



CanEngage

Setting the scene

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AUSTRALIAN INSTITUTE
OF HEALTH INNOVATION



MACQUARIE
University
SYDNEY · AUSTRALIA



**World
Wellness
Group**



**World
Wellness
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World Wellness Group acknowledges that the space we occupy
and the place we conduct our work,
has and always will be the traditional lands of the **Turrbul** and **Yuggera** people.

We understand that the connection between this land and its indigenous people
has a special and spiritual significance that benefits social and emotional
wellbeing. We pay our respect to the elders past, present and future of this
ancient land and recognise that delivering equitable healthcare requires that we
understand, appreciate and reflect our respect for both
Aboriginal and Torres Strait Islander peoples.

We commit to growing and nurturing our relationship with Indigenous Australians,
to assuring their rightful place in the journey that is better health outcomes for
Australia and to exploring the opportunity for partnerships and collaboration
to benefit all.



**World
Wellness
Group**

Overview – Partnerships with communities to improve health



- Multicultural health in Australia
- Access & equity
- Multicultural Lived Experience Framework
- Multicultural peer support workers
- Partnerships & power shifting



Australian Multicultural Health Collaborative

OUR CULTURES OUR LANGUAGES OUR HEALTH

- New national multicultural health and wellbeing peak body (est. June 2022)
- Primary objective:
 - National voice, leadership and advice on policy, research, data, and practice to:
 - improve access and equity
 - address systemic racism and inequities
 - achieve improved and sustained health and wellbeing outcomes for people from multicultural backgrounds living in Australia.
- May 2023 Federal budget
 - seed funding \$2.5 million over 4 years to elevate multicultural consumer voice in national health and wellbeing policy development & implementation.
- Initiative of Federation of Ethnic Communities' Councils of Australia (FECCA)

Membership (no membership fees)

FULL	<ul style="list-style-type: none"> Individuals from CALD backgrounds Organisations with primary CALD focus 	ASSOCIATE	<ul style="list-style-type: none"> Individuals working in CALD health etc.. Inclusive 'mainstream' organisations
Lived Experience	Health and Social Care	Research and Data	National Affiliates
<ul style="list-style-type: none"> Consumers Carers Consumer organisations 	<ul style="list-style-type: none"> Services and Organisations Individual Practitioners Professional bodies 	<ul style="list-style-type: none"> Individual Researchers Institutes/Organisations 	<ul style="list-style-type: none"> Heart Foundation Mental Health Australia Diabetes Australia etc...

Potential Programs and Initiatives

- Working Groups/Communities of Practice
- External Representation
- Projects
- Formal partnerships
- Research and Data
- Consumer Empowerment
improving health, digital and research literacy
- Resource Development
- Web-based Knowledge Hub
- Communications
E-news, social media, press, TV, radio
- Education and Training
- Consumer Speakers Bureau
- Publications
(reports, issues papers, position statements)
- Submissions *(parliamentary and other inquiries)*
- Consultation and Engagement
- Biennial Multicultural Health Conference

OUR CULTURES OUR LANGUAGES OUR HEALTH



Australian Multicultural Health Collaborative

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- Further information and free membership applications:

www.multiculturalhealth.org.au

- National Multicultural Health and Wellbeing Conference
20-21 November, Sydney

<https://www.multiculturalhealthconference.org.au>

Multicultural health in Australia

61,860 visitors in Australia during census collection



Australians born overseas
1 in 4

51.5%

Of the population are born overseas or have at least one parent who was born overseas

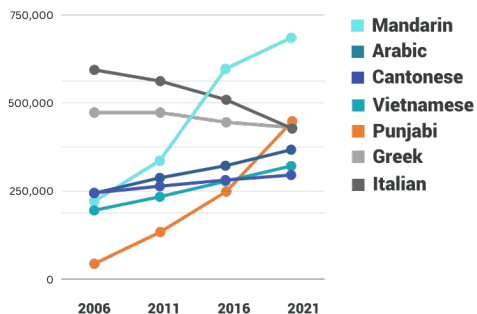


Language diversity is increasing in Australia

Punjabi is the largest growing language group in Australia, reflective of increased migration from India - an 80% increase since the 2016 census.

Greek & Italian continue to decline, an established and ageing population.

Language spoken by no. of people over time



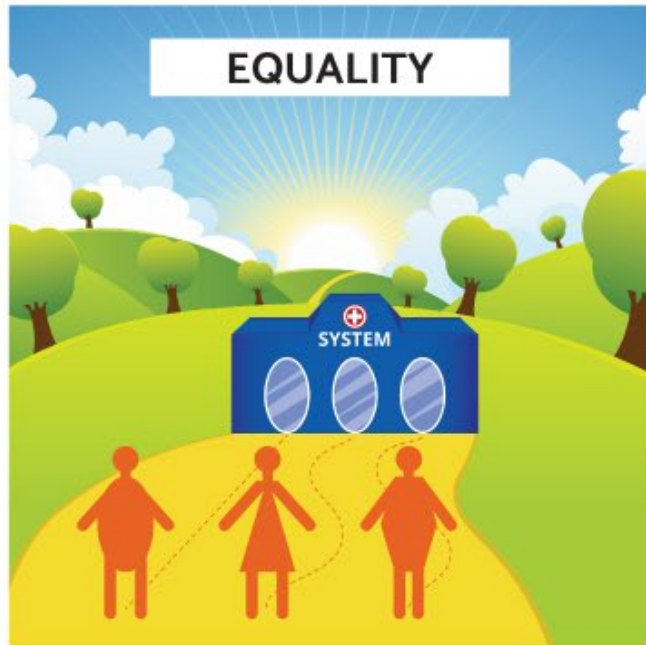
- Growing multicultural population
- Health data inadequate, fragmented & concerning: healthy migrant effect diminished/gone after 10 years → higher prevalence certain chronic diseases
- Lower uptake of cancer screening
- Recent Qld PPH data concerning
- Massive under-representation in Australian research publications (2.2% → 1.1%)
- Summary: cycle of data-research-investment deficit.



People from multicultural backgrounds comprise half of the population.

Yet the health system acts as if we do not exist. We are largely invisible.

Health equality, equity & justice



Not everyone benefits from the same supports.
This is equal treatment.



Everyone gets the supports they need (cultural and language, social determinants are addressed), thus producing equity.



All can access the health system without the need for tailored support because the cause(s) of the inequity was addressed. **The systemic barriers have been removed.**

#healthequityjustice

Access & equity

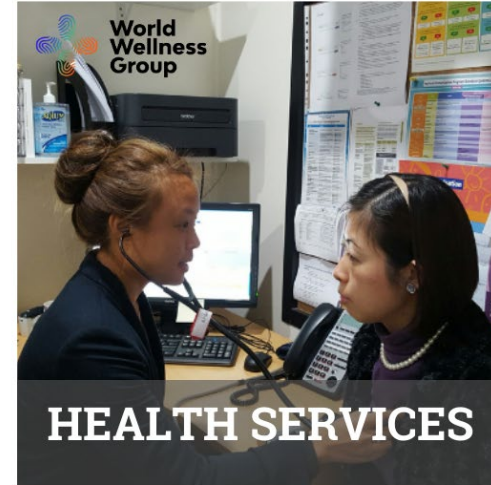
To achieve health equity, we need to do more than increase **access** to services.

Facilitating access to unresponsive services will not produce the outcomes we want. We need to do **business differently**.



World Wellness Group – what we do

- **Health Services:** >11,700 registered clients, work with most vulnerable, >50% mental health, non-Medicare eligible.
- **Our Voices:** lived experience
- **Contribute:** community of supporters to tackle the big issues
- **Knowledge & resources hub:** work on the system, share expertise, increase visibility, consultancy



Multicultural Lived Experience Framework

Expanded definition of 'lived experience': experiences of becoming unwell, seeking health services and recovery and experiences of migration, settlement and acculturation



The multicultural population is highly diverse

Multicultural Lived Experience Framework

Multicultural lived experience framework

Our Voices

Multicultural lived experience is shaped by migration, settlement and acculturation. These in turn are shaped by social, cultural, economic and political drivers and may or may not also involve marginalisation, oppression and discrimination as commonly experienced by migrants, refugees and people seeking asylum.

Including multicultural lived experience in the health system, service planning, service delivery and consultation room, leads to better health outcomes, health equity and health justice.

Multicultural lived experience is an important component of the lived experience consumer movement. Health is a human right for everyone.

#healthequityjustice
#healthisahumanright
#multiculturalismainstream



01 CALD person

Cultural & religious safety
Role modelling
Stigma reduction
Increase cultural & migratory strengths
Resilience building
Recovery orientation
Positive acculturation

02 Health workforce

Cultural capability & awareness
Strengthen engagement & understanding
Contextual understanding
Community navigation

LIVED EXPERIENCE



Our Voices

03 Service planning

Co-design, co-delivery
Cultural capability & responsiveness
Needs based & targeted
Inclusive, visible, accessible
Unique skills, capability & expert advice

04 Health system

Health equity
Human rights
Health justice
Whole population
Co-design, co-production



How are we using it?

- A cycle of implementation, review and adjustment like a QI process & ongoing
- Turn the framework into a training program for both service providers and peer support workers
- Need to take care of the workforce of LE workers.



Multicultural Peer Support Workers

MPSWs are a key feature of our service:

- Lived experience
- Therapeutic engagement
- Culturally appropriate engagement
- Cultural and language support
- Cultural tailoring



Partnership & power shifting

Partnerships at community level important for local solutions

Partnerships for upstream drivers/causes of health inequity

De-colonisation of approaches to partnership

Partnerships should acknowledge power disparity and legacy system drivers

Power sharing to power shifting



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