

The Pharmacy Guild of Australia
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Subject: Submission on the Future of Community Pharmacy

The Federation of Ethnic Communities' Councils of Australia (FECCA) is the national peak body representing Australia's culturally and linguistically diverse (CALD) communities and their organisations. FECCA provides advocacy, develops policy and promotes issues on behalf of its constituency to Government and the broader community. FECCA supports multiculturalism, community harmony, social justice and the rejection of all forms of discrimination and racism so as to build a productive and culturally rich Australian society. FECCA's policies are developed around the concepts of empowerment and inclusion and are formulated with the common good of all Australians in mind.

FECCA welcomes the opportunity to provide input to the discussion around the future of community pharmacy in Australia. FECCA is suitably placed to provide input into the considerations for its constituents who are from culturally and linguistically diverse backgrounds and will address this specific area in its submission.

Health Literacy and CALD communities

CALD communities have been a growing cohort of the Australian population. According to the latest Census data, around 30% of all Australians were born overseas. In 2016, there were over 300 separately identified languages spoken in Australian homes. More than one-fifth (21 per cent) of Australians spoke a language other than English at home. After English, the next most common languages spoken at home were Mandarin, Arabic, Cantonese, and Vietnamese.¹

Research demonstrates that only 33 per cent of people born overseas have adequate health literacy, and for people whose first language is not English, it is 26 per cent. The impact of low health literacy on people from non-English speaking backgrounds means they are, among other, less likely to understand issues related to their health as health².

In order for a person's health literacy to be improved, they require access to health information that they are able to understand³. FECCA actively and consistently advocates for health information to be provided in a range of languages and formats which are accessible to culturally and linguistically diverse communities. Specifically, FECCA has seen consistent research evidence that for CALD groups personal interaction and face to face communication are preferred means of accessing information. However, in an age when most of the accessible information is provided online, a large cohort of our society, including the elderly and vulnerable groups, are being left out.

There is also research evidence indicating a lower level of health services use by CALD communities. This lower level of service use is not related to lower levels of need, but rather to difficulties in understanding and accessing mainstream systems of care and lack of access to services that are culturally safe and appropriate. The Health Performance Council (HPC) research conducted in 2014 identified that people from cultural and linguistically diverse backgrounds are among the population groups believed to be missing out on accessing suitable services or gaining equitable health care outcomes. One of the issues is evidence and getting quality information.⁴

¹ <http://www.abs.gov.au/ausstats/abs@.nsf/lookup/Media%20Release3>

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http://www.eccv.org.au/library/An_Investment_Not_an_Expense_ECCV_Health_Literacy_Paper_FIN_AL.pdf

³

http://www.eccv.org.au/library/An_Investment_Not_an_Expense_ECCV_Health_Literacy_Paper_FIN_AL.pdf

⁴ [cald_scoping_study_final%20\(2\).pdf](#)

Also, FECCA has often seen amongst some CALD communities, a preference of traditional medicine practices rather than western medicine which to some is unfamiliar and doesn't inspire confidence⁵. Often there is a low understanding of how the prescribed medicine needs to be administered and in those cases proper communication is crucial.

Finally, access to interpreting services is a key area where CALD communities are losing out. Specifically, FECCA has found that, although CALD clients visiting pharmacies are entitled to free telephone interpreting, they are generally deprived of it. There is low awareness among pharmacy staff that they can provide this service to their clients for no cost to the pharmacy or the client.

Key areas where service in the future could be improved for CALD communities

Due to the reasons listed above, FECCA firmly believes that strengthening the future of community pharmacy is absolutely necessary, particularly having in mind the CALD preference for personal interaction and receiving information in a direct communication mode rather than via the internet. Community pharmacies could therefore be an ideal medium for CALD communities to access health information. According to a recent report by the Victorian Refugee Health Network⁶ people look for health education on topics such as preventative health, cancer screening, oral health or sexual health. However, language barriers, distance to the service, long waiting times, difficulty making appointments and completing forms are all the issues that present themselves as barriers to accessing health information. The community pharmacy has the potential of bridging all of these.

Developments in the medical/medication industry, such as 'medication synchronisation' which aligns patient's medications to a single pick-up each month, can have a positive effect on CALD communities. According to research, medical synchronisation drives adherence, which improves the health of patients and also creates an opportunity for pharmacists to schedule one-on-one meetings with each patient who may need other clinical services like medication therapy management or disease-state specific education. Finally, immunisation programs that go beyond flu vaccines to include other core vaccines like those to prevent shingles and pneumonia administered in community pharmacies would benefit people from CALD backgrounds directly.

Lastly, being a community pharmacy should mean being inclusive and reflective of the community served. Linguistic diversity of the community pharmacy should reflect that of their

⁵ https://www.health.qld.gov.au/_data/assets/pdf_file/0027/379161/medic_trad.pdf

⁶ <http://refugeehealthnetwork.org.au/talking-about-health-and-experiences-of-using-health-services-with-people-from-refugee-backgrounds/>

community. In that sense engaging bi-lingual pharmacy staff would facilitate interaction and engagement, as there is evidence that CALD communities prefer interacting with bi-lingual workers in the health sector. When such arrangements are not possible, using the free interpreting service which is available for pharmacies free of charge⁷, should become a norm rather than a sporadic activity it is now.

FECCA is available to contribute in more detail on matters relating to culturally and linguistically diverse communities and welcomes any further discussion relating to the future of community pharmacy. For further information please contact FECCA Director Dr Emma Campbell emma@fecca.org.au or 02 6282 5755.

⁷ <https://www.dss.gov.au/our-responsibilities/settlement-and-multicultural-affairs/programs-policy/settle-in-australia/help-with-english/free-interpreting-service>