

Federal Election 2019

The Federal Election is only five days away. Where does the **Centre for Culture Ethnicity and Health** stand?

As an organisation that works to improve the health and wellbeing of people from refugee and migrant backgrounds, we are asking all major parties to make the following three commitments, which will bring Australia one step closer to equitable healthcare for all:

1. Representation

We want to see communities empowered to make decisions about **their own health**. Communities are experts in their own health – they know what programs and resources will best serve the needs of their friends, neighbours and families. We need to listen to their ideas and have these communities guide the policies and projects we develop. **Co-design** and **self-determination** are essential foundations for a healthy society. When done well, they “help stabilise turbulent lives, improve life chances and foster trust systems” (1).

2. Cultural Competence

All healthcare institutions need to be adequately resourced to deliver strategic health campaigns that target specific cohorts. That is, we need to give organisations **training and support** so they can offer exceptional quality of care to all people, including those from culturally and linguistically diverse (CALD) backgrounds.

Some examples of this include:

- **Better signage** so people from CALD backgrounds can easily find their way to health clinics
- **Translated resources** so that all people understand the health information they are given and make informed choices
- **Interpreters** available to facilitate proper understanding of one's health issues and available options
- The development of **culturally sensitive work practices** so that people from all backgrounds are included and welcomed.

According to the Department of Social Services Research Summary, interpreter services remain alarmingly underused by health care staff. Research indicates there is persistent use of untrained ad hoc interpreters, including friends and relatives, which can be ethically hazardous and result in a greater number of clinically significant errors. There are case reports of unnecessary invasive interventions and missed diagnoses resulting in death occurring due to lack of interpreter use.

You can read the [Summary here](#) (2).

3. Workforce Development

We need ensure that health systems are **available and affordable** to the community as a whole.

- a) We need staff who understand different belief and approaches to healthcare, who can work to integrate traditional beliefs and modern practices to make people well.
- b) We need interpreter use to be standard for all people who request/require language services.
- c) We need new and innovative ways to work in partnership with patients/clients to get the best outcomes.
- d) We need a diverse workforce at all levels, including leadership.

Every day, we strive to make our organisation obsolete -

When we meet our goals for a society where every individual can expect the same access to and quality of healthcare, where culture and language no longer determines someone's lifespan or quality of life, the Centre for Culture Ethnicity and Health will no longer need to exist.

This election, we encourage you to vote with the **health of your family and community** at the forefront of your mind.

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- (1) <https://melouteast.areapartnerships.vic.gov.au/sites/default/files/Co-design%20with%20service%20users.compressed.pdf>
 - (2) https://www.dss.gov.au/sites/default/files/documents/07_2018/free_interpreting_service_-_information_and_resources_for_medical_settings_-_for_website.pdf