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Multicultural Health Access Needs Assessment Summary Report

Multicultural Health Access Needs Assessment

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We acknowledge the Kaurna peoples who are the traditional Custodians of the Adelaide Plains. We pay tribute to their physical and spiritual connection to land, waters and community, enduring now as it has been throughout time. We pay respect to them, their culture and to Elders past and present. We would also like to acknowledge and pay our respects to those Aboriginal and Torres Strait Islander people from other Nations who live, work, travel and contribute on Kaurna Country.

This report is based on the work of Torrens University.

Contents

Abbreviations

Abbreviation	Phrase/word
ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and other drugs
Adelaide PHN	Adelaide Primary Health Care Network
ABS	Australian Bureau of Statistics
ACCSA	African Communities Council of South Australia
AIHW	Australian Institute of Health and Welfare
CALD	Culturally and Linguistically Diverse
GP	General Practitioner
LGA	Local Government Area
MHF	The Multicultural Health Framework
NDIS	National Disability Insurance Scheme
NA	Needs Assessment
PHIDU	Public Health Information Development Unit
PHNs	Primary Health Network
RASA	Relationship Australia, South Australia
SA	South Australia
SDOH	Social determinants of health
SES	Social Economic Status
STTARS	Survivors of Torture and Trauma Assistance and Rehabilitation service
TIS	The Translating and Interpreting Service
WHO	World Health Organisation

Executive Summary

The Adelaide PHN is one of 31 Primary Health Networks (PHNs) across Australia with their region covering the Adelaide metropolitan area. The Adelaide PHN prepare comprehensive needs assessments to identify the key population and health service needs with the assessments informing the commissioning of programs and services to deliver better health outcomes for people living in this region.

Needs Assessment Purpose

The Adelaide Primary Health Network (PHN) Needs Assessment (NA) identifies health priorities and opportunities across the Adelaide metropolitan region to drive future service enhancement. It brings together data and information from the community, local health services and workforce to inform activities to improve the health and wellbeing of people living in our region.

This Needs Assessment (NA) identifies the Adelaide PHN population needs for improved primary care for multicultural communities. The Culturally and Linguistically Diverse (CALD) populations in Australia exhibit significant diversity in terms of cultures, languages and migration experiences and are recognised as a priority group in several key Government strategies.

Methodology

A mixed methods approach was used to conduct this NA including consultations with community and service providers. The PHN Multicultural Health Framework was also used to inform this NA.

Key Findings on Demographics and Health Service Needs

(a) Demographics:

- CALD populations live predominantly in the Northern (22%), Central (22%) and Western (24%) Adelaide PHN regions
- Slightly more CALD females (52%) then males (48%)
- CALD populations who do not any speak English originate mostly from China (excluding Special Administrative Regions and Taiwan), Vietnam, Afghanistan, Bhutan and India
- Newly arrived migrants and those with a refugee background have intersecting health and social disadvantage and encounter significant challenges navigating social and health systems.

(b) Health service needs:

- Critical issues impacting access to care include affordability, service availability and workforce shortages
- Individual barriers impacting health service access include low health literacy, low English proficiency, transportation difficulties and psychosocial factors (e.g. cultural and differences, social stigma, discrimination)
- A lack of culturally sensitive practices, particularly for management of chronic conditions
- These populations have multiple intersecting health and social disadvantage and encounter significant challenges in navigating social and healthcare systems. Factors such as migration

patterns, low educational attainment, limited income, and low English proficiency negatively impact their health. System factors that contribute to these challenges include:

- Limited structured partnerships and referral systems, particularly within the migrant health sectors.
- Limited capacity of current services (e.g. Alcohol and Other Drug (AOD) services) to cater to diverse CALD groups.

Need Statements

1. Enhance chronic health conditions management especially mental health issues for the humanitarian entrants.
2. Enhance screening participation for cancer and other preventative health services including sexual health.
3. Embed a holistic view to health to recognize, social determinants of health including psychosocial factors.
4. Enhance primary care access for multicultural communities.

Prioritised Need Opportunities

The following are prioritised need opportunities that were identified through the needs assessment process:

1. There is a significant gap in culturally appropriate and timely health care services for the CALD population.
2. There is a lack of integrated and coordinated care, continuity of care and suitable referrals services for CALD communities.
3. There is a lack of person-centred comprehensive support and holistic care to address the Social Determinants of Health for CALD population.
4. There is insufficient proactive community engagement among health service providers.
5. There is a lack of support for vulnerable populations, particularly newcomer women and older individuals with co-morbidities from humanitarian background.

Introduction and background

The Centre for Public Health, Equity and Human Flourishing (PHEHF) at Torrens University was engaged by the Adelaide PHN to conduct a comprehensive needs assessment to support the identification of need, priorities, and options to improve access to primary health care for multicultural communities living in the region.

This Needs Assessment was in response to the recent reform in after-hours programs by Department of Health and Aged Care (DOHAC 2023). As part of this reform, DOHAC is committed to supporting PHNs to commission services that improve access to primary care for multicultural communities. The Australian government's 2023-24 budget announcement allocated $77.9 million to extend the national after-hours program delivered through PHNs.

This 2024 Multicultural Health Access Needs Assessment aims to build on and add value by determining priorities and identify strategies through stakeholder engagement. These strategies will be implemented to better align funding with Adelaide PHN regional need.

The National Multicultural Health Framework (MHF) developed by the PHN Multicultural Health Framework Working Group and National PHN Cultural Diversity Community of Practice (PHN Cooperative 2024), aims to improve wellbeing outcomes and experiences for multicultural communities across all PHN areas. The MHF provides guidance on:

- planning and implementing culturally responsive partnership approaches to increase health system access and equity for multicultural communities.
- implementing best practice actions to support PHNs in delivering locally informed and relevant responses that consider the diversity of communities; and
- advocating for resources and sustainable practices.

The MHF was used extensively by PHEHF and has guided this Needs Assessment.

Methodology

This section presents the methodology used to undertake this Needs Assessment for the Adelaide PHN.

Desktop literature review

- A literature review relevant to multicultural communities was conducted to provide the context and background information about health and service needs of these communities.
- Sources: Google Scholar and Google databases, government and non-government organisations reports, Policy and Practice frameworks including Social Determinants of Health, Multicultural Health Frameworks and Access and Equity Framework.
- Key words: Multicultural Health issues, Health needs of diverse populations in Australia, Access to Healthcare Services

Quantitative analysis of published available data

- Sources – including Adelaide PHN Needs Assessment reports, Australian Bureau of Statistics (ABS), Population Health Information Unit (PHIDU), and the Australian Institute of Health and Welfare (AIHW)

Qualitative data collection and analysis

Survey

- 40 community members, including cultural and health service providers, were surveyed to understand the provision of primary care services for the multicultural populations in Adelaide.
- 27 stakeholders involved in general practice across Adelaide were asked questions designed to capture GP perspectives on supporting the health needs of multicultural communities.

Interviews

- Participants: 12 stakeholders were consulted through interviews.
- Topics discussed:
  - Observations of mental health within their practice
  - Barriers to chronic disease management
  - Impact of low health literacy
  - Description of stigma affecting CALD populations,
  - Personal barriers faced by CALD individuals in accessing the
  - Health system and socio-cultural barriers
  - Stakeholders' perspectives on improving the health care system

Prioritisation workshop

- Following the analysis and collation of both quantitative and qualitative data, a prioritisation workshop was held virtually on 9 April 2024 with 11 Adelaide PHN staff members.
- Participants considered factors such as feasibility, resource availability, Adelaide PHN's ability to address priority areas, as the most pressing issues for stakeholders and multicultural communities.
- Each participant voted for three recommendations as the top priority areas.
- Six strategies receiving three or more votes were identified as high-priority areas for health and service needs among CALD populations in the Adelaide PHN.
- Recommendations with fewer than three votes were categorised as intermediate priorities, while those with fewer than two votes were identified as long-term priorities.

Key considerations and limitations

The following section outline the key limitations of the needs assessment undertaken by PHEFH. Key considerations and recommendations for future needs assessments have also been made in this section.

Availability and Analysis of Quantitative Data

- There was an absence of quantitative information on CALD populations from the previous 5 years; the Census data prior to 2021 does not provide information on long-term conditions for CALD populations.
- There was no service provision data provided for high need populations, making it difficult to explore access issues.
- There was a distinct absence of information on migration trends.
- Quantification of the distribution of subpopulations and their specific health and service needs was not available.
- Quantitative or qualitative place-based information was not available.

Availability and Analysis of Qualitative Data

- Although qualitative data was used to provide contextual and localised insights, this did not cover community needs.
- A stakeholder analysis within the multicultural space for the Adelaide PHN region was not available.

- Qualitative assessment was limited, with no focus groups/workshops nor thematic analyses of qualitative data in the assessment.
- Needs assessment surveys were only available in English, which limited the reach to community members with limited English proficiency.

Other data limitations

- Definitions of Multicultural, CALD and refugee populations were ambiguous and inconsistent.
- There was no information on the uptake of Preventative Services (e.g. national screening programs for breast, cervical and bowel cancer).
- Published research was utilised to enhance understanding, but key, recent Australian articles on multicultural health were not included.

Considerations for future work

- Recent, landmark reports provide crucial information pertaining to multicultural health needs of the Australian population and need to be consulted. These reports include Health and Refugees and Humanitarian Entrants in Australia and Chronic Health Conditions Among Culturally and Linguistically Diverse Australians, 2021.
- Home Affairs data on permanent settlers especially for Humanitarian entrant provides valuable, recent information on multicultural health needs, and should be used for quantitative analysis.
- Service mapping needs to consider settlement areas of high-need subpopulation groups.
- A snapshot of priority multicultural subpopulations should be provided based on their level of disadvantage, including low socioeconomic status (SES), poor language proficiency, poor health outcomes, and primary care access issues.
- Epidemiological data to be triangulated with community conversations to identify hotspots of unmet need.
- Definitions of multicultural and CALD populations need to be clarified, including emerging populations (emerging groups can be identified from Profile ID link based on the trend of overseas born populations).
- A stakeholder analysis within the multicultural space for Adelaide PHN should be conducted.
- Focus groups and thematic analysis of qualitative data in the assessment are needed.
- Adelaide PHN General Practice data should be analysed to provide recent, local, relevant data on multicultural health needs.
- A needs assessment survey in multiple languages to reach community members with limited English proficiency is recommended.
- Comparison of health outcomes between English-speaking and non-English-speaking populations using ABS data.
- Collection of LGA-based data to address place-based issues.
- An exploration of preventative services e.g. uptake such as national screening program for breast, cervical and bowel cancer including enablers and barriers.

Summary of Findings

The following section provides an overview of demographics, service mapping, data insights, community insights and needs from the work conducted by PHEHF.

Population profile: summary

- **Multicultural population size**: In 2021, 28.7% of people living in Adelaide PHN were born overseas (total number: 364, 144) (Profile ID 2021).
- **Top country of birth from Non-English-Speaking background (NES)**: The largest NES groups were born in India, China, Vietnam, Italy, Philippines, Malaysia, Afghanistan and Greece (Profile ID 2021).
- **Trend of migration in Adelaide region**: The trend has been increasing with the highest number and diversity of these populations occurring from 2011 to date (profile ID 2021).
- **CALD community indicators**
- **Proficiency in English**: In the Adelaide PHN in 2021, 44,334 people who spoke a language other than English at home reported difficulty speaking English (Profile ID 2021). Groups with the highest number of CALD populations who do not speak English at all include China, Vietnam, Afghanistan, Bhutan, and India (Centre for PHEHF 2024).
- **Geographic concentration of those speak English not well or not at all**: The highest concentration of those born overseas who speak English not well or not at all are in northern and western areas of Adelaide PHN catchment, which also have the highest level of relative disadvantage (per SEIFA profiling) (Centre for PHEHF 2024).
- **Age distribution:** Compared to the Australian general population, CALD populations in metropolitan Adelaide from emerging communities are younger, with the majority aged between 20 and 50 years old (Centre for PHEHF 2024)
- **Income and employment:** Multicultural individuals face challenges in securing employment and often have low incomes compared with the general Australian communities (Centre for PHEHF 2024).

Service mapping: summary

Although the concentration of CALD populations is found in the northern, central and western regions of Adelaide PHN, the location of healthcare workforce distribution, including medical practitioners and medical specialists, is higher in areas with non-multicultural settings including in local council areas serving the eastern region of Adelaide PHN (Figure below) (Centre for PHEHF 2024).

Insights from surveys demonstrate the prominence of health and resources (limited value for emerging communities), with lower offerings of screening, AOD and sexual health (suicide prevention + MH) and GP workforce in high needs areas (north and west) (Centre for PHEHF 2024).

Specialist Practitioner in Adelaide PHN

Name of Local Government Area of residence	Rate per 100,000	Number
SA: Adelaide	4,453.8	1,138
SA: Adelaide Hills	17.0	7
SA: Burnside	297.1	138
SA: Campbelltown (SA)	36.1	20
SA: Charles Sturt	167.3	206
SA: Gawler	51.4	13
SA: Holdfast Bay	60.7	23
SA: Marion	13.6	13
SA: Mitcham	686.4	468
SA: Mount Barker	32.8	13
SA: Norwood Payneham and St Peters	303.8	115
SA: Onkaparinga	25.5	45
SA: Playford	202.8	204
SA: Port Adelaide Enfield	32.0	43
SA: Prospect	17.8	4
SA: Salisbury	12.9	19
SA: Tea Tree Gully	66.6	68
SA: Unley	194.5	76
SA: Walkerville	173.0	14
SA: West Torrens	227.3	142

Medical practitioners within Adelaide PHN

Name of Local Government Area of residence	Rate per 100,000	Number
SA: Adelaide	641.9	164
SA: Adelaide Hills	135.8	56
SA: Burnside	133.5	62
SA: Campbelltown (SA)	111.8	62
SA: Charles Sturt	116.9	144
SA: Gawler	177.8	45
SA: Holdfast Bay	198.1	75
SA: Marion	93.0	89
SA: Mitcham	189.2	129
SA: Mount Barker	189.3	75
SA: Norwood Payneham and St Peters	264.2	100
SA: Onkaparinga	109.8	194
SA: Playford	88.5	89
SA: Port Adelaide Enfield	109.5	147
SA: Prospect	111.1	25
SA: Salisbury	122.6	181
SA: Tea Tree Gully	112.7	115
SA: Unley	258.4	101
SA: Walkerville	123.6	10
SA: West Torrens	73.6	46

These services highlighted in the service mapping below have been obtained through stakeholder consultation and desktop review (Centre for PHEHF 2024).

Organisation	Services Provided
Relationship Australia – SA	• Physical activity and nutrition • Health education and resources • Support of professional networks (i.e. Cultural competence training) • Workforce capacity building and development • Relationship and family well-being • Information and training • Mental health or well-being program and activities • Suicide prevention and awareness raising • Digital health services (i.e. telehealth or app-based) • Sexual Health • Sociocultural/recreation and religious services (community events)
Refugee Health SA	• Health education and resources • Workforce capacity building and development • Cancer screening • Immunisation • Mental health or well-being program and activities • Digital health services (i.e. telehealth or app-based) • Sexual Health
Australia Migrant Resource Centre	• Workforce capacity building and development • Relationship and family well-being • Information and training • Community integration and access to community services • Sociocultural, recreation and religious services (i.e. community events)
Australia Refugee Association (ARA)	• Physical activity and nutrition • Health education and resources • Support of professional networks (i.e. Cultural competence training) • Workforce capacity building and development • Cancer screening • Immunisation • Relationship and family well-being access to community • Community integration and access to community services • Information and training • Mental health or well-being program and activities • Digital health services (i.e. telehealth or app-based) • Developing support networks (i.e. for refugees or new arrivals) • Sociocultural, recreation and religious services (i.e. community events)
Catalyst Foundation	• Relationship and family well-being • Community integration and access to community services • Mental health or well-being program and activities • Suicide prevention and awareness raising • Developing support networks (i.e. for refugees or new arrivals) • Sociocultural, recreation and religious services (i.e. community events)
CAMHS – Child and Adolescents Mental Health Support	• Health education and resources • Support of professional networks (i.e. Cultural competence training) • Relationship and family well-being to community services • Community integration and access to community services • Suicide prevention and awareness raising • Digital health services (i.e. telehealth or app-based)

Organisation	Services Provided
	• Developing support networks (i.e. for refugees or new arrivals)
Polish Organisation	• Physical activity and nutrition • Immunisation • Relationship and family wellbeing • Community integration and access to community services • Mental health or well-being program and activities • Developing support networks (i.e. for refugees or new arrivals) • Sociocultural, recreation and religious services (i.e. community events)
Muslim Women Community	• Physical activity and nutrition • Health education and resources • Support of professional networks (i.e. Cultural competence training) • Workforce capacity building and development • Cancer screening • Immunisation • Relationship and family well-being • Community integration and access to community services • Information and training • Mental health or well-being program and activities • Suicide prevention and awareness raising • Digital health services (i.e. telehealth or app-based) • Developing support networks (i.e. for refugees or new arrivals) • Alcohol and other drug services • Sexual Health • Sociocultural, recreation and religious services (i.e. community events)
Jewish Community Support Services	• Physical activity and nutrition • Health education and resources • Support of professional networks (i.e. Cultural competence training) • Community integration and access to community services • Information and training • Mental health or well-being program and activities • Developing support networks (i.e. for refugees or new arrivals)
Australia Indonesia Association	• Health education and resources • Mental health or well-being program and activities • Sociocultural, recreation and religious services (i.e. community events)
Greek Welfare Centre	• Physical activity and nutrition • Health education and resources • Support of professional networks (i.e. Cultural competence training) • Workforce capacity building and development • Relationship and family well-being • Community integration and access to community services • Information and training • Mental health or well-being program and activities • Digital health services (i.e. telehealth or app-based) • Developing support networks (i.e. for refugees or new arrivals)

Organisation	Services Provided
Community Access and Service SA (CAaSSA)	• Physical activity and nutrition • Health education and resources • Support of professional networks (i.e. Cultural competence training) • Workforce capacity building and development • Relationship and family well-being • Community integration and access to community services • Information and training • Mental health or well-being program and activities • Suicide prevention and awareness raising • Digital health services (i.e. telehealth or app-based) • Developing support networks (i.e. for refugees or new arrivals) • Alcohol and other drug services • Sociocultural, recreation and religious services (i.e. community events)
Indian Australian Association of SA	• Developing support networks (i.e. for refugees or new arrivals) • Sociocultural, recreation and religious services (i.e. community events)

Community insights

What we did:	Survey questionnaire and follow up one-on-one interviews for community. Targeted interviews to hear about the health needs of people from NES backgrounds and their access barriers to primary health care services.	
Who did we hear from:	Refugee Health SA Australian Refugee Association (ARA) Women's Information Service Muslim Women Community Jewish Community Support Services PEACE Multicultural Services Australia Indonesia Association Uniting Communities Greek Welfare Centre Primary Health Care Community Access and Service SA (CAaSSA) Indian Australian Association of South Australia Mariposa Trails Chinese Association SA NALHN GP liaison at Adelaide PHN	Diabetes SA STARRS African community representative Relationship Australia Hepatitis SA Adelaide Sister Association Catalyst Foundation City of Unley City of Playford City of Tea Tree Gully Burnside Council Child and Adolescents Mental Health Support Headspace SA Women Information Services
What we heard:	Community-reported Access Barriers: • Cost and affordability issues • Service availability and workforce shortages • Competing priorities and low health literacy. Barriers to managing chronic conditions: • Individual barriers: low health literacy, transport issues, cost, language and cultural barriers, limited GP access, lack of GP support for CALD populations, long waiting lists, and lack of coordinated services. • Service/System Barriers: – Lack of transport and services being too far away. – Inadequate bilingual and culturally appropriate services. – Workforce capacity issues. Not culturally sensitive – Lack of formalised partnerships and referral pathways between migrant health sectors and primary care services and multicultural organisation – Limited capacity among current Alcohol and Other Drug (AOD) services to meet CALD needs. – Translating and Interpreting Services (TIS) is regarded as hard to access and lack of training how to use that service, takes too long to book an interpreter which lead to compromise quality of care.	
Suggestions on the topic:	Recruit more of a bilingual work force Training and promoting the importance of access to free translating services Availability of interpreting services such as onsite interpreter Overcoming the stigma and shame of accessing mental health services Enhance cultural competency through Cultural awareness training for service providers	

	Flexible billing structure Promoting CALD providers to the community Identifying community champions Developing a State-wide framework for the delivery of services for refugee clients Provision of support and training for health system navigation for refugee clients Enhance collaboration between service providers and relevant agencies and organisations More flexible appointment structures/times and out-of-hour services for newly arrived refugee clients Provision of more outreach services for disadvantaged clients Utilising different models of care including nurse-led programs in areas such as child health, sextual health, immunisation, mental health and chronic conditions Provision of more specialised services including multidisciplinary case management and preventative health programs to address the complex needs of multicultural populations Transport support for the appointments Enhance follow up services to ensure continuity of care Walk in services to reduce waiting times Access to Medicare for asylum seekers

Adelaide PHN Multicultural Health Access Programs and Activities

The National Multicultural Health Framework (refer to introduction) have guided this Need Assessment. The table below present an overview of current relevant Adelaide PHN activities.

Program	Activities
Adelaide Refugee and New Arrival Program (ARANAP)	A collaboration between Survivors of Torture and Trauma Assistance and Rehabilitation Service (STTARS) and the Australian Refugee Association (ARA) that pairs a Refugee Health Nurse Advocate and Bi-Cultural Case Worker with clients to support access to culturally appropriate healthcare services ensuring refugees and new migrants can navigate the Australian health system and get the medical support they need. The team is dedicated to assisting individuals in need and works to bridge the gap in service delivery for refugees transitioning to life in Adelaide.
Trialling tools for culturally safe practice for GPs	Adelaide PHN is currently working with General Practice to identify gaps in practice in relation to providing appropriate and safe care to Refugee community members. We have undertaken an approach where we have listened, developed tools for testing and supporting some key General Practices to trial these tools. This has been a very facilitated approach with the intent to push a funded model out to market with broader General practice engagement later this year.
Partnerships and working with state health services	Adelaide PHN sits on a state led group which is led by Refugee Health Services and includes ARA, STTARS, Dept of Home Affairs, Central Adelaide Local Health Network, Adelaide PHN, AMES and is focused on discussing primary care access for the refugee community across South Australia. T group meets quarterly, and work together, share information and attempt to fill care caps where identified. Adelaide PHN works with the state funded Refugee Health Service, STTARS and ARA to support the ARANAP program and referral pathways between the 3 providers.
	In 2022, Adelaide PHN contracted Health Consumers Queensland to undertake this project utilising the kitchen table discussion method. Adelaide PHN consumer advisory members were offered the opportunity to host a discussion in person or online with members of their local community with over 40 percent from NES background
Capacity buildings for GPs	Adelaide PHN provides ongoing capacity building to primary care which includes education on providing culturally safe and appropriate care, referral pathways and options and clinical support in relation to General Practice undertaking Refugee specific MBS activities.

Program	Activities
Culturally appropriate service training	MCCSA funded by Adelaide PHN to provide training to AOD CSPs.
Translating and Interpreting Service (TIS) for Primary Health Network (PHN) Commissioned Mental Health Services	As part of the 2022-23 Budget, the Australian Government has committed $7.8 million over two years (2022-23 to 2023-24) to ensure TIS are available through PHN-commissioned mental health services. The government has agreed to continue funding TIS for an additional 12 months to 30 June 2025. TIS is provided by the Department of Home Affairs and delivers high quality, cost effective and secure interpreting services for individuals who do not speak English and for agencies and businesses that need to communicate with their NES clients.

Need identification

Need	Source				Place	Potential opportunities/interventions
	People	Providers	Broader PHN Needs Assessment	Other information		
Enhance chronic health conditions management especially mental health issues for the humanitarian entrants	For refugees poorly managed chronic conditions is a major issue	New arrivals women at risk, due to trauma. Carer availability as they age in place does not provide for the flexibility of needs of relieving carer stress exacerbating the risk of them experiencing a medical episode or chronic health conditions				Address barriers to chronic conditions management Training on referral pathways Culturally sensitive service delivery training
Enhance screening participation for cancer and other preventative health services				CALD women have minimal awareness about screening practices for		Improving individual knowledge and understanding Utilise community workers

Need	Source				Place	Potential opportunities/interventions
	People	Providers	Broader PHN Needs Assessment	Other information		
including sexual health				both breast and cervical cancer in Australia, which is exacerbated by barriers such as language and poor socioeconomic status		
Embed a holistic view to health to recognise Social Determinants of Health including psychosocial factors	Individuals may experience high levels of stigma and shame associated with mental illness	Housing shortage puts significant stress on families which then translates to health issues			Most of CALD Populations resided in the northern and western Adelaide PHN regions. These are areas of social disadvantages	Integrated model of care with collaboration for coordination and partnership between existing settlement and other services to address income and employment, housing State-funded and refugee specialist services, mainstream primary care services, health and non-health sectors, and with consumers and carers.
Enhance primary care access for multicultural communities	Lack of understanding and awareness about	Primary care services dependent on GPs alone are insufficient to	Access to a bilingual workforce and interpreter		People with low health literacy are more likely to have worse health outcomes overall	Different models of care including more nurse led programs (in areas such as child health, sexual health, immunisation, mental health, chronic conditions) and investment in Primary Care Nurse

Need	Source				Place	Potential opportunities/interventions
	People	Providers	Broader PHN Needs Assessment	Other information		
	which health services are available Lack of confidence moving outside of their cultural group Overcoming the shame of reaching out to others for help	meet the growing needs of diverse populations including 'multicultural'	Fear of being judged negatively is one of the reasons why they are reluctant to access or participate in mental health services or programs Intergenerational conflicts		and adverse health behaviours, such as lower engagement with health services, including preventive services such as cancer screening; higher hospital re-admission rates; non-adherence and improper usage of medication; and lower ability to self -manage care	Practitioners is essential, longer appointment times Enhance health literacy More information about CALD providers Increase in outreach services providing doing appointments in homes or community centres

Prioritisation

The following section provides an overview of the prioritisation process undertake by PHEHF.

Methodology and participation

What we did:	After the analysis and collation of both the quantitative and qualitative data, PHEPF hosted a prioritisation workshop with Adelaide PHN staff. Each of the Adelaide PHN staff were asked to vote for three recommendations as the top priority areas, based on feasibility, availability of resources, ability and capacity to address the priority areas and the most pressing issues for stakeholders and multicultural communities. The strategies with the most votes (i.e. three or more votes) were identified and selected as high priority areas of health and service needs for the CALD populations in Adelaide PHN. The recommendations that received less than three votes were categorised as intermediate priorities and those receiving less than two votes were identified as long-term priority areas.
Who was involved:	11 Adelaide PHN staff members, representing a range of portfolios including Primary care and Integration, Strategy, Planning & Performance, MHAOD and Procurement.

Findings

Need Theme	Combined need themes
Ranking	1. Access to Culturally Appropriate and Timely Health Care 2. Integration, Coordination, and Continuity of Care 3. Trauma-Informed and Wraparound Care 4. Community Engagement and Awareness 5. Support for Vulnerable Populations
Comments	Outcomes of ranking or quote, 15 priorities been summarised into 5 main categories.

Health and Service Themes

Need Theme	Access to Culturally Appropriate and Timely Health Care
Ranking	**#1**
Comments	• Improve access to culturally safe and appropriate primary health care services for CALD communities, including newly arrived and refugee populations.

Need Theme	Access to Culturally Appropriate and Timely Health Care
	• Advocate for universal primary health care access for individuals from multicultural backgrounds, particularly refugees/asylum seekers. • Ensure the primary health care workforce has the knowledge, skills, and capacity to safely support and meet the specific needs of CALD communities. • Address under-representation of chronic conditions, such as asthma and mental health issues, by improving access for CALD communities to timely and appropriate interventions, care, support, and management.

Need Theme	Integration, Coordination, and Continuity of Care
Ranking	**#2**
Comments	• Enhance integration, coordination, and partnerships between primary and acute care to improve continuity of care and health outcomes. • Resource individuals and families from multicultural populations to navigate the health service landscape, utilizing place-based or support coordination. • Increase service capacity for effective providers, requiring more funding and resources.

Need Theme	Trauma-Informed and Wraparound Care
Ranking	**#3**
Comments	• Emerging communities need trauma-informed, wraparound care models to address vulnerabilities in the Social Determinants of Health and improve trauma-responsive care over time.

Need Theme	Community Engagement and Awareness
Ranking	**#4**
Comments	• Raise community literacy by raising awareness of self-management, prevention, and early intervention to ensure timely access to preventative and early intervention services for CALD populations. • Build better networks and partnerships between cultural associations and health services to address emerging needs, gaps, and changes through two-way communication. • Provide culturally responsive mental health services for women, accommodating gendered barriers to access.

Need Theme	Support for Vulnerable Populations
Ranking	**#5**
Comments	• Develop services responsive to women's health needs, addressing barriers such as cost, transport, privacy, control, autonomy, and reproductive needs. • Support older adults with tri-morbidity, addressing high service needs and elevated rates of stroke and dementia. • Enhance support for older adults and carers to navigate the aged care systems.

Need Theme	Support for Vulnerable Populations
	• Address high rates of diabetes and heart disease, particularly affecting men.

Prioritised Need Opportunities

#1 There is a significant gap in culturally appropriate and timely health care services for the CALD population	
Prioritisation outcome and comments	• Enhance access to culturally safe and appropriate primary health care services for CALD communities, including newly arrived refugee populations. • Advocate for universal access to primary health care for individuals from multicultural backgrounds, with a focus on refugees/asylum seeker. • Build the capacity of the primary health care workforce to ensure that they have knowledge, skills, and resources needed to safely support and meet the specific needs of CALD communities.
Key matters regarding need	• The health service need assessment revealed an under-representation of chronic conditions, such as asthma and mental health issues within the CALD population. • Areas with a higher proportion of the CALD population were identified as having the lowest GP workforce density.
Relevant commissioning opportunities and considerations	• Focus on place-based approaches to improve access to primary care services in areas with higher proportions of vulnerable CALD populations. • Implement a quality improvement initiative in primary care to support general practices to provide culturally appropriate services. • Support workforce strategies aimed at increasing the number of bilingual GPs in the Adelaide region.

#2 There is a lack of integrated and coordinated care, continuity of care and suitable referrals services for CALD communities	
Prioritisation outcome and comments	• Strengthen integration, coordination, and partnerships between primary and acute care to improve continuity of care and health outcomes. • Provide resources and support for individuals and families from multicultural populations to navigate the health service landscape, using place-based approaches or support coordination. • Expand service capacity for effective service delivery optimising referral pathways.
Key matters regarding need	• Stakeholders acknowledged that follow-up services are essential for the CALD community to ensure continuity of care and support.

#2 There is a lack of integrated and coordinated care, continuity of care and suitable referrals services for CALD communities	
	• These services help address ongoing health concerns, allow for necessary adjustments to treatment plans, and provide opportunities for cultural and linguistic clarification.
Relevant commissioning opportunities and considerations	• Commission a program that includes a coordinator to support CALD individuals in navigating health services and ensuring continuity of care. • Partner with Local Health Network and non-government to identify initiatives to improve integrated care.

#3 There is a lack of person-centred comprehensive support and holistic care to address the Social Determinants of Health for CALD population	
Prioritisation outcome and comments	• Reduce health disparities by employing trauma-informed, wraparound care models to address vulnerabilities related to the Social Determinants of Health, thereby improve trauma-responsive care over time.
Key matters regarding need	• Stakeholders reported that communities with existing trauma, such as refugees from war-torn regions, often face higher rates of mental and physical health issues due to past stressors. • Social Determinants of Health such as income, housing, employment, stigma and discrimination make it challenging to meet the health needs of vulnerable multicultural groups, including older people and women, and contribute to mental health issues.
Relevant commissioning opportunities and considerations	• Explore partnering with multicultural organisations and non-health sectors to advocate for and address Social Determinants of Health aiming to reduce health inequalities for CALD populations. • Consider the cost barriers faced by CALD community members when commissioning and advocating for services, particularly for access to allied health, specialist medical and dental care.

#4 There is insufficient proactive community engagement among health service providers	
Prioritisation outcome and comments	• Increase community awareness of available programs and services for CALD populations. • Enhance community understanding of preventative care and self-management strategies for chronic conditions.
Key matters regarding need	• Stakeholder consultation revealed a lack of awareness about where to access services, information and resources. • Existing evidence indicates that CALD women have limited awareness of screening practices in Australia.
Relevant commissioning opportunities and considerations	• Support primary care providers and commissioned services in developing and disseminating information in multiple languages. • Promote CALD-specific service directories to the CALD community through partnership with multicultural service providers and Local Health Networks.

#5 There is a lack of support for vulnerable populations, particularly newcomer women and older individuals with co-morbidities from humanitarian background	
Prioritisation outcome and comments	• Develop services that are responsive to women's health needs, addressing barriers such as cost, transport, privacy, control, autonomy, and reproductive needs. • Support older adults with tri-morbidity by addressing high service needs and elevated rates of stroke and dementia. • Enhance support for older adults and their carers in navigate the aged care system.
Key matters regarding need	• Needs assessment revealed that certain CALD sub- population groups experience inequalities that require specific consideration to address their needs.
Relevant commissioning opportunities and considerations	• Adelaide PHN to actively engage in refugee community engagement forums with Refugee Health services and Department of Home Affairs and other stakeholders in multicultural communities.

Conclusion

This Multicultural Health Access Needs Assessment was conducted to explore the health outcomes of CALD communities and the barriers they face in achieving optimal health outcomes and accessing health care services. The findings provide clear directions for the Adelaide PHN Multicultural Access Health program. Stakeholder consultations with service providers and community members highlighted significant disparities, particularly among subpopulation groups, such as those from humanitarian backgrounds, who experience inequalities in accessing care available to the broader population.

The assessment revealed several barriers, including broader Social Determinants of Health like the lack of universal access to Medicare for some refugees and asylum seekers and the cost of allied and specialist services. Psychosocial factors, such as cultural and language barriers, social stigma, and discrimination, further complicate access. Health system challenges include the lack of culturally appropriate and affordable services, while individual factors, such as language barriers and lack of awareness, also play a role.

Addressing these issues requires targeted interventions, such as raising awareness among CALD communities about available services and the development of service directories, in partnership with multicultural communities and Local Health Networks. Additionally, initiating quality improvement activities in General Practices, linked to the ARANAP program, can enhance service delivery. This includes providing education on effectively using interpreters, utilising TIS, offering cultural awareness training, and improving CALD data recording.

Despite some limitations, including the inconsistent definition of CALD, stakeholder availability, and the reliance on anecdotal data, this assessment offers valuable insights into the needs of CALD

populations. Moving forward, Adelaide PHN is well-positioned to implement strategies that address these barriers and improve health outcomes for CALD communities, ensuring a more inclusive and equitable healthcare system.

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