



Best Practice Health Communications Strategies for CALD Communities

Chronic Illness Alliance
15 August 2013

Michal Morris, General Manager
Centre for Culture, Ethnicity & Health
ceh.org.au

Centre for Culture, Ethnicity & Health

CEH's **mission** is to improve the health and wellbeing of refugee and migrant communities.

CEH **assists health & community services** to provide a high quality of care to refugee and migrant clients.



multicultural
gambler's help
program

- Training
- Research & information
- Resource development
- Project management
- Education & support



health sector
development



multicultural health
& support service



centre for
culture,
ethnicity
& health

What's on the agenda

- What is diversity?
- The impact of personal culture on health beliefs, help seeking and service provision
- Health literacy
- Apply concepts into communication plans and actions



Cultural diversity in Australia

- 27% - 5.3 million people living in Australia were born overseas
- 20% - 4.1. million people living in Australia have at least one parent born overseas
- 200 countries
- 230 languages and dialects
- 120 faiths



A couple of questions ...

- What are the top three countries of arrival to Australia?
- The top three languages spoken at home?
- The top three languages spoken at home by recent arrivals?



Top 10:

Countries of arrival:

1. India
2. United Kingdom
3. China
4. New Zealand
5. Philippines
6. South Africa
7. Malaysia
8. South Korea
9. Vietnam
10. Sri Lanka

Languages spoken at home:

1. English only
2. Mandarin
3. Italian
4. Arabic
5. Cantonese
6. Greek
7. Vietnamese
8. Spanish
9. Hindi
10. Tagalog (Philippines)

Spoken at home recent arrivals:

1. English only
2. Mandarin
3. Punjabi
4. Hindi
5. Arabic
6. Cantonese
7. Korean
8. Tagalog
9. Vietnamese
10. Nepali



Culture is...

- Learned, shared and dynamic
- Shared values, beliefs, customs, perceptions – and more

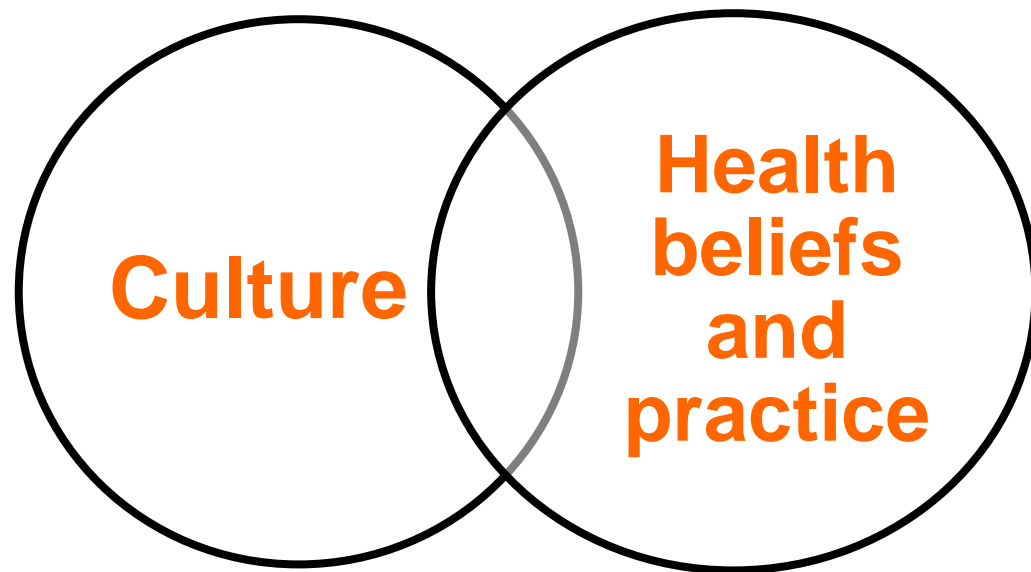
Culture can be **visible** and **invisible**

Visible and invisible characteristics of culture

Visible	Invisible
<ul style="list-style-type: none">• Ceremony• Dress• Food• Language – verbal and non-verbal• Religion	<ul style="list-style-type: none">• Values• Beliefs• Customs• Perceptions• Religion• Health beliefs



Relationship between culture and health beliefs and practice



Health Belief Systems

- Biomedical
- Magico-spiritual
- Traditional

Biomedical model

- 1800s, Western origin
- Reactive, illness-focussed system
- Human beings - sum of parts, mind/body separation
- Based on objective research
- Individuals responsible for own bodies
- Practitioners powerful, respected, expected to remain objective and analytical

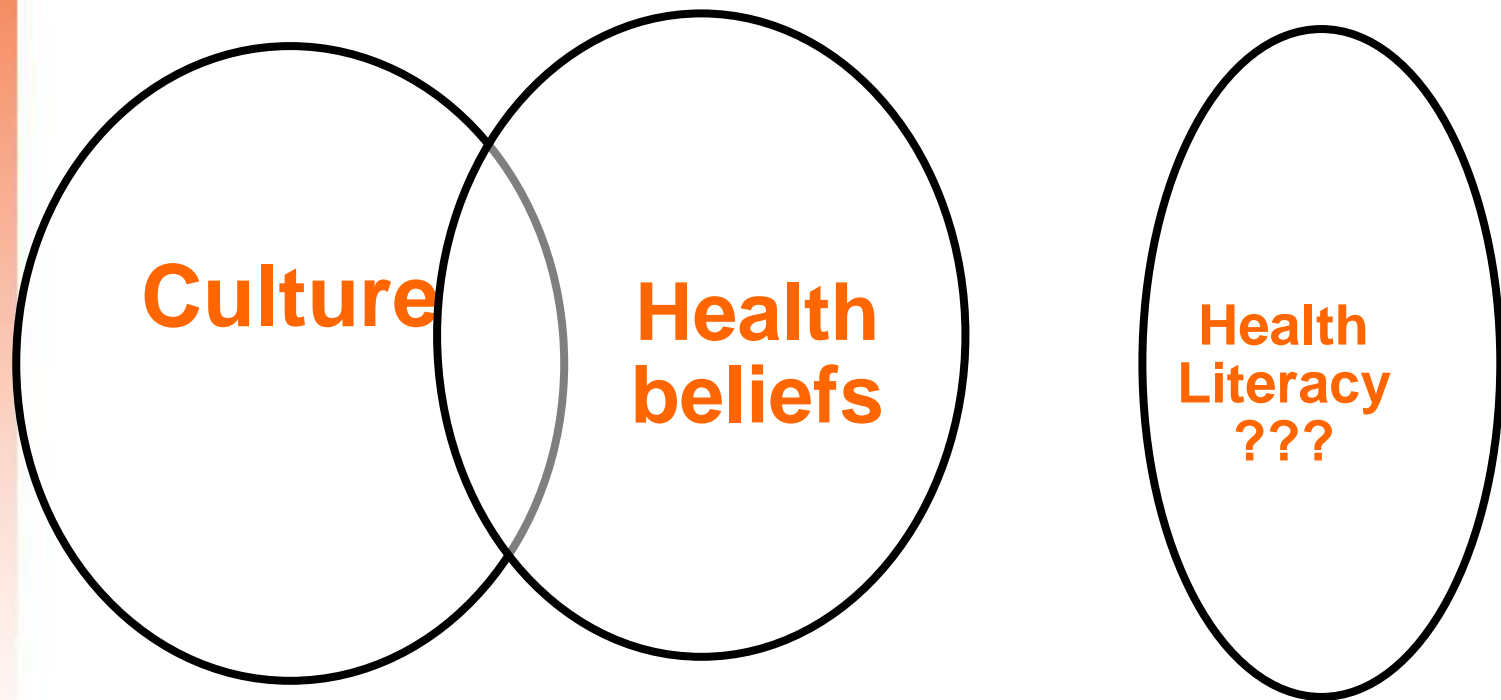
Magico-spiritual model

- Strong beliefs based on traditions and values passed down through generations
- Illness caused by supernatural forces, ghosts or witches/sorcerers
- Prevention of illness is by maintaining good relationships with family, friends, paying respect to ancestors and avoiding conflict
- Illness is beyond the individual's control

Traditional model

- 2000 years old – connected to Greeks, Indians, Chinese
- Human body – links to surroundings, social relationships, supernatural world
- Balance – hot and cold, of yin/yang and flow of chi (Chinese medicine)
- Prevent illness by maintaining harmony and balance
- Individual is active participant in own health

Relationship between culture and health beliefs and health literacy



Factors for refugee and migrant communities

- Different health beliefs about the cause and treatment of illness
- Content knowledge of health issues
- Content knowledge of health system
- Knowledge of the words about your body, health and different type of illnesses
- Language barriers
- Literacy levels



Health illiteracy statistics

59% of Australians are functionally health illiterate

- overwhelming majority (75%) are born in a non-English speaking country

Australian Bureau of Statistics Survey, 2006

Impact of low health literacy

- Less likely to access the services that they need
- Less likely to understand issues related to their health
- More likely to experience social isolation, which can lead to damaging behaviours and negatively impact physical and mental health
- At risk of mismanaging their medication
- Less likely to have an adequate understanding of health issues



Different approaches to Health Literacy

World Health Organisation 1998:

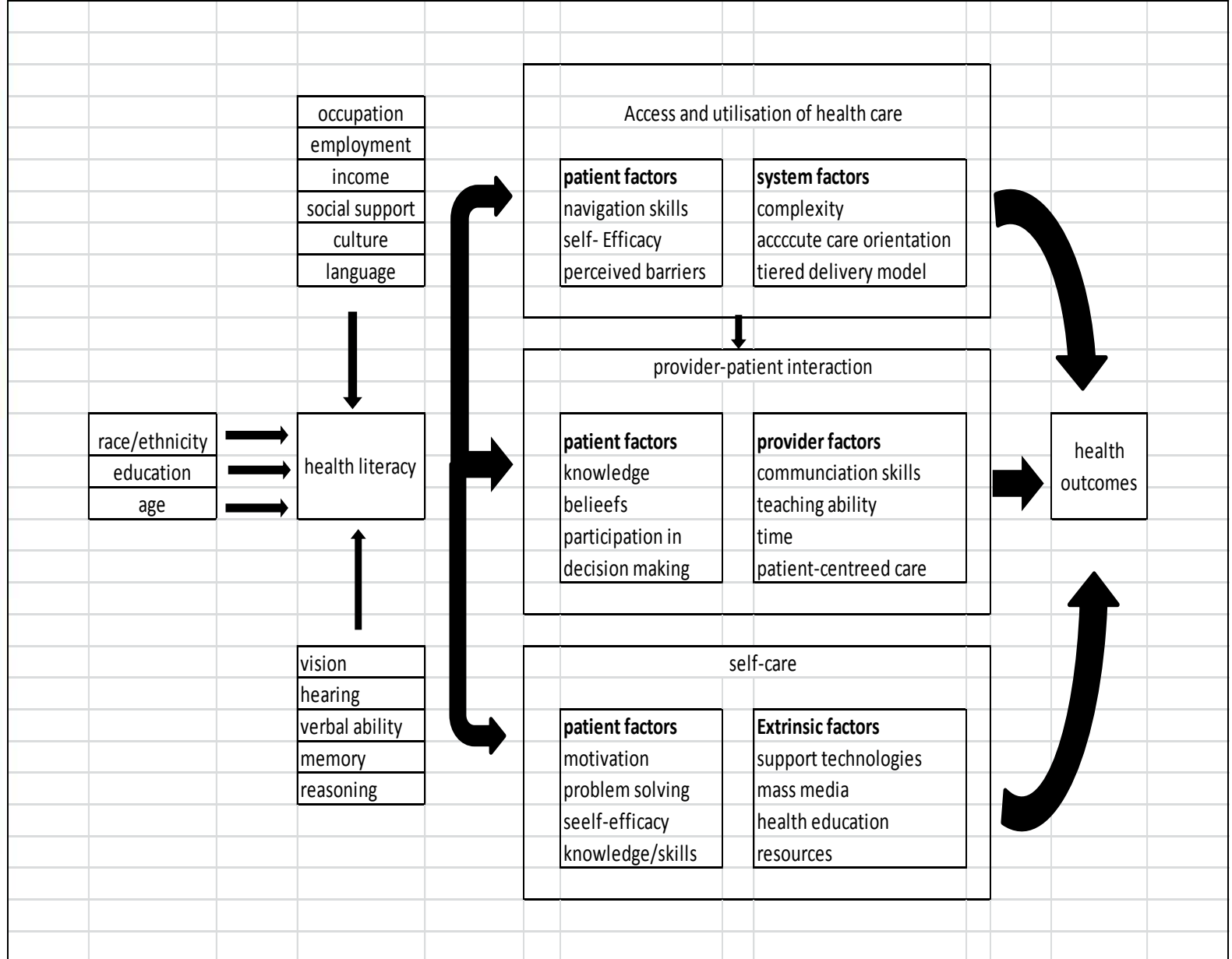
The cognitive and social skills which determine the motivation and ability of individuals to gain access to understand and use information in ways which promote and maintain good health

American Medical Association, 1999:

The constellation of skills, including the ability to perform basic reading and numeral tasks required to function in the healthcare environment.

Institute of Medicine (US) 2004:

The individual's capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.



Paasche-Orlow and Wolf, 2007. American Journal of Health Behaviour.

Don Nuttbeam

Functional literacy

- basic skills in reading and writing, capacity to apply these skills in everyday situations

Communicative/interactive literacy

- more advanced cognitive and literacy skills, greater ability obtain relevant information, derive meaning, and apply new information to changing circumstances

Critical literacy

- most advanced cognitive and literacy skills, critical analysis of information, ability to use information to respond, adapt and control life events and situations

Health Literacy

- **Individual health literacy** is the knowledge, motivation and competencies of a consumer to access, understand, appraise and apply health information to make effective decisions and take appropriate action for their health and health care.
- **The health literacy environment** is the infrastructure, policies, process, materials and relationships that exist within the health system that make it easier or more difficult for consumers to navigate, understand and use health information and services to make effective decisions and take appropriate action about health and health care.

Australian Commission on Safety and Quality in Health Care. Consumers, The health system and health literacy: Taking action to improve safety and quality. Consultation Paper. Sydney: ACSQHC, 2013.

Your approach to health literacy

– Health Literacy Pizza

- In groups of 4 develop your own definition of health literacy based on the list provided.
- Select a word out of each of the headings:
 - Competence/skills/abilities
 - Action
 - Information
 - Objective
 - Context
 - Time
- Make sure it works to how you need to engage with people

‘Universal Precautions’ Approach

- Because we can rarely tell who is affected by low health literacy, we advocate using a “Universal Precautions” approach...
- ...that is, simplify information for everyone, independent of perceived health literacy abilities

The 'Teach-Back' technique

- The Teach-Back technique is an effective method for ensuring that service users understand what you have told them.
- It involves asking service users to explain or demonstrate what they have been told.

Teach-Back steps

- Clinician explains a new concept, a diagnosis or treatment plan to the patient.
- Clinician then assesses the patient's recall and understanding.

“I want to be sure that I explained your medication correctly. Can you tell me how you are going to take this medicine?”
- Patient to explain back what was said.
- If patient cannot demonstrate that she/he has understood,
- Clinician clarifies the explanation again and asks the patient to explain back.
- The cycle of reassessing comprehension and clarifying continues, until the patient expresses satisfactory understanding.

We can protect
each other from
problem gambling.

We can protect
each other
from problem
gambling.

There are many things that can help people control or stop gambling. The support of their family and friends can make a big difference.

For confidential help with gambling problems, call Gambler's Help on 1800 858 858. Arabic interpreters can be arranged.

Information for the Iraqi community



gambler'shelp
1800 858 858

problemgambling.vic.gov.au



A gambling problem will cost you more than money.

Problem gambling can threaten your
future and your faith.

If you are worried about gambling,
seek help now.

Call Gambler's Help on 1800 858 858 or visit
www.gamblinghelponline.com.au.
Support is available online, in private, at any time.

gambler's help
1800 858 858
problemgambling.vic.gov.au



A Victorian
Government
initiative 



money problems?

You can't solve your money problems by gambling.

The longer you gamble, the more you lose.

Eventually you risk losing everything.

Free and confidential help is available for students.
You can learn how to manage your money and reduce your debts.

Call Gambler's Help on 1800 858 858 or visit www.internationalstudents.org.au/gambling



पैसे की समस्याएँ ?

आप जुआ खेल कर अपनी पैसे की समस्याएँ नहीं सुलझा सकते/सकती हैं।

जितना अधिक जुआ आप खेलेंगे/खेलेंगी, उतना अधिक पैसा आप गंवा देंगे/देंगी।

हो सकता है कि आखिर में आप अपना सब-कुछ गंवा बैठें।

विद्यार्थियों के लिए निःशुल्क और गोपनीय सहायता उपलब्ध है।
आप अपने पैसे का प्रबंधन करना और कर्ज घटाना सीख सकते/सकती हैं।

दूरभाष से 1800 858 858 पर गैम्बलर्स हेल्प (Gambler's Help) में संपर्क करें या यह वेबसाइट देखें www.internationalstudents.org.au/gambling



賭博 = 扔錢

工作辛苦且時間長，與家人和朋友在一起的時間就少。如果你自己或你認識的人下班後把許多時間和錢都花在賭博場所，損失的就不只是睡眠了。

問題賭博跡象有：

- › 不上班時去賭博而不回家
- › 把家裡給的生活費花在賭博上
- › 把賭博作為賺外快的手段。

控制賭博的簡便做法：

- › 少帶錢
- › 停止用信用卡取錢
- › 想一下你在用甚麼賭博。

如果你親近的人有這些跡象，你可獲得免費、保密的服務。請致電 Gambler's Help，電話 1800 858 858，討論怎樣解決問題賭博。有傳譯員提供協助；你也可向 Chinese Peer Connection (華人連接) 求助，電話 1300 755 878。如需在線服務，請登入網站 www.gamblinghelponline.org.au

gambler's help
1800 858 858

Free, confidential, 24 hours

take the **problem** out of gambling



DON'T LET GAMBLING PROBLEMS TEAR OUR FAMILIES APART.

If gambling is a problem for you or someone you know, call Gambler's Help on 1800 858 858 for free and confidential help. Interpreters can be provided free of charge.



gambler's help
1800 858 858
problemgambling.vic.gov.au



Implications for a communications strategy

- So, what does this mean for how we communicate?
- Purpose – what are we doing
- Methodology – how are going to do it
- Interventions – what will it look like
- Resources – what do we need to do it

Communications Planning Guide

This form will help you think through how to adapt something you have learnt today into a communications practice.

Communication activity The activity this communications plan supports.		Period Start and end dates for the communications plan.		
Communications objectives Setting objectives goes hand in hand with working out how to measure them. An objective without an evaluation later on is not worth doing. There may be a number of objectives, to account for multiple audiences, locations or milestones.				
Objectives (outcomes)		Measurement (what and how)		
1		1		
2		2		
3		3		
Audience demographics Who is the communications plan directed at specifically? (e.g. recent arrivals at reception, older people, gender, generation, , students, parents, activity type). What is the communication encounter?				
Audience		Tools & Methods (see below)		
1		1		
2		2		
3		3		
Key purpose of the communication Putting some thought into this is essential. The purpose of the communication will determine the change in practice – is it for information, change of practice. P.S. Who needs to change- staff or the client/ community?				
Tools, Methods and Settings There are many ways to change practice – and many practices that can change. It may be worth thinking about all the different settings where the change should happen.				
Published Material This could include flyers, posters, forms, social marketing	Communication techniques This could include teach-back, motivational interviewing,	Language services Often good for incentive programs. e.g. merchandise, give-aways, surveys, competitions, curriculum projects.	Health Beliefs This could include either a clinical setting or a public health setting	
Implementation plan So, how is this going to be implemented?				
What is the step or action?	When does it start and end?	Where will it happen (if applicable)?	Who is responsible?	How will it happen?

Today's reflections

- Culture influences health beliefs and practices.
- Higher rate of low health literacy among migrant and refugee clients
- Teach-Back technique – check understanding



Thank you

Michal Morris, General Manager
Centre for Culture, Ethnicity and Health
www.ceh.org.au