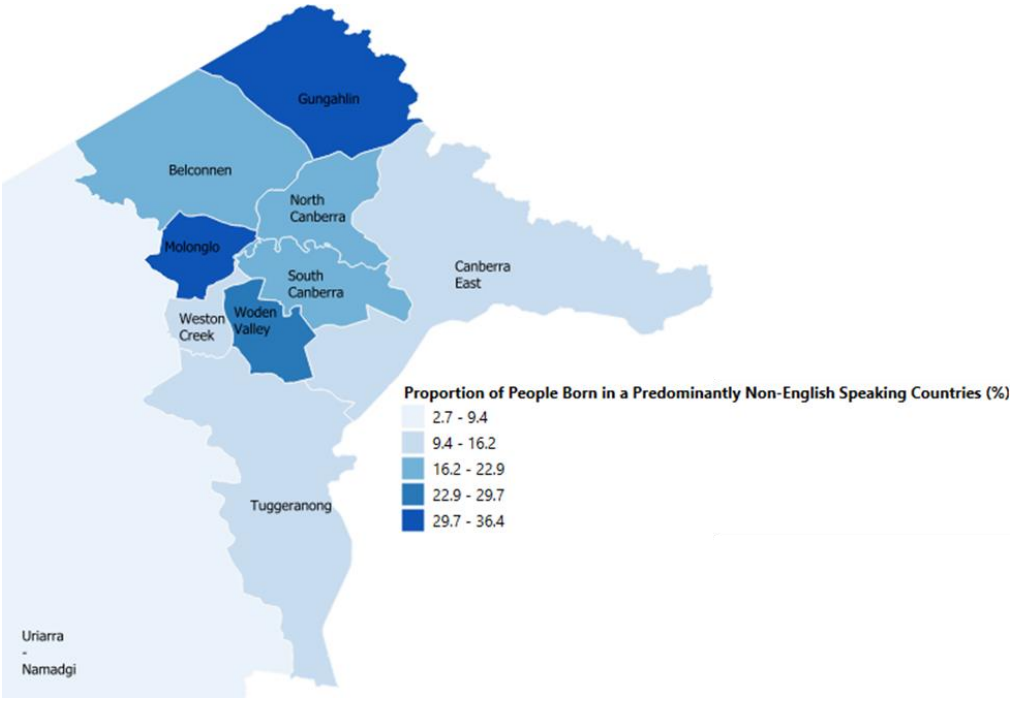
Born in non-English Speaking Countries

As per the definition above, the multicultural population of ACT includes all residents from predominantly non-English speaking countries. In 2021, 22.5% of the ACT population was born in a predominantly NESC, equating to 101,952 residents.



Map 3 – Number of SA3 residents born in non-English speaking countries (PHIDU 2024)

As illustrated in map 3, there was significant variability in the distribution of ACT residents born in NESC. Gungahlin had the largest population of residents born in non-English speaking countries (28,464), followed by Belconnen (23,907) and Tuggeranong (13,485). Over 65% of those born in NESC resided in these three SA3 regions. The smallest populations were in Uriarra-Namadgi (17), Canberra East (241), and Weston Creek (3,710).



Map 4 – Proportion of SA3 residents born in non-English speaking countries (PHIDU)

As illustrated in Map 4, Molonglo (36.4%) and Gungahlin (32.5%) were the SA3 regions with the largest proportion of residents born in NESC. Uriarra-Namadgi (2.7%) and Canberra East (12.4%) were the SA3 regions with the lowest proportions. It is important to consider the size of the overall population in each SA3 when comparing these proportions. For example, the proportion of residents born in NESC is 15.1% in both Tuggeranong and Weston Creek, however this equates to 13,485 residents in Tuggeranong and only 3,710 in Weston Creek. As mentioned above, Molonglo has the highest proportion of residents born in NESC, and reflects the rapid expansion and development within the region[12]. Molonglo is projected to experience the largest growth in population over the coming decades and therefore be considered as a target region for future programs and policies aimed at improving health outcomes in the multicultural population[12]. This needs to be considered when planning any future services or programs aimed at improving access to primary care services for the territory's multicultural population. Gungahlin, Belconnen, and Tuggeranong are also important SA3 regions for any future services or programs due the large number of residents born in predominantly non-English speaking countries, and the relatively high proportion of those populations they account for.

Ancestry

Another metric that can be used to measure the size of the ACTs multicultural population is ancestry. An individual is considered to be part of the multicultural population if they have one or more parents born in a non-English speaking country. Due to data limitations, CHN was unable to accurately describe the multicultural population by this metric, however data was available for individuals with one or more parents born overseas. While these figures will include individuals with one or more parents born in English speaking countries, it will provide insight into the relative diversity of the territory.

[12] ACT Government – Treasury (2022). ACT Government Population Projections 2022 - 2060 (https://www.treasury.act.gov.au/snapshot/demography/act).

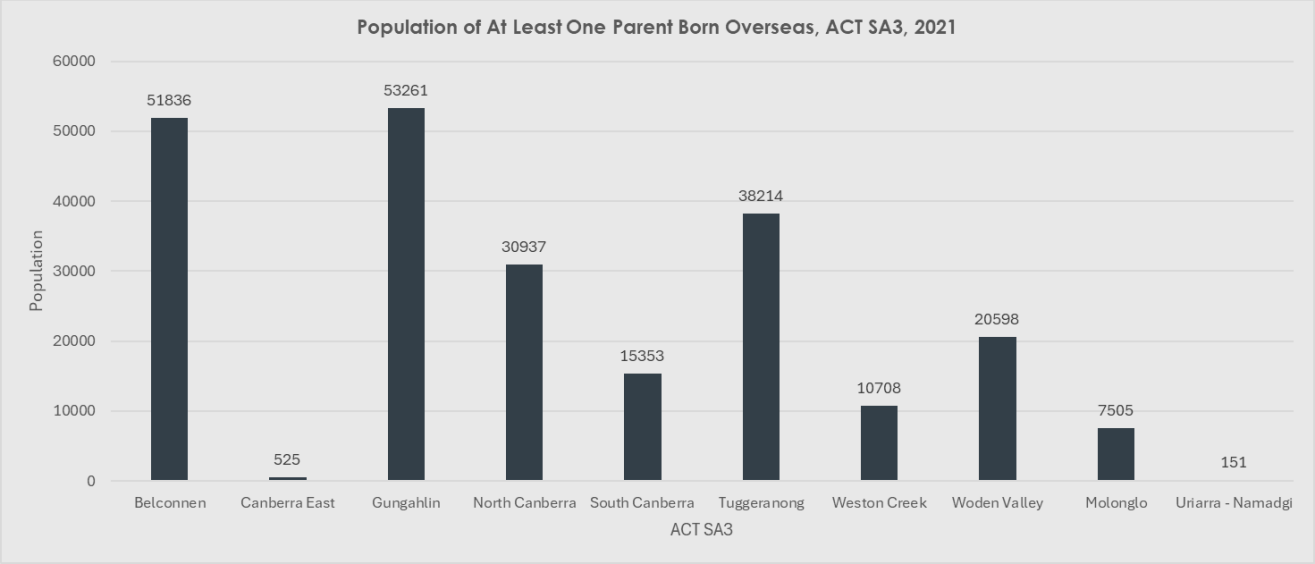


Figure 1 – Number of residents with one or more parents born overseas (ABS 2021)

In June 2021, over half of the ACT population had one or more parents born overseas (50.5%)[13]. The total number of residents with one or more parents born overseas followed the trends seen in those born NESC, with Gungahlin being the SA3 with the largest population of residents with one or more parents born overseas (53,261), followed by Belconnen (51,836) and Tuggeranong (38,214). Uriarra-Namadgi (151) and Canberra East (525) had the fewest residents with overseas born parents.

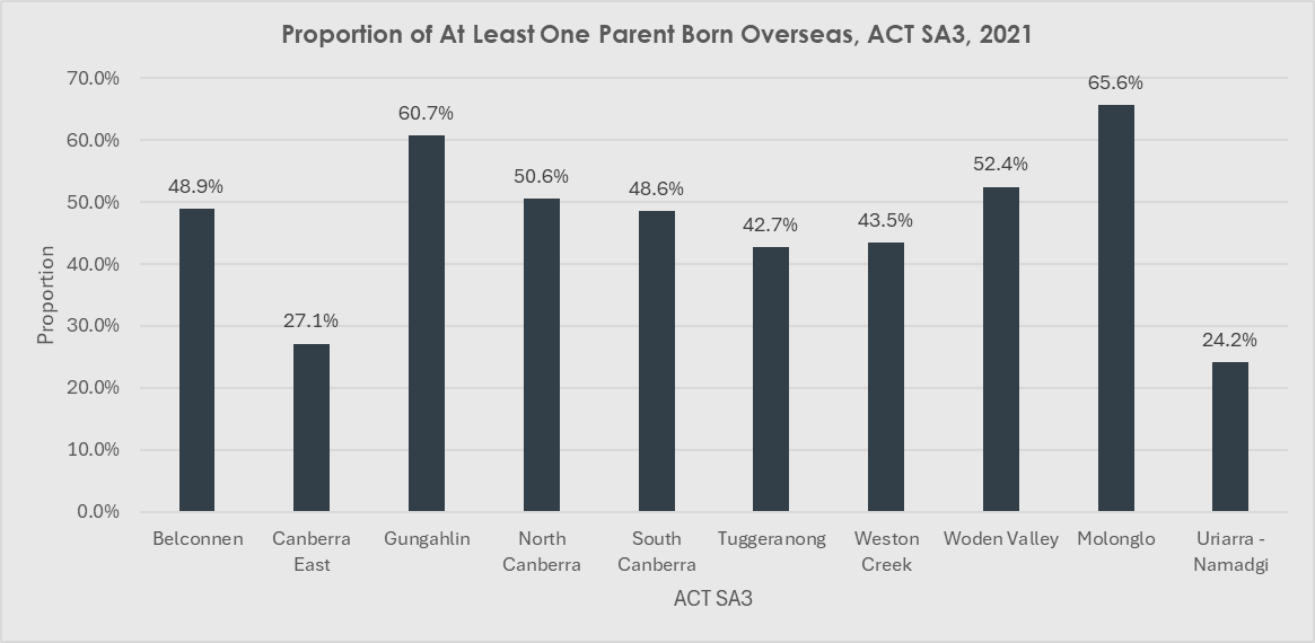


Figure 2 – Proportion of SA3 residents with one or more parents born overseas (ABS 2021)

The SA3 regions with the highest proportion of residents with overseas ancestry were again Molonglo (65.5%) and Gungahlin (60.7%), highlighting them as the territories most culturally and linguistically diverse SA3 regions. Uriarrra-Namadgi (24.2%) and Canberra East (27.1%) had the lowest proportion, with all other SA# regions varying between 42.7% and 52.4%.

[13] ABS (2021), ABS Census of Population and Housing 2021, [Census TableBuilder].

Language Used other than English and English Proficiency

With Australia is one of the most culturally diverse countries of the world, it is unsurprising to learn that there is a rich array of linguistically diversity within our communities. As per 2021 ABS Census data, 24.7% of the ACT population used a language other than English at home, a 35.9% increase from the 2011 figure of 18.1%[14]. This proportion is dramatically higher among the migrant population, with 64.7% of ACT residents born overseas using a language other than English at home[13]. Despite India being the most common country of origin for recent migrants, Mandarin has reported as being the most common language spoken at home other than English (3.1% ACT population)[13]. Individuals that speak another language and also speak English will naturally have varying degrees of mastery of the English language. As such, a simple system of describing an individual's use and understanding of the English language was developed which allows a person to self-assess their English proficiency as one of the following[15]:

- Uses other language and speaks English very well
- Uses other language and speaks English well
- Uses other language and speaks English not well
- Uses other languages and speaks English not at all

CHN has further categorised these levels of English proficiency into TWO broad groups for ease of interpretation

- Good English Proficiency (uses other language and speaks English very well or well)
- Poor English Proficiency (uses other language and speaks English not well or not at all)

As per PHIDU, in 2021, 22.3% of the total ACT population used a language other than English and had good English proficiency, while only 2.5% of the total ACT population used a language other than English and had poor English proficiency[16]. English proficiency among residents born in NESC is relatively good, with 58.35% of multicultural Canberrans stating they had could speak another language and speak English very well or well, with the 25-34 yr age group making up the highest proportion of this group[15]. This likely due to this age group representing international students and skilled professionals, who require a higher level of English proficiency due to the nature of their work. After English (71.3%), the most common languages spoken at home in the ACT were Mandarin (3.2%), Nepali (1.3%), Vietnamese (1.1%) and Punjabi (1.1%)[13]. The top four languages other than English having relatively low proportions infers that there is rich linguistic diversity throughout the territory.

English Proficiency and Health

Language proficiency has repeatedly been reported to directly impact health outcomes, and it is an essential metric to examine when exploring the health of the ACT's multicultural population[17]. Limited English proficiency (LEP) is acknowledged as being a significant barrier to accessing and navigating the

[14] ABS (2021), ABS Census of Population and Housing 2021, [Census TableBuilder].
[15] ABS (2021), Proficiency in spoken English (ENGLP) (https://www.abs.gov.au/census/guide-census-data/census-dictionary/2021/variables-topic/cultural-diversity/proficiency-spoken-english-englp)
[16] PHIDU (2024), Social Health Atlas of Australia: Australian Capital Territory Data Workbooks - Phidu (https://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlas-of-australia-population-health-areas)
[17] AIHW (2022) Reporting on the health of culturally and linguistically diverse populations in Australia: An exploratory paper (https://www.aihw.gov.au/reports/cald-australians/reporting-health-cald-populations)

Australian healthcare system. Difficulties with health system literacy and health system navigation have been associated with reduced access to health care, misunderstanding of health information, an increased risk of adverse events, and ultimately with worse health outcomes[17]. LEP exacerbates communication gaps between health consumers and health providers resulting in confusion and frustration, miscommunication of health issues, a lack of understanding of treatment plans, and misdiagnosis or mismanagement of conditions. Cultural differences further compound these issues, sometimes leading to consumers avoiding seeking care. These disparities are further amplified for ageing migrant populations, who may experience a loss of English proficiency over time, or due to cognitive decline[17]. Understanding these dynamics is essential, particularly when analysing health outcomes data, and when developing programs and policies aimed at improving health outcomes in the ACTs multicultural population.

Health Outcomes in the Multicultural Population

Long-Term Health Conditions (LTHC)

In 2021, 33.0% of the overall ACT population were suffering from a long-term health condition (LTHC), slightly above the National figure of 31.7%. Long-term health conditions are health conditions that have lasted, or are expected to last, six months or more, may occur from time to time, are controlled by medication or are in remission. The ten most common LTHCs are:

Heart Disease	Arthritis
Stroke	Lung conditions
Dementia	Mental health conditions
Cancer	Diabetes
Asthma	Kidney disease

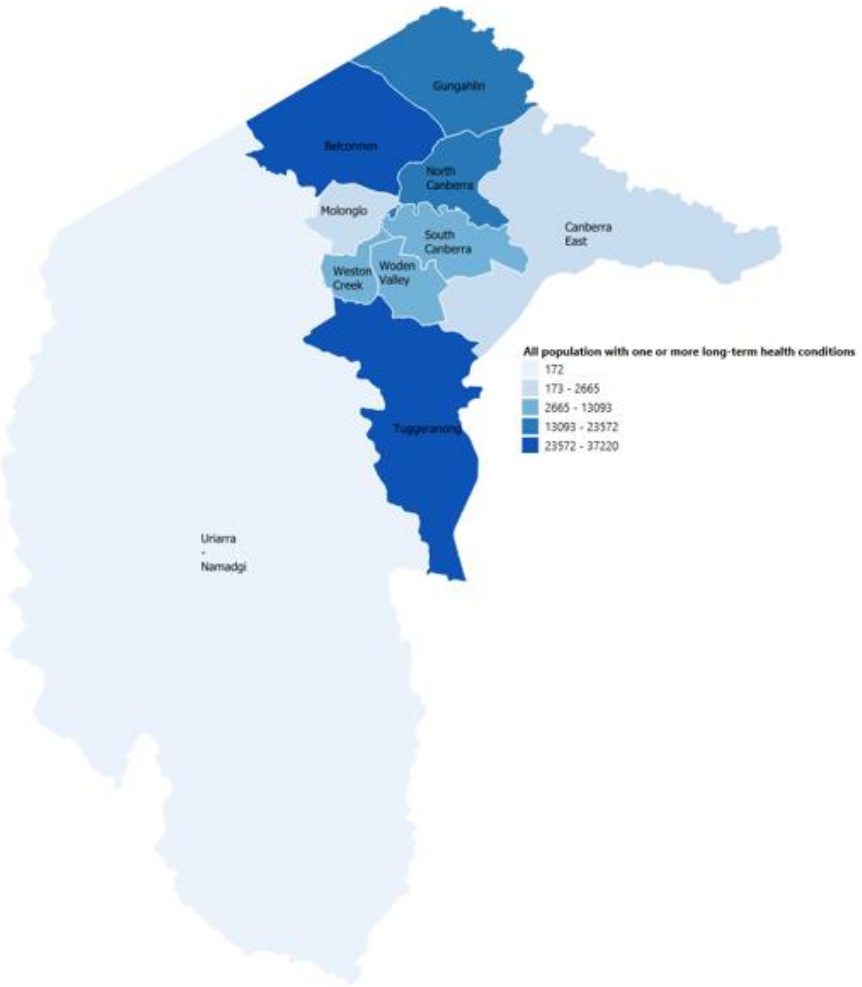
The characteristics that define a population as being multicultural influence health outcomes to variable degrees. For example, when viewed by country of birth, the prevalence of LTHCs in the ACT's multicultural population is significantly lower than the general population, with 23.7% of residents born in NESC suffering from at least one LTHC compared to 33.0% of the total ACT population[18]. However, when analysed based on LEP, slightly higher rates of LTHCs were seen at 31.2%[18]. Overall, the majority of available health data is based on country of birth as it is the most common multicultural variable collected in health data sets, it is easy to define, and it does not change over a person's lifetime. Due to its significant impact of health outcomes, the variable of LEP has also been used where possible although it is important to note that an individual's English proficiency may change over time.

Mental health conditions were the most common aetiology for LTHCs in the general ACT population with 10.0% of Canberrans being affected[18]. Arthritis was the most common LTHC in the ACT's population born in NESC, with an estimated prevalence of 5.69%[18]. Diabetes was found to be the most common LTHC in the territory's population with LEP, affecting 8.8%[18].

[18] ABS (2021), ABS Census of Population and Housing 2021, [Census TableBuilder].

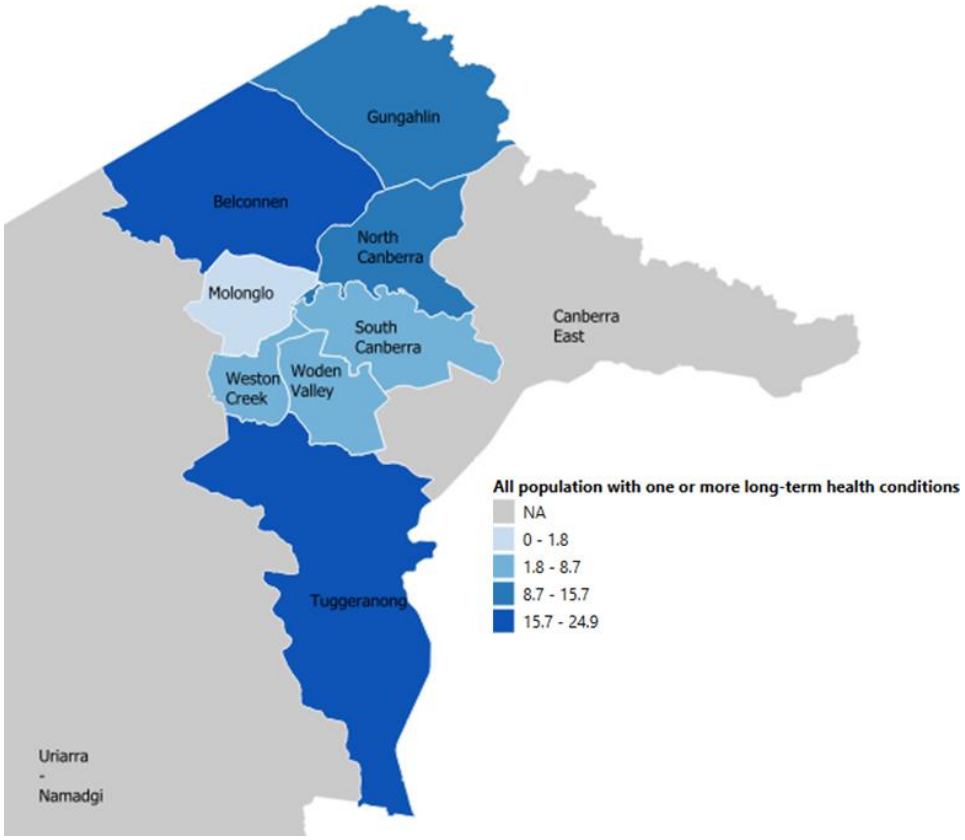
Long-Term Health Conditions in General ACT Population

This section aims to describe the total number and proportion of the general population with at least one long-term health condition in each SA3.



Map 5 – Number of ACT residents with one or more long-term health conditions (ABS 2021)

Map 5 illustrates the total number of ACT residents with one or more LTHC by SA3 region. Belconnen (37,220), Tuggeranong (33,505), and Gungahlin (23,572) were the SA3 regions with the largest total number of residents suffering from a LTHC, accounting for over 62% of the total number of ACT residents with a chronic disease. Uriarra-Namadgi (172), Canberra East (432), and Molonglo (9,052) were the SA3 regions with the lowest total number of residents with at least one LTHC. These two findings follow general population trends.



Map 6 – Proportion of SA3 residents with one or more long-term health condition (ABS 2021)

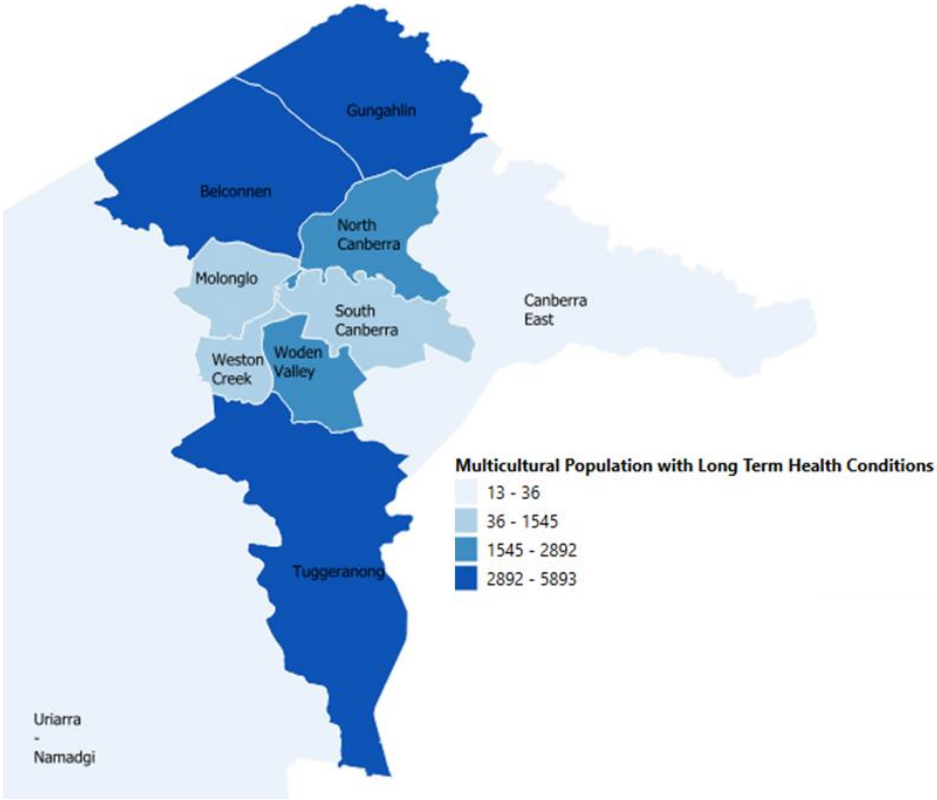
Map 6 illustrates the proportion of the overall population with at least one LTHC in each SA3 region. Tuggeranong (37.5%), Weston Creek (36.8%), Belconnen (35.1%), Woden Valley (33.3%), and South Canberra (33.2%) were the SA3 regions with rates of LTCHs higher than the overall average for the ACT (33.0%). All other SA3 regions fall below the territory's average, with Canberra East (22.3%), Molonglo (23.3%), and Gungahlin (26.9%) being the three SA3 regions with the lowest rates of LTHCs among their residents. This is likely due to these SA3 regions being areas of rapid development and growth, therefore housing a higher proportion of young families and leading to them having a lower median age than the other SA3 regions.

Of the 10 most common long-term health conditions, mental health conditions (including depression/ anxiety) stood out as the most common cause of long-term illness in the ACT, affecting 10.0% of all Canberrans – well above the National rate of 8.8%[19]. This was followed by asthma, affecting 9.0% of all ACT residents, which is again above the National figure of 8.1%[18]. Having any other long-term health condition outside of the 10 most common was seen in 9.6% of the ACT population, higher than the National response rate of 8.0%[18].

[19] ABS (2021), ABS Census of Population and Housing 2021, [Census TableBuilder].

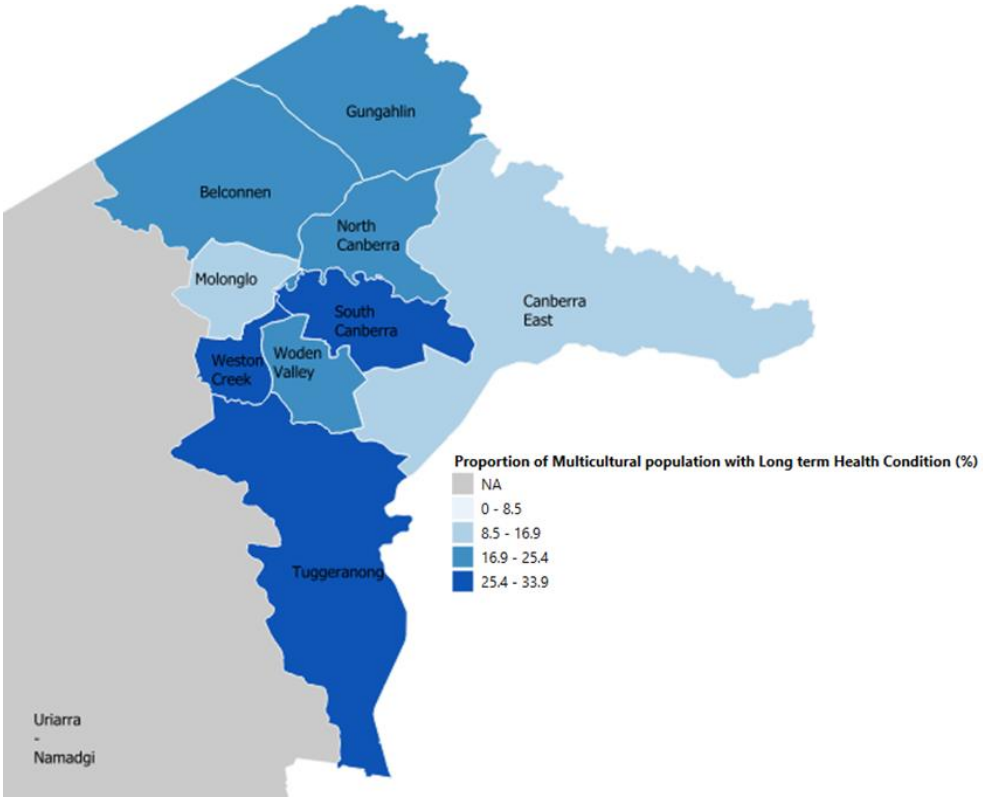
Long-Term Health Conditions and Country of Birth

This section aims to describe the number and proportion of multicultural residents with at least one long-term health condition in each SA3. In this section, the term 'multicultural' is used in lieu of 'residents born in predominantly non-English speaking countries' for ease of reading.



Map 7 – Number of multicultural residents with one or more long-term health conditions (ABS 2021)

Map 7 illustrates the number of multicultural residents with at least one LTHC by SA3 region. Following the trend seen in the overall population, Belconnen (5,893), Gungahlin (5,554), and Tuggeranong (4,423) had the highest total number of multicultural residents with at least one LTHC. These three SA3 regions accounted for over 64% of all multicultural residents with a chronic disease in the ACT. Uriarra-Namadgi (13), Canberra East (36), and Molonglo (638) were the SA3 regions with the lowest number of multicultural residents with at least one LTHC.



Map 8 – Proportion of SA3 multicultural population with one or more long-term health conditions (ABS 2021)

Map 8 illustrates the proportion of multicultural residents with at least one LTHC by SA3 region. Based on country of birth, the multicultural population had lower rates of LTHCs compared to the overall population in every SA3 region, except for Uriarra-Namadgi. While it has the smallest multicultural population in the ACT, 41.9% of multicultural residents are affected by one or more LTHCs, significantly higher than any other SA3 region. Behind Uriarra-Namadgi, Weston Creek (32.8%), Tuggeranong (32.2%), and South Canberra (26.4%) were the SA3 regions with the 2nd to 4th highest rates of LTHCs among the multicultural population. Canberra East (15.0%) and Molonglo (15.3%) were the SA3 regions with the lowest rates of LTHCs among their multicultural populations. Of note, despite having the largest multicultural population and the second largest multicultural population with at least one LTHC, Gungahlin had 3rd lowest rate of LTHCs among its multicultural residents. This is likely explained by two factors: 1. Gungahlin is the SA3 region with the largest multicultural population, and 2. the incidence of long-term health conditions increases with age and Gungahlin's multicultural population is relatively young compared to other SA3 regions, having the lowest median age of 33 among its multicultural residents.

Of the 10 most common long-term health conditions, arthritis was the most common cause of long-term illness in the territory's multicultural population born in NESC, affecting 5.69% of this population which is well below the National rate of 8.5%[20]. Diabetes was 2nd most common, affecting 5.65% of this population, however this is well above the rate seen in the overall ACT population (3.9%)[19]. The size of this relative difference in prevalence can be quantified using a 'prevalence ratio'. The prevalence ratio for diabetes in the multicultural population relative to the general population is 1.5. This illustrates that diabetes disproportionately affects residents born in NESC 3:2 compared to the general population. It also highlights diabetes as a priority area for future programs aimed at improving health outcomes in the ACTs multicultural population.

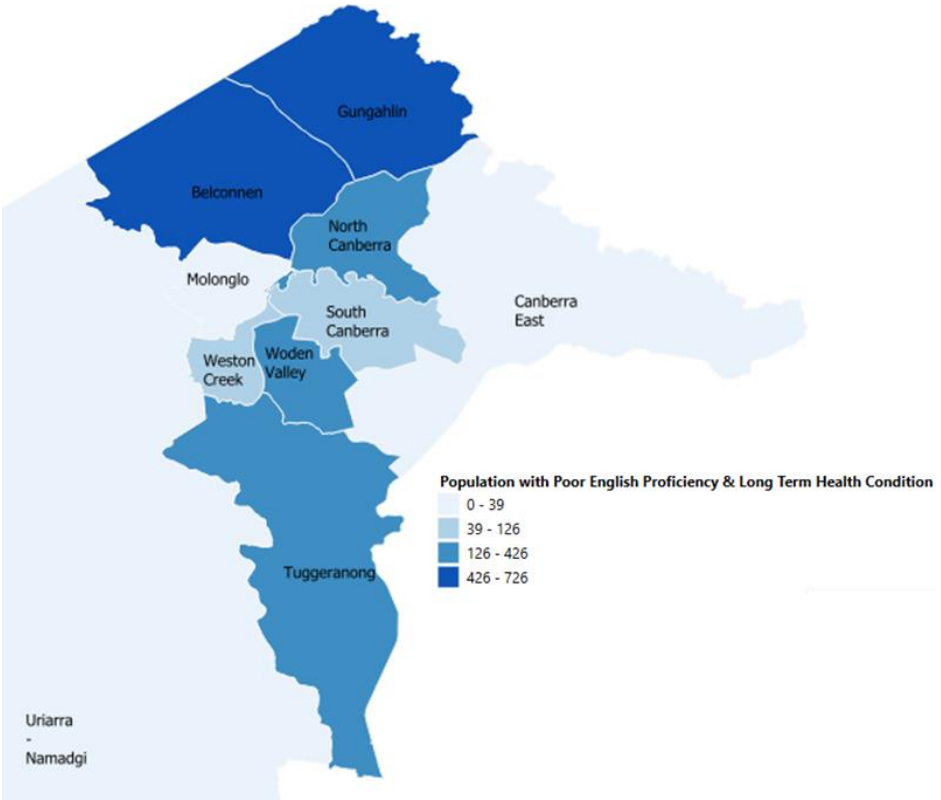
[20] ABS (2021), ABS Census of Population and Housing 2021, [Census TableBuilder].

Having any other long-term health condition outside of the 10 most common was seen in 9.6% of the ACT population, higher than the National response rate of 8.0%. The largest patient populations for each LTHC were located in Belconnen except for diabetes, where the largest patient population was in Gungahlin.

Long-Term Health Conditions and English Proficiency

This section aims to describe the number and proportion of multicultural residents with at least one long-term health condition in each SA3. In this section, the term 'multicultural' is used in lieu of 'residents with poor English proficiency' for ease of reading.

8,259 Canberrans, approximately 2.5% of the population, have been identified as having poor English proficiency[21]. Limited proficiency in English has repeatedly been shown to significant impact health outcomes, as it directly influences an individual's ability to effectively communicate health issues, understand health material and medical advice, navigate the Australian healthcare system, understand and complete health documentation, and participate in shared decision making. The impact of these factors is reflected in the quantitative data, as ACT residents with poor English proficiency experience higher rates of LTHCs than ACT residents born in predominantly non-English speaking countries (31.2% vs 23.7%).

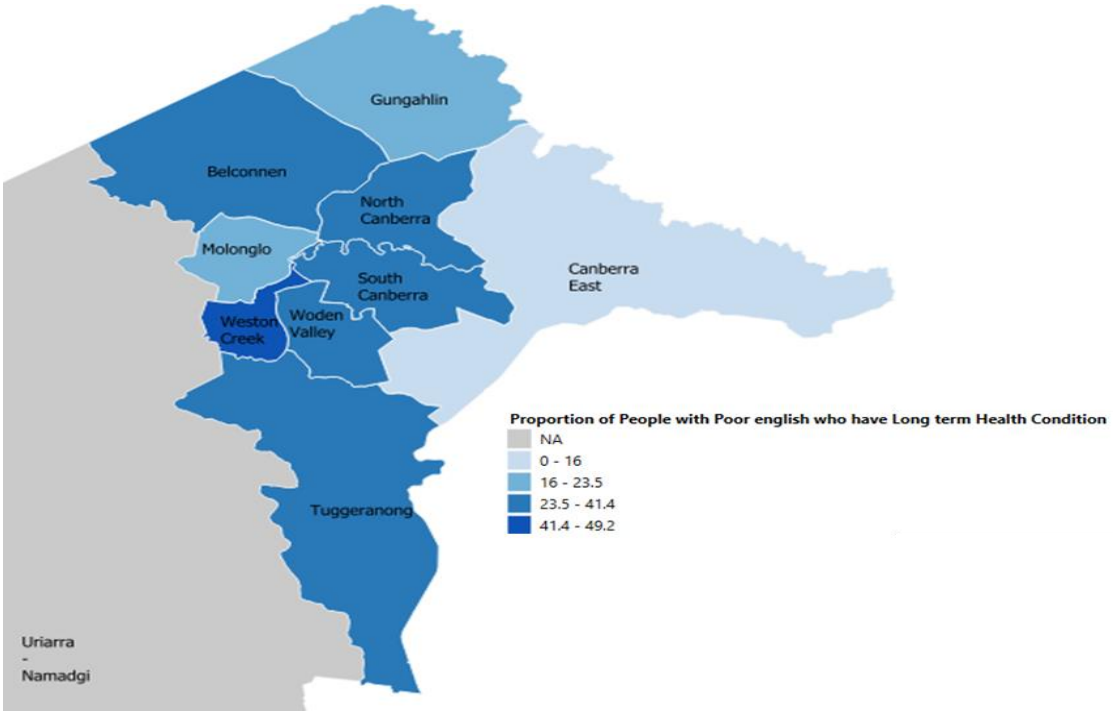


Map 9 – Number of residents with poor English proficiency and one or more long-term health conditions (PHIDU 2024)

Map 9 illustrated the number of multicultural residents with one or more LTHC in each SA3. Belconnen (726,), Gungahlin (674), and Tuggeranong (426) were the SA3 regions with the largest number of residents with poor English proficiency and a LTHC. Canberra East (4), and Molonglo (39) were the SA3 regions with

[21] PHIDU (2024), Social Health Atlas of Australia: Australian Capital Territory Data Workbooks - Phidu (https://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlas-of-australia-population-health-areas)

the fewest multicultural residents suffering from a chronic condition. These figures follow overall population trends, and are similar to the trends seen above.



Map 10 – Proportion of SA3 population with poor English proficiency and one or more long-term health conditions by SA3 (PHIDU 2024)

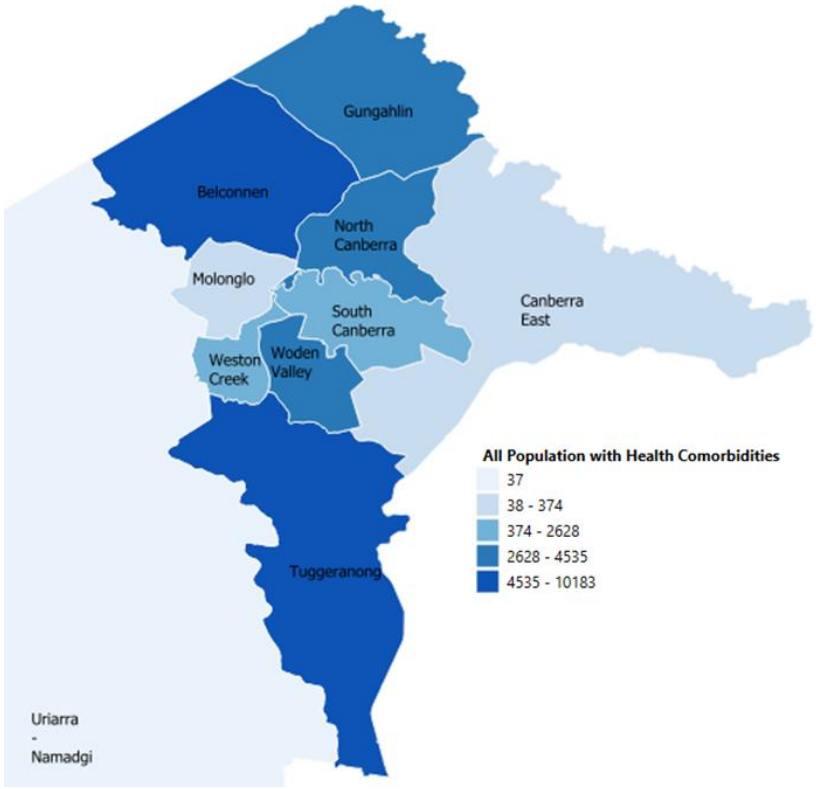
Map 10 illustrated the proportion of multicultural residents with one or more LTHCs in each SA3. Poor English proficiency was associated with dramatically higher rates of LTHCs in all SA3 regions when compared to country of birth. The SA3 regions with the highest prevalence of LTHCs among residents with poor English proficiency were Weston Creek (41.4%), Tuggeranong (41.4%), and Woden Valley (37.9%). Canberra East (16.0) and Molonglo (17.4%) were the SA3 regions with the lowest prevalence.

Diabetes was the most common LTHC, affecting 8.8% of residents with poor English proficiency[22]. This is significantly higher than the rate of diabetes in the overall ACT population (3.9%), reflected by a prevalence ratio of 2.3. Arthritis was the 2nd most common LTHC, affecting 7.6% of residents with poor English proficiency, however with a prevalence ratio of 1.0, this is similar to the overall prevalence of arthritis in the ACT (7.7%). A disproportionately high proportion of residents with limited English proficiency suffered from dementia compared to the overall ACT population. Despite only affecting 2.0% of multicultural residents, it had the highest prevalence ratio out of all LTHCs at 3.4. Conversely, mental health conditions were only reported by 3.5% of residents with limited English proficiency, equating to a prevalence ratio of 0.3. While it may represent a true low rate of mental illness in the multicultural community, the low prevalence of MH conditions among those with poor English proficiency may also be due to under-reporting, underdiagnosis, or lack of access to culturally appropriate services.

[22] PHIDU (2024), Social Health Atlas of Australia: Australian Capital Territory Data Workbooks - Phidu (https://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlas-of-australia-population-health-areas)

Comorbidity in the ACTs Multicultural Population

Comorbidity is the presence of two or more long-term health conditions and is associated with worse health outcomes, more complex clinical management, and increased health costs[23]. This section aims to examine the prevalence of comorbidity in the ACT's multicultural population, as well as the distribution of the burden of disease in order to identify regions within the territory that may require additional services and be initial targets for programs that improve access to primary care services.

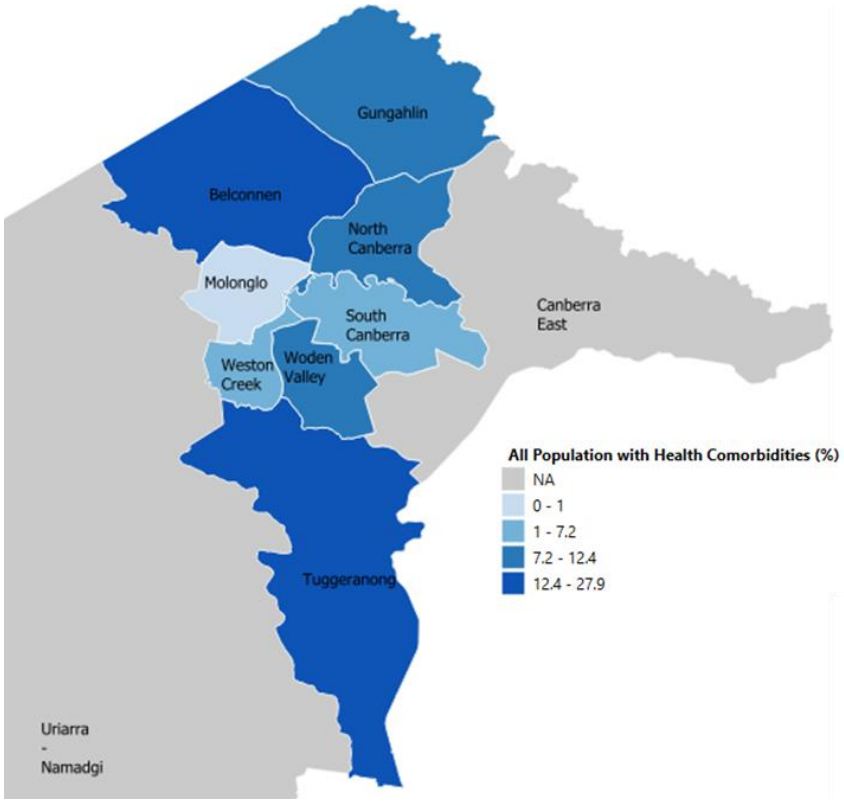


Map 11 – Number of residents with comorbidity (ABS 2021)

Comorbidity was seen in 8.2% of the total ACT population, with 37,435 residents suffering from two or more health conditions[24]. Map 11 illustrates the incidence of comorbidity in the overall ACT population of each SA3. Belconnen (11,013) and Tuggeranong (8,984) are the SA3 regions with the highest incidence of comorbidity among the multicultural population. Canberra East (146) and Molonglo (489) are the SA3 regions with the lowest incidence of comorbidity.

[23] J. M. Valderas, B. Starfield, B. Sibbald, C. Salisbury, M. Roland (2009) "Defining Comorbidity: Implications for Understanding Health and Health Services", *Annals of Family Medicine*, Vol. 7:4, pp. 357-363 (https://pmc.ncbi.nlm.nih.gov/articles/PMC2713155)

[24] ABS (2021), ABS Census of Population and Housing 2021, [Census TableBuilder].

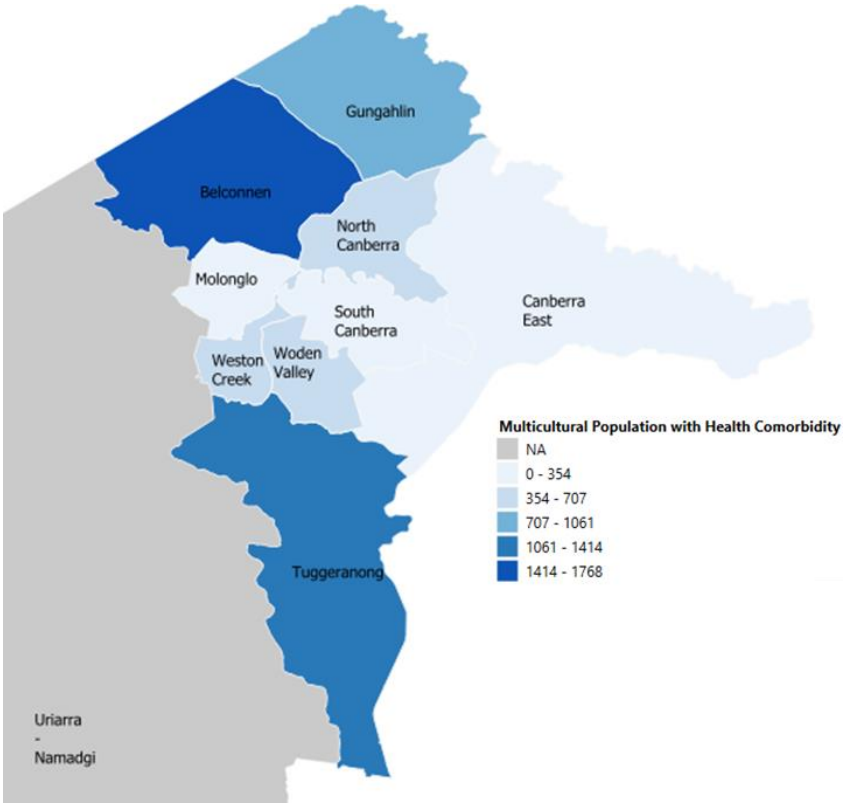


Map 12 – Proportion of residents with comorbidity

Map 12 illustrates the proportion of SA3 residents with two or more health conditions. Weston Creek is the SA3 region with highest rate of comorbidity, with 10.2% of all residents having two or more LTHCs, closely followed by Tuggeranong (10.0%). Molonglo (4.3%) and Gungahlin (5.7%) were the SA3 regions with the lowest rates of comorbidity among multicultural residents.

The most common combination of LTHCs in the ACT population was arthritis and a mental health condition, with 6,741 residents reporting they had been diagnosed with both[23]. This was followed by having arthritis and asthma, being reported by 6,587 individuals[25].

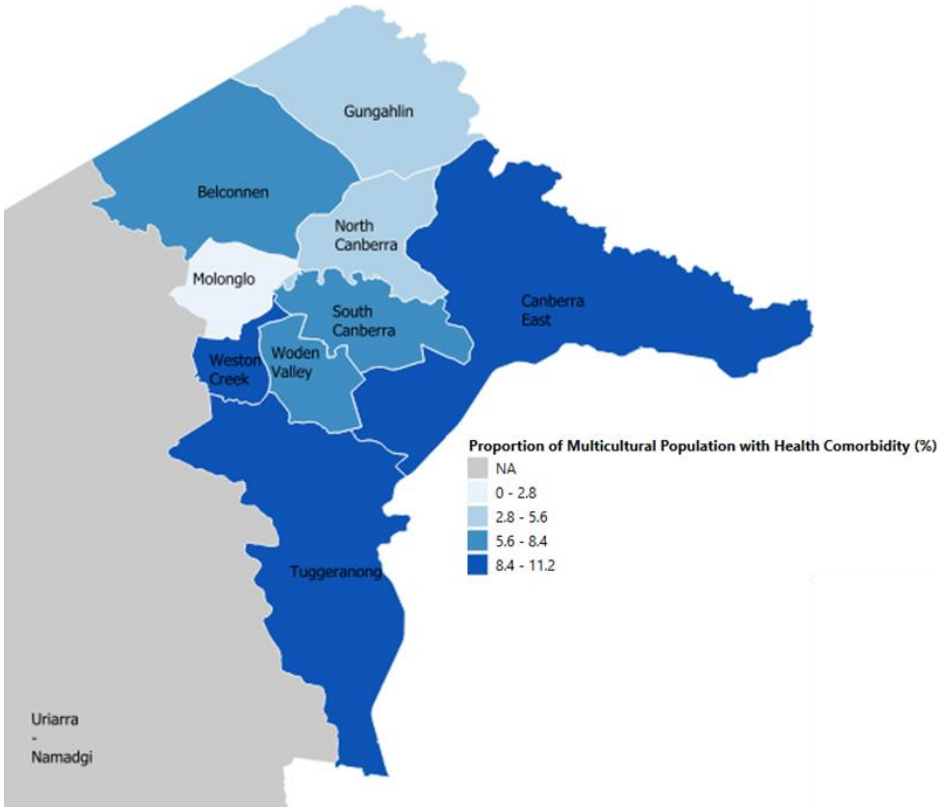
[25] ABS (2021), ABS Census of Population and Housing 2021, [Census TableBuilder].



Map 13 – Number of multicultural residents with comorbidity (ABS 2021)

Comorbidity was seen in 6.1% of the ACTs multicultural population, with 6,253 residents born in NESC suffering from two or more health conditions[26]. Map 13 shows the number of multicultural residents living with comorbidity in each SA3. Belconnen (1,768) and Tuggeranong (1,367) are the SA3 regions with the highest incidence of comorbidity among the multicultural population. Canberra East (27) and Molonglo (64) are the SA3 regions with the lowest incidence of comorbidity among the multicultural population. These numbers follow the same trends seen in the general population, although despite having the largest multicultural population, Gungahlin only has the 3rd largest number of multicultural residents with two or more health conditions.

[26] ABS (2021), ABS Census of Population and Housing 2021, [Census TableBuilder].



Map 14 – Proportion of multicultural residents with comorbidity (ABS 2021)

Map 14 illustrates the proportion of SA3 multicultural residents with two or more health conditions. Canberra East is the SA3 region with highest rate of comorbidity, with 11.2% of multicultural residents having two or more LTHCs. It was closely followed by Tuggeranong at 10.1%, and Weston Creek at 9.9%. Molonglo (1.5%) and Gungahlin (3.5%) were the SA3 regions with the lowest rates of comorbidity among multicultural residents. This likely due to same influences mentioned in the long-term health conditions section, however population size is less of a factor in Molonglo.

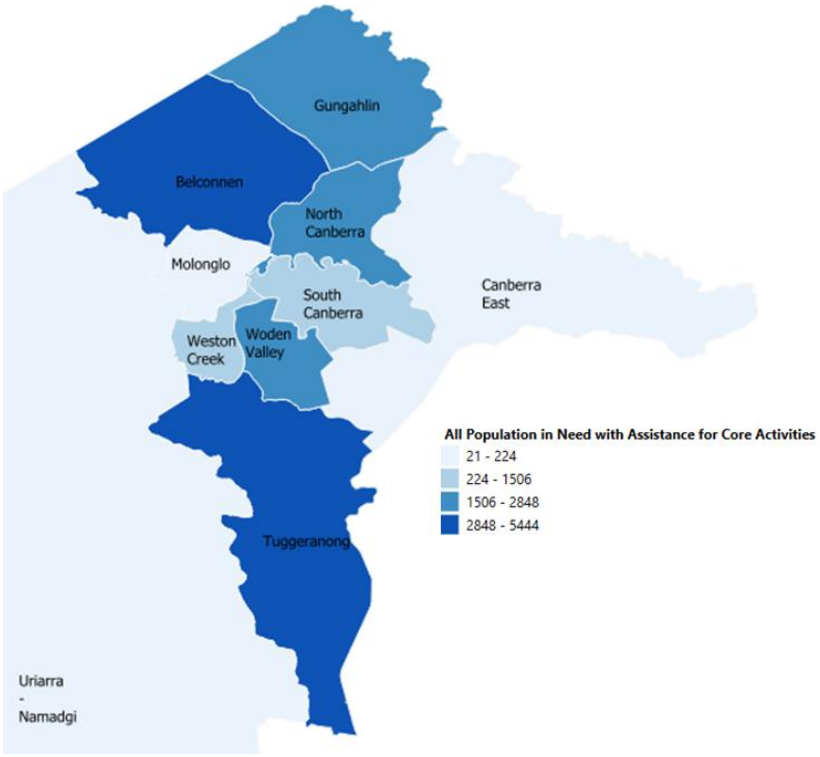
In the ACTs multicultural population, the combination of arthritis and diabetes was most common being reported by 1,038 multicultural residents, followed by diabetes and heart disease (877)[27]. Unfortunately, there is limited data available on the determinants of health among the ACT's multicultural population, so it is difficult to ascertain what factors may be driving the high rates of diabetes in our multicultural communities.

Multicultural Canberrans Needing Assistance with Core Activities

Elderly individuals, individuals with a disability, and those suffering from one or more health conditions may experience a profound or severe limitation that requires a need for assistance with core activities (NACA)[28]. These activities may include bathing, dressing, preparing food, cleaning, or managing their personal affairs. This section aims to examine the prevalence of assistance with core activities in the ACT's multicultural population and identify areas that may be targeted by services or programs that improve

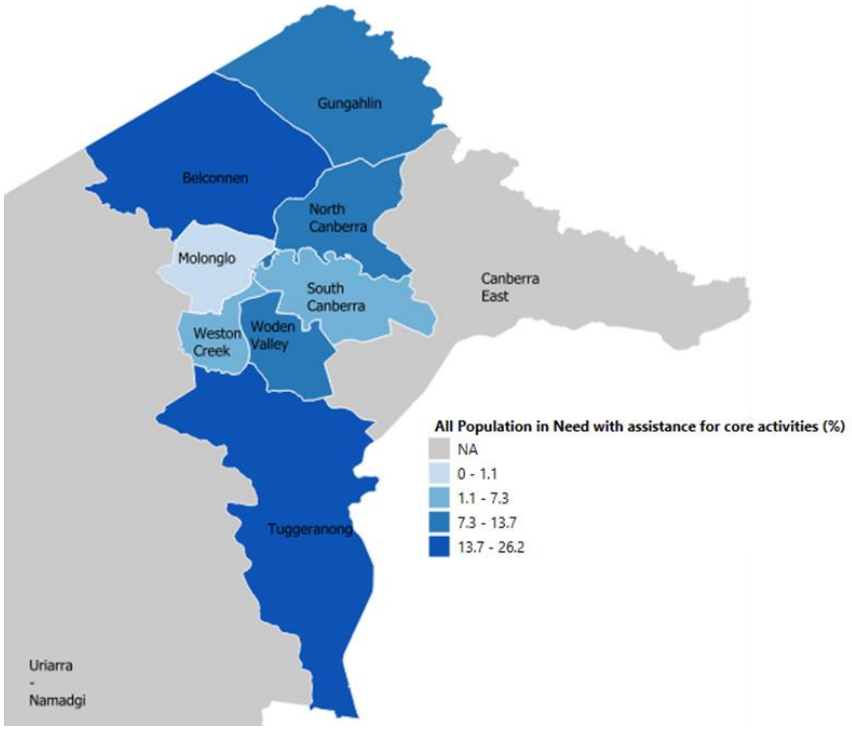
[27] ABS (2021), ABS Census of Population and Housing 2021, [Census TableBuilder].
[28] ABS (2016), Census of Population and Housing: Understanding the Census and Census Data (https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2900.0~2016~Main%20Features~ASSNP%20Core%20Activity%20Need%20for%20Assistance~10041)

access to healthcare or provide additional resources to those who face challenges or barriers when attempting to seek assistance with core activities.



Map 15 – Number of residents needing assistance with core activities (ABS 2021)

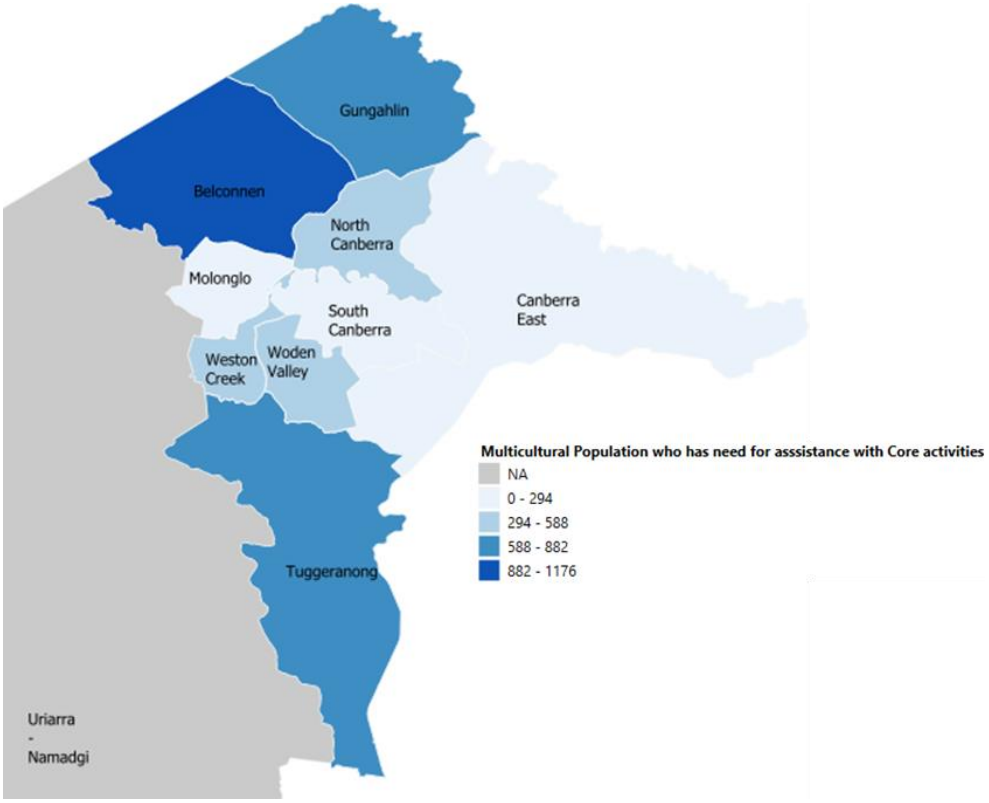
In 2021, 20,749 Canberrans reported NACA, representing 4.6% of the overall population[29]. Belconnen (5,444) and Tuggeranong (4,909) were the SA3 regions with the highest number of residents NACA. Uriarra-Namadgi (21), Canberra East (66), and Molonglo (224) had the fewest residents NACA.



Map 16 – Proportion of population needing assistance with core activities (ABS 2021)

[29] ABS (2021), ABS Census of Population and Housing 2021, [Census TableBuilder].

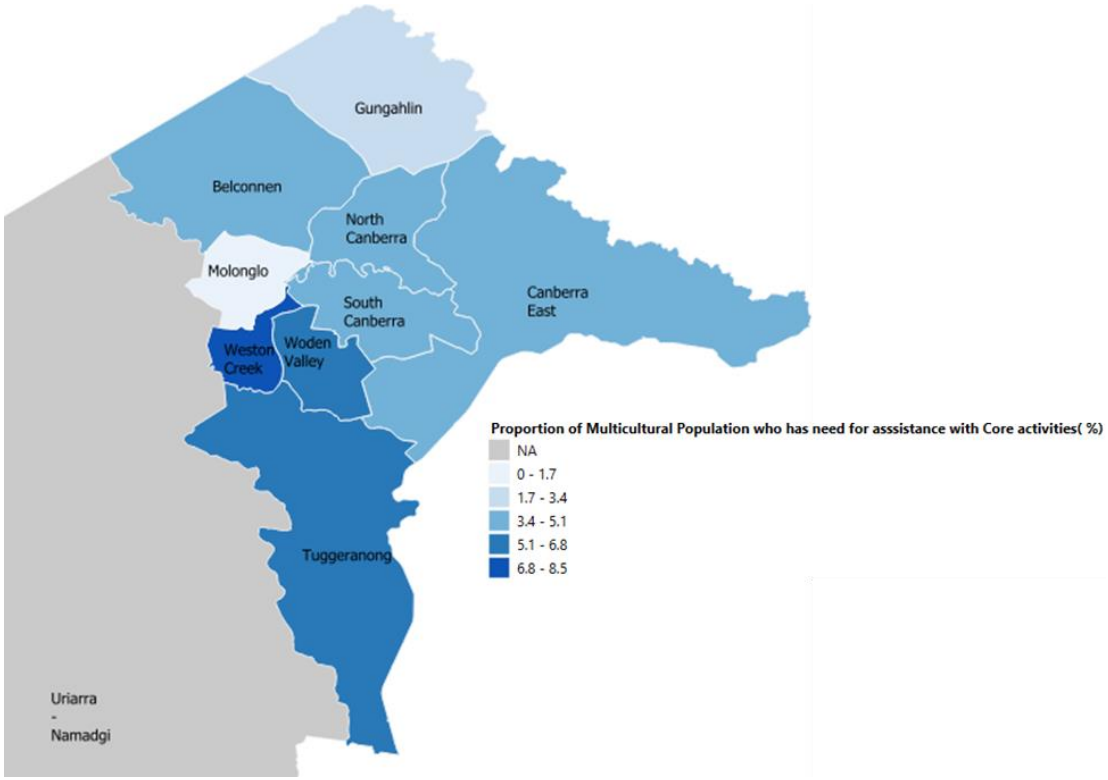
Map 16 illustrates the proportion of residents NACA in each SA3 region. Weston Creek stood out as the SA3 region with the highest proportion of residents NACA, at 6.1% of the population requiring additional support. Over 5% of the population NACA in Tuggeranong (5.5%), Woden Valley (5.4%), and Belconnen (5.1%). Less than 5% of the population NACA in all other SA3 regions, with Molonglo having the lowest proportion of residents NACA, at 2.0%.



Map 17 – Number of multicultural residents needing assistance with core activities (ABS 2021)

Map 17 illustrates the number of multicultural residents NACA. Among ACT residents born in NESC, 4.5% NACA, which was slightly below the rate seen in the general ACT population[30]. However given the size of the multicultural population, this only equates to 4,613 residents. Belconnen (1,176) was the SA3 regions with the largest population of multicultural residents NACA. Tuggeranong (882) and Gungahlin (808) also had relatively large populations requiring additional support. The size of the multicultural populations NACA varied significantly between the other SA3 regions, from 561 in North Canberra down to on 12 in Canberra East.

[30] ABS (2021), ABS Census of Population and Housing 2021, [Census TableBuilder].



Map 17 – Proportion of multicultural population needing assistance with core activities (ABS 2021)

Map 18 illustrates the proportion of multicultural residents NACA in each SA3. At 8.5%, Weston Creek stood out as the SA3 region with the highest proportion of multicultural residents NACA. This rate is significantly higher than that observed in the general population despite only 316 multicultural residents requiring additional support[31]. It was followed by Tuggeranong at 6.5% of the multicultural population NACA, this rate again being higher than that observed in the general population. Over 5% of multicultural residents NACA in Woden Valley (5.5%) and Canberra East (5.0%), with the proportion of multicultural residents NACA being the lowest in Molonglo (1.5%).

Despite similar rates for NACA being observed in both the multicultural population and the overall population, higher rates of NACA were seen in the multicultural populations of many SA3 regions[29]. As stated earlier, the most dramatic difference was seen in Weston Creek (8.5% vs. 6.1%), however a disproportionate NACA was observed in Tuggeranong (6.5% vs. 5.5%), Canberra East (5.0% vs. 3.4%), South Canberra (4.8% vs. 4.2%), and North Caberra (4.4% vs. 3.8%). The data highlights the need for further characterisation of support services accessed by the territory's multicultural population, not only to inform the adequate allocation of services, but to ensure that those services are adequately equipped and trained to provide culturally appropriate and sensitive support.

[31] *Map 17 – Number of multicultural residents needing assistance with core activities (ABS 2021)*

Multicultural Health Services

Multicultural Specific Primary Care Service Providers

There a number of services aimed at supporting the ACT's multicultural community and improving access to primary healthcare. These services include, but are not limited to:

- **Companion House**[32]:
  - A general practice and community health service that provides free access to medical care and support services to refugees and asylum seekers in the ACT.
  - Companion House provides the following services targeted or relevant to refugees
    - Referral information ACT,
    - Counselling and Medical Services for Refugee and Asylum Seekers,
    - Companion House Assisting Survivors of Torture and Trauma,
    - Torture and trauma services,
    - Refugee Health Services
- **Migrant and Refugee Settlement Services (MARSS)**:
  - Offers a range of settlement services, including information and referrals to healthcare providers, for newly arrived migrants and refugees[33].
- **Ethnic Community Councils**[34]:
  - Various ethnic community councils operate within the ACT, often providing health information and support specific to their communities. Examples include the Vietnamese Community in Australia ACT Chapter, the Chinese Australian Association of Canberra, and the Indian Australian Association of Canberra.
- **Health Care Interpreter Service (HCIS)**:
  - This service provides interpreting assistance for patients with limited English proficiency when accessing healthcare services.
- **ACT Health Translating and Interpreting Service (TIS)**:
  - ACT Health Directorate and Canberra Health Services offers professional and accredited interpreting and translating services through the national Translating and Interpreting Service (TIS). This is a free service[35].
- **Culturally and Linguistically Diverse Communities Health Advisory Group**
  - Provides a two-way communication channel between the Australian Government and multicultural communities[36].

The ACT Government also funds multiple programs and services for the multicultural community, including:

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[32] Companion House (2024) Medical : Companion House (https://www.companionhouse.org.au/medical)
[33] Migrant and Refugee Settlement Services (2024) Home - Migrant And Refugee Settlement Services (https://marss.org.au)
[34] FECCA (2024) Who we are - FECCA - Federation of Ethnic Communities' Councils of Australia (https://fecca.org.au/about)
[35] ACT Government (2024) Multicultural health - ACT Government (https://www.act.gov.au/health/topics/multicultural-health)
[36] Department of Health and Aged Care (2024) Culturally and Linguistically Diverse Communities Health Advisory Group (https://www.health.gov.au/committees-and-groups/culturally-and-linguistically-diverse-communities-health-advisory-group)

- Services Access Care for refugees,
- counselling and cultural groups for asylum and refugees,
- Canberra refugee support,
- Migrant and refugee settlement service,
- Translating and interpreting service.

Peak bodies and representative bodies

The following are the peak bodies and representative bodies in ACT[37]:

- ACT Health Directorate
- Multicultural Health Policy Unit:
- Australian Red Cross ACT Migrant Services,
- Canberra Refugee Support,
- Calvary Refugee Mentoring Program, Community services - ACT Government,
- Legal Aid ACT,
- Migrant and Refugee Settlement Services of the ACT,
- Multicultural Youth Services - Multicultural Hub Canberra

The Role of Companion House

Companion House serves as a vital health service provider for multicultural residents, particularly for newly arrived refugees, asylum seekers, and individuals with complex health needs. The organisation is well-known for its holistic and culturally sensitive approach to healthcare, addressing the unique challenges faced by multicultural communities, particularly those experienced by vulnerable groups. It offers a range of health and support services, aimed at meeting the unique and diverse needs of multicultural Canberrans. These services include[38]:

Comprehensive Health Care

The organisation provides access to general medical care, mental health support, and preventive health services. This comprehensive approach ensures that clients receive well-rounded care tailored to their specific circumstances.

Coordination of Care:

Companion House plays an essential role in coordinating care for multicultural health consumers, ensuring a holistic and multidisciplinary approach is utilised in the management of their patients. This coordination is particularly beneficial for newly arrived residents, those with LEP, and those with limited health system literacy, as they are widely-recognised to have difficulties navigating the healthcare system independently.

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[37] Australian Institute of Family Studies (2024) Key organisations for working with culturally and linguistically diverse families (https://aifs.gov.au/resources/resource-sheets/key-organisations-working-culturally-and-linguistically-diverse-families)

[38] Companion House (2024) About Us : Companion House (https://www.companionhouse.org.au/about-us)

Cultural Safety and Sensitivity

All staff at Companion House are trained to provide culturally safe, appropriate, and sensitive care, ensuring that multicultural consumers feel respected and understood. The regular use of skilled interpreters and alternative forms of communication (written, verbal, visual, etc.) assists in the development of trust and understanding.

Support for System Navigation

Companion House plays a crucial role in helping clients navigate the complexities of the Australian healthcare system. This includes assistance with accessing the National Disability Insurance Scheme (NDIS) and other support services.

Advocacy

Companion House consistently advocates for the rights and needs of the territory's multicultural population, particularly for asylum seekers who face challenges related to their visa status and access to consistent care.

Stakeholder Consultation

CHN contracted the Health Care Consumers' Association (HCCA) of ACT, in partnership with Multicultural Hub (mHub), to engage with the multicultural communities in the ACT and conduct a number of stakeholder consultations. To guide the topics covered by the focus groups, HCCA and mHub conducted key informant interviews with representatives from a number of community organisations that provide advocacy, support, and services to the multicultural communities in the ACT[39]. The findings from their stakeholder consultations are outlined in the following section. A copy of their report can be found here.

Services Accessed by the Multicultural Community

Participants reported accessing a range of primary care and allied health services, including:

General Practitioners (GPs)

- When accessing primary health services, GPs were typically the first point of contact for participants, often finding them through referrals from friends, family, or community groups

Walk-in Clinics

- Utilised by some participants, particularly for minor illnesses and injuries, as there is no need for an appointment and the service is free

Community Pharmacists

- Many participants stated that they consult pharmacists for minor health issues or to get advice, especially before deciding to see a doctor

[39] Health Care Consumers Association of the ACT (2024). Consultation: ACT Multicultural Primary Health Care Needs Assessment (ACT).

Emergency Departments (EDs)

- Participants reported that they generally only attended the ED for urgent or serious issues, however some participants did indicate they have attended the ED to mitigate the costs associated with seeing a GP

Community Health Services

- Companion House, which provides free support for new arrivals, refugees, and asylum seekers, was mentioned as being the preferred and most well-liked service provider
- Other participants mentioned accessing other community health services such as the Women's Health Centre

Allied Health Services:

- Participants also reported using various allied health services, including:
    - Physiotherapy
    - Pathology clinics
    - Radiology
    - Counselling services
    - Dental services
    - Optometrists

When attempting to locate the above-mentioned services, participants many relied on referrals from friends, family, or community groups, Some participants mentioned using online tools such as Google or 'Hotdoc', due their ease of use, particularly when they were unsure about who to ask in their family or community.

Selection of Health Services by the Multicultural Community

Participants outlined the factors that assisted them in determining which health service to attend, as well as the factors that determine whether or not they would use that service again in the future. Key considerations included:

Recommendations from Peers
Many individuals relied on recommendations from family, friends, or community members when selecting a primary care provider. Trust in the experiences of others within their community played a significant role in their decision-making process.

Clear Communication:
Participants emphasised the importance of clear and effective communication with health care providers. They valued GPs who could explain medical information in a straightforward and understandable manner, taking the time to ensure that patients fully grasp their health conditions and treatment options. Some participants made specific reference to the use of alternative communication techniques outside of verbal communication, such as visual aids, drawings, diagrams, and models. Participants also mentioned it was essential that all health professionals to the time to ensure that their patients fully understand the information they have received before moving on or concluding the appointment. This can be done by allowing adequate time for the consumer to process and reflect on the information, asking the consumer to explain the information back to the health professional, or providing the consumer

with culturally and linguistically appropriate resources, or simply writing down the information so that the consumer can refer to it in the future.

Trust and Rapport
The establishment of a caring and trusting relationship between multicultural consumers and health care providers was highlighted as being essential. Multicultural consumers preferred GPs who took the time to get to know the person and listen to their concerns as this gave consumers a feeling that their GP genuinely cares about their health and well-being. According to participants, a good GP is one who not only asks about their health, but also shows interest in the consumers family and personal story. Some participants did not have those experiences with their GP and noted that they now prefer to attend WiCs as the nurses are always friendly and more approachable than their GP.

Cultural Competence
Participants had varying preferences for culturally aligned health professionals, with some participants preferring to see health professionals who share their cultural and religious background, valuing the familiarity and shared understanding that comes with it. Other participants prioritised the ability to connect on a personal level, even if the health professional didn't share their cultural background. Despite having differences in preference, participants highlighted the importance of cultural awareness and cultural sensitivity, so that multicultural consumers feel respected and safe when accessing healthcare services.

Confidentiality
Participants also stressed the importance of confidentiality, especially when multiple community or family members are seeing the same health professionals. The importance of confidentiality was also raised during discussions around the use of translation services, as some cultural communities in the region are small, so it is essential that health professionals take the time to check if a consumer is comfortable using or speaking with a particular translator when discussing their health issues.

Accessibility and Comprehensive Services
The convenience of accessing services is crucial. Participants looked for health care facilities that are easily reachable, whether through public transport or within their local community. They also valued flexible appointment times that accommodate their schedules. Participants appreciated health care services that offer a range of services under one roof, such as general practice, mental health support, and preventive care, as this simplifies their health care experience.

Barriers to Accessing Healthcare Services

Representatives from the ACT multicultural community mentioned several challenges and barriers when attempting to access healthcare services in the ACT, which are covered individually below.

Language Barriers:
Many participants reported difficulties in understanding medical terminology and health information due to limited English proficiency. This often led to misunderstandings during consultations and hindered effective communication with healthcare providers. The lack of adequate translation and interpretation services further exacerbated this issue.

Cultural Differences:
Participants expressed concerns about the lack of culturally appropriate care. Many felt that healthcare providers did not understand or respect their cultural beliefs and practices, which affected their willingness to seek care. This cultural disconnect can lead to feelings of alienation and mistrust in the healthcare system.

Financial Constraints:
High costs associated with healthcare services were a significant barrier for many individuals, particularly those without Medicare coverage or those facing additional out-of-pocket expenses. 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 often deterred participants from seeking necessary medical attention. Some participants have begun utilising WiCs as an alternative to GPs in an attempt to mitigate costs.

System Navigation Challenges:
Participants frequently reported difficulties in navigating the healthcare system, including a lack of awareness about available services and how to access them. This was particularly challenging for newcomers to Australia or those who were not well connected within their communities.

Long Wait Times:
Long wait times for appointments were a common complaint among participants, particularly when trying to secure appointments with their usual GP. Female participants often experienced longer appointment waits time due to a preference to see a female GP. Latin American participants also mentioned experiencing significant appointment wait times to see a specific Portuguese-speaking health professional. Concerningly, some participants noted that these delays led to a worsening of their health conditions.

Fear of Discrimination:
Concerns about potential discrimination or bias from healthcare providers based on their cultural background or immigration status led some participants to avoid seeking care altogether. This fear was particularly pronounced among individuals from marginalised communities.

Key Findings from Stakeholder Consultation

Language Barriers

Limited proficiency in English has a significant impact on the individual's ability to communicate health issues, understand medical advice received, navigate the Australian healthcare system, complete required documentation and participate in shared decision making. Language barriers significantly impact the ability of multicultural communities in the ACT to access and navigate healthcare services effectively. Participants with limited English proficiency reported challenges in understanding medical information, treatment options, and healthcare processes, often leading to frustration and confusion. This has resulted in misunderstandings, and even misdiagnoses, due to an inability to effectively convey symptoms to healthcare providers. Cultural differences in communication styles further compound these challenges, as differences in how health issues are communicated and understood can lead to additional misunderstandings. Participants emphasised the importance of healthcare providers using clear, plain English in consultations to ensure comprehension, while also noting the value of receiving information in

their native languages where possible. Effective communication was identified as essential not only for understanding healthcare processes but also for building trust between patients and providers. Poor communication was found to contribute to feelings of social isolation and a reluctance to seek care, underscoring the need for culturally and linguistically appropriate communication in healthcare.

Use of Interpreter Services

The use of interpreter services was identified as both an enabler and a barrier to health service access for the ACT's multicultural community, with multiple challenges being identified. Participants reported inconsistent availability of interpreters, at times struggling to find translators fluent in their specific languages or dialects. Concerns about the quality of interpretation were widespread, with instances of inaccurate or incomplete translations leading to misunderstandings about symptoms, issues, and treatments. Additionally, some participants raised issues about interpreters' professionalism, citing incorrect and incomplete communication during appointments. Interpretation services were also noted to significantly extend consultation times, complicating scheduling for both patients and providers. While some participants relied on family or friends for interpretation due to familiarity and comfort, they recognised potential issues with confidentiality and the accuracy of medical information.

Cost

Cost associated with accessing services was highlighted as a key barrier to engaging with primary care services and in particular, GP and specialist services. Participants expressed significant concerns about the cost of healthcare, highlighting the lack of bulk-billing services in the ACT. Vulnerable groups, such as temporary migrants and low-income individuals, were disproportionately affected, with financial constraints limiting their ability to access timely healthcare. The high cost of private health insurance and its perceived inadequate coverage also discouraged individuals from seeking care. Accessing mental health services was particularly challenging, especially for those without Medicare, with many participants stating they were unable to afford support, leading to worsening conditions. Of highest concern, many participants reported avoiding healthcare altogether due to costs, either avoiding seeking care altogether or relying on emergency services as a last resort.

Health System Literacy and Health System Navigation

Lack of information or understanding about available healthcare services, including how to navigate the healthcare system, was identified as a significant barrier.

Many participants reported difficulties in finding clear and accessible information about available health services and how to access them, a challenge particularly pronounced for individuals new to the ACT or unfamiliar with the Australian healthcare system. Participants highlighted the complexities of navigating the ACT healthcare system, particularly due to a lack of accessible information about available services, their locations, and the costs associated with them. This complexity of the system often left participants feeling overwhelmed and uncertain about where to seek help. Many participants were unaware of the full range of available services, with some being unaware they could access free healthcare at Walk-in Centres. Informal support networks, such as family and friends, were frequently relied upon to share information and provide guidance, underscoring the vital role of community connections in navigating healthcare. Language barriers further compounded these challenges, as individuals with limited English proficiency stated they struggled to understand health information, complete necessary forms, and communicate effectively with healthcare providers. Cultural differences also played a significant role, with many participants noting that the structure and processes of the Australian healthcare system differed greatly from those in their countries of origin, adding to their confusion.

Shame and Stigma

Shame and stigma were highlighted as impeding access to health services, in particular mental health, addiction support, cancer, end-of-life care, cancer screening and sexual health services. A recurring concern was impact of cultural and social norms surrounding illness, which may result in delayed help-seeking and further exacerbation of health conditions. Mental health was consistently highlighted as an area that is significantly impacted by shame and stigma and emphasised the need for culturally appropriate education to help reframe mental health as a health condition without shame, particularly for young people. The discussions also underscored the importance of culturally appropriate support systems and community engagement to build trust and reduce stigma. Participants suggested greater grassroots-level engagement from mental health services, including community outreach programs and improved education on how to navigate the healthcare system. The role of GPs as the first point of contact for mental health concerns was also questioned, as participants reported varied levels of understanding and sensitivity. Some recounted dismissive or culturally inappropriate responses, such as attributing mental health concerns to a lack of exercise or dismissing them as a "fancy Western issue.

Culturally Inappropriate Service Delivery

Stakeholder consultation affirmed that no single barrier is more impactful than another, and all barriers must be considered when it comes to addressing the challenges that multicultural communities experience when accessing primary healthcare services in the ACT. Participants emphasised the importance of clear communication, cultural competence, and trust in healthcare providers when selecting and re-engaging with services. Language barriers, limited health literacy, and a lack of accessible information about services exacerbate difficulties in navigating the complex healthcare system. Financial constraints, especially the scarcity of bulk-billing services, further limit access to primary care and mental health support, disproportionately affecting vulnerable groups. Cultural differences in healthcare practices and perceptions of stigma, particularly regarding mental health, discourage individuals from seeking timely care, with shame and cultural norms often delaying help-seeking. Participants highlighted the need for culturally sensitive education and outreach programs to build trust, reduce stigma, and improve system navigation. Additionally, improving access to interpretation services, addressing confidentiality concerns, and ensuring health professionals are trained in cultural competence are critical steps to creating a more inclusive and effective healthcare system for multicultural communities in the ACT.

Areas of opportunity

Understanding the health needs of multicultural populations in the ACT is crucial for ensuring equitable access to healthcare and improved health outcomes. While analysis of health outcomes based on country of origin highlights the “healthy migrant effect”, disparities are evident for residents with Limited English Proficiency (LEP). Although the healthy migrant effect can act as a protective factor, these benefits can quickly diminish over time, leading to persistent disparities in the prevalence of chronic diseases[40]. Language barriers exacerbate these issues, contributing to poor health outcomes through low health system literacy, lack of awareness of services, miscommunication, and disengagement with healthcare services. Addressing these challenges requires targeted programs and policies.

[40] AIHW (2022) *Reporting on the health of culturally and linguistically diverse populations in Australia: An exploratory paper*, AIHW, Australian Government

Priority Health Conditions for Multicultural Populations

1. Diabetes in Multicultural Communities

Disproportionately high rates of diabetes were reported among ACT residents born in NESC, with a striking disparity in prevalence among residents with LEP. Diabetes was observed to be 2.3 time more prevalent in the multicultural population, compared to the general population, identifying it as a significant public health concern. Gungahlin emerged as the SA3 region with the highest number of residents impacted by diabetes, which is noteworthy given that Belconnen consistently had the largest multicultural populations for all other LTHCs. These findings position diabetes as a priority health condition for the multicultural population and emphasises the transformative potential of targeted interventions in Gungahlin when addressing disparities in health outcomes.

- **Areas of opportunity**:
    - Further profile the demographics of multicultural residents in Gungahlin to identify health determinants for tailored health promotion.
    - Support and incentivise GPs and other primary healthcare providers to deliver culturally appropriate diabetes management plans.
    - Establish or expand multicultural diabetes educators and pilot outreach programs for vulnerable groups in multicultural communities.

2. Mental Health Care

Mental health conditions impact over 1 in 10 Canberrans – significantly higher than the national rate of 8.8%. The prevalence of mental heal conditions among the territory's multicultural population, however, was dramatically lower, reported by only 4.1%. As reported by the AIHW, despite a high prevalence of mental; health symptoms, help-seeking behaviours remain low among multicultural populations often due to limited mental health literacy, cultural perceptions of mental illness, and stigma associated with seeking support. Multicultural participants in stakeholder consultation support this, outlining the substantial impact of cultural norms and stigma surrounding mental health concerns, as well as highlighting the lack of 'grassroots' mental health services tailored towards culturally and linguistically diverse communities. These findings highlight the need for further exploration into the factors that influence mental-health seeking behaviours in the territory's multicultural communities, as well the need for affordable culturally and linguistically appropriate mental health services throughout the ACT,

- **Areas of opportunity**:
    - Provide cultural awareness training for GPs and primary care providers to help them recognise and manage mental health conditions.
    - Develop outreach programs for vulnerable groups, including humanitarian migrants, multicultural youth, and the elderly, to improve mental health literacy and reduce stigma.
    - Revamp mental health communication strategies, ensuring they respect confidentiality and reflect cultural sensitivity.

3. High Rates of Dementia in LEP Populations

The prevalence of dementia was 3.4 times higher in the population with LEP compared the general population. It has been acknowledged that the intersection of advancing age and language proficiency is a complex process. It is difficult to delineate if the onset of dementia has led to a worsening of language proficiency, or if the flow-on effects of language barriers have led to or accelerated the onset of cognitive decline. Multicultural stakeholder feedback highlighted the difficulties experienced when attempting to navigate the health system, and when accessing culturally and linguistically appropriate health care, with challenges being further exacerbated by advancing age. Given these factors, and disparity in the rates of dementia experienced by the multicultural community, it is evident that there is a need for further exploration onto the determinants of cognitive health in the territory's multicultural population.

- **Areas of opportunity**:
    - Develop culturally appropriate resources to raise awareness of cognitive health.
    - Establish or expand multicultural geriatric services to support older residents.
    - Implement linguistically tailored dementia screening tools and expand outreach programs for multicultural residents in aged care facilities.

4. Need for Assistance with Core Activities

Despite having overall lower rates of need for assistance, multicultural Canberrans had disproportionately higher rates of NACA in some SA3 regions. These regions included Weston Creek, Tuggeranong, and Canberra East. With almost half of all multicultural residents in Weston Creek suffering from a chronic illness, these figures allude to a greater severity if disease in the area, as well as higher rates of disability. There is limited data available on the determinants of health in the ACT's multicultural population, as well limited data on the utilisation of health services in the area by multicultural Canberrans. This highlights the need for further characterisation of the health needs of the region's multicultural population, and an exploration of the support services accessed by Weston Creek's multicultural population, not only to inform the adequate allocation of services, but to ensure that those services are adequately equipped and trained to provide culturally appropriate and sensitive support.

- **Areas of opportunity**:
    - Conduct further health needs assessments on the utilisation of support services, including the NDIS, by multicultural populations.
    - Ensure these services are culturally sensitive and adequately resourced.

Systemic Gaps and Priority Areas of Need

5. Improved Multicultural Data Collection and Integration

A key finding of the health needs assessment was the need for improved data collection and data integration among health services. While undertaking this health needs assessment, CHN faced several difficulties when attempting to accurately and reliably access data on the health of the ACT's multicultural population, as well as the multicultural populations utilisation of healthcare services. Inadequate data

collection, compounded by the complexity of defining the multicultural population, hindered accurate and comprehensive analysis. The lack of comprehensive, disaggregated health data for the multicultural population hindered nuanced analysis and may impact the development of targeted interventions. There is significant, and inherent, heterogeneity within different multicultural communities which may have also confounded the identification of specific health patterns and can make equitable service delivery challenging. The reliance upon aggregated data may obscure significant differences within the various multicultural communities and may have led to an over- or under-estimation of health outcomes.

- **Areas of opportunity**:
    - Advocate for improved collection of multicultural health data, including ethnicity, language spoken, and interpreter requirements.
    - Strengthen data-sharing agreements across health services to support evidence-based planning and tailored interventions.

6. Variability in Cultural Competence of Healthcare Providers

The ACT is one of Australia's most culturally and linguistically diverse regions, with nearly half of its residents having a parent born overseas and 22.5% born in non-English-speaking countries (NESC). Almost a quarter of the population speaks a language other than English at home, reflecting rich multicultural diversity. Stakeholder consultations highlighted the critical importance of culturally sensitive healthcare, emphasising the need for respectful, safe, and culturally aware healthcare services. Participants expressed frustration with a perceived lack in holistic care and expertise in treating conditions endemic to certain regions of the world, such as malaria and sickle cell anaemia among African populations. These findings underscore the importance of comprehensive cultural competency training for healthcare providers to deliver effective, inclusive care tailored to the diverse needs of the ACT's multicultural community

- **Areas of opportunity**:
    - Develop and deliver regular cultural competence training in partnership with community representatives.
    - Monitor and evaluate training effectiveness through consultation with multicultural patients.

7. Gaps in Tailored Multicultural Services

The ACT's multicultural population is unevenly distributed, with large populations in areas like Gungahlin, Belconnen, and Tuggeranong, while other SA3 regions like Molonglo have high proportions of multicultural residents. Also, chronic illness disproportionately affects multicultural residents in regions such as Woden Valley and Weston Creek, with nearly half of Weston Creek's multicultural population impacted by long-term health conditions LTHCs. Participants in key stakeholder interviews and focus groups all highlighted the impact of a complex health system, lack of affordable health services, and long wait times when seeking care. Stakeholder consultation also highlighted the essential role that Companion House plays in providing healthcare to the territory's multicultural population, by providing comprehensive, culturally sensitive healthcare services. While participants had positive experiences during their time at Companion House, the transition to mainstream healthcare services presented significant challenges. These included the loss of support, difficulties finding new health providers, confusion when

independently navigating the healthcare system, and high out-of-pocket costs. The ever-increasing humanitarian migrant population is further disadvantaged, having high rates of LEP and limited health system literacy. All of these factors combine to highlight the need for an expansion to multicultural healthcare services in the territory, particularly in rapid growth areas and areas with high burdens of disease. It is also essential that future health services are co-designed in collaboration with key stake holders, such CHN, ACT Health Directorate, HCCA, mHub, and MARSS, as well as with representatives from the various multicultural communities in the ACT.

- **Areas of opportunity**:
    - Expand existing community health services to include a multicultural health nurse, or practitioner, in high-demand areas with large multicultural populations.
    - Establish multicultural health centres, modelled on Companion House, in Belconnen, Gungahlin and Molonglo.
    - Pilot a multicultural health service at the Weston Creek Walk-in Centre.

Gaps in Health Communication

8. Impact of Limited English Proficiency

Limited English proficiency was found to impact the health outcomes of the ACT's multicultural population more than any other variable. Although only 2.5% of Canberrans experience LEP, this population experiences disproportionately higher rates of chronic disease and disability. Stakeholder consultations have emphasised the pressing need for enhanced health communication strategies, underscoring the importance of culturally appropriate and accessible information. Issues such as inadequate access to translators, variability in interpreter quality, and concerns about professionalism and confidentiality further complicate healthcare interactions for multicultural consumers. These challenges are reflected in alarming disparities in conditions like dementia and diabetes among LEP populations. Addressing these barriers through targeted communication improvements will not only increase awareness of existing health services, such as Walk-in Centres, but also foster trust, reduce misdiagnoses, and enhance overall health outcomes. Addressing the impact of language proficiency and redesigning health communication models throughout the healthcare system is strongly recommended as a priority area of need for the ACT, as it influences every aspect of healthcare. It will enhance health system literacy, aid in health system navigation, expand health literacy, enrich health consumer experience, and improve health outcomes in the territory's multicultural population, and presents an opportunity for the ACT to rewrite the book on effective health communication.

- **Areas of opportunity**:
    - Develop innovative, culturally tailored health communication strategies using print, audiovisual, and digital media.
    - Train healthcare providers in effective cross-cultural communication to improve patient understanding and trust.

Glossary

Asylum seekers – a person who has fled their own country and applied for protection as a refugee

Comorbidity - the presence of two or more long-term health conditions in one person at the same time

Cultural competency - a set of behaviours, attitudes, and policies that enable individuals or organisations to work effectively in cross-cultural situations. This concept is widely recognised across various sectors. In the healthcare field, cultural competence involves awareness of cultural diversity and the ability to work respectfully and effectively with people from different cultural backgrounds, requiring professionals to possess:

> *Awareness:* Recognising and understanding one's own cultural biases and how they may influence interactions.
>
> *Knowledge*: Gaining information about different cultural practices, values, and beliefs that may affect health behaviours.
>
> *Skills:* Developing the ability to communicate and work effectively with individuals from diverse cultural backgrounds, ensuring that services are accessible and respectful.

Health literacy - the ability of people to access, understand and apply information about health and the health care system so as to make decisions that relate to their health.

Health system literacy - an individual's ability to understand, navigate, and utilise the healthcare system effectively to manage their health.

Long-term health conditions - health conditions that have lasted, or are expected to last, six months or more, may occur from time to time, are controlled by medication or are in remission

Refugee – a person who is outside of their own country and is unable or unwilling to return due to a well-founded fear of being persecuted because of their:

- Race
- Religion
- Nationality
- Membership of a particular social group, or
- Political opinion

Refugee health assessment - a comprehensive post-arrival health assessment of every individual from a refugee background. The health assessment includes migration history, a full medical history (current concerns, developmental history in children and adolescents, psychosocial history), physical examination, investigations, and development of a management plan. A refugee health assessment should be conducted within one month of arrival to Australia