

6 October 2020

Australian Commission on Safety and Quality in Health Care
mail@safetyandquality.gov.au

Submission – Quality Use of Medicines and Medicines Safety (10th National Health Priority) Discussion paper for public consultation - Phase 1: Aged care

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 ageing and aged care systemic issues for CALD Australians. As the leading stakeholder in CALD ageing and aged care policy, it is represented on the Aged Care Sector Committee Diversity Sub-Group where it has worked collaboratively with the Department of Health in developing and implementing the new Diversity Framework and associated Action Plans.

FECCA thanks Australian Commission on Safety and Quality in Health Care for the opportunity to contribute to this important submission on *Quality Use of Medicines and Medicines Safety (10th National Health Priority) Discussion paper for public consultation - Phase 1: Aged care* (The paper).

In brief, FECCA has these key recommendations:

1. Strengthen communication with CALD background seniors especially those who otherwise do not have the support of the families;
2. Improve health literacy of CALD seniors and carers related to medication;
3. Build cultural competence of health and aged care workers to address issues on quality use of medicines and medicines safety; and
4. Call for a national CALD data project to enhance understanding of the issue and how to address them in a culturally appropriate manner.

Health literacy in relation to quality use of medicines and medicines safety

In focusing on the six key building blocks supporting quality use of medicines to the multicultural communities, research shows over 40 per cent of ageing population in Australia are experiencing language barriers and low level of health literacy. Many rely on their family and carers or the residential care health workers to monitor and administer their medications.

Most importantly, older people's knowledge regarding the purpose of the medicines were positively associated with adherence. There is also a preference for complementary medicines and traditional medications for some communities with little understanding of their side effects.

Federation of Ethnic Communities' Councils of Australia

FECCA House, Unit 1, 4 Phipps Close, Deakin ACT 2600 • PO Box 344, Curtin ACT 2605

 02 6282 5755  admin@fecca.org.au  www.fecca.org.au  @iFECCA

ABN 23 684 792 947

FECCA calls for extensive health literacy programs to be implemented in the community for culturally relevant and informed communication outreach on the issue that will cater to older persons from CALD background, their families and carers and the respective communities. Outreach should proactively develop solutions on how to engage isolated older people.

Cultural competency of health and aged care workers

Issues of appropriate workforce are FECCA's concerns that forms the basis in response to the following statements in the discussion paper: "The systems and practices of ordering, prescribing, preparing and dispensing, administering and monitoring medicines for use by older people living in residential aged care facilities involves a range of health professionals, and carers. This adds to the complexity of medication management in residential aged care facilities."

FECCA echoes one of the findings in the paper that highlighted how older people are vulnerable to the adverse effects of medicines and have greater difficulty managing their medicines because of declining cognitive function, memory, mobility, and manual dexterity.

On the one hand, older people who live alone or who lack family support may become withdrawn to the point of disengagement from friends and neighbours and often, seek support only at a critical stage when they move into permanent residential aged care.

On the other hand, older people living alone in the independent living units via-a-vis older people living in residential care facilities are dependent on the health care workers to manage their medications.

In FECCA's view, it is crucial to provide cultural competency training to community pharmacists, GPs, nurses and allied health professionals who administer the medication or conduct regular check in with the residents to ensure the medications are administered properly and regular policy/procedure review of the quality use of medicines and medicines safety.

Robust consultation with CALD community

FECCA is deeply concerned that from the onset, there was little consultation with CALD groups and little recognition that older CALD Australians are a vulnerable group. FECCA calls for a genuine consultation with older CALD people in the finalisation of this paper.

FECCA acknowledges that community-based organisations have a critical role in promoting the quality use of medicines and medicine safety in the aged care sector and the COVID-19 pandemic has highlighted this and recommends the paper harness partnership with these organisations not only during a health crisis, but on a structural and institutional basis.

It is worthwhile pointing out that there is no national infrastructure or consumer peak body advocacy for CALD people in the aged care sector effectively representing the view of culturally, ethnically and linguistically diverse background people. 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 in the aged care sector.

Collection of CALD data for senior Australians

In terms of monitoring and surveillance, FECCA agrees that it is a key enabler for the implementation of the quality use of medicines and medicines safety. 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 of senior Australians will significantly impact the validity of any evidence being used to inform relevant policies.

FECCA calls for a national CALD data project to enhance the understanding of the issue and how to address them in a culturally appropriate manner.

A system improvement is for data collection in the aged care sector 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 seniors.

To conclude, FECCA believes that quality use of medicines and medicines safety reduces preventable harm and improve healthcare outcomes of every senior Australian. FECCA appreciates this consultation opportunity and trusts that the Australian Commission on Safety and Quality in Health Care would consider its recommendations.

If you wish to discuss any aspect of this submission further, please do not hesitate to contact FECCA Chief Executive Officer Mohammad Al-Khafaji at ceo@fecca.org.au or on (02) 6282 5755.

Yours sincerely,



Mohammad Al-Khafaji

Chief Executive Officer
Federation of Ethnic Communities' Councils of Australia (FECCA)
Website: www.fecca.org.au
Telephone: 02 6282 5755