



Queensland Health
**Multicultural Health
Policy and Action Plan**
2024–2029



Queensland
Government

In Appreciation

Queensland Health is grateful to all those involved in the consultation process of developing this *Multicultural Health Policy and Action Plan*. It should be noted that there is great diversity within our multicultural communities and this *Multicultural Health Policy and Action Plan* should be considered in the context of each individual and community.

Queensland Health is committed to providing accessible information and services to Queenslanders from all cultural and linguistic backgrounds.

To talk to someone about this *Multicultural Health Policy and Action Plan* in your preferred language call 1800 512 451 and ask to speak with the Multicultural Health and Language Services team, System Policy Branch, Queensland Health.



Queensland Health Multicultural Health Policy and Action Plan 2024 – 2029



Published by the State of Queensland (Queensland Health) September
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SC2400222/0924



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Acknowledgement of Country

Queensland Health acknowledges the Traditional Custodians of the land on which we live and work, and of the many different nations across the state of Queensland.

We pay our respects to the Elders, past, present and emerging, as the holders of the memories, the traditions, the culture and the spiritual wellbeing of the Aboriginal and Torres Strait Islander peoples across the nation. We acknowledge any Sorry Business that may be affecting the communities as a whole.

In the spirit of reconciliation, partnership and mutual respect, we will continue to work together with Aboriginal and Torres Strait Islander peoples to shape a health system which responds to the needs and aspirations of the community.

A message from the Minister



Hon Shannon Fentiman MP

Minister for Health, Mental Health and Ambulance Services and Minister for Women

Queensland is a proudly diverse state, with more than 40 per cent of our population either born overseas or having a parent born overseas. We are home to speakers of more than 190 languages, and our vibrant community comes from over 220 countries and territories and practises over 110 religions. This diversity is a cornerstone of Queensland's identity, contributing immensely to the rich fabric of our society.

As a government, we are deeply committed to ensuring equitable access to all government services, including health. Our aim is to provide every person in Queensland with a fair and just opportunity to achieve the best possible health outcomes. Despite this commitment, people from multicultural and refugee backgrounds continue to face significant disparities in accessing health services, navigating their healthcare journeys, and achieving equitable health outcomes.

To address these disparities and barriers, I am proud to present the *Multicultural Health Policy and Action Plan* (MHPAP). The MHPAP aims to ensure that our healthcare system is equitable, culturally appropriate, and capable of delivering improved health outcomes for Queensland's multicultural population.

Our vision is for all people from multicultural backgrounds in Queensland to have access to safe, equitable, trauma-informed and culturally appropriate public healthcare. The MHPAP underscores our commitment to health equity, ensuring that every individual, regardless of their background, can be as healthy as possible.

The MHPAP represents our unwavering commitment to enhancing the health and wellbeing of Queensland's diverse multicultural communities. It captures a **\$11.67 million new investment** in multicultural health. This includes:

- **\$4.36 million** for **nine new Multicultural Health Liaison Officers** to support people from multicultural backgrounds in navigating the health system, ensuring our services are more culturally safe and inclusive.
- **\$3.03 million** for **five additional refugee health nurses** to address unmet demand for refugee health assessments and support. This is a 50 per cent increase in the number of refugee health nurses across Queensland.
- **\$1.1 million** to develop a new centralised booking system for language services to support frontline staff to engage and monitor language services more seamlessly.
- **\$3 million** to support the Mater Refugee Complex Care Clinic which provides vital specialist primary care to Medicare ineligible asylum seekers and refugees with complex needs.
- **\$0.18 million** to support Settlement Services International (SSI) maternity hub to provide targeted programs which address cultural and societal barriers that may be experienced by expecting mothers accessing antenatal care.

This investment is in addition to **\$5.56 million** committed through *Better Care Together: A plan for Queensland's state-funded mental health, alcohol and other drug services to 2027* to establish new Multicultural Mental Health Coordinator roles across the state. Additional funding has been secured for the Queensland Transcultural Mental Health Centre to provide statewide coordination, mentoring and supervision, support and capability of the mental health, alcohol and other drugs workforce.

It complements the **\$15.36 million** provided to non-government organisations through current service agreements to support multicultural populations with mental health, sexual health, dementia and early childhood and family health services.

It supplements our existing recent investment across Queensland Health and the Mater, including:

- **\$18.08 million** in 2024 for language service provision, which has grown 50 per cent since 2020.
- **\$0.93 million per year** for the Multicultural Health Coordination Program, which provides access to specialist health care coordination for people from multicultural backgrounds with complex health and wellbeing needs.
- **\$2.6 million per year** of recurrent funding for the Logan Community Health Action Plan (CHAP).

This investment is in the right direction as we work towards building a more culturally safe and inclusive health system for all.

Building on current initiatives, our vision for the future is to:

- Investigate **expanding successful, community-led initiatives** such as Healthy New Communities to other locations across the state (see page 29).
- Continue **investing in innovative new ways** to provide language services and expand these approaches to other locations (see page 33).

- Continue to **build partnerships** across sectors and with the community to respond to the health needs of multicultural communities – this will include looking for ways to leverage investment across systems to achieve the best outcomes for multicultural populations (see page 41).
- Continue to **build a diverse and culturally capable health workforce** and explore innovative ways of adopting inclusive recruitment and retention practices to promote a workplace culture where diversity is valued at all levels (see page 45).
- Build on the **2023 Queensland Health CALD Data report** to track health outcomes and disparities experienced by multicultural populations (see page 49).
- **Strengthen community engagement** in research and evaluations as well as exploring further CALD data project collaboration at local, state and national levels (see page 49).

By addressing the unique challenges faced by our multicultural communities—such as language and cultural barriers, low health literacy, difficulties in navigating the health system, socio-economic barriers, and discrimination—the MHPAP will pave the way for a healthier, more inclusive Queensland.

I am confident that the implementation of the MHPAP will make a significant positive impact on the health and wellbeing of Queensland's multicultural communities.



Hon Shannon Fentiman MP

Minister for Health, Mental Health and Ambulance Services and Minister for Women

A message from the Director-General



Michael Walsh

Director-General Queensland Health

I am proud to present the *Multicultural Health Policy and Action Plan (MHPAP)*. This is the first state-wide policy dedicated to addressing the health needs of multicultural populations in over a decade.

It reflects our commitment to health equity and recognises the unique challenges faced by Queensland's multicultural communities.

We are committed to improving health and wellbeing outcomes for our multicultural populations, ensuring that multicultural health is a priority in policy development, service planning and delivery.

The MHPAP focuses on crucial areas for improving health equity for multicultural communities. These include prevention and early intervention to address health issues before they become serious, high-quality language services to ensure effective communication with healthcare providers, and sustainable, accessible, and culturally safe health services to guarantee respectful care.

Additionally, productive partnerships, collaboration, and linkages with community organisations strengthen support networks for multicultural populations. Developing a diverse, inclusive, and culturally capable health workforce is essential for delivering appropriate care.

Finally, a focus on multicultural data and research helps us understand and address the unique health challenges faced by different communities. Actions across the health system will focus on these areas to enhance health outcomes for Queensland's multicultural population.

By focusing on these priority areas, we are committed to breaking down barriers and ensuring that all Queenslanders, regardless of their cultural or linguistic background, have access to the highest standard of healthcare.

Together, we can build a more inclusive and equitable health system that truly reflects the rich diversity of our state.



Michael Walsh

Director-General Queensland Health

Introduction

Background

People from multicultural backgrounds continue to experience significant disparities that lead to poorer health outcomes. These disparities are experienced when they access services, in their patient journey and how they are supported to manage their health in their home and community. This can and must change, and we all have an important role to play. The MHPAP is a critical step in transforming health systems to be inclusive and culturally responsive and deliver new ways of working to improve the health outcomes, experiences, and access to care for people from multicultural backgrounds in Queensland.

Over the last 20 years, as Australia's population has become more diverse, there has been a significant increase in research to understand the challenges and barriers that people from multicultural backgrounds face in the context of healthcare. Multiple studies have reported that people from multicultural backgrounds experience health disparities. These disparities are due to challenges such as language and cultural barriers, low health literacy, difficulties in navigating the health system, socio-economic challenges and discrimination. These barriers inhibit people from seeking and accessing appropriate health services, leading to poorer health outcomes.

More information on identified barriers and enablers for the multicultural population can be found in [Multicultural Population Health Needs — What Do We Know?](#)¹



About the MHPAP

The *Multicultural Health Policy and Action Plan* (MHPAP) represents a significant milestone for Queensland Health, marking the first state-wide policy document dedicated to multicultural populations in over a decade. It commits Queensland Health to undertaking actions to improve the health and wellbeing of people from multicultural backgrounds in Queensland. It is designed to enhance the capability of the whole health system to better respond to the needs of multicultural populations.

The MHPAP aligns with [HEALTHQ32](#) — Queensland Health's vision towards a healthier Queensland which recognises that one size does not fit all when it comes to our health system and strategies must be put in place to ensure health equity. People from culturally and linguistically diverse (CALD) backgrounds including people from refugee backgrounds have been identified as a priority population requiring targeted attention.

There is great diversity within our multicultural communities and this *Multicultural Health Policy and Action Plan* should be considered in the context of each individual, community and location.

Populations inscope

Queensland's multicultural population is diverse, with varying experiences. The MHPAP will focus on health outcomes for all CALD and migrant populations. This includes, but is not limited to, people with a CALD background who:

- are Australian-born with parents or grandparents born overseas
- have migrated to Australia as refugees, people seeking asylum, skilled migrants, through family migration or other pathways
- are here on Trans-Tasman visas
- are temporary or seasonal workers and reside in Queensland, or hold a temporary visa with limited access to healthcare to meet their needs
- identify as Australian South Sea Islander.

First Nations people are not part of this plan, as they are the first Australians with a unique history and cultural identity and rightfully have their own strategy.



The *Multicultural Health Policy and Action Plan* captures over **\$11.67 million new investment** to enhance the health system's capacity to respond to the needs of multicultural populations.

This builds on our existing commitment of **\$5.56 million** to establish new **Multicultural Mental Health Coordinator** roles across the state to support more culturally safe care, and current investment of **\$15.36 million in NGO funding** to deliver mental health, sexual health, dementia, and early childhood and family services.

VISION

Principles



Health equity, safe and quality care

People from multicultural backgrounds have access to high-quality and safe healthcare that is responsive to the needs and preferences of the patient, family and community's needs.



Evidence-based and community-informed

Embed community voice including multicultural lived/living experience, and evidence-based approaches into policy and service design, delivery and evaluation.



Holistic care

Provide tailored and personalised care that considers the whole person, including their social, cultural, economic and spiritual aspects, to support all of their health needs.



Addressing racism and discrimination

Actively eliminate individual and institutional racism and discrimination within the system for both patients and staff.



Shared commitment, responsibility and accountability to culturally responsive care

Cultivate a shared sense of commitment, responsibility, and accountability across the system.

Priority Areas



Prevention and early intervention



High quality language services and communication resources



Sustainable, accessible, trauma-informed and culturally safe health services



Productive partnerships, collaborations and linkages



Diverse, inclusive and culturally capable health workforce



Multicultural data and research

Actions

Actions from across the health system in all priority areas to improve health equity for multicultural communities



Multicultural population Statistics in Australia

2021 Census highlights
increasing cultural and linguistic diversity

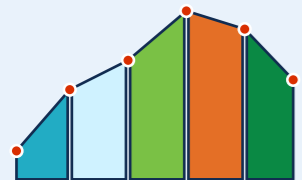
51.5% of Australia's population are born overseas or have at least 1 parent who was born overseas



Proportion of Australia's population born overseas was **29.5%**



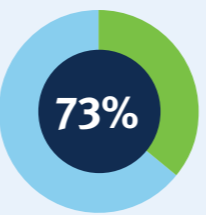
Population growth



From 1992 to 2022 overseas migration was the main driver of **Australia population growth**



In 2022-23, migrant arrivals increased by **73%**, marking the highest level of overseas migration since records began



The largest group of **migrant arrivals are temporary visa holders**. Many of these visa holders have no access to Medicare, further **impacting their access to and use of our health services**.

Data source—ABS Census 2021

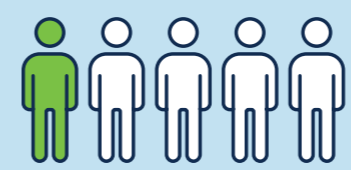
It is expected that **overseas migration** will continue to **grow in years to come**



Statistics in Queensland

People from multicultural backgrounds in Queensland come from more than

220 countries and territories



1 in 5 Queenslanders is born overseas. That's 23% of Queensland's population



The multicultural population of Queensland has **increased** steadily over time

36,000+ Humanitarian migrants in Queensland between 2000 and 2021



Over 40% of the population in Queensland are born overseas or have a parent born overseas



>190 different languages spoken in Queensland



Health status of multicultural populations

In Australia

There is a higher prevalence of chronic health conditions in some multicultural populations including:

- The prevalence of many individual conditions including dementia, diabetes, heart disease, stroke and kidney disease is higher for people born in Polynesian countries.²
- Rates of dementia, kidney disease, stroke and diabetes are higher among those who do not speak English well or at all compared to mainly English speakers.

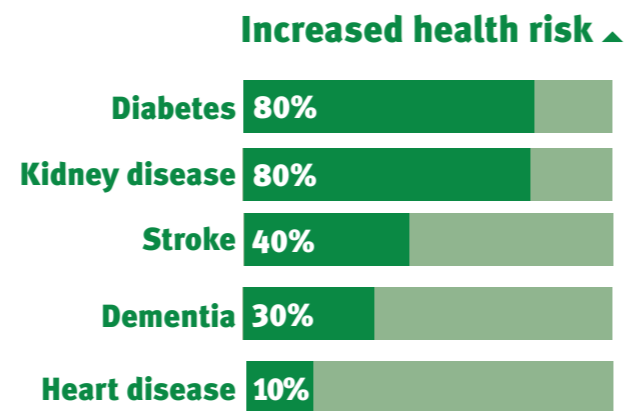
The life expectancy of refugees and humanitarian entrants is 16 years less than the rest of the Australian population.³

In 2022, the COVID-19 death rate was three times higher among migrants than those born in Australia.

The COVID-19 death rate during the Delta wave was close to four times higher among those born overseas than those born in Australia.⁴

Multicultural patients have more involuntary admissions to hospitals and present later at an acute and crisis stage.⁵

There are higher rates of diabetes, kidney disease, stroke, dementia and heart disease in refugee populations than the rest of the Australian population.³



In Queensland

Exploring the health of culturally and linguistically diverse (CALD) populations in Queensland: 2016–17 to 2019–20

Queensland residents born elsewhere in Oceania and Antarctica, North African and Middle East regions have generally poorer health outcomes when compared to the Australian-born population



Vaccine-preventable conditions

- | | |
|---------------------------|--|
| • Influenza and pneumonia | People from these regions have higher rates than the Australian-born population: |
| • Whooping cough | Other Oceania and Antarctica |
| • Acute poliomyelitis | North Africa |
| • Varicella (chicken pox) | Sub-Saharan Africa |
| • Measles | Southeast Asia |
| • Tetanus | Northeast Asia |
| • Mumps | Middle East |
| • Rubella | New Zealand |
| • Hepatitis B | |



Hospitalisation rates

People from these regions have higher rates than the Australian-born population:

- Other Oceania and Antarctica
- Middle East
- North African



Chronic conditions

- Asthma
 - Angina
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Congestive heart failure
 - Diabetes complications, hypertension
 - Iron deficiency anaemia
 - Rheumatic heart disease
 - Bronchiectasis
- People from these regions have higher rates than the Australian-born population:
- Other Oceania and Antarctica
 - North Africa
 - Middle East



Potentially avoidable death rates

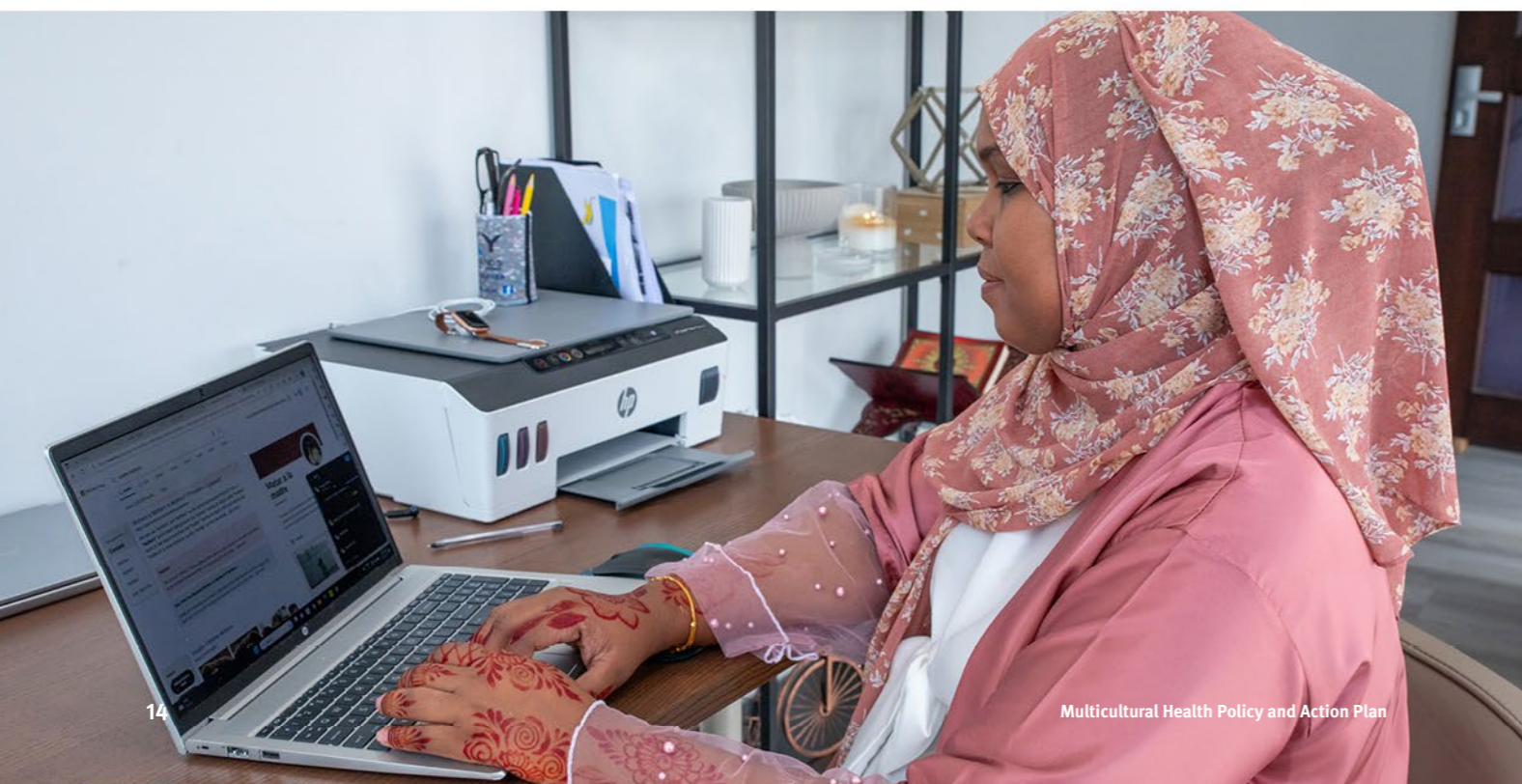
People from other Oceania and Antarctica region have higher rates than the Australian-born population.

More information: [CALD data report | Queensland Health](#)

The naming of these regions is aligned with ABS classification. [More information on methodology and key findings.](#)

This report was developed to inform evidence-based health service planning and delivery. It should not be interpreted as performance indicators for the communities mentioned. The findings present an opportunity for further discussion and exploration to unpack underlying issues at community and system levels.

It should also be noted that mental health data was not captured in this report due to data limitations. However, further exploration and inclusion of mental health data will be considered in future analyses.





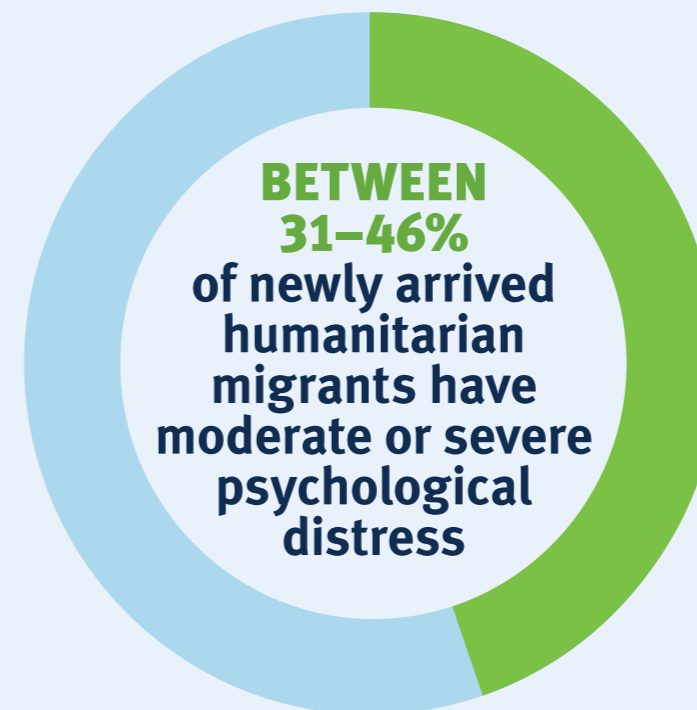
Social and economic determinants of health

The 2021 ABS Census captured information regarding the socioeconomic circumstances of multicultural communities living in Queensland that may influence their health access and outcomes.

The diverse journeys of migrants, refugees, and people seeking asylum significantly influence the healthcare they receive. Multicultural lived experience, which encompasses the ongoing experiences, knowledge and understanding of people from multicultural backgrounds, is shaped by factors such as migration, settlement and acculturation. These experiences are further influenced by social, cultural and economic factors and can involve marginalisation, racism and discrimination.⁶

By integrating multicultural lived experience into service planning and delivery, healthcare systems can achieve improved health outcomes, health equity and health justice. An inclusive health system that considers the diverse needs of its consumers can act as a positive social determinant of health.

There is a link between self-reported long-term health conditions experienced by people from multicultural backgrounds and their social determinants of health, including education, employment status, income, housing situation, job type, marital status, citizenship and remoteness.⁷



ONLY 1 IN 5 of these migrants engage in help-seeking^{8,9}

People in Queensland born overseas from a mainly non-English speaking background (non-MESB migrants)

Disability support

Around 27,000 Queensland residents who spoke an overseas language other than English at home had a need for disability support.¹⁰



Employment

People from non-MESB have high unemployment rates and low workforce participation rates, as well as the lowest median annual income, when compared to the general population.



Data source—ABS Census 2021

Income

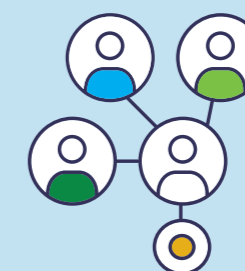
Non-MESB migrants have lower income than the general population.



Data source—ABS Census 2021

Young people

High rates of discrimination were perceived by young people who identify as culturally and linguistically diverse backgrounds, refugees and asylum seekers.¹¹



Multicultural Health Policy and Action Plan (MHPAP)

Health and human rights alignment

Human Rights

The MHPAP adopts a social justice and human-rights based approach to health and healthcare access. The *Queensland Human Rights Act 2019* came into effect on 1 January 2020. This Act requires Queensland Health and other Queensland Government entities to act and make decisions that support a person's human rights, including the right for every person to access health services without discrimination.

Healthcare Rights

The principles of the Australian Charter of Healthcare Rights specify the rights that all patients and consumers can expect when receiving healthcare in Australia. This means that people from multicultural backgrounds have the right to:

- **Access** — Healthcare services and treatment that meet their needs.
- **Safety** — Receive safe and high-quality healthcare that meets national standards and be cared for in an environment that is safe and makes them feel safe.
- **Respect** — Be treated as an individual, and with dignity and respect. Have their culture, identity, beliefs and choices recognised and respected.
- **Partnership** — Ask questions and be involved in open and honest communication; make decisions with their healthcare provider, to the extent that they choose and are able to; include the people that they want in planning and decision-making.

- **Information** — Clear information about their condition, the possible benefits and risks of different tests and treatments, so they can give their informed consent; receive information about services, waiting times and costs; be given assistance, when they need it, to help them to understand and use health information; access their health information; be told if something has gone wrong during their healthcare, how it happened, how it may affect them and what is being done to make care safe.
- **Privacy** — Have their personal privacy respected and have information about them and their health kept secure and confidential.
- **Give feedback** — Provide feedback or make a complaint without it affecting the way they are treated; have their concerns addressed in a transparent and timely way; share their experience and participate to improve the quality of care and health services.

More information: www.safetyandquality.gov.au



Strategic and regulatory alignment

Queensland Health



HEALTHQ32: A vision for Queensland's health system

People from multicultural backgrounds have been identified as one of the priority population groups in *Queensland Health's vision, HEALTHQ32*.

HEALTHQ32 recognises that one size does not fit all when it comes to our health system, and strategies to ensure equity of access for priority populations should underpin our health service planning and delivery.

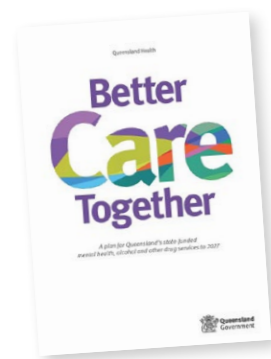
Refugee Health and Wellbeing Policy and Action Plan 2022–2027

Steps out a shared vision and healthcare priorities for people from refugee and asylum seeker backgrounds living in Queensland.



Better Care Together: a plan for Queensland's state-funded mental health, alcohol and other drugs services to 2027

Better Care Together is Queensland Health's five-year plan to transform, optimise and grow state-funded mental health, alcohol and other drug services to improve outcomes for Queenslanders. It includes strengthening responses across the care continuum and delivering enhanced service responses to people from multicultural backgrounds including people who have experienced torture and trauma.



The MHPAP also seeks to align with other Queensland Health strategic plans such as:

- *Queensland Women and Girls' Health Strategy 2032*
- *Health Workforce Strategy for Queensland to 2032*
- *Department of Health Strategic Plan 2021–2025*
- Queensland Health Equity, Diversity and Inclusion Statement of Commitment and the Queensland Health equity and diversity plan.



Hospital and Health Service (HHS) Strategic Plans

The MHPAP also seeks to align with the HHSs strategic plans to support the health and wellbeing of local communities.

Queensland Government

Queensland Multicultural Action Plan 2024–25 to 2026–27

Whole-of-government action plan implementing the Queensland Government Multicultural Policy. Queensland Health has existing commitments under this action plan.

Queensland Public Sector Act 2022

Ensures the public sector is responsive to the diverse community it serves, including a duty to promote equity, diversity, respect and inclusion in the workplace. The *Public Sector Act* requires agencies to undertake an annual equity and diversity audit process and develop an equity and diversity plan.

Multicultural Recognition Act 2016

This Act aims to ensure that government services are responsive to the needs of our multicultural communities.

Anti-Discrimination Act 1991

The *Anti-Discrimination Act 1991* aims to protect people in Queensland from unfair discrimination.

Other alignment

PHN Multicultural Health Framework 2024

The Primary Health Network (PHN) Multicultural Health Framework has been developed to improve health and wellbeing outcomes and experiences for multicultural communities across all PHN regions.

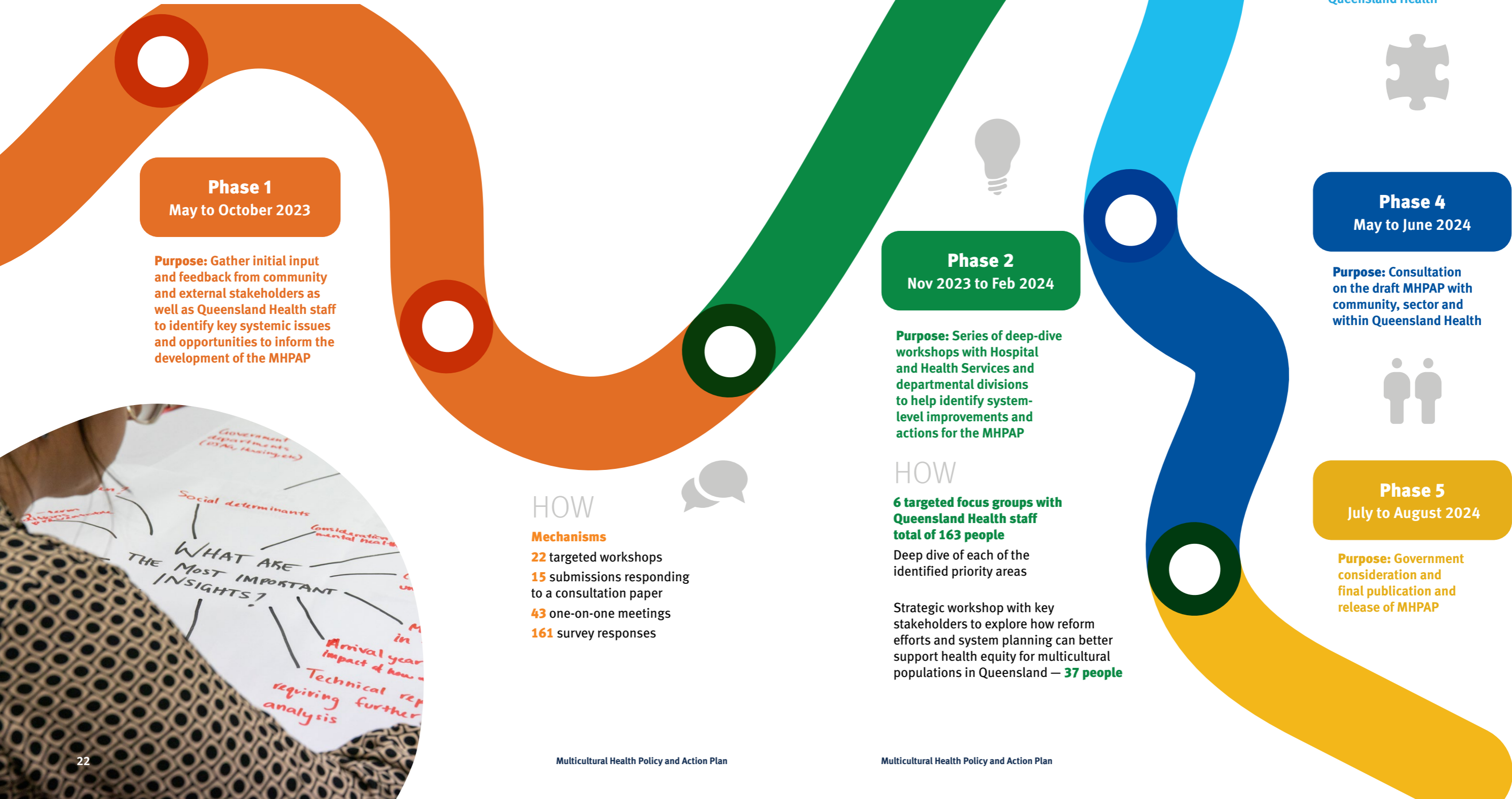
National Safety and Quality Health Service (NSQHS) Standards – user guide for health service organisations providing care for patients from migrant and refugee backgrounds

This user guide identifies actions from the NSQHS Standards that require special consideration to ensure care is safe, of high quality and culturally responsive to meet the needs of people from migrant and refugee backgrounds. The user guide provides suggestions on how organisations may approach planning, implementing and evaluating services for migrants and refugees. It also contains suggested strategies and examples of supporting evidence that can be used to demonstrate compliance with the NSQHS Standards.

Our approach to engagement and co-design



Consultation undertaken with the community, sector organisations, departmental staff and primary health and Hospital and Health Service (HHS) representatives has highlighted significant systemic barriers across multiple levels that multicultural populations face when accessing and using our health services. The aim is to address these barriers and improve access and health outcomes for multicultural communities through partnership across the system.



Phase 1
May to October 2023

Purpose: Gather initial input and feedback from community and external stakeholders as well as Queensland Health staff to identify key systemic issues and opportunities to inform the development of the MHPAP



Phase 2
Nov 2023 to Feb 2024

Purpose: Series of deep-dive workshops with Hospital and Health Services and departmental divisions to help identify system-level improvements and actions for the MHPAP

HOW

6 targeted focus groups with Queensland Health staff total of 163 people

Deep dive of each of the identified priority areas

Strategic workshop with key stakeholders to explore how reform efforts and system planning can better support health equity for multicultural populations in Queensland – **37 people**

Phase 3
March to April 2024

Purpose: Nomination of actions from across Queensland Health



Phase 4
May to June 2024

Purpose: Consultation on the draft MHPAP with community, sector and within Queensland Health



Phase 5
July to August 2024

Purpose: Government consideration and final publication and release of MHPAP

HOW

Mechanisms

- 22** targeted workshops
- 15** submissions responding to a consultation paper
- 43** one-on-one meetings
- 161** survey responses





Queensland Health thanks everyone who has contributed by sharing their unique experiences and suggestions on how we can improve the health and wellbeing of our multicultural communities.

To every person from a multicultural background with lived and living experience who was involved in the consultation: thank you for your courage and willingness to participate in the development of the MHPAP. We recognise this work required you to reflect on some challenging times you have experienced.

We hope you can see your voices reflected in this document.

Priority areas

Six priority areas have been identified and refined through extensive consultation. These priority areas are supported by specific actions that will deliver improved health access and outcomes for people from multicultural backgrounds across the five years of the MHPAP. These priority areas are interdependent and must be considered collectively to ensure the vision is achieved.



Priority 1
Prevention and early intervention



Priority 2
High quality language services and communication resources



Priority 3
Sustainable, accessible, trauma-informed and culturally safe health services



Priority 4
Productive partnerships, collaboration and linkages



Priority 5
Diverse, inclusive and culturally capable health workforce



Priority 6
Multicultural data and research



Priority 1

Prevention and early intervention

Most health conditions experienced by Queensland’s multicultural populations are preventable. There is clear evidence that appropriately designed preventative health interventions are effective, but most mainstream approaches do not adequately cater for at-risk multicultural populations.

This contributes to lower health literacy, lower uptake of health screening, poorer nutrition and lifestyle choices, and ultimately higher rates of potentially preventable hospitalisation and emergency care.

This can be improved by designing interventions with multicultural communities, embedding their explanatory models of health, attitudes and perspectives, expectations from treatment, and empowering them to engage in health promoting behaviours.

Additionally, early engagement with appropriate mental health services is vital in prevention of chronic mental illness and associated physical health concerns.

Success indicators

- Reduction in rates of potentially preventable hospitalisations among specific multicultural populations over time.
- Increase in culturally appropriate and accessible screening and health promotion resources provided to communities.
- Number and effectiveness of health promotion and health literacy activities delivered.
- Increased participation in screening among high-risk populations.
- Increased information and understanding of multicultural health needs to inform public health initiatives.

Key areas of focus include:

- Meaningful engagement with multicultural communities to understand the unique health challenges that they experience and the underlying factors. This includes embedding multicultural lived/living experience in service design and delivery.
- Co-design of targeted health promotion initiatives and resources with multicultural communities.
- Empowering people from multicultural backgrounds to manage their own health, make informed health choices, engage effectively with health services, and achieve better health outcomes.
- Targeted initiatives to reduce stigma and improve health literacy and the uptake of health promoting behaviours, particularly among multicultural population groups at higher risk including young and elderly people who have unique health needs.



Actions to drive change

1.1	Increase understanding of the cultural determinants of health, the pathways through which they influence health outcomes and identify how to address these at a population level.
1.2	Embed prevention and early intervention for multicultural populations as a priority group in the implementation of the <i>Putting Queensland Kids First (PQKF)</i> investment package across the state.
1.3	Address, prioritise and be responsive to the needs of women and girls from a multicultural background in the implementation of the <i>Queensland Women and Girls’ Health Strategy 2032</i> .
1.4	Co-design improved resources for oral health and aged care to support multicultural populations.
1.5	Strengthen and support initiatives to address known, ongoing health issues among specific population groups.
1.6	Expand the delivery of place-based, targeted health promotion and health literacy initiatives in partnership with multicultural communities and local organisations. This includes: <ul style="list-style-type: none"> • Expanding the Healthy New Communities health promotion program currently implemented in Logan to other local government areas • Establishing “community champion” health promotion models to increase health literacy and promote preventive health measures • Increasing the delivery of place-based multicultural health promotion programs across the state • Strengthening partnerships and integration of health education with local TAFEs, universities, ESL providers and multicultural organisations.
1.7	Address stigma and improve prevention and early identification of mental health issues in multicultural communities. This includes: <ul style="list-style-type: none"> • Expanding Building Resilience in Transcultural Australians (BRITA Futures) training • Delivering targeted mental health literacy and awareness workshops and mental health stigma reduction programs to multicultural communities • Organising wellbeing expos for international students • Developing GenZ suicide prevention information packages in multiple languages to support multicultural consumers and carers.
1.8	Develop a <i>Queensland Mental Health and Wellbeing Strategy</i> to guide evidence-based promotion, prevention and early intervention initiatives that aim to support priority populations including people from multicultural backgrounds.
1.9	Enhance awareness and prevention activities relating to blood borne viruses and sexually transmissible infections (BBV/STIs), including HIV and Hepatitis B.
1.10	Improve access to culturally appropriate and accessible information to encourage increased participation in cancer screening in all age groups.
1.11	Improve immunisation strategies for multicultural populations to increase the uptake of COVID-19, Flu, RSV, and other vaccines.



“Build prevention capacity of the community by ensuring prevention initiatives are well supported by qualified health professionals but led by us, the community”

Community member



Case study: Healthy New Communities Initiative

People from multicultural backgrounds face unique challenges when adopting a healthy lifestyle in Australia. This includes language barriers, sociocultural barriers, low health literacy and lower socioeconomic status.

Healthy New Communities is a place-based initiative delivered through the *Logan Community Health Action Plan*. The initiative involves building connections and trust with communities, and proactively involving the community in the design and delivery of health promotion activities.

Through this initiative, thousands of people from multicultural backgrounds are engaged every year in activities such as:

- community learn-to-swim programs
- nutrition literacy
- skills development
- community-based physical activity programs.

Healthy New Communities also builds the capacity of community members to lead and deliver activities themselves for their communities, resulting in employment opportunities. The model is being evaluated by Griffith University to demonstrate best practice in working with multicultural communities.

In 2023, the Queensland Government committed \$2.6 million per year in ongoing funding to the *Logan Community Health Action Plan*.

Moving forward through the *Multicultural Health Policy and Action Plan*, Queensland Health will look towards expanding successful, community-led initiatives such as *Healthy New Communities* to other locations across the state.



Priority 2

High quality language services and communication resources

Being able to understand and access health information is essential to reducing barriers to navigating and engaging in healthcare and improving health literacy.

Across Queensland Health services, it is estimated that a lack of engagement with interpreters, combined with suboptimal quality of interpreter services, is resulting in adverse patient outcomes and a loss of trust in health services. This issue is also costing the health system tens of millions of dollars per year.

Effective language service provision supports the health system to provide safe and appropriate care and empowers people from diverse linguistic backgrounds to access and engage in healthcare and reach their full health potential.

Success indicators

- Range and number of activities delivered.
- Improved availability and engagement of interpreters in the provision of healthcare.
- Increased availability and accessibility of health information in language and in formats that meet the needs of multicultural consumers.
- Improved satisfaction with interpreter service provision.
- Increase in number of resources co-designed with community.

Key areas of focus include:

- Supporting the health system to satisfy its duty of care and patient safety through improved engagement, monitoring and reporting of high-quality language services.
- Building the capability of Queensland Health staff to identify communication preferences of patients from diverse linguistic backgrounds and provide care and information in language.
- Enabling frontline staff to provide high-quality language services when and where they are needed, including teach-back methodology to ensure clear communication and understanding.
- Supporting the language services workforce to provide quality language services in the health system.



Actions to drive change

2.1	<p>Improve the quality of language service provision across the health system by:</p> <ul style="list-style-type: none"> • Reforming the Standing Offer Arrangement for the Provision of Language Services (Interpreting and Translating) • Improving data collection and reporting on language service provision across Queensland Health • Improved monitoring and performance management of language service providers.
2.2	<p>Support the interpreter workforce to provide quality services across the health system by:</p> <ul style="list-style-type: none"> • Providing professional development opportunities for interpreters and translators on health topics, to support improved capability • Exploring ways to improve access to free catch-up vaccination for specific vaccines • Improving the provision of pre- and/or post-briefing of interpreters ahead of/following complex assignments.
2.3	<p>Improve and promote the engagement of quality interpreting and translation services to address language and communication barriers when delivering care.</p> <p>Actions will include:</p> <ul style="list-style-type: none"> • Developing a suite of resources to support health staff to engage and work with interpreters and translators across all modalities • Expanding priority interpreter connections for emergency departments • Expanding the availability of quality and rapid translation turnaround • Supporting improved options for capturing patient consent in language • Increasing options for high quality video-interpreting, especially in regional and rural locations • Improved support for Interpreter Service Coordinators.
2.4	<p>Expand and promote in-house health interpreting service provision to support improved quality and access to language services.</p>
2.5	<p>Develop accessible and appropriate health information and be responsive to the linguistic and communication needs of people from multicultural backgrounds.</p>
2.6	<p>Enable staff to provide inclusive and accessible information in language.</p> <p>Actions will include:</p> <ul style="list-style-type: none"> • Establishing a Multicultural Health 'hub' for all translated health resources • Supporting staff to co-design and tailor resources and communication tools with consumers from a multicultural background • Updating the Queensland Health editorial style guide to include inclusive and accessible communication information for all vulnerable audiences • Expanding the availability and use of SMS appointment confirmations and appointment letters to patients in their preferred language • Developing a Queensland Ambulance Service Inclusive Communication and Practice Guide to assist frontline staff to provide high-quality language services.
2.7	<p>Where appropriate and achievable, expand the development of and trial innovative technologies such as high-quality AI or computer-assisted translation to improve the accessibility and navigation of health information.</p> <p>This will include:</p> <ul style="list-style-type: none"> • Rolling out and reviewing the CALD Assist app to aid clinicians in low-risk clinical interactions with non-English speaking patients • Reviewing the efficacy of translation apps designed for specific specialties • Exploring the use of translation software on all Queensland Health sites.

“Language barriers remain the largest barrier to healthcare for our communities. Usage of available interpreting services within the health system is poorly understood and utilised”

Community member



Case study: Expansion of language services across Queensland Health

The COVID-19 pandemic clearly highlighted how language barriers impact health access for people who speak little to no English.

Since 2020, Queensland Health’s investment in language services has grown by over 50 per cent, from \$12.1 million in 2020 to \$18.1 million in 2024. While we are moving in the right direction, improvement is needed across Queensland Health to make information and services more accessible.

This is why the Queensland Government is investing **\$1.1 million over the next four years in a new centralised booking system** that will make it easier for clinicians to book interpreters and monitor when interpreters are provided.

There are also more innovative ways of providing access to interpreters, such as through the Gold Coast University Hospital’s Emergency Department priority video interpreter connection program. Clinicians are equipped with portable iPads and can seamlessly book an interpreter over video and be connected within two minutes.

In the Darling Downs region, there are few interpreters available to support its local population. Darling Downs Hospital and Health Service has provided specialised training to clinicians on how to engage interpreters over video and phone, to ensure physical distance to an interpreter is not a barrier for their patients.

Through the *Multicultural Policy and Action Plan*, Queensland Health will continue investing in innovative new ways to providing language services and expand these approaches to other locations.



Priority 3

Sustainable, accessible, trauma-informed and culturally safe health services

People from multicultural backgrounds often face challenges navigating the health system and do not always feel comfortable or safe when they access services. We all have our own unique social, historical and cultural identity which can impact how we deliver and experience services.

People from multicultural backgrounds report experiences of racism and discrimination when accessing mainstream healthcare, mostly arising from conscious and unconscious biases. Negative patient experiences lead to a loss of trust and engagement in healthcare, contributing to worsening health disparities. A person from a multicultural background may also be a woman, have a disability, or be LGBTQIA+, and this intersectionality may result in greater barriers and inequities.

They may be Medicare ineligible or on uncertain residency pathways. There is a compelling need for whole-of-system improvement in providing culturally safe and responsive healthcare to multicultural populations, as well for targeted and specialist models of care that promote improved access and outcomes.

Success indicators

- Increased access to public healthcare services for multicultural populations including those that are Medicare ineligible.
- Evidence of improvements and increased satisfaction based on consultation and feedback from multicultural consumers.
- Increased participation and visible representation of multicultural consumers and staff on governance mechanisms.
- Improved feedback and complaint mechanisms to monitor and respond to issues which affect multicultural consumers.
- Improved performance on recognised measures of cultural responsiveness including National Safety and Quality Health Standards.

Key areas of focus include:

- Fostering a culture of respect, inclusivity, and responsiveness to the diverse needs of patients from multicultural backgrounds that is free from racism and discrimination.
- Implementing culturally appropriate initiatives to support patients to understand, navigate and have a safe experience of healthcare.
- Increasing participation and visible representation of multicultural consumers and staff on governance mechanisms.
- Supporting the sustainability of effective, culturally appropriate models of care that enhance accessibility and improve outcomes.
- Improving the accessibility of consumer and carer feedback mechanisms for patients from multicultural backgrounds.
- Supporting people from multicultural backgrounds, their families and communities to understand their rights.
- Increasing the availability and access to culturally appropriate assessments and outcome measures to improve health outcomes for people from multicultural backgrounds.



Actions to drive change

3.1	Review statewide oral health guidelines to determine their suitability in facilitating access to Queensland oral health services for multicultural populations.
3.2	Reform Queensland Health refugee health services to improve service consistency, sustainability and connectedness by: <ul style="list-style-type: none"> • Developing a program and clinical framework for Queensland to support service provision, in partnership with key partners • Supporting improved workforce training, planning and supervision • Enabling improved integration with primary care • Designing-in capacity to support surges in arrivals • Enabling improved care and pathways for people with disability and children and adults with complex health needs.
3.3	Improve access to culturally appropriate and trauma-informed health services for people from refugee backgrounds, including those seeking asylum and new arrivals from new and emerging communities.
3.4	Ensure a system-wide focus on multicultural health issues through the ongoing implementation of Queensland Health system-wide reforms to improve health and wellbeing of multicultural communities.
3.5	Improve access to public healthcare for those who are Medicare ineligible. This includes: <ul style="list-style-type: none"> • People seeking asylum in Australia who are not eligible for Medicare • People under the PALM Scheme and the Seasonal Worker Program • Those experiencing domestic and family violence • Those requiring HIV medication • International students and other migrants on temporary visas.
3.6	Improve accessibility and culturally appropriate healthcare for Australian South Sea Islanders.
3.7	Enhance the specialist transcultural and multicultural workforce across mental health, alcohol and other drugs (MHAOD) services by increasing the Multicultural Mental Health Coordinators (MMHCs) across the state to provide trauma-informed care.
3.8	Establish/expand dedicated positions in facilities to work with and respond to the needs of priority multicultural communities. This includes: <ul style="list-style-type: none"> • Multicultural Hospital Liaison Officer positions, including the Māori and Pacific Islander Hospital Liaison Officer • Refugee Health nurses.
3.9	Engage with Queensland Health clinical governance groups to explore new approaches to improving patient safety for people experiencing language and cultural barriers when they access care.
3.10	Ensure local health service planning considers multicultural population needs via the Local Area Needs Assessments (LANA) to better inform service design and delivery.
3.11	Implement strategies to ensure telehealth options are accessible and culturally appropriate.
3.12	Support improved approaches to effectively capture patient feedback in language and enable patients to understand their rights.
3.13	Create and promote culturally welcoming and safe environments in health facilities for multicultural patients, including: <ul style="list-style-type: none"> • Creating multi-faith prayer spaces • Updating the Framework for the Integration of Spiritual Care in Queensland Health Facilities • Implementing the language badge program across Queensland health services.
3.14	Address barriers arising from intersectionality including ensuring the needs of multicultural communities are considered in the delivery of Queensland Health's actions on the LGBTQIA+ Strategy and Action Plan, as well as the delivery of domestic and family violence support and training.

“Flexibility to modify usual practice to better meet needs of our communities is key, such as multicultural nurse navigators who have been helpful in navigating a complex system”

Community member



Case study: Specialist services supporting multicultural communities

For more than 20 years, the Mater Refugee Complex Care Clinic (MRCCC) has provided specialist primary care to people seeking asylum and refugees with complex health conditions. MRCCC is supported by dedicated clinicians and staff with a deep understanding of the barriers their patients face when navigating the health system.

Refugees, and especially people seeking asylum, are more likely to face challenges to accessing health care due to trauma, torture and systemic barriers including Medicare ineligibility. Care provided at MRCCC is trauma-informed, which is paramount to ensuring the health and wellbeing of people seeking asylum and people from refugee backgrounds while supporting appropriate health seeking behaviours. In 2023-24, MRCCC provided almost 500 patients with 2775 appointments including access to paediatric, psychiatric and nursing care.

The Queensland Government has committed to ensuring this essential service continues, providing \$3 million over four years to support its operations.

We have also listened to the need for more specialist staff and support to navigate the hospital system. For the first time in the history of Queensland’s health system, Queensland Health will recruit **nine new multicultural liaison officers** into public hospitals. These positions will support the health system to provide culturally safe and appropriate care to patients from multicultural backgrounds.

There will also be an **expansion of multicultural mental health coordinator roles** across the state with nine new positions. These strengthen mental health services’ ability to be culturally responsive to their patients’ needs.

The number of specialist refugee health nursing positions is also **expanding from 10 to 15 nurses**. These nurses play an essential role in supporting new arrivals to Australia to access healthcare for the first time. They play an important role in identifying immediate health needs and providing support with health system navigation.



Priority 4

Productive partnerships, collaboration and linkages

The care needs of many Queenslanders are becoming increasingly complex, particularly for people from multicultural backgrounds who may face additional language, system navigation and health literacy barriers.

To provide better care for multicultural populations, there is a need to have authentic partnerships with multicultural communities and understand their perspectives, beliefs, and communication needs. To provide high-quality, safe and connected healthcare for people with chronic or complex health and social care needs, we need to improve how we collaborate across the health sector.

There is a need to be more proactive in developing linkages between health and other sectors to improve the social determinants of health for people from multicultural backgrounds and support more seamless interfaces with settlement, social, housing, disability and aged care services.

Success indicators

- Increased community, sector and intergovernmental partnerships and engagement activities to support health service planning, delivery and continuous quality improvement.
- Number of place-based health initiatives delivered in partnership with community and sector to enhance the health and wellbeing of multicultural communities.
- Improved referral pathways and streamlined and coordinated services for people from multicultural backgrounds.
- Increased representation of people from multicultural background in advisory groups and clinical governance groups.
- Improved multicultural health representation on Commonwealth Partnership engagements, including a commitment from the Commonwealth to develop a national refugee health framework.
- Increased community and partner-reported satisfaction with service partnering arrangements.

Key areas of focus include:

- Building and nurturing authentic, respectful relationships with multicultural populations and community organisations that work with or represent them. This includes embedding multicultural lived/living experience in service design and delivery.
- Strengthening partnerships across primary, secondary and tertiary care to minimise barriers to accessing healthcare, including through the design of innovative approaches and solutions.
- Strengthening linkages, collaboration and care coordination with sectors that interface with the health of multicultural populations, including community-based organisations and services, housing, disability and aged care and government agencies (Commonwealth, state and local government levels).
- Promoting shared responsibility for the health and wellbeing of people from multicultural backgrounds across government agencies and levels of government including improving information sharing practices.
- Enabling place-based health responses to local multicultural communities and empower them to co-create or lead solutions to maximise their health and wellbeing.



Actions to drive change

4.1	Advocate for improved joint planning to support the health of new arrivals under the Humanitarian Settlement Program, including the development of a national refugee health framework.
4.2	Ensure productive partnerships and ongoing advocacy across the health system through multicultural health representation on local, state and Commonwealth forums and through the escalation of issues via intergovernmental mechanisms.
4.3	Finalise the Multicultural Health Engagement Project (MHEP) with project partners and disseminate project findings and materials to key stakeholders.
4.4	Strengthen and expand existing partnerships and collaboration across health and community sectors as well as with other government agencies to streamline and improve co-design processes, access knowledge and expertise, and be more responsive to the needs of multicultural communities. This includes sectors that interface with the health of multicultural populations, including community-based organisations and services, housing, disability and aged care.
4.5	Strengthen ongoing collaboration to develop and implement strategies and action plans that impact multicultural communities, including: <ul style="list-style-type: none"> • <i>Pasifika and Māori Health and Wellbeing Strategy for Brisbane South 2020–25</i> • <i>Refugee Health and Wellbeing Policy and Action Plan 2022–2027</i> • <i>Queensland Multicultural Action Plan 2024–25 to 2026–27.</i>
4.6	Establish multicultural-specific advisory groups and various Communities of Practice to inform a range of service design and delivery, including development of communication resources.
4.7	Improve referral pathways across primary, tertiary and community services, and support people from multicultural backgrounds to navigate these services.
4.8	Support participation of public health services at major cultural events and days of significance within the community, enhance links with partners and services and promote available public health services and resources to the community.
4.9	Pilot a Diabetes Ramadan Preparation Clinic in partnership with community and sector to help patients prepare to fast safely in the lead-up to Ramadan.



“There are many learnings from COVID-19 which showed the importance of working collaboratively across all areas of health, in partnership with community and other sectors to address social determinants of health”

Community member



Case study: Pasifika and Māori Health and Wellbeing Strategy – joint commissioning with PHN and working with communities

Metro South Health and Children’s Health Queensland are working in partnership with Brisbane South PHN and local community organisations to deliver the *Pasifika and Māori Health and Wellbeing: A Strategic Framework and Action Plan for Brisbane South 2020–2025*. This collaborative effort aims to improve access and health outcomes for the Pasifika and Māori community. This strategy has been built by working together, building trust and sharing mutual learnings among stakeholders.

Key initiatives under this strategy include community-driven health projects, culturally responsive service models, and cross-sector partnerships. These actions are designed to improve mental health, health literacy, maternal and child health and wellbeing and overall wellness, ensuring that community voices are integral in shaping health strategies and outcomes for the Pasifika and Māori community.

In addition to effective collaboration and partnership, the strategy has enabled the Brisbane South PHN and Queensland Health to jointly commission initiatives for the benefit of local Pasifika and Māori communities.

Through the *Multicultural Health Policy and Action Plan*, Queensland Health will continue to build partnerships across sectors and with the community sector to respond to the health needs of multicultural communities. This will include looking for ways to leverage investment across systems to achieve the best outcomes for multicultural populations.



Priority 5 Diverse, inclusive and culturally capable health workforce

Building a health workforce and leadership that represents the community it serves is vital to delivering inclusive and culturally safe services. Diversity and inclusion matter because changing the composition of the workforce brings diverse perspectives to service provision and decision making. In addition, all staff should aim to be culturally responsive, regardless of their cultural background.

People from multicultural backgrounds experience several barriers on their path to employment in healthcare, yet their employment can help address workforce shortages and enable more culturally responsive care to multicultural populations. Once employed, they may face experiences of both systemic discrimination and a lack of sense of belonging.

There is a need for greater cultural capability across the health system and to strengthen individual and organisational accountability toward racial bias and discrimination. Promoting cultural capability among staff contributes to inclusion in the workplace as well as more culturally safe services.

Success indicators

- Number and range of training programs delivered and number of staff completing training.
- Increased employment, retention and development of staff from multicultural backgrounds.
- Improved cultural capability of Queensland Health staff to provide culturally safe and responsive care to multicultural communities.
- Improved workplace culture for multicultural staff as measured in employee surveys.

Key areas of focus include:

- Adopting inclusive recruitment and retention practices and promoting a workplace culture where diversity is valued at all levels.
- Improving the capability of the health workforce to provide culturally safe and responsive services including training on culturally safe practices and working with interpreters.
- Establishing processes to attract, develop and retain staff from multicultural backgrounds.
- Promoting inclusive practices that support staff from multicultural backgrounds to ensure they feel valued, respected and empowered.
- Exploring and identifying innovative workforce models to provide pathways to employment for overseas trained health professionals to better support and utilise their skills, lived experiences, and overseas qualifications. This includes working with stakeholders to minimise barriers to entering the workforce.
- Creating a work culture which values respectful curiosity, celebrates diversity, embraces ongoing learning and enables safety to share various perspectives.
- Improving accessibility and utilisation of bi-cultural workforce within the health system including in lived experience roles to optimise health outcomes.



Actions to drive change

5.1	Develop and deliver the <i>Health Workforce Strategy for Queensland to 2032</i> , with implementation supported through the <i>Queensland Health Workforce Action Plan 2024 to 2028</i> , including: <ul style="list-style-type: none"> • Implementing anti-racism and cultural safety actions across the health workforce • Expanding employment opportunities for multicultural positions • Addressing barriers to skills recognition for migrants and refugees.
5.2	Build cultural capability and competency across the health workforce through trauma-informed, culturally safe and responsive training. This includes: <ul style="list-style-type: none"> • Professional development for the health workforce on delivering trauma-informed and culturally sensitive care to multicultural and refugee communities • Reviewing Centre for Leadership Excellence programs and develop additional programs and/or learning resources to support the development of cultural capability across the health workforce • Implementing guidelines and training on how to effectively engage with interpreters and translators in a health setting.
5.3	Enhance the Queensland Transcultural Mental Health Centre (QTMHC) to provide statewide coordination, mentoring, supervision, support and capability development of the MHAOD workforce.
5.4	Conduct equity and diversity audits and develop Equity and Diversity Action Plans to address identified inequities in the health workforce.
5.5	Implement and promote approaches to attract and retain staff from multicultural backgrounds through adopting inclusive recruitment practices. This includes: <ul style="list-style-type: none"> • Statewide training on recruitment and selection incorporating the principles of equity and diversity in the recruitment and selection process • Promotion of diversity and inclusion job boards to attract diverse applicant pools • Attract diverse applicants to roles through inclusive recruitment campaigns • Review and develop recruitment policies and support the involvement of people with lived experience on recruitment panels.
5.6	Improve employment pathways for overseas trained health practitioners and young people from multicultural backgrounds, including observership programs and traineeship initiatives. This includes providing tailored support resources.
5.7	Conduct ongoing engagement, for example through staff surveys and workshops, and implement strategies to support the multicultural workforce to foster inclusion and promote a workplace culture where staff from diverse backgrounds feel included, valued, respected and safe.
5.8	Implement effective approaches to capture and monitor staff diversity data to ensure the health workforce and leadership reflects the profile and diversity of the community. This includes minimising barriers for staff to disclose their diversity information, assisting implementation of appropriate programs.
5.9	Recognise and promote days of significance such as Multicultural Queensland Month and Harmony Day that celebrate the contribution multicultural communities make to Australian society.



“There is a need to ensure cultural and professional diversity is reflected in the system. Otherwise, some of our communities might not be represented in the health workforce. We need to see an even distribution of workforce diversity in the data and a workforce trained to have an understanding of working with people from our communities”

Community member



Case study: The Queensland Transcultural Mental Health Centre (QTMHC) – fostering a diverse, inclusive, and culturally capable mental health workforce

The *Queensland Transcultural Mental Health Centre* (QTMHC) is at the forefront of fostering a diverse, inclusive, and culturally capable health workforce. The QTMHC offers a statewide clinical consultation service for people from multicultural backgrounds and their families and facilitates culturally responsive mental health care. This highly specialised team utilises clinical, workforce development and community engagement expertise, and works closely with Multicultural Mental Health Coordinators based in Hospital and Health Services (HHSs) across Queensland to respond to the needs of consumers from diverse cultural backgrounds at a local level.

To promote cultural safety and inclusivity, QTMHC engages a broad network of cultural consultants and bicultural workers. This diverse pool, which currently represents over 100 languages and cultural backgrounds, provides crucial cultural consultations to treating teams within public mental health services. Their involvement ensures mental health services are both culturally appropriate and sensitive to the needs of multicultural populations.

Understanding the social and cultural factors that shape and impact mental health and wellbeing is essential to delivering quality mental health care. This is why QTMHC also delivers tailored staff education, training and professional development to strengthen the capacity of the workforce to provide culturally responsive mental health care.

Under *Better Care Together: A plan for Queensland’s state-funded mental health, alcohol and other drug services to 2027*, the Queensland Government is investing \$5.56 million to establish new Multicultural Mental Health Coordinator roles across the state. Additional funding has been provided to the QTMHC to provide statewide coordination, mentoring and supervision, support and capability of the mental health, alcohol and other drugs workforce.

Through the *Multicultural Health Policy and Action Plan*, Queensland Health will continue to build a diverse and culturally capable health workforce and explore innovative ways of adopting inclusive recruitment and retention practices to promote a workplace culture where diversity is valued at all levels.



Priority 6

Multicultural data and research

Data is essential for providing appropriate care, building an evidence base and understanding the health outcomes and needs of our population.

Multicultural populations are often invisible in health data collection systems, or the fields collected are too narrow or not completed reliably. This includes data collection that supports service planning and clinical care, patient safety as well as data to assess health outcomes. Data that is collected is often not analysed or reported on regularly or consistently.

Further, people from multicultural backgrounds are underrepresented in clinical trials and research, which can contribute to bias in the design of health services. To deliver safe and equitable healthcare to multicultural populations, there is a need for systems that support data collection and linkage on multicultural indicators, and to build a comprehensive evidence base to understand the health outcomes of people from multicultural backgrounds. There is also a need for culturally appropriate strategies for engaging people from multicultural backgrounds in research and clinical trials.

Success indicators

- Improved multicultural data collection processes to effectively capture appropriate data.
- Regular analysis and reporting of multicultural data to inform improvements in service design and delivery.
- Increased participation of people from multicultural backgrounds in research and evaluation projects.
- Number of research projects co-designed with and focused on multicultural communities.

Key areas of focus include:

- Improving the inclusion of multicultural data indicators in systems that support data collection to support service planning and culturally safe service delivery.
- Supporting reliable and accurate entry of data at the frontline to support robust analysis.
- Improving the visibility of health outcomes for people from multicultural backgrounds through regular data analysis and reporting and appropriate dissemination of data to the community.
- Increasing the involvement of people from multicultural backgrounds in research and clinical trials.
- Investing in both quantitative and qualitative research relating to the health and wellbeing of multicultural populations.
- Engaging multicultural communities to understand why data is being collected and what it will be used for.



Actions to drive change

6.1	Build on the 2023 Queensland Health CALD data report and conduct a subsequent analysis of health indicators following the next census to track health outcomes and disparities experienced by multicultural populations.
6.2	Expand the scope of data analysed in the 2023 Queensland Health CALD data report by analysing and reporting on health outcomes for the multicultural population across Queensland, including perinatal and maternity outcomes.
6.3	Explore data linkage opportunities with the Australian Institute for Health and Welfare and the Australian Bureau of Statistics (ABS) to access multicultural population data using their linked dataset Person-Level Integrated Data Asset (PLIDA).
6.4	Improve staff awareness and training for consistent and accurate collection of multicultural minimum datasets for patients interacting with the health system, in a sensitive manner.
6.5	Develop a guide to inform consumer and community engagement in research with special focus on priority populations including multicultural communities.
6.6	Conduct regular engagement workshops with multicultural health professional groups to understand the unique health challenges multicultural community groups experience to support better research and health outcomes for multicultural communities.
6.7	Improve access for multicultural children to clinical trials and research.
6.8	Review and improve statewide data information systems to ensure accurate identification and data collection of multicultural patients. This includes: <ul style="list-style-type: none"> • The oral health information system (ISOH) to ensure functionality supports identification of multicultural populations • The Statewide Consumer Integrated Mental Health and Addictions (CIMHA) system to improve data collection for multicultural consumers.
6.9	Develop and enhance data dashboards and data resources on patient diversity, service utilisation and other key indicators, to better inform service planning and delivery.
6.10	Explore and undertake research and evaluation activities to understand evidence gaps and improve care for multicultural communities, including: <ul style="list-style-type: none"> • Partnering with academic institutions to research transcultural mental health practices and system-level issues • Research on the efficacy of the CALD Assist app in improving clinical communication with patients.



“It’s important to invest in generating research evidence and working with our communities in evaluations and research to improve culturally appropriate and effective services for our communities”

Community member



Case study: 2023 Queensland Health CALD data report

For over a decade, Queensland Health navigated a significant challenge: the absence of comprehensive health outcome analysis for multicultural communities.

In March 2023, Queensland Health launched [Exploring the health of culturally and linguistically diverse \(CALD\) populations in Queensland: 2016–17 to 2019–20](#).

The report analyses health outcomes for CALD populations born overseas living in Queensland, shedding light on significant health disparities and identifying areas for targeted intervention.

The project involved undertaking a detailed analysis of existing CALD-related data collected by Queensland Health. Various CALD data roundtables were also held with stakeholders to improve understanding of the health needs of CALD communities through data.

Queensland Health is better positioned to consider the needs of CALD populations in its healthcare policies, programs and strategies based on the findings from the report. Findings from the report have informed the development of various Queensland Health strategies and policies including the *Multicultural Health Policy and Action Plan*.

Multicultural populations are often invisible in health data. Through the *Multicultural Health Policy and Action Plan*, Queensland Health is committed to building on the 2023 Queensland Health CALD data report to track health outcomes and disparities experienced by multicultural populations. Queensland Health will also strengthen community engagement in research and evaluations as well as exploring further CALD data project collaboration at local, state and national levels.



Monitoring and Reporting

Achieving improved health access and outcomes for people from multicultural backgrounds in Queensland will require collaborative efforts across the system.

The implementation of the *Multicultural Health Policy and Action Plan* will be guided by a series of actions to operationalise and detail the deliverables relevant to each priority area, along with the responsible areas and relevant partners. Monitoring and annual reporting will be coordinated by the Disability and Multicultural Health Unit in System Policy Branch, with input from departmental divisions and HHSs.

Further work will be undertaken to refine the key performance and success indicators for each priority area and to build data baselines, especially given the current limitations in multicultural data. Strengthening these data metrics will help establish a robust baseline for measuring the effectiveness of the *Multicultural Health Policy and Action Plan*. Performance will be reported against agreed indicators, key milestones, and outcomes, leveraging Queensland Health's existing reporting requirements and governance structures in multicultural health.

Progress updates will be shared with the Queensland Health Multicultural Health Advisory Group, internal Multicultural Health Steering Committee and key stakeholders throughout the life of the *Multicultural Health Policy and Action Plan*. Reporting mechanisms will ensure the implementation and monitoring approach remains contemporary, effective, and responsive to enable continuous improvements and sharing of learnings across the system.

Abbreviations

ABS: Australian Bureau of Statistics

ASSI: Australian South Sea Islander

CALD: Culturally and Linguistically Diverse (for the purpose of this document, CALD has been used interchangeably with multicultural)

DFV: Domestic and Family Violence

HHS: Hospital and Health Service

LANA: Local Area Needs Assessment

MESB: Mainly English Speaking Background

MHAOD: Mental Health and other Drugs

MHLO: Multicultural Health Liaison Officer

MMHC: Multicultural Mental Health Coordinator

NESB: Non-English Speaking Background

PALM: Pacific Australia Labour Mobility

PHN: Primary Health Network

QH: Queensland Health

QTMHC: Queensland Transcultural Mental Health Centre

RSV: Respiratory Syncytial Virus



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MULTICULTURAL HEALTH POLICY AND ACTION PLAN

A vision to improve the health and wellbeing of all people from multicultural backgrounds in Queensland