NATIONAL MULTICULTURAL HEALTH AND WELLBEING CONFERENCE 2023

Our Cultures, Our Languages, Our Health

National Multicultural Health and Wellbeing Conference 2023

Summary Report

An initiative of

Australian Multicultural Health Collaborative

FECCA

The Federation of Ethnic Communities' Councils of Australia

Proudly funded by NSW GOVERNMENT

The Australian Multicultural Health Collaborative acknowledges Aboriginal and Torres Strait Islander Peoples as the First Peoples of Australia. We pay our respects to their Elders past and present and recognise that the land we live and work upon was never ceded.

We proudly support the Uluru Statement from the Heart and its call for the establishment of a First Nations Voice to Parliament enshrined in the Constitution.

We acknowledge that our work on behalf of multicultural Australia has learnt from and been enriched by First Nations leadership. We are committed to continuing to listen, learn and support First Nations peoples in the journey towards a more inclusive society.

> We seek to learn from the achievements of the National Aboriginal Community Controlled Health Organisation (NACCHO) and work together on issues that affect both of our constituencies, including service access, health and digital literacy, racism and discrimination.

Note:

The term 'culturally and linguistically diverse' with the associated acronym 'CALD' is widely used in Australia to describe populations other than the Anglo-Celtic majority.

Some commentators view the term as increasingly problematic and note that is does not include consideration of race/ethnicity which are regarded as impacting significantly on health and other inequalities.

More importantly, it is suggested that the term is not readily understood or actively used by communities to identify themselves.

We therefore prefer to use the term 'multicultural'.

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WELCOME RECEPTION

The inaugural National Multicultural Health and Wellbeing Conference, jointly hosted by the Australian Multicultural Health Collaborative (the Collaborative) and the Federation of Ethnic Communities Councils' of Australia (FECCA), took place at the Sheraton Grande Sydney Hyde Park from 21 to 22 November 2023. This landmark event marked Australia's first national conference focused on advancing the health and wellbeing of culturally and linguistically diverse communities.

In collaboration with NSW Health, the conference addressed challenges, reviewed best practices, and explored how to improve health and wellbeing outcomes for Australia's culturally and linguistically diverse (CALD) communities. It provided an opportunity to bring consumers and carers to the table and encouraged delegates, services and organisations, and other representatives to be involved in discussions. Speakers demonstrated how to embed cultural and linguistic diversity in the health system, policy development and implementation, service delivery and research.

Sponsors and partners of the conference included the Australian Government Department of Health and Aged Care as strategic partner; SBS as media partner; Lexigo as conference partner; UNSW Kirby Institute as gold sponsor; Language Loop and Benevolent as silver sponsors; and UTS, SydWest Multicultural Services, NAATI, and Jean Hailes for Women's Health as bronze sponsors. For the welcome reception, the sponsors were Hepatitis Australia and Pfizer.

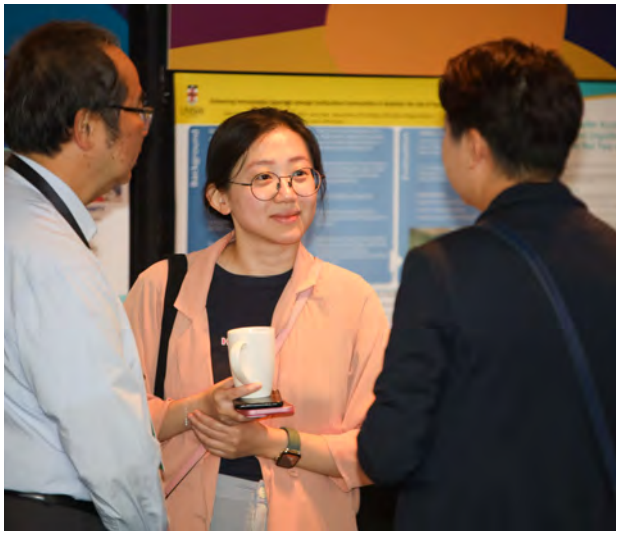
The Interim Coordination Group (ICG) of the Collaborative were involved in the preparation of the conference as part of the Strategic Committee. We would like to thank the members of the ICG Marina Chand, Stephen Li, Iren Hunyadi, Chris Lemoh, Helen Skouteris, Siri Gunawardana (acting on behalf of Bernice Murphy) and Henry Ko for their efforts in guiding and delivering a highly engaging, collaborative, thought-provoking and impactful conference.

OVERVIEW OF THE CONFERENCE

The conference featured a diverse array of speakers who shared their insights across two plenary sessions, four symposium sessions and 14 breakout sessions. Attendance exceeded 470 delegates on both days with the *Impact of Racism on Health*, *Language Matters*, and *Effective Communication and Engagement* sessions drawing the largest audiences.

Symposium sessions were organised around four key priority areas identified by the Collaborative: lived experience (*My Experience Counts*), system navigation (*How Does the Health System Work?*), data (*If We Are Not Counted, We Don't Count*) and workforce (*Workforce for a Multicultural Australia*). The breakout sessions featured speakers selected through the abstract submission process, while symposium speakers were invited to be involved. For more information on how the abstracts were selected and the program was developed, see Appendix A.

To support participation, over 50 scholarships were awarded to emerging academics, CALD community leaders, healthcare professionals, and students who have significantly contributed to multicultural health and wellbeing discussions and advancements. These scholarships helped cover travel, accommodation, and registration costs. The conference also included an exhibition space for 20 poster presentations and booths for sponsors and partners. The poster presentations offered presenters who did not have a speaking role the chance to showcase their work during the lunch and care breaks. This setup facilitated valuable discussions on multicultural health and wellbeing, offering attendees opportunities to network and form connections. Additionally, wellbeing breaks featuring massages by 3 Minute Angels and visits from Paws the Pressure pets provided moments of relaxation and stress relief between sessions.



WELCOME CEREMONY

KEY RECOMMENDATIONS

Below are key recommendations for action that were raised across most or all sessions to promote and improve the health and wellbeing of multicultural communities across Australia.

LIVED EXPERIENCE AND REPRESENTATION

- Co-design and co-create health services, research, policy and models of care with multicultural communities to address barriers and ensure community voices are heard.
- Ensure community consultations and engagement of consumers and carers are mutually beneficial, and community members are remunerated for their time, knowledge and expertise.
- Build trust with communities and involve community members in decision-making processes when developing approaches to address disparities faced by multicultural communities in the health system.

DATA AND RESEARCH

- Prioritise collection and reporting of accurate and consistent data, and evidence-based research to identify, shape and guide the development of policies and strategies pertaining to issues affecting multicultural communities.
- Advocate for data sovereignty, and community oversight and ownership of their own data.
- Increase funding amounts and cycle periods to support culturally responsive programs, initiatives and models of care effectively and sustainably.
- Promote the health and wellbeing of multicultural communities through an evidence base.

SYSTEM NAVIGATION

- Recognise the importance of language and culture as fundamental aspects of navigating the Australian health and social care system and promote cultural awareness and understanding at a societal level.
- Develop cultural-based navigation of the health system that incorporates trust-building and understanding of cultural beliefs and practices.

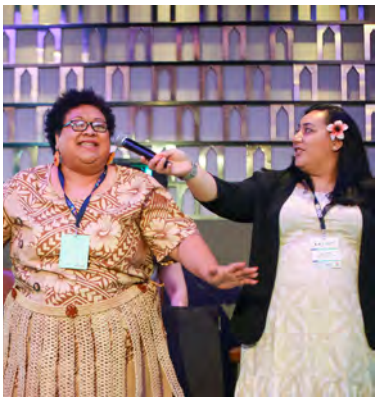
SERVICE DELIVERY AND WORKFORCE

- Avoid replicating colonial systems and ensure health services reflect the communities they serve through means such as expanding the bicultural and bilingual workforce.
- Promote cultural safety and develop processes to address racism and discrimination in the workplace.

POLICY DEVELOPMENT

- Develop and shape policy through a multicultural lens, ensuring the voices and experience of multicultural communities, and diverse cultural beliefs and languages are acknowledged.
- Develop a National Multicultural Health Framework at the federal level, and multicultural health strategies at the state and territory level.
- Translate research into policy to build a more robust sector.

More information on key insights from each session can be found in Appendix B.



CONFERENCE DAY ONE

A CALL TO ACTION

Between now and the next national conference on multicultural health and wellbeing, which will take place in 2025, we possess a significant opportunity to act upon the recommendations outlined above.

Policymakers are urged to prioritise the experiences of multicultural communities and their diverse languages, cultural beliefs, and practices at the forefront of policy development. Institutions should seek leadership from communities relating to co-design and co-creation processes. This includes empowering communities to decline proposals that do not meet their needs and integrating this autonomy into program and policy frameworks. The establishment of a National Multicultural Health and Wellbeing Framework, alongside state- and territory-level strategies, is essential. These frameworks will guide the development of culturally responsive and safe policies and practices, demanding a commitment from both the sector and the Government to progress.

Each session underscored the importance of co-design and involvement of consumers and carers in the planning of health messages and programs. This approach ensures services and information are accessible and culturally appropriate, taking into consideration factors such as age and gender. Therefore, support for amplifying the voices of consumers and carers with lived experience is crucial. Their participation in advocacy will ensure that multicultural communities are adequately represented. Additionally, there is a need to enhance the capacity of multicultural consumers, carers, and community organisations to ensure they are well-equipped for advocacy roles.

A health system that is tailored towards improving health and wellbeing outcomes of Australia's multicultural communities relies heavily on the contributions of the multicultural workforce. This workforce is pivotal in fostering stronger connections with the communities they represent, build sector capacity, and ensure diversity is present in decision-making. However, it is imperative that our collective efforts refrain from perpetuating the same colonial systems and structures.

Almost every session in this conference has highlighted the lack of nationally consistent and accurate collection and reporting of data on culture and language diversity, which the Government, research institutions and the multicultural sector need to recognise and address to ensure equitable underrepresentation of multicultural communities in surveys, national data sets, and research.

The recommendations arising from the conference call for a collaborative approach and sustained engagement with multicultural communities to drive progress. The conference has laid the groundwork for building connections and collaborations. It is crucial that these partnerships between community groups, policymakers, community leaders, sector organisations, consumers, and carers continue to flourish. Together, we can shape policy, deliver culturally and linguistically appropriate programs, and build trust within our diverse communities.

CONFERENCE DAY TWO

APPENDIX A

CONFERENCE PREPARATIONS

In mid-June 2023, the Collaborative and FECCA launched the abstract submission portal. Within a month, more than 250 quality abstract submissions were received. In preparation for the conference, a mix of FECCA and Collaborative staff, and external stakeholders, were selected to be a part of conference committees created to ensure each aspect of the conference was executed well while ensuring decisions were made equitably, collaboratively, and independently.

Abstract selection process

An abstract committee was created consisting of representatives from NSW Health, FECCA, and the Interim Coordination Group (ICG) of the Collaborative. The abstract selection process was rigorous and independent, requiring five reviewers: an NSW Health representative, an FECCA representative, and three ICG representatives on research, lived experience and practice. The reviewers blindly reviewed all abstracts to minimise bias and ensure impartiality. The review criteria measured the relevance to multicultural communities and potential impact on improving multicultural health and wellbeing to address health inequities. Reviewers narrowed down the abstracts to approximately 50 abstracts.

Program development

The program committee, consisting of NSW Health, FECCA and Collaborative representatives, was created to ensure the Collaborative and FECCA delivered an engaging and thought-provoking conference while providing opportunities for delegates to network and connect, discuss ideas, and immerse themselves in the theme of "Our Cultures, Our Languages and Our Health". The program committee identified key topics from the abstracts, which formed the title of the breakout sessions of the conference. Successful abstract applicants were invited to speak in the breakout sessions.

In terms of the symposium sessions, some speakers were identified by the Collaborative and FECCA for their expertise on the topic, hence, they did not come from abstract submissions. Some had a mix of abstract submissions and direct invites for people with expertise on the topic.







GALA DINNER

APPENDIX B

TOPIC-SPECIFIC RECOMMENDATIONS

The following are key action items and insights specific to the topics discussed in each session.

Conference Day One

Impact of Racism on Health

- Anti-racism best practice requires building trust and effective engagement using co-design and collaborative participation.
- Collaborate, convened through working groups and committees, and work with community in ways that are decolonial.
- Highlight the importance of ongoing education and evaluation of practices to address exclusion and discriminatory behaviour.
- Building capabilities of communities to enhance engagement and improve health outcomes.
- Promote community involvement, and meaningful co-design and engagement in research, health service delivery and activism.
- Ensure funding for research projects is tired to requirements of involving communities and equal representation.

Healthy Mothers, Healthy Babies

- Build relationships with women to understand their perspective on the health system and the disparities in health outcomes for women of multicultural backgrounds than others.
- Involve women and their families and other community members in co-design processes to ensure development of culturally appropriate strategies and health service delivery.
- Provide training and orientation for cross-cultural workers on child protection, family and domestic violence, and mandatory health training.
- Utilise cross-cultural workers to inform strategies and engagement with communities as they are representatives of their communities.
- Address the language and cultural barriers faced by migrant and refugee women; fear of authority and negative experiences that may impact accessing health services; and cost associated with accessing parenting and educational programs.

Your Mental Health, Your Wellbeing

- Need for inclusion of more specific and accurate measures of multiculturalism in Australia, such as an indicator for ethnicity in national surveys, to inform decision-making.
- The importance of community engagement, cultural safety, and integrated services in creating meaningful change within the mental health space.
- There is a need for greater commitment from policymakers and increased funding for culturally responsive models of care for mental health.
- Advocate for a higher-level commitment from policymakers to address the social determinants of suicide, considering cultural background and norms.
- Promote a multisectoral, collaborative effort in suicide prevention.
- Involve multicultural communities in designing suicide prevention strategies.
- Promote flexibility in service models to better meet the needs of multicultural communities.

Representation: Are You Counted In?

- Utilise national data, such as the census, to identify communities that require representation in specific disease areas.
- Include qualitative outcomes in research, such as conducting interviews with participants and healthcare providers, to gather insights into what is effective and what requires improvement.
- Engage with ethics committees from the beginning of the research process to ensure that all ethical issues regarding representation are properly addressed.
- Encourage researchers to talk to the community and explain the purpose of the research to gain community trust and understanding.
- Use the insights gathered from participants and healthcare providers to determine necessary changes in research and healthcare services.
- Ensure proper remuneration of consumers for their contributions to healthcare service development and research, considering their preferences for recognition.
- Include diverse perspectives with respect to gender and sexual orientation in multicultural spaces.

My Experience Counts

- Create a safe space for consumers to share their experiences and insights, and act based on the insights and recommendations shared by consumers.
- Create conditions for psychological and cultural safety to encourage individuals to share their experiences and insights.
- Share the learnings from patient journeys with staff, consumers, and communities.
- Emphasise the importance of understanding wellness in different cultures.
- Improve cultural competency and language consistency training for clinicians to explore patients' cultural beliefs. Engage youth in projects to serve as messengers and advocates for their communities.
- Build trust with consumers by ensuring confidentiality and creating safe environments for communication.

Chronic Disease and Multicultural Communities

- Advocate for inclusion of long-term health and cultural and linguistic diversity questions in the census to gather more specific data on chronic conditions in multicultural communities.
- Develop resources for CALD communities that consider the literacy level in their own language and education level.
- Raise awareness about sensitive issues such as HIV by openly discussing them and breaking down the stigma associated with them.
- Develop targeted and culturally specific resources and use different communication channels, including social media platforms to increase awareness on chronic diseases.
- Emphasise the importance of considering culture in self-management programs, considering cultural knowledge, beliefs, and family support.

Language Matters

- Ensure doctors and health professionals engage with and view interpreters as part of the multidisciplinary care team and work collaboratively for better patient outcomes.
- Provide training to health professionals in recognising importance of language and linguistic diversity in healthcare and interpreters about working in a health context.
- Include the people who receive translation and interpreting services in decision-making processes to ensure that the services meet their needs and preferences.
- Improve communication and collaboration between health services through centralised booking systems, particularly in regional areas, to ensure access to quality interpreters via video technology.
- Understand the limitations of AI, particularly for small or emerging languages, and recognise that human interpreters cannot be substituted in these cases.
- Explore post-editing of machine translations by human translators to enhance its accuracy and ensure cultural contexts are accounted for.

Don't Call Us Hard to Reach

- Co-design and plan health messages and programs with communities to understand their needs and preferences and deliver information in culturally appropriate ways.
- Build networks and partnerships with organisations that can connect with communities.
- Recognise the importance of religious beliefs and finding ways to engage with faith-based groups.

Healthy Ageing

- Focus on building trust and ongoing engagement with trusted organisations and workers to encourage disclosure of abuse.
- Explore ways to support older people in accessing services and meeting their needs without relying solely on government funding.
- Address the issue of elder abuse within multicultural elderly populations by raising awareness around rights as an older person.
- Consider starting conversations around ageing earlier to promote prevention and prepare individuals for a longer and higher quality life.
- Encourage education and support for family members and caregivers to advocate on behalf of older individuals.

Health One Click at a Time

- Use available technological resources, such as Health Direct video call, to make interpreter services more accessible to clinicians.
- Collaborate with community groups, leaders, and individuals to deliver programs and support tailored to their specific needs to enhance digital literacy.
- Integrate interpretating services and translation facilities into patient portals.
- Overcome language and technology barriers by involving and training community leaders to provide resources and support to their communities.
- Continuously improve AI tools and platforms to consider the nuances and intersectionality of different cultures without stereotyping or othering.
- Enhance the My Health Record platform to include cultural and linguistic upgrades, allowing individuals to provide information about ancestry, country of birth, and languages spoken.

How Does the Health System Work?

- Advocate for accessing bulk billing doctors and promote interpreter use during appointments.
- Ensuring that Primary Health Networks (PHNs) update and expand their needs assessment with local communities to better understand their healthcare needs and provide targeted services.
- Update and validate the National Health Services Directory to provide accurate information about bulk billing GP practices, languages spoken, and other services provided.

Being Health Literate

- Invest resources into capacity building of staff in health literacy.
- Include translators as part of the team to ensure best practices in communication.
- Complement individual health literacy with accessible health services through a collective commitment from organisations to invest resources into capacity building in plain language communication across all staff levels.
- Using stories and other forms of personalised messaging from community members to showcase the benefits of research, normalising conversations around taboo topics like sex.
- Develop outreach programs supported by bicultural workers and faith leaders to reduce stigma associated with COVID-19 during the pandemic.

Conference Day Two

Women's Health, Women's Strength

- Acknowledge visa status as a determinant of access to services for women of migrant and refugee backgrounds.
- Use bilingual workers in creating safe spaces for women to express themselves in their own languages, as opposed to interpreters as bilingual workers may better understand cultural nuances and context.
- Recognise coercive control and its impact on women, even if women may not use specific terminology of 'family violence'.
- Work towards a trained workforce that reflects the communities, and ensure cultural safety is embedded in the way services and support are provided to migrant and refugee women.
- Building relationships with women and their families to understand their own perspectives of what it means to be healthy.
- Involve women in the co-design and consultation process and work with community to inform strategies that address these challenges in a culturally appropriate way.
- Train clinicians to build their cultural awareness and competence to better support multicultural mothers and their children.

If We Are Not Counted, We Don't Count

- Need for more specific indicators as opposed to broad categories like 'culturally and linguistically diverse'.
- Involve communities in identifying correct descriptors of diversity.
- Survey question/s addressing diversity should depend on the purpose of the survey as it is difficult to find a universal question/indicator to capture the nuances of diversity (such as language spoken at home or country of birth)
- Learn from other countries, such as the UK and US, in designing questions and addressing ethnicity and intersectionality.
- Optimise data linkage and building capacity to analyse diverse health data.
- Recognise the urgency and importance of addressing the lack of inclusion of diverse identities in health data.

Effective Communication and Engagement

- Trust-building between government departments and organisations and multicultural communities are crucial for effective communication strategies.
- Collaboration, partnership, and two-way communication are essential for effective engagement with multicultural communities.
- Fund community leaders to provide advice, expertise and involvement in decision-making processes.
- Craft messages for diverse communities that consider linguistic and cultural nuances.
- Empower younger multicultural community members to reaching families and peers through social media platforms, and youth programs.
- Despite the benefits of AI, it should be used cautiously to avoid misrepresentation or misunderstanding of critical information.

Health for All

- Prioritise inclusion of underrepresented communities in research to ensure health for all.
- Promote blood donation as a way to contribute to one's health and the wellbeing of others.
- Develop and implement a self-assessment tool to evaluate health literacy and identify areas that need improvement.
- Deliver models of care and health information in a culturally sensitive and language-appropriate manner.
- Engage in co-design with communities to empower them and build social capital.
- Build trust within communities by having trusted members from the same community deliver health information and messages.
- Collaborate with community leaders, research institutions, and healthcare providers to prioritise culturally sensitive and reliable health education campaigns.

Workforce for a Multicultural Australia

- Maintain collaborative work, enhance workforce capacity, foster stronger connections, and build sector capacity.
- Promote cultural safety, language and develop processes to address racism in organisations.
- Address the lack of representation from people of colour at executive levels by advocating for mandates to ensure diversity and inclusion in leadership positions.
- Advocate for improved funding of bicultural workers.
- Recognise bicultural workers as professionals and value their expertise.
- The need for a more structured opportunities and career growth in the bicultural workforce enabling workers to gain sustainable employment and contributes organisational change.

I am Not My Body Parts

- Promote health and well-being through practices such as yoga, designing culturally sensitive housing, supporting carers, implementing person-centred care, and fostering community connections.
- Advocate for the inclusion of culturally diverse groups in housing policies and programs.
- Implement person-centred care practices that consider the cultural backgrounds and preferences of individuals accessing health services.
- Promote cultural humility and awareness among health professionals to avoid biases and assumptions in provision of care services.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APPENDIX C

GLOSSARY OF TERMS

Cultural and linguistic diversity (CALD)	The term CALD was introduced by the Australian Bureau of Statistics in 1999 as a broad definition drawing attention to both the linguistic and cultural characteristics of multicultural populations living in Australia. To capture the CALD status of individuals in data collection, the ABS recommended a minimum core set of standard cultural and language diversity measures: Country of Birth, Main language other than English spoken at home, Proficiency in Spoken English, and Indigenous Status. They also suggested a range of further optional variables: Ancestry, Country of Birth Father, Country of Birth Mother, First language spoken, Languages spoken at Home, Main Language Spoken at Home, Religious Affiliation and Year of Arrival in Australia.[1]
Multicultural	In this document, this term is used as an alternative to describe culturally, religiously, and linguistically diverse groups. It recognises the intersectionality of the status of people from diverse backgrounds.
Health inequities	Differences in health status between population groups that are socially produced, systemic in their unequal distribution across the population, and are avoidable and unfair.[2]
Lived experience	The term 'lived experience' refers to personal knowledge gained from direct past or current experience that would not ordinarily be apparent through observation or via representations constructed by a third party who has not 'lived' it through the eyes of those who were or are in the situation.
Systemic racism	Refers to the history, ideology, culture and interactions of institutions and policies that work together to perpetuate inequity. It describes the way in which institutions and structures fail to provide adequate service provision and equal opportunities to people because of their racial or cultural background.[3]
Co-design	Refers to the active collaboration between stakeholders in designing solutions to pre-determined and pre-defined problems.[4]
Co-create	Involves a collaborative approach in problem solving between stakeholders at all stages of an initiative, from identifying a problem to developing, implementing, and evaluating solutions.[5]

Data sovereignty	Derived from the concept of data sovereignty as it relates to Aboriginal and Torres Strait Islander Peoples, data sovereignty refers to the "right to maintain, control, protect and develop their cultural heritage, traditional knowledge and traditional cultural expressions, as well as their right to maintain, control, protect and develop their intellectual property over these".[6]
Cultural safety	Refers to creating an environment where everyone can examine our own cultural identities and attitudes and be open-minded and flexible in our attitudes towards people from cultures other than our own.[7]
Intersectionality	Refers to the different ways in which aspects of a person's identity can expose then to overlapping forms of discrimination and marginalisation. These aspects include social characteristics such as gender, sexual orientation, ethnicity, age.[8]
Data linkage	This term refers to bringing together two or more different datasets or sources that relate to the same person, family, place or event.[9]
Communities	Self-aware groups of people with shared common interests, identities, and concerns.[10]
Population	Groups sharing a common characteristic, but not necessarily sharing a subjective identity.[11]

Endnotes

1 Australian Bureau of Statistics 1999.
2 VicHealth 2014.
3 Australian Human Rights Commission.
4 Vargas C, Whelan J, Brimblecombe J, Allender S. Co-creation, co-design and co-production for public health: a perspective on definitions and distinctions. Public Health Research Practice. 2022;32(2).
5 Ibid.
6 Kukutai, T. Taylor, J. (Ed.). (2016) Indigenous data sovereignty: toward an agenda. Canberra: ANU Press.
7 NSW Government.
8 Victoria Government.
9 Emery, J., & Boyle, D. (2017). Data linkage. Australian Family Physician, 46(8), 615-619.
10 World Health Organisation.
11 Australian Bureau of Statistics.

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