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# ECCV Submission to the Medicare Locals Discussion Paper on Governance and Functions Department of Health and Ageing

12 November 2010

## 1. Introduction

Ethnic Communities' Council of Victoria (ECCV) advocates and lobbies all levels of government on behalf of multicultural communities in a range of areas especially health and aged care.

ECCV represents the views of the Aged Care Policy Committee whose members consist of HACC managers and aged care providers in the ethnic and multicultural aged care sector.

ECCV welcomes the opportunity to provide input on behalf of multicultural Victorians to the Australian government on the proposed Medicare Locals, a network of primary health care organisations.

ECCV would like to see Medical Locals forge good working relationships with community based ethnic and multicultural organisations to enable them to respond effectively to the health needs of Australians with culturally and linguistically diverse backgrounds.

If Medicare Locals are to play a productive role in driving the Australian Government's health care reform program by integrating with initiatives such as the proposed aged care One Stop Shops, it is vital for them to have a cultural diversity strategy in place at the outset.

## 2. Background

The cultural diversity of Australia's ageing population is a reality that will persist into the coming decades. The proportion of older Australians with culturally and linguistically diverse backgrounds is growing more rapidly than the Australian-born population of seniors (Gibson AIHW 2001<sup>1</sup>). For example from 1996 to

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<sup>1</sup> Gibson, D., Braun P., Benham, C. & Mason, F., 2001, Projections of Older Immigrants: people from culturally and linguistically diverse backgrounds, 1996-2026, Australia AIHW cat. no. AGE 18; pp 283



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2010 the population of ethnic seniors experienced a 66% growth rate compared with 23% for the older Australian-born population. In addition the number of people over 65 with culturally diverse backgrounds will experience a growth rate of 44% over the fifteen year period from 2011 to 2026.

Culturally diverse people continue to face access risks to aged care and health services due to cultural inappropriateness of services and limited access to information. According to the *Ageing in Victoria Plan for an Age-friendly Society 2010-2020* of the Victorian Department of Planning and Community Development, seniors from culturally and linguistically diverse backgrounds have not accessed Home and Community Care (HACC) services in proportion to their population numbers and are missing out on early intervention support.

Many immigrants and refugees came to Australia at a time when there was limited or no formal English learning opportunity and they have varying levels of literacy and English proficiency.

### **3. Response to Section 1. What will Medicare Locals do?**

*3.1 Question: What challenges will there be for Medicare Locals in performing the prosed roles and functions?*

A challenge for Medicare Locals is to establish strong links with Australia's culturally diverse communities.

ECCV is concerned that seniors in ethnic communities are at risk of greater social isolation and reaching a crisis before they access aged care services. They have higher rates of depression, incontinence and advanced dementia than the average population. ECCV would like to see healthy ageing programs targeted at non-English seniors, their families and carers.

If Medicare Locals are to support better coordination of mental health services into the future, it is vital that they coordinate the provision of culturally responsive mental health services for non-English speaking people with mental illness.

*3.2 Question: What features will Medicare Locals need to have in order to achieve their objectives of improving the patient journey between primary, acute and aged care?*

Medicare Locals will play a significant role in improving patient access to health care services by having strong links with the ethnic aged care providers and multicultural community organisations that are often a trusted first port of call for many people in ethnic communities.

Language is the primary barrier to participation in healthy living pathways (AIHW 2010:270<sup>2</sup>). People born in non-English speaking countries, and those

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<sup>2</sup> Australian Institute of Health and Welfare (AIHW), "Australia's Health 2010", 12th biennial report, accessible at: [www.aihw.gov.au](http://www.aihw.gov.au)



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in remote regions, have significantly lower levels of health literacy (Yates et al 2009<sup>3</sup>; Health Literacy Australia 2006 ABS<sup>4</sup>).

ECCV supports the intention of Medicare Locals to provide a platform for encouraging better prevention of disease. It is important for Medicare Locals to provide people with culturally and linguistically diverse backgrounds especially older non-English speakers, with translated health and aged care information via ethnic media and radio.

#### **4. Response to Section 2. What will Medicare Locals look like?**

*4.1 Question: What other governance principles or characteristics are important in establishing governance arrangements for Medicare Locals?*

Specific culturally and linguistically diverse population groups in some Local Government Areas represent 50 per cent and 60 percent of residents within the Melbourne metropolitan area. In addition Australian government settlement services are aware of demographic shifts of new and emerging communities in regional and rural areas. It would be beneficial for expert representatives with current information about culturally and linguistically diverse population data and their specific needs to participate in the governance of Medicare Locals to assist with planning activities.

*4.2 Question: What other types of internal governance structures are needed to support the Board and the operations of the Medicare Locals?*

In maintaining links with consumers and community representatives, ECCV would like to see Medicare Locals engage with representatives from Migrant Resources Centres as well as ethnic welfare and community organisations that have extensive expertise in healthy ageing of people with culturally diverse backgrounds.

#### **5. Response to Section 3. How will Medicare Locals interact with patients and providers?**

*5.1 Question: What can Medicare Locals do to facilitate stronger community participants in local primary health care planning and delivery?*

Medicare Locals are well placed to improve the hospital discharge system. They should facilitate good working relationships between the health care system and the multicultural community service sector to ensure that patients

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<sup>3</sup> Yates, Christine and Partridge, Helen L. and Bruce, Christine S., 2009, "Learning wellness: how ageing Australians experience health information literacy. The Australian Library Journal (ALJ), 58 (3), pp. 269-285, QUT Digital Repository, accessible at: <http://eprints.qut.edu.au/>

<sup>4</sup> ABS, 2006, Health Literacy Australia Document 4233.0



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with non-English speaking backgrounds receive adequate and culturally responsive support when they leave hospital (refer to following case scenario).<sup>5</sup>

#### Case scenario

Mrs D a non-English speaking 91 year old woman was taking care of her 67 year old, non-English speaking son with a disability. In one year both Mrs D and her son went to hospital many times because of falls. After a long period of living in crisis they received an aged care package through an ethnic welfare association that provided services in their language. The ethnic aged care service provider coordinated Care Plans with local chemists, physiotherapists, doctors, nurses and hospitals. After two months Mrs D's circumstances improved a lot.

Source: Our Golden Year Issue 11, Autumn 2009, an ECCV newsletter for multicultural older people.

Medicare Locals should explore and establish links with special needs access models such as the HACC (Home and Community Care) Supported Access Pilot Project which assisted ethnic seniors navigate the aged care system and was conducted over three years by the Victorian Department of Health and ECCV.

The ECCV/Monash University research report, "Practising Positive Partnerships in the ethnic and multicultural community aged care sector – Networking, Connecting, Collaborating, Coordinating" (Radermacher et al 2010<sup>6</sup>) found that ethnic aged care providers were missing out on valuable partnership opportunities with mainstream service providers. ECCV suggests Medicare Locals engage in effective partnership work with existing health and aged care networks in the ethnic and multicultural community sector.

*5.2 Question: What kind of information would be appropriate to provide in Healthy Communities Reports?*

To respond better to the needs and language preferences of carers and consumers with culturally diverse needs, it is important for Medicare Locals to collect and report on data that includes culturally diverse characteristics of clients such as ethnic ancestry, language spoken and preferred languages.

## 6. Conclusion

Overall ECCV would like to see Medicare Locals activate a carefully thought out cultural diversity strategy that facilitates a culturally responsive approach to health care provision. Such an approach would make it easier for people from culturally and linguistically diverse backgrounds to navigate the health care system and improve links with the ethnic welfare and aged care sectors to create a culturally responsive health care system.

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<sup>6</sup> Radermacher, Harriet, 2010, "Practising Positive Partnerships in the ethnic and multicultural community aged care sector – Networking, Connecting, Collaborating, Coordinating", produced for Ethnic Communities' Council of Victoria by the Health Ageing Research Unit of Monash University, Victoria



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