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HCCA Feedback on the draft ACT Health Multicultural Coordinating Framework

The Health Care Consumers' Association (HCCA) of the ACT was formed over 30 years ago to provide a voice for consumers on local health issues and now provides opportunities for health care consumers in the ACT to participate in all levels of health service planning, policy development and decision making.

HCCA welcomes the opportunity to provide feedback on the draft ACT Health Multicultural Coordinating Framework at the early stage of development and look forward to providing continued feedback and support as the Framework progresses. Overall we are pleased with the way that the Framework is taking shape, and hope that it will be effective in providing better access to culturally appropriate health services for the culturally and linguistically diverse (CALD) community members in the ACT and surrounding region.

We understand that this is a high level document that will need to be supported by more specific policies and SOPs across ACT Health. However, we want reassurance that the Multicultural Health Policy Unit (MHPU) will take the necessary steps to ensure this Framework will have a significant impact on the planning and delivery of ACT Health Services.

At this stage, our main concern is that the aims and key focus areas of the Framework are too vague and aspirational to result in any measurable change. In order to ensure that these aims are able to be met within a reasonable timeframe, we urge consideration of the following:

- More specific, detailed strategies and action items to achieve each aim;
- Clear targets and goals regarding the implementation of the Framework;
- Clear timeframes and reporting requirements for departments and providers based on these goals; and
- Evaluation and review strategies for the MHPU to implement every six months after the other departments have reported on their progress.

In section **1.2 Implementation**, Figure 1 does not clearly demonstrate how the Multicultural Framework is intended to influence service planning and delivery or where it fits in with other ACT policies and frameworks. We suggest that a flowchart may be more effective for conveying this information clearly.

It is also important that the Framework be clear enough that a) it can be implemented and adhered to by frontline staff and b) it can be understood by CALD

community members who may want to provide feedback on whether the Framework is effectively meeting their needs. We would like to know whether a consumer friendly version of this Framework be produced and then translated into languages other than English to ensure that the consumers most affected by the Framework are able to understand it. This would be in keeping with **Key Focus Area 6.5**.

Specific Comments

We have also identified a few specific areas of the Framework we would like to see adjusted to ensure that CALD community members are able to access the best possible health care.

1. The Co-ordinating Framework

When this section is expanded, it would be good to include some statistics on the number of consumers consulted and the range of cultural and linguistic groups that were able to provide input.

1.3 Monitoring and Reporting

It is essential that mechanisms are put in place to enable consumer feedback to become part of the monitoring and evaluation progress. Such mechanisms could include an issues register or a simple survey collected after an interaction with the ACT Health system.

We are pleased to see that the reports provided by Divisions and Branches are intended to be displayed online. This will give consumers an opportunity to see how the implementation is progressing.

3. Driving Influences

We strongly suggest that CALD community members themselves be included as a driving influence for the multicultural framework. CALD consumers are often underrepresented in the decision making process and should not be seen as merely the passive recipients of health care. ACT Health must ensure that it is listening and responding to the needs of CALD consumers in all aspects of the planning and delivery of services.

Another driving influence to consider including is simply 'providing better health care'. Although this is a general statement, this goal needs to be at the heart of any health policy or framework.

The language in the section **3.3 The Australian Charter of Healthcare Rights** needs to be strengthened. Access to interpreters for CALD consumers must be a top priority for ACT Health, as clear communication is not only the consumers' right, but also a potential matter of life and death. Health services in the ACT are allocated funding to allow consumers access to the Telephone Interpreter Service (TIS), making it reasonable for interpreter access to be a mandatory requirement.

4.3 Risks of Inaction

It would be worth including the follow-on consequences of the immediate risks of inaction to really bring home the importance of ACT Health becoming a culturally competent organisation. More adverse events and poorer uptake of health prevention strategies by CALD consumers will result in increasing pressure on health system resources and incur considerable financial costs, which in turn is likely to influence the quality of health services available to the entire community.

4.4 Benefits of Action

Another major benefit of improving health literacy and cultural competence for consumers is the ability to access safe, high quality health care.

6.3 Collect and report on data on ACT Health services usage by people from CALD communities

This focus area could include more specific strategies for collecting data on health service usage by CALD consumers. For instance, we suggest that a full services user audit could be conducted, along with a review of data regarding the use of the TIS by CALD consumers.

Please do not hesitate to contact us if you wish to discuss our submission further.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Darlene Cox', is written over a faint, light blue circular watermark or stamp.

Darlene Cox
Executive Director
Health Care Consumers' Association

21 February 2014