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National Preventive Health Taskforce  
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***Submission – Consultation Paper: National Preventive Health Strategy***

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 has over 20 member organisations that cover each State and Territory and are deeply linked to diverse communities across Australia's major cities and country towns. FECCA has had a longstanding presence in policy and advocacy on preventive health issues faced by CALD Australians.

FECCA welcomes the opportunity to provide initial comments to the *Consultation Paper: National Preventive Health Strategy*.

Below is a summary of FECCA's key recommendations:

**Recommendation One:** Targeting health literacy programs to CALD communities has the potential to reduce health inequalities. FECCA recommends that one of the prioritising efforts in this Strategy is to include CALD people in improving their health literacy through extensive consultations, cultural awareness training and community education.

**Recommendation Two:** To better understand and capture the complex needs of people through the intersectionality lens, we need to consult and understand the diverse needs of CALD people. FECCA recommends the notion of intersectionality should be embedded in the preventive health system through further research and community consultation.

**Recommendation Three:** FECCA recommends adding two more focus areas to achieve a better integrated prevention system: Improving health literacy for CALD Australians; and Preventing non-physical mental health conditions; it is especially valuable when we deal with preventive health issues with a lot of stigma around them such as mental health issues.

**Recommendation Four:** FECCA calls for a national CALD data project to enhance current prevention action. A system improvement is for data collection to consistently include - aside from 'Country of birth' and 'Main language spoken at home' - 'Interpreter required', 'Preferred sex of interpreter' and 'Preferred language', where the main language is other than English.

Including these interpreter usage data would enhance the effective communications to CALD people.

**Recommendation Five:** Given there is no national infrastructure or consumer peak body advocacy for CALD people in the preventive and general health system, FECCA suggests that discussion of these issues to inform a comprehensive national response would be best achieved by the establishment of an advisory group or committee on CALD Health.

### **Are the vision and aims appropriate for the next 10 years? Why or why not?**

While FECCA welcomes the paper's focus on health inequalities and increased funding for prevention, health concerns of CALD people are not sufficiently touched upon in this paper. Issues like intersectionality, diversity and cultural competence are skated over or omitted.

With regards to social determinants of health, research has shown there is a strong association between being from a culturally and linguistically diverse background and low health literacy.<sup>1</sup> Limited health literacy, compounded by language barriers, cultural bias, discrimination and distrust of the government are core components of any prevention agenda for CALD people.

Absence of these key issues in the paper is deeply concerning to FECCA.

Targeting health literacy programs at CALD communities have the potential to reduce health inequalities. FECCA recommends one of the prioritising efforts in this Strategy is to include CALD people in improving their health literacy through extensive consultations, cultural awareness training and community education.

### **Are these the right goals to achieve the vision and aims of the Strategy. Why or why not? Is anything missing?**

The six goals identified to be achieved by 2030 are quite broad and would need the SMART approach for the goals to be converted into specific, measurable, achievable, realistic, and time-bound commitments to which government can be held to account during the life of the strategy.

FECCA has also identified a missed opportunity in this paper: intersectionality. Public health researchers are increasingly acknowledging intersectionality as an important theoretical approach, providing a framework for investigating health inequalities by highlighting intersections of individuals' multiple identities within social systems of power that compound and exacerbate experiences of ill health.<sup>2</sup>

To better understand and capture the complex needs of people through the intersectionality lens, we need to consult and better understand the diverse needs of CALD people, FECCA recommends the notion of intersectionality should be embedded in the preventive health system through further research and community consultation.

### **Are these the right actions to mobilise a prevention system?**

Research demonstrates that there are strong correlations between low health literacy/limited English proficiency and less healthy behaviours, poorer self-management of chronic

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<sup>1</sup> <https://www.aihw.gov.au/reports/australias-health/health-literacy>, accessed 25 September 2020

<sup>2</sup> López, N., and V. L. Gadsden. *Health inequities, social determinants, and intersectionality*, 2016.

conditions, higher rates of hospitalisation, difficulty communicating with providers, and poorer health status in general.<sup>3</sup>

While the Strategy acknowledges culturally appropriate information and literacy skills as enablers to create an effective and integrated prevention system, it did not adequately emphasise the fact that improved CALD health literacy plays a key role in addressing the complex prevention challenges.

We also need to note that some communities have potentially harmful and illegal cultural practices which require work to educate people about the consequences: for example, female genital mutilation (FGM) procedure, alternative cultural healing practices, and gay conversion therapy.

Interventions to improve health literacy and selfcare in the preventive health are critical and should start when people are still well and not when they are diagnosed with chronic conditions or are experiencing critical health issues. With refugee groups, this early intervention education needs to start from the very beginning of their arrival to ensure their understanding of the available support and the and how the preventive health system operates.

Additionally, the seven enablers appear equally important in all circumstances. Neither does it recognise the importance of the interconnectedness of all the enables. For example, lack of a strong and effective leadership and governance may disable all the other enablers.

In terms of cross-sector coordination and engagement, in the paper there are no specific institutional structures to drive any reforms across sectors, government, private sectors and civil society.

FECCA acknowledges that community-based organisations have a critical role to play and the COVID-19 pandemic has highlighted this and recommends the Strategy harness partnership with these organisations not only during a health crisis, but on a structural and institutional basis.

There is no national infrastructure or consumer peak body advocacy for CALD people in the preventive and general health system effectively filtering the view of half of the population through other voices and priorities. FECCA suggests that discussion of these issues to inform a comprehensive national response would be best achieved by the establishment of an advisory group or committee on CALD health.

### **Where should efforts be prioritised for the focus areas?**

FECCA recommends adding two more focus areas to achieve a better integrated prevention system:

- Improving health literacy for CALD Australians; and
- Preventing non-physical mental health conditions; it is especially valuable when we deal with preventive health issues with a lot of stigma around them such as mental health issues.

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<sup>3</sup> Towards Culturally Appropriate and Inclusive Services: A Co-ordinating Framework for ACT Health 2014-2018 (ACT Government)

## How do we enhance current prevention action?

FECCA is deeply concerned that from the onset, the Strategy has little consultation with CALD groups and placed minimal effort in recognising that CALD are a vulnerable group. FECCA calls for a genuine consultation with CALD people to develop, design and deliver this Strategy.

In terms of monitoring and surveillance, FECCA agrees that it is a key enabler for the implementation of this Strategy. However, an effective monitoring relies on available data to determine who is most affected by a health problem, and whether the situation changes following an intervention. Lack of consistent CALD data will significantly reduce the efficacy of success of this Strategy.

FECCA calls for a national CALD data project to enhance current prevention action. A system improvement is for data collection to consistently include, aside from 'Country of birth' and 'Main language spoken at home', 'Interpreter required', 'Preferred sex of interpreter' and 'Preferred language', where the main language is other than English. Including these interpreter usage data would enhance the effective communications to CALD people.

'An ounce of prevention is worth a pound of cure.' FECCA believes in the benefits of preventive health to every Australian and once again appreciates this consultation opportunity.

We look forward to being involved and offer our support in shaping the strategy. If you wish to discuss any aspect of this submission further or any other element of the Strategy, please do not hesitate to contact us.

Yours sincerely,



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