

# Multicultural health

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## Definition

Multicultural health in Australian general practice reflects how the core principles of multiculturalism operate within the context of general practice, including ensuring that the training of general practitioners has a strong and specific emphasis on building cultural competence and effectiveness, ie. the ability to work competently and effectively in a culturally diverse workplace and with encounters with people from different cultural backgrounds to ensure the delivery high quality general practice care.

The concept of multiculturalism in Australia is based on the principles of pluralism which recognises, accepts and respects the rights of all Australians to express and share their individual cultural heritage within an overriding commitment to Australia, its people and the basic structures and values of Australian society. The key to Australian multiculturalism is inclusiveness rather than division.

Terms often used within discussions of multicultural health include:

**NESB:** Non-English speaking background (NESB) is used most frequently to describe people who were born in a country where the predominant language is not English. They are first generation NESB. Their children are second generation NESB.

**CALD:** Culturally and linguistically diverse (CALD)<sup>1</sup> refers to the wide range of cultural groups that make up the Australian population and Australian communities. The term acknowledges that groups and individuals differ according to religion and spirituality, racial backgrounds and ethnicity as well as language. The term 'culturally and linguistically diverse background' is used to reflect intergenerational and contextual issues, not only migrant experience.

CALD is a term used in policy documents but is often poorly defined. The term is commonly used to refer to people living within culturally diverse communities in Australia that may differ from mainstream dominant culture.

Specific general practice issues affecting people from CALD in Australia are many and diverse, eg. the effect on the provision of high quality culturally relevant, appropriate and accessible services and information; recognising the potential for discrimination as a result of services targeted toward mainstream dominant culture being inappropriate for people of different cultural and linguistic backgrounds; and the use of language services to best effect and the specific needs of different communities and promoting the benefits of a culturally diverse community. These are only a few examples of the many complex issues impacting upon people from CALD and Australian general practice.

**Ethnic:** This term is no longer favoured and not officially used in some states and territories of Australia, and is largely understood to refer to people born in a non-English speaking country or whose parents are born in a non-English speaking country.

Multicultural health recognises that the issues addressed in this curriculum are interconnected with many but not all indigenous health issues. Even so, the users of this curriculum statement should not apply it directly in developing teaching and training materials for Aboriginal and Torres Strait Islander health.

## Rationale

A patient's presentation of illness is influenced by culture. The general practitioner needs to understand how the cultural background of both the doctor and the patient influences the general practice consultation. Multicultural health in Australian general practice involves making a holistic assessment of the patient's needs, recognising the impact of cultural issues in the Australian environment.

Every individual constructs the meaning of their experience of health from within their cultural background. The social group within which we live influences our interpretation of the meaning of our experience of health and illness and affects our understanding of what symptoms are significant. Cultures help determine the behaviours we use when presenting to the general practitioner.

The development of cultural competency is an integral skill in general practice.

Cultural competence<sup>2</sup> is a set of congruent behaviours, attitudes and policies that come together in a system, agency or health service or among professionals and enable the organisation or those professions to work effectively in crosscultural situations. Cultural competence is much more than awareness of cultural differences, as it focuses on the capacity of the health system to improve health and wellbeing by integrating culture into the delivery of health services. To become more culturally competent, a health service or professional or system needs to:

- value diversity
- have the capacity for cultural self assessment
- be conscious of the dynamics that occur when cultures interact
- institutionalise cultural knowledge, and
- adapt service delivery so that it reflects an understanding of the diversity between and within cultures.

This involves challenging practitioner cultural assumptions, developing empathy for patients and colleagues with a different worldview, and developing the necessary skills to ensure that appropriate communication and interaction occurs within the consultation to result in quality care.

### Multicultural health issues impacting upon general practice

Multicultural health issues can adversely impact upon primary care and general practitioners are in a strong position to be advocates to improve the health of people from CALD backgrounds.

Australia's society is linguistically and culturally diverse consisting of 3% of Australians being of indigenous origin, while 97% who have settled or are descendants of settlers over the past 200 years.<sup>3</sup>

Multicultural diversity in Australia is increasing. In 2001, 23.1% of people living in Australia were born overseas compared to 14.35% in 1991. Those born in the United Kingdom (5.6%) and Europe (11.6%) are decreasing but those born in east, central or southern Asia (6.0%) are increasing over the past 10 years.<sup>4</sup> Forty-three percent of Australians were either born overseas or had at least one parent born overseas compared with 26% in 1991, and 25.2% spoke a language other than English at home in 2001 compared to 18.9% in 1991.<sup>5</sup>

Issues in multicultural health in Australian general practice are complex and exist at every level of the health system, community and individual social and environments. These issues include:

- access to health care is expected for all Australians. Patients from a CALD background may find they have specific problems accessing health care compared to others. Like many others in the community poverty, poor educational levels, difficulty with transport are likely issues to impact health opportunities for those from a CALD background. In addition to these well documented social determinants of health, those from a CALD background may not be aware of the care available in the community and may not be able to access that is readily available because of language, religious or other cultural barriers

- equity of health care access is important for all Australians and is difficult to achieve when access issues are not addressed. As well as these issues, some patients from a CALD background experience discrimination from the health care system due to their country of origin, cultural background and religious beliefs. Health care professionals need to recognise this potential and be prepared to advocate for their patients when necessary to ensure adequate care. Social discrimination in health is experienced by many people from a CALD background, as well as inequality in employment, education and other areas
- language difficulties can negatively impact upon the care received by those from a CALD background. Over 200 languages are spoken in Australia, and in addition, nonverbal communication, communication styles, use of family or a third person for communication support and differing understandings of English words and phrases can all impact on clinical care. Different cultures attach different meanings to parts of the body and types of illness and this can impact upon the presentation of the illness or the compliance with treatment.
- culture encompasses many issues and there are significant cultural differences even between those that speak the same language or come from the same country. Cultural issues that need to be considered are:
  - cultural lens: each person, including health professionals, needs to recognise that they have their own unique personal worldview influenced by the cultures that nurtured them. This ‘cultural lens’ may influence the way a health professional may judge and make assumptions about patients of a different background, and recognising this cultural bias is a necessary step for clinical effectiveness in a crosscultural environment
  - diversity within diversity: there are issues of age, gender, sexuality and social issues within each group reflecting the diversity within each cultural group. General practice care needs to remember this diversity in its provision of health care
  - religious issues: can alter the management of a patient. Religion can determine the patient’s worldview and has a major influence over a person’s life, lifestyle and understanding of illness. It may affect diet and use of medications. All major religions are worshipped in Australia.

Multicultural health in general practice involves tackling health inequalities and in reducing barriers to accessing general practice care.

The general practitioner also has a role to play in breaking down cultural stereotypes through the provision of high quality care for people from CALD backgrounds to address these inequalities.

Multicultural health in general practice includes recognising the ‘diversity within diversity’ and avoids treating all migrants and humanitarian entrants the same category terms of social and environmental determinants of health, health care experiences and health status.

# The five domains of general practice – multicultural health

## Communication skills and the patient-doctor relationship

Cultural competence in general practice is demonstrated through effective communication.

Language difficulties are a major barrier to the delivery of general practice services. Even when the patient speaks English, lack of English proficiency can cause communication problems resulting potentially serious medical situations such as giving details in how to take medications; subtle misunderstandings which can be critical in emotionally charged issues and mental health issues; and cultural assumptions resulting in important issues not addressed.

Skilful and effective use of interpreters and the avoidance of potential problems encountered during translation are central to general practice quality care. During translation, the conversation needs to be directed between doctor and patient and not directed to the interpreter, and not interfere in the patient doctor interaction. Confidentiality must be assured, especially in small communities, and health professionals need to be aware of the pitfalls of using families in this role. There may also be different factions within a community that are important to the patient.

Lack of awareness of culturally specific spiritual needs, beliefs and practices may impede addressing specific cultural issues such as, female genital mutilation, domestic violence, sexual violence, as well as being a potential cause of offending patients.

Awareness of the risk of mental health issues in CALD communities, as a result of trauma, torture, social isolation and language isolation, may impact on effective communication.

There are many relevant written materials available for patients from a CALD background seeking medical information. Educational background and literacy levels may be difficult to assess when there is a language barrier and the relevance of educational materials will vary for each individual. Some people speak one particular language but only read in another. This will have implication when offering reading materials when determining which resources are appropriate for the patient.

Health professionals also need to be aware of their own cultural lens when communicating with patients. This includes health care providers' worldviews, beliefs about disease, health and health care, impact of faith, religious beliefs and ethnopharmacology.

## Applied professional knowledge and skills

Social and environmental determinants of health are a major aspect of quality multicultural general practice care such as:

- diseases from the country of origin of the patient – nutritional deficiencies, health effects of war, torture and trauma, tuberculosis
- diseases relating to migration including refugee health
- diseases of settlement – lifestyle diseases of host country
- mental health
- specific diseases common to certain populations such as thalassaemia, sickle cell anaemia, haemochromatosis, and
- culturally specific practices such as female genital mutilation.

In addition, social, linguistic and cultural isolation commonly experienced by patients from a CALD background have the potential to escalate minor health problems into serious health concerns.

Due to a lack of evidence base and the emergence of new conditions, clinicians require an innovative approach to accessing new knowledge such as relying on specialist multicultural agency advice and online information access. General practitioners should be prepared to pool new knowledge with others to increase the general awareness of issues that have risen within the medical community to enhance the profession's ability to care for these communities.

Refugees can have major health problems and access can be limited due to systemic barriers. General practitioners need to be aware of these patients' individual health issues, complexity of family structures and health issues related to their communities, and how to ensure adjustment and ongoing access to the Australian health system.

A holistic approach helps address multicultural health including attention to factors at the level of the:

- individual – physical and emotional dimensions
- family – social and relationship dimensions
- community – cultural and political dimensions.

As a health professional's own perspectives will have significant impact on their interaction with patients from different culture and thus affect health outcomes, GPs need to develop skills including:

- tolerating ambiguity
- suspending judgment
- developing empathy.

### **Population health and the context of general practice**

There is limited access to evidence based information for some problems faced within CALD communities and the GP needs to be prepared to deal with these culturally specific conditions despite the lack of evidence.

Language barriers and cultural acceptability are major barriers to accessing specific services such as breast screening, Pap tests, palliative care and immunisation.

The experiences of people of CALD background in accessing health care in their country of origin have an impact on their level of access in the Australian health care setting. People with better access in their country for various reasons (including socioeconomic status and level of education) would have relatively improved access to health services in the Australian health system compared to those who have had little past experience of accessing health care.

The Australian health system has been set up for the majority culture, which may be culturally very different to that of some CALD communities.

Population health risks can change with time, acculturation and in subsequent generations.

### **Professional and ethical role**

General practitioners need to be aware that they are cultural beings and since there is a power differential between patient and doctor, their personal cultural beliefs and attitudes will impact on management outcomes for patients of CALD background. In many countries, medical practitioners have been involved in the torture of political detainees and that this can impact upon the trust that is often assumed within the doctor-patient relationship. Patients may have a specific concern accessing services in a large government hospital if they have had previously negative experiences in a similar context in the countries they have left.

Important professional issues may be experienced or perceived differently by people of CALD background including:

- privacy and confidentiality
- informed consent

- autonomy and adherence to treatment and treatment plans, and
- equality and partnership in management.

### Organisation and legal dimensions

Necessary cultural information needs to be recorded within the medical records in a culturally sensitive manner that still enables others within the practice to access the relevant information needed to enhance a patient's care.

Practices and practice staff needs to:

- supplement their previous medical education with knowledge of illnesses that are not common within the general community to enable them to care adequately for those from a CALD background
- be innovative in their approach to accessing this knowledge such as relying on specialist advice and internet searches
- engage within and beyond the medical settings to enhance the practice's ability to care for these communities
- access health information in different languages
- cater for family groups
- have systems for efficient access to interpreters before and during consultations
- manage time and costs involved in providing culturally appropriate and inclusive services
- detail how to gain access to interpreter services for routine and emergency consultations and be aware of the costs, and
- have opportunities for training to ensure effective service delivery to CALD background patients from the initial contact and throughout the health care process.

# Learning objectives across the GP working life

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## Medical student

### Communication skills and the patient-doctor relationship

- Describe common challenges in crosscultural communication: trust, rapport, verbal and nonverbal cues and style.
- Outline the importance of curiosity, empathy and respect in patient care.
- Describe models of effective crosscultural communication, assessment and negotiation.
- Describe the function of the interpreter and list effective ways of working with interpreters.
- Elicit a culture, social and medical history including patients' health beliefs and explanatory models of their illness.

### Applied professional knowledge and skills

- Define contemporary and accepted terms in multicultural health such as ethnicity, race, culture, NESB, CALD and their implications in health care.
- Describe national health data in a worldwide immigration context.
- List prevalent health problems in CALD communities and how it differs to the general Australian population.
- Discuss the role of culture in the context of the medical interview and health care.
- Describe the importance of diversity in health care and the challenges posed.

### Population health and the context of general practice

- Understand the population health issues related to those from a CALD background.
- Understand the pattern of health among specific groups from a CALD background may initially reflect patterns of the country origin and that patterns can change following migration, settlement and assimilation.
- Identify reasons for intra- and inter-group difference in health experiences of CALD communities and have an awareness of diversity within specific CALD communities.
- Describe the social and environmental determinants of health in relation to people of CALD communities – education, employment, SES, housing, culture, gender.
- Understand how those from CALD communities may experience health issues differently because of their language, religious and cultural beliefs.
- List the sociocultural and environmental determinants of health that are applicable to people of CALD background.
- Outline the epidemiological and demographics of CALD communities in Australia.

### Professional and ethical role

- Describe own cultural background and biases (cultural lens).
- Discuss the ethical principles of patient centred care.

### Organisational and legal dimensions

- Outline why a different approach to assessment and management is required for patient from CALD communities.

# Learning objectives across the GP working life

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## Prevocational doctor

### Assumed level of knowledge – medical student

#### Communication skills and the patient-doctor relationship

- Use negotiation and problem solving skills in shared decision making with patients of CALD background.
- Assess and enhance patient adherence based on patients' explanatory model of health and illness.
- Apply models of effective crosscultural communication in consultations.
- Identify when an interpreter is required and work with the interpreters effectively.
- Describe the inherent power imbalance between doctor and patient and how it effects the clinical encounter.
- Be aware of referral agencies and resources that may be useful in communication with and education of patients of CALD background.
- Demonstrate respect for a patients culture and health beliefs.

#### Applied professional knowledge and skills

- Identify how factors in multicultural health (ie. culture, CALD status) affect health and health care quality, cost and consequences.
- Identify patients' and families' healing traditions, beliefs and ethnomedical beliefs.
- Assess and manage common health problems of CALD communities.

#### Population health and the context of general practice

- Describe systemic factors other than biomedical such as historical, political, social, environmental and institutional that impact on health and health care disparities.
- Describe the epidemiology of CALD communities including recently arrived refugees.
- Discuss the public health implications of government policy on refugees and asylum seekers.
- List relevant and appropriate public and private community resources that patients of CALD background can access.
- Discuss the historical and political impact of discrimination on health and health care for people of CALD background.
- List strategies used to address prevalent public health issues in CALD communities.
- Discuss barriers to eliminating health disparities.

#### Professional and ethical role

- Identify how own cultural background and biases (cultural lens) may impact health care delivery to CALD communities.
- Apply ethical principles to patients of CALD background in an appropriate and sensitive way knowing that there may be differences in values.
- Outline the role of the health professional as an advocate for patients from CALD communities.

#### Organisational and legal dimensions

- Identify strategies used in hospitals to reduce risks and adverse events to patients from CALD background.
- List legal issues and standpoint of Australian legal system on some cultural practices, eg. female genital mutilation.

# Learning objectives across the GP working life

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## Vocational registrar

### Assumed level of knowledge – prevocational doctor

#### Communication skills and the patient-doctor relationship

- Outline the possible implications of the patient's use of English as a second language on their health, treatment and compliance.
- Communicate effectively and sensitively with patients from different cultures.
- Identify the need to provide gender specific health education which takes into account cultural and gender attitudes, gender power and appropriate examination procedures.
- In assessing people of CALD background recognise the need for interpreters, know how to access and utilise different types of interpreting services.
- Recognise and manage the impact of bias, class and power in consultations.
- Utilise referral agencies and resources that may be useful in communication with and education of patients of CALD background.
- Apply strategies for overcoming critical communication barriers to the diagnosis and management of health problems.

#### Applied professional knowledge and skills

- Outline the health related issues specific to pre-migration, migration, settlement, ethnicity and culture.
- Identify cultural groups that are potentially torture and trauma sufferers, recognise the common presenting symptoms and outline appropriate management strategies.
- Identify strategies to overcome low usage of specific services and preventive activities.
- Outline strategies in assessment and management of common health issues of recently arrived refugees.
- Outline strategies for the management of culture specific issues that affect health, eg. late presentation of illness, nonadherence.

#### Population health and the context of general practice

- Discuss the cultural, language, social, economic, emotional, biological and political issues that can potentially affect the health of CALD communities:
  - diseases from the country of origin of the patient, eg. nutritional deficiencies, health effects of war, torture and trauma, tuberculosis
  - diseases relating to migration including refugee health
  - diseases of settlement, eg. lifestyle diseases of host country
  - mental health
  - specific diseases common to certain populations such as thalassaemia, sickle cell anaemia, haemochromatosis
  - culturally specific practices such as female genital mutilation.
- List relevant public health issues of people coming from a CALD background.
- Identify local and relevant services in the mainstream and those specific for people of CALD background to improve equity of access.
- Apply a holistic approach to health assessment and management of CALD patients.

#### Professional and ethical role

- List strategies to deal with potential effects of personal cultural experiences, beliefs and behaviour on the outcome of consultations with patients of CALD background.

- Awareness of different cultural views on legal and ethical aspects of health care and health service.
- Identify strategies to act as advocate for people of CALD background in multidisciplinary care environment.
- Identify the political climate that they live and work in to ensure they are effective in delivering appropriate health care to CALD communities and recently arrived refugees.

#### **Organisational and legal dimensions**

- Outline how to identify and the importance of recording CALD status.
- Describe the impact on practices servicing the needs of CALD patients.
- Identify strategies used in general practice to reduce risks and adverse events to patients from CALD background.
- Identify strategies to improve efficient and effective use of interpreting services.
- Outline strategies to improve follow up and recall of patients from CALD background.
- Identify systems required to access relevant health and health care information to aid in the assessment and management of patients from CALD communities.

## Learning objectives across the GP working life

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### Continuing professional development

#### **Assumed level of knowledge – vocational registrar**

##### **Communication skills and the patient-doctor relationship**

- Actively seek to identify gaps in their knowledge, skills and attitudes to communicating effectively with people of CALD background.

##### **Applied professional knowledge and skills**

- Actively seek to identify gaps in their knowledge, skills and attitudes to cultural competence and health disparities for CALD communities.

##### **Population health and the context of general practice**

- Keep up-to-date of changes in the field of multicultural health and the needs of local CALD communities.
- List strategies to improve access for patient of CALD background.
- Discuss the specific social, medical and mental health problems faced by asylum seekers placed in detention.
- Institute strategies for effective and culturally appropriate health education and health promotion in local practices.

##### **Professional and ethical role**

- Identify deficiency in knowledge of, skills and attitudes to, ethical and legal aspect of consultation with patients of CALD background.
- Identify ways to engage, involve or consult with local CALD groups in matters relating to health service delivery to CALD communities.
- Avail themselves and be involved in local CALD community health related activities especially when approached.
- Describe strategies for collaborating with CALD communities to eliminate stereotyping and other bias from health care.

##### **Organisational and legal dimensions**

- Outline a practice policy for collecting information about CALD background of patients that attends to the issues of confidentiality and sensitivity.
- Use practice audits or similar activities to access practice demographics and determine whether CALD group needs are met.

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