

AIHW report on chronic health conditions of CALD Australians concerning

FECCA and the [Australian Multicultural Health Collaborative](#) (AMHC) commend the Australian Institute of Health and Welfare (AIHW) for its recent initiatives to improve our understanding of the health inequities experienced by many of our culturally, ethnically and linguistically diverse (CALD) Australians, culminating in the release of today's interactive report, '[Chronic health conditions among culturally and linguistically diverse Australians 2021](#)'.

Some significant findings of the report include:

- On average, migrants to Australia have a lower prevalence of long-term health conditions, which is sometimes referred to as the “healthy migrant effect.”
- This effect appears to diminish. Time since arrival in Australia and level of English language proficiency were clearly linked to the prevalence of long-term conditions such as arthritis, asthma, mental health and lung conditions.
- For people who arrived in Australia more than ten years before the 2021 Census, the prevalence of one or more long-term health conditions was higher for people with low English proficiency (33%) than for people with high proficiency (23%).

This report supports the view of the AMHC that Government investment in multicultural health and social care services and programs is urgently required to preserve the relatively good health of arriving migrants, and to redress the many health inequities that were highlighted by COVID-19.

Mr Mohammad Al-Khafaji, FECCA CEO and AMHC Co-Chair, said, “This report confirms yet again the need to invest in multicultural health and to devise a multicultural health strategy that supports equitable health outcomes for multicultural Australians.”

In 2021, for the first time, the Census asked Australians about ten common chronic conditions. The AIHW report shows that people born in some countries may experience higher rates of some conditions. But, noting that country of birth is not particularly useful as a sole indicator, the AIHW has analysed the Census data in relation to other questions, including, time since arrival, main language used at home and English language proficiency.

Mr Al-Khafaji was pleased that the AIHW had indicated that further work will be undertaken to help fill knowledge gaps that can be used to target barriers faced by CALD populations in accessing health care. “Further analysis of how the social determinants of health (such as socioeconomic status, housing, education and employment) also contribute to poorer health outcomes would also help us address health inequities”, he said.

Ms Marina Chand, director of Brisbane based multicultural health service, World Wellness Group and AMHC Co-Chair, said, “Considering Australia is regarded as having one of the best health systems in the world, we need to ask why the health of migrants declines, the longer they stay in Australia”.

She suggested that low English language proficiency should be considered a determinant of health. “The multicultural health sector has long called for ‘racism’ and ‘English proficiency’ to be included in government definitions and approaches to the determinants of health”, she said.

“In a country that now has a majority migrant population, this should be an automatic inclusion, as the evidence is now irrefutable”.

Mr Al-Khafaji said that FECCA had long been concerned about national deficits and inconsistencies in the collection of data relating to Australia's cultural, ethnic, and linguistic diversity. “Our 2020 Issues Paper [If we don't count it... it doesn't count](#) examined the impact of these deficits in administrative and survey data in all domains, not just in health”, he said.

The paper also highlighted significant deficits in social and health and medical research, together with significant underrepresentation of people from multicultural backgrounds in clinical trials.

AMHC will use the report to inform its work on addressing chronic conditions in collaboration with many national health peak bodies which had joined as affiliates including the Heart Foundation, Arthritis Australia, Mental Health Australia, Dementia Australia and others.

FECCA is the peak, national body representing Australians from culturally and linguistically diverse backgrounds. FECCA's role is to advocate and promote issues on behalf of its constituency to government, business and the broader community.

About the AMHC

The Australian Multicultural Health Collaborative (AMHC) represents the voices of wide-ranging CALD health and wellbeing issues at the national level through a formal membership structure which includes CALD consumers, together with health and wellbeing services, health and social care practitioners, researchers, and organisations and institutions for whom the primary focus is health for CALD populations.

For inquiries contact: 0401 125 370 or media@fecca.org.au