


Culturally and Linguistically Diverse

Needs Assessment

February 2024



We acknowledge the traditional custodians of the lands on which we work and pay our respect to Aboriginal Elders, past, present and emerging. The Darug, Gundungurra and Wiradjuri people are acknowledged as the traditional owners of the land in our region.

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Wentworth Healthcare would also like to acknowledge the consumers who generously contributed to the development of the Needs Assessment. For privacy purposes, the names of consumers have not been recorded in the Needs Assessment.

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Executive Summary

Nepean Blue Mountains Primary Health Network has undertaken the Nepean Blue Mountains Culturally and Linguistically Diverse (CALD) Needs Assessment to identify the health needs of the CALD community in the Nepean Blue Mountains region and to assess the gaps in primary care service delivery and barriers to accessing services. This Needs Assessment has been informed through demographic and epidemiological data and stakeholder consultations have been undertaken with CALD service providers from the Nepean Blue Mountains region and residents of the Nepean Blue Mountains region who identify as CALD.

Australia is one of the most culturally and linguistically diverse countries in the world, with over 7 million people born overseas. Studies undertaken in the Australian context, have identified disparities in health outcomes for CALD communities, compared to the Australian-born population. CALD communities may experience higher risk of cardiovascular diseases, dementia, diabetes, stroke, kidney disease and higher rates of hospitalisation as a result of chronic conditions.

The Nepean Blue Mountains region displays significant cultural diversity, with over 135 languages spoken across the region from 165 different countries. Across the entire Nepean Blue Mountains region, the population born overseas continues to increase, with almost 20% of the population born outside Australia, with the largest proportion of people born overseas in the Penrith Local Government Area. Therefore, the Nepean Blue Mountains Primary Health Network must consider CALD communities in their commissioning of services.

This Needs Assessment identified key health conditions and concerns of CALD people in the Nepean Blue Mountains region. Mental health concerns were strongly highlighted across all consultations. Mental health concerns were identified as ranging from mild to moderate anxiety and depression, to severe and complex suicidal ideation, bipolar disorder, schizophrenia and post-traumatic stress disorder (PTSD). Also highlighted were chronic health conditions, with diabetes being noted predominately as a key concern. Behavioural factors such as poor diet and insufficient exercise were identified as contributing to the prevalence of diabetes. Other chronic conditions reported include obesity, cardiovascular conditions (coronary heart disease and stroke), high blood pressure, high cholesterol and cancer. Other health concerns noted include domestic violence, dental health, neurodegenerative conditions and autism.

The accessibility of primary care services to CALD communities was explored in this Needs Assessment. Reduced access to general practitioners across the region was highlighted throughout all of the consultations. As a result, individuals alternatively seek medical assistance through the local Emergency Department for services which would be more appropriately provided in primary care. Difficulty in accessing allied health services was also emphasised, including psychology, occupational therapy, physiotherapy, podiatry and social work.

More generally, it has been highlighted across the consultations that CALD communities will often experience similar health challenges to the non-CALD population, however, there are significant barriers which influence an individual's ability to access health services. Several key barriers have been identified, including language barriers, use of interpreter services, cost, wait times, awareness of available services, shame and stigma, low health and digital health literacy, transportation, culturally inappropriate service delivery, traditional versus western medicine and service changes.

In response to the Needs Assessment, recommendations have been proposed for consideration by the Nepean Blue Mountains Primary Health Network. Recommendations include the upskilling and training of primary care and commissioned service providers, commissioning of place-based education programs and mental health programs, quality improvement initiatives in primary care, supporting workforce development and engaging in partnerships with health and community service providers.



Introduction

Purpose

Wentworth Healthcare, provider of the Nepean Blue Mountains Primary Health Network (NBMPHN), was successful in their application for the Australian Government Department of Health and Aged Care (DoHAC) Primary Health Networks Multicultural Access Program. The Multicultural Access Program aims to provide PHNs with funding to support primary healthcare across their region for Culturally and Linguistically Diverse (CALD) communities.

In order to improve primary care access for CALD communities in the Nepean Blue Mountains region, Nepean Blue Mountains PHN has undertaken this Needs Assessment. The purpose of the Needs Assessment is to identify the health needs of the CALD community in the Nepean Blue Mountains region and to assess the gaps in primary care service delivery and barriers to accessing services. The Needs Assessment identifies opportunities for improving the health outcomes of CALD people in the Nepean Blue Mountains region.

The development of the Nepean Blue Mountains CALD Needs Assessment was supported by data analysis, literature review and extensive consultation undertaken with service providers and community members from the Nepean Blue Mountains region.

Background

Primary Health Networks (PHNs) are independent organisations funded by the Department of Health and Aged Care (DoHAC) to coordinate primary healthcare in their region. Australia has 31 PHNs that assess the needs of their community and commission health services to deliver coordinated healthcare to the local community where and when they need it. In order to assess the needs of their communities, PHNs undertake Health Needs Assessments, which are the first stage in the broader PHN commissioning framework and provide the basis for planning and commissioning of services¹.

Wentworth Healthcare is the provider of Nepean Blue Mountains PHN and aims to improve the health and wellbeing of people in the Blue Mountains, Hawkesbury, Lithgow and Penrith Local Government Areas (LGAs)². The Nepean Blue Mountains region is over 9,179 square kilometres of concentrated suburban and rural areas and is diverse both demographically and geographically³. The Nepean Blue Mountains resident population as of 2021 is over 387,000 people⁴ and is expected to increase to over 452,000 people by 2041⁵. Of the population in the Nepean Blue Mountains region, 4.3% (16,548 people) are Aboriginal and Torres Strait Islander which is higher than the NSW state average (3.2%)⁶.

¹ Australian Government of Health and Aged Care, 2019. A commissioning overview in the PHN context. Accessed in November 2023 on <https://www.health.gov.au/sites/default/files/documents/2021/06/primary-health-networks-phns-commissioning-information-sheet-overview.pdf>

² Wentworth Healthcare. Who We are. Accessed in November 2023 on <https://nbmphn.com.au/About/Who-We-Are>

³ Wentworth Healthcare. Health in our Region. Accessed in November 2023 on <https://nbmphn.com.au/About/Health-in-our-Region>

⁴ Profile ID. Nepean Blue Mountains Primary Health Network. Accessed in November 2023 on <https://profile.id.com.au/nbmphn>

⁵ NSW Government. Planning Portal. Accessed in November 2023 on <https://www.planningportal.nsw.gov.au/populations>

⁶ Profile ID. Nepean Blue Mountains Primary Health Network. Accessed in November 2023 on <https://profile.id.com.au/nbmphn>



Image 1: Nepean Blue Mountains PHN region⁷

The Nepean Blue Mountains region displays significant cultural diversity, with over 135 languages spoken across the region from 165 different countries. In 2021, 19.7% (75,454 people) of the Nepean Blue Mountains population were born overseas⁸. Individuals from CALD backgrounds are likely to experience additional barriers to achieving optimal health outcomes, including limited health literacy, language barriers and difficulty in navigating the Australian healthcare system, resulting in an increased risk of reduced healthcare access and poorer health outcomes.

According to Australian Institute of Health and Welfare (AIHW)⁹, people born overseas generally had a lower prevalence of long-term health conditions than people born in Australia. However, people with low English proficiency and having lived more than 10 years in Australia were associated with a higher prevalence of chronic conditions. These conditions included dementia, any other mental health conditions, diabetes, heart disease, kidney disease and stroke¹⁰ (Table 1).

Type of long-term health condition	Speaks English only (%)	Speaks English not well or not at all (%)	Comparison
Arthritis	10.1%	9.3%	↓
Asthma	9.9%	3.5%	↓
Cancer	3.5%	2.6%	↓
Dementia	0.8%	2.4%	↑
Diabetes	4.8%	10.4%	↑
Heart disease	4.5%	5.7%	↑
Kidney disease	1.0%	1.7%	↑
Lung condition	2.2%	1.4%	↓
Mental health condition	10.9%	5.2%	↓
Stroke	1.0%	1.8%	↑
Any other mental health condition(s)	9.0%	11.6%	↑
No long-term health conditions	59.6%	64.0%	↑

Table 1: Percentage of people reporting long-term health conditions by English Proficiency. Source: ABS, 2022¹¹

⁷ Australian Government Department of Health and Aged Care. Nepean Blue Mountains Primary Health Network Map Topographic. Accessed in November 2023 on <https://www.health.gov.au/resources/publications/nepean-blue-mountains-nsw-primary-health-network-phn-map-topographic?language=en>

⁸ Nepean Blue Mountains Local Health District. Primary Care & Community Health Implementation Plan for Culturally & Linguistically Diverse Communities 2024-2027. Accessed in November 2023

⁹ Australian Institute of Health and Welfare, 2023. Chronic health conditions among culturally and linguistically diverse Australians, 2021. Accessed in January 2024 on <https://www.aihw.gov.au/reports/cald-australians/chronic-conditions-cald-2021/contents/about>

¹⁰ Australian Bureau of Statistics, 2022. Cultural diversity and long-term health conditions. Accessed in January 2024 on <https://www.abs.gov.au/articles/long-term-health-conditions#cultural-diversity-and-long-term-health-conditions>

¹¹ Ibid



Due to the health disparities experienced by the CALD population, it is imperative that health service planning and delivery considers this cohort and ensures services are accessible and appropriate in order to reduce disparities in health outcomes.

Methodology

The Methodology for the development of the Nepean Blue Mountains CALD Needs Assessment includes qualitative and quantitative data collection and analysis. See Appendix A for the description of the Methodology and Limitations.

Overview

Policy and Planning Context

The health policy and planning context of CALD communities in Australia recognises the importance of planning and delivering services that consider the needs of multicultural communities and reduce their barriers to accessing services. Within this context, the NSW Government actively engages in policy and planning initiatives to improve health outcomes for CALD communities. The relevant state and local strategies, plans and policies for ensuring cultural safety and responsiveness of health services for multicultural communities are listed below. No relevant Federal policies have been identified within this review.

Name	Description / Relevance
Penrith Multicultural Action Plan (Penrith City Council, 2024) ¹² – <i>Not released</i> .	The Penrith Multicultural Action Plan is due to be released in 2024. The Plan is being developed by Penrith City Council and will aim to increase community cohesion and connectedness in the Penrith LGA.
Nepean Blue Mountains Local Health District Primary Care & Community Health (PCCH) Implementation Plan for CALD Communities: 2024-2027 (Nepean Blue Mountains Local Health District, 2023) ¹³	The PCCH Implementation Plan for CALD Communities outlines strategies and actions to improve access to Nepean Blue Mountains Local Health District services for multicultural communities across the Nepean Blue Mountains region. The document identifies Nepean Blue Mountains PHN as a key partner agency in the delivery of the plan.
Nepean Blue Mountains PHN Needs Assessment: 2022 (Nepean Blue Mountains PHN, 2022) ¹⁴	The Nepean Blue Mountains PHN Needs Assessment (2022) outlines the health and service needs for the Nepean Blue Mountains region. Specific CALD needs from quantitative and qualitative data has been reported in the document, including health literacy, cancer screening, mental health and suicide.
Strategic Plan: 2023-2028 (Nepean Blue Mountains Local Health District, 2022) ¹⁵	The Nepean Blue Mountains Local Health District Strategic Plan outlines their strategic priorities across a five-year period (2023-2028). In relation to CALD communities, the Strategic Plan identified several key priorities, including the implementation of the Multicultural Aged Care Plan, ensuring culturally safe care and improving health literacy.
Strategic Plan: 2019-2023 (Nepean Blue Mountains PHN, 2018) ¹⁶	The Nepean Blue Mountains PHN Strategic Plan outlines the organisational priorities from 2019-2023. In relation to CALD communities, the Strategic Plan priority areas include underserved and disadvantaged communities and improving health equity and health literacy have been identified as key strategies.

¹² Penrith City Council, 2024. Penrith Multicultural Action Plan.

¹³ Nepean Blue Mountains Local Health District, 2023. Nepean Blue Mountains Local Health District Primary Care & Community Health Implementation Plan for Culturally & Linguistically Diverse Communities: 2024-2027. Accessed in November 2023

¹⁴ Wentworth Healthcare, 2022. Nepean Blue Mountains Primary Health Network Needs Assessment 2022. Accessed in November 2023 on <https://www.nbmphn.com.au/Resources/About/Nepean-Blue-Mountains-Needs-Assessment-2022>

¹⁵ Nepean Blue Mountains Local Health District, 2022. Strategic Plan 2023-2028. Accessed in November 2023 on <https://www.nsw.gov.au/sites/default/files/2022-08/NBMLHD-strategic-plan.pdf>

¹⁶ Wentworth Healthcare, 2019. Strategic Plan 2019-2024. Accessed in November 2023 on <https://www.nbmphn.com.au/Resources/About/Strategic-Plan-2019-2024>



Name	Description / Relevance
Addressing the Needs of Syrian and Iraqi Refugees in the Nepean Blue Mountains Region: A Formative Assessment of Health and Community Service Needs (Nepean Blue Mountains PHN, 2017) ¹⁷	In 2017, the Nepean Blue Mountains PHN undertook a Formative Assessment of the health and community service needs of Syrian and Iraqi refugees in the Nepean Blue Mountains region. Key findings in the Formative Assessment have been further described in the Community Profile.
Integrated Trauma-Informed Care Framework: My story, my health, my future (NSW Health, 2023) ¹⁸	The NSW Health Integrated Trauma-Informed Care Framework, "My story, my health, my future," combines trauma-informed and integrated care elements to improve the experiences of clients, their families, and carers using NSW Health services. Refugees and newly arrived migrants have been recognised as priority populations within the Framework.
Refugee Health Plan: 2022-2027 (NSW Health, 2022) ¹⁹	The NSW Refugee Health Plan 2022-2027 is a statewide plan aimed at improving the health and wellbeing of refugees and people with refugee-like backgrounds.
Future Health: Guiding the next decade of healthcare in NSW 2022-2032 (NSW Health, 2022) ²⁰	The NSW Health Future Health is a ten-year plan (2022-2032) for the delivery of a sustainable health system that achieves patient-centred outcomes. In relation to CALD communities, the plan emphasises the importance of cultural safety and competency of services and aims to achieve equitable health outcomes for priority populations, which includes people from CALD backgrounds.
NSW Plan for Healthy CALD Communities: 2019-2023 (NSW Health, 2019) ²¹	The NSW Plan for Healthy CALD Communities (2019-2023) is the strategic statewide policy addressing the health needs of CALD communities. The plan strives to provide equitable access to culturally responsive, safe, and high-quality healthcare services for individuals from multicultural backgrounds. The Plan has now concluded and once released, the next Plan will supersede it.
Standard Procedures for Working with Healthcare Interpreters (NSW Health, 2017) ²²	The NSW Health Standard Procedure for Working with Healthcare Interpreters describes when and how to work with healthcare interpreters to support safe, effective and clear communication between health staff and patients, their carers and families. This policy should be considered in improving access to interpreters across the region.

Table 2: CALD Policy and Planning Context in NSW

Scoping Literature Review

Australia is one of the most culturally and linguistically diverse (CALD) countries in the world, with over 7 million people born overseas²³. People from CALD backgrounds are not homogenous and are inclusive of (but not limited to) refugees, asylum seekers, temporary migrants (ie., international students), recently arrived migrants and migrants who have lived in Australia for a longer period of time. An individual's experience and background will shape their interaction with the Australian health system and influence their health outcomes²⁴. Generally, studies undertaken in the Australian context, have predominately identified, disparities in health outcomes for CALD communities, compared to the Australian-born population. CALD communities may experience higher risk of cardiovascular diseases, dementia, diabetes, stroke, kidney disease and higher rates of hospitalisation as a result of chronic conditions²⁵ ²⁶. Contrastingly, evidence in health outcomes

¹⁷ Wentworth Healthcare, 2017. Addressing the Needs of Syrian and Iraqi Refugees in the Nepean Blue Mountains Region: A Formative Assessment of Health and Community Service Needs. Accessed in November 2023 on https://www.nbmphn.com.au/Resources/About/169_0517-Refugee-Report_F_WEB

¹⁸ NSW Health, 2023. Integrated Trauma Informed-Care Framework: My story, my health, my future. Accessed in November 2023 on <https://www.health.nsw.gov.au/patients/trauma/Pages/itic-framework.aspx>

¹⁹ NSW Health, 2022. NSW Refugee Health Plan. Accessed in November 2023 on <https://www.health.nsw.gov.au/multicultural/Publications/refugee-health-plan.pdf>

²⁰ NSW Health, 2023. Guiding the next decade of care in NSW 2022-2032 Report. Accessed in November 2023 on <https://www.health.nsw.gov.au/about/nswhealth/Publications/future-health-report.pdf>

²¹ NSW Health, 2019. NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023. Accessed in November 2023 on https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2019_018.pdf

²² NSW Health, 2017. Interpreters - Standard Procedures for Working with Healthcare Interpreters. Accessed in November 2023 on https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_044.pdf

²³ Australian Institute of Health and Welfare, 2022. Chronic health conditions among culturally and linguistically diverse Australians, 2021. Accessed in November 2023 on <https://www.aihw.gov.au/reports/cald-australians/chronic-conditions-cald-2021/contents/summary>

²⁴ Khatri, R., and Assefa Y, 2022. Access to health services among culturally and linguistically diverse populations in the Australian universal healthcare system: issues and challenges. Accessed in February 2024 on <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-022-13256-z>

²⁵ Australian Institute of Health and Welfare, 2022. Culturally and linguistically diverse Australians. Accessed in November 2023 on <https://www.aihw.gov.au/reports-data/population-groups/cald-australians/overview>

²⁶ Australian Institute of Health and Welfare, 2022. Chronic health conditions among culturally and linguistically diverse Australians, 2021. Accessed in November 2023 on <https://www.aihw.gov.au/reports/cald-australians/chronic-conditions-cald-2021/contents/summary>



of CALD populations in Australia has identified the 'Healthy Migrant Effect', which shows better health outcomes for the non-Australian-born population, compared to the Australian-born²⁷. Unfortunately, the Healthy Migrant Effect is shown to diminish across time, potentially as a result of the assimilation to Western lifestyle and food behaviours²⁸. Generally, the prevalence of all chronic health conditions increases the longer individuals reside in Australia²⁹. The increase in prevalence of long-term health conditions since arrival to Australia has been observed in many cultural groups, including people from China, India and Philippines (these groups make up the majority of the Nepean Blue Mountains CALD population)³⁰.

CALD populations in Australia often face unique health challenges and barriers in achieving optimal health outcomes. People from CALD backgrounds have been found to underutilise health services and therefore experience unmet healthcare needs. A key barrier to accessing services is low proficiency in English, which may lead to challenges in communicating and understanding health information. Studies have found that people from CALD backgrounds with lower English proficiency experience poorer health literacy, in particular individuals who recently migrated to Australia and individuals who migrated at an older age³¹. Individuals with lower health literacy are known to experience poorer health outcomes, underutilise health services (including preventative health services), experience higher rates of hospital re-admission and display lower adherence to medical advice³². Language barriers and low levels of health literacy have been identified as substantially impacting access to health services for CALD communities and leading to multiple challenges in managing health conditions and navigating the Australian healthcare system³³.

Culturally specific attitudes toward health and illness may impact access to mainstream Australian health services for people from CALD backgrounds. Studies have demonstrated that individuals from CALD backgrounds may be less likely to access health services that conflict with the values and beliefs of their country of origin^{34 35}. For instance, a study in South Asian migrants in Australia, found that individuals reported being less likely to utilise healthcare services as a result of preference for home remedies and self-medication³⁶. Also, the same study reported cultural barriers existed towards cancer screening as it was perceived as 'bad news'³⁷. Other studies found that women from CALD communities have reported cultural and religious beliefs as barriers to screening for cancers, in particular where testing was perceived as challenging modesty values (ie., cervical screening)^{38 39}. Similar challenges have been observed in sexual and reproductive health amongst recently arrived migrants. One study demonstrated that women from Afghani backgrounds have reported difficulty in engaging in safe-sex practices due to conflicting cultural norms and reduced autonomy in negotiating safe-sex behaviours with their partner⁴⁰. Similarly,

²⁷ Australian Institute of Health and Welfare, 2021. Reporting on the health of culturally and linguistically diverse populations in Australia. Accessed in November 2023 on <https://www.aihw.gov.au/reports/cald-australians/chronic-conditions-cald-2021>

²⁸ Resham, B.K., and AssefaY, 2022. Access to health services among culturally and linguistically diverse populations in the Australian universal healthcare system: issues and challenges. *BMC Public Health*. Accessed in November 2023

²⁹ Australian Institute of Health and Welfare, 2022. Chronic health conditions among culturally and linguistically diverse Australians, 2021. Accessed in November 2023 on <https://www.aihw.gov.au/reports/cald-australians/chronic-conditions-cald-2021/contents/summary>

³⁰ Australian Institute of Health and Welfare, 2022. Chronic health conditions among culturally and linguistically diverse Australians, 2021. Accessed in November 2023 on <https://www.aihw.gov.au/reports/cald-australians/chronic-conditions-cald-2021/contents/summary>

³¹ Resham, KB., and Yibeltal, A, 2022. Access to health services among culturally and linguistically diverse populations in the Australian universal healthcare system: issues and challenges. Accessed in November 2023 on <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9063872/>

³² Australian Institute of Health and Welfare, 2022. Health Literacy. Accessed in November 2023 on <https://www.aihw.gov.au/reports/australias-health/health-literacy>

³³ Resham, KB., and Yibeltal, A, 2022. Access to health services among culturally and linguistically diverse populations in the Australian universal healthcare system: issues and challenges. Accessed in November 2023 on <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9063872/>

³⁴ Resham, KB., and Yibeltal, A, 2022. Access to health services among culturally and linguistically diverse populations in the Australian universal healthcare system: issues and challenges. Accessed in November 2023 on <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9063872/>

³⁵ McBride, K., MacMillan, M., Abood, J., Borodzicz, J., and Sonogo, S. Perceptions of bowel cancer screening among culturally and linguistically diverse (CALD) men living in the Nepean, Blue Mountains region. Accessed in November 2023.

³⁶ Nisar, M., Khan, A., and Kolbe-Alexander, T, 2022. 'Cost, culture and circumstances': Barriers and enablers of health behaviours in South Asian immigrants of Australia. Accessed in February 2024 on <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9543603/>

³⁷ Nisar, M., Khan, A., and Kolbe-Alexander, T, 2022. 'Cost, culture and circumstances': Barriers and enablers of health behaviours in South Asian immigrants of Australia. Accessed in February 2024 on <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9543603/>

³⁸ Resham, KB., and Yibeltal, A, 2022. Access to health services among culturally and linguistically diverse populations in the Australian universal healthcare system: issues and challenges. Accessed in November 2023 on <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9063872/>

³⁹ Sonogo, S., and McBride, K, 2018. *Community and primary care perception on cervical and breast screening participation among CALD women in the Nepean Blue Mountains region*. Western Sydney University. Accessed in November 2023.

⁴⁰ Russo, A., Lewis, B., Ali, R., Abed, A., Russel, G., and Luchters, S, 2019. Family planning and Afghan refugee women and men living in Melbourne, Australia: new opportunities and transcultural tensions. Culture, Health and Sexuality. Accessed in November 2023 on https://research.mgt.monash.edu/ws/portalfiles/portal/323514165/319318910_oa.pdf



further studies have identified migrant and refugee women reporting inadequate knowledge of reproductive and sexual health, which may potentially increase their vulnerability to sexually transmissible infections (STIs) and unplanned pregnancies⁴¹. It is vital for healthcare providers to understand socio-cultural constraints and norms when addressing the health of CALD communities.

As a result of the diverse challenges experienced by CALD communities in obtaining optimal health outcomes and accessing health services, it is imperative that healthcare providers are culturally competent. Specifically, when providing healthcare services, providers need to understand and respect the diverse cultural perspectives on the health of people from CALD backgrounds. Studies have identified that perceived poor cultural competency in healthcare providers was a barrier to accessing health services amongst CALD populations⁴². A study conducted with South Asian women in Australia found that participants were unsatisfied with the care provided for their gestational diabetes, due to a lack of consideration for culturally appropriate services. The study identified that healthcare providers needed to tailor their approach by considering the cultural context of the individual, to manage their gestational diabetes⁴³. The provision of culturally appropriate health services also includes the appropriate utilisation of interpreters. A study conducted in primary care with pregnant women from refugee backgrounds found that only 48% of women who required an interpreter, were able to access one during their care⁴⁴. A further study in the primary care setting found that limited availability of interpreter services reduced access to general practice services for refugee and asylum seeker populations⁴⁵. Therefore, culturally appropriate service provision, such as the use of interpreters, must be prioritised amongst healthcare professionals to enable access to health services for CALD communities.

There is an abundance of local Australian literature which identifies that CALD communities experience disparities in achieving optimal health outcomes following their arrival to Australia^{46,47,48}. Addressing barriers to accessing healthcare is vital in the aim of achieving equity in health outcomes. Barriers identified as contributing to health disparities through consultations conducted in the Nepean Blue Mountains region include, but are not limited to, language barriers, low health literacy, cultural factors impacting health-seeking behaviours, access to interpreter services and culturally competent health service providers. Addressing these barriers in the delivery of health services through a more inclusive healthcare environment, irrespective of cultural and linguistic backgrounds, is imperative in improving the health outcomes of CALD communities.

⁴¹ Metusela, C., Ussher, J., Perz, J., Hawkey, A., Morrow, M., Narchal, R., Estoesta, J., and Monteiro, M., 2017. "In My Culture, We Don't Know Anything About That": Sexual and Reproductive Health of Migrant and Refugee Women. *International Journal of Behavioral Medicine*. Accessed in November 2023 on <https://link.springer.com/article/10.1007/s12529-017-9662-3>

⁴² Resham, KB., and Yibeltal, A., 2022. Access to health services among culturally and linguistically diverse populations in the Australian universal healthcare system: issues and challenges. Accessed in November 2023 on <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9063872/>

⁴³ Bandyopadhyay, M., 2021. Gestational diabetes mellitus: a qualitative study of lived experiences of South Asian immigrant women and perspectives of their healthcare providers in Melbourne, Australia. *BMC Pregnancy Childbirth*. Accessed in November 2023 on <https://pubmed.ncbi.nlm.nih.gov/34243754/>

⁴⁴ Saito, S., et al., 2021. Response to language barriers with patients from refugee background in general practice in Australia: findings from the OPTIMISE study. *BMC Health Services Research*. Accessed in November 2023 on <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-021-06884-5>

⁴⁵ Resham, KB., and Yibeltal, A., 2022. Access to health services among culturally and linguistically diverse populations in the Australian universal healthcare system: issues and challenges. Accessed in November 2023 on <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9063872/>

⁴⁶ Rezanian, F., Neil, C.J.A., and Wijeratne, T., 2021. Disparities in Care and Outcome of Stroke Patients from Culturally and Linguistically Diverse Communities in Metropolitan Australia. *Journal of Clinical Medicine*. Accessed in January 2024 on <https://www.mdpi.com/2077-0383/10/24/5870>

⁴⁷ Khatri, RB., and Assefa, Y., 2022. Access to health services among culturally and linguistically diverse populations in the Australian universal healthcare system: issues and challenges. *BMC Public Health*. Accessed in January 2024 on <https://bmcpubhealth.biomedcentral.com/articles/10.1186/s12889-022-13256-z>

⁴⁸ Scanlon, B., Brough, M., Wyld, D., and Durham, J., 2021. Equity across the cancer care continuum for culturally and linguistically diverse migrants living in Australia: a scoping review. *BMC Globalisation and Health*. Accessed in January 2024 on <https://link.springer.com/article/10.1186/s12992-021-00737-w>



Needs Assessment

Community Profile

In 2021, 19.7% of people living in the Nepean Blue Mountains region were born overseas. Of which, the highest number of people were born in:

- India (7,713 people)
- Philippines (5,926 people)
- China (2,195 people)
- Malta (1,831 people) and
- Fiji (1,741 people) ⁴⁹

Within this population, 9.7% arrived in Australia within the previous five years, with 13.9% of people in the region speaking a language other than English at home, out of which 5,934 people reported difficulty in speaking English. The Nepean Blue Mountains region displays significant cultural diversity, with over 135 languages spoken across the region from 165 different countries⁵⁰.

Further analysis shows that the Penrith LGA displays substantial cultural diversity, with 23.3% of the population born overseas and 4,872 (19.6%) people speaking a language other than English at home⁵¹. The overseas-born population in the Nepean Blue Mountains region continues to grow, with the highest growth seen in Penrith, followed by Hawkesbury, Blue Mountains and Lithgow⁵².

Tables 3-4 below outline the census data indicators relating to the CALD population in the Nepean Blue Mountains region.

	Nepean Blue Mountains PHN (Persons)	Nepean Blue Mountains PHN (%)	Greater Sydney (%)
Born overseas	75,454	19.7%	38.6%
Arrived to Australia in the previous five years	7,312	9.7%	19.1%
Speaks English not well or not at all	5,934	1.5%	6.4%
Speaks a language other than English at home	53,450	13.9%	37.4%

Table 3: CALD Community Indicators within the Nepean Blue Mountains region. Source: Profile ID, 2021⁵³

	Blue Mountains (%)	Hawkesbury (%)	Lithgow (%)	Penrith (%)
Born overseas	17.4%	13.3%	10.1%	23.3%
Arrived to Australia in the previous five years	5.7%	9.5%	8%	10.9%
Speaks English not well or not at all	1.5%	0.8%	0.6%	2.2%
Speaks a language other than English at home	6.5%	7.1%	4.3%	19.6%

Table 4: CALD Community Indications by LGA. Source: Profile ID, 2021⁵⁴

⁴⁹ Profile ID. Nepean Blue Mountains Primary Health Network. Accessed in November 2023 on <https://profile.id.com.au/hbmphn>

⁵⁰ Nepean Blue Mountains Local Health District, 2023. Primary Care & Community Health Implementation Plan for Culturally & Linguistically Diverse Communities 2024-2027. Accessed in November 2023

⁵¹ Profile ID. Nepean Blue Mountains Primary Health Network. Accessed in November 2023 on <https://profile.id.com.au/hbmphn>

⁵² Nepean Blue Mountains Local Health District, 2023. Primary Care & Community Health Implementation Plan for Culturally & Linguistically Diverse Communities 2024-2027. Accessed in November 2023

⁵³ Profile ID. Nepean Blue Mountains Primary Health Network. Accessed in November 2023 on <https://profile.id.com.au/hbmphn>

⁵⁴ Ibid.



Table 5 outlines people born overseas by age cohorts across the four LGAs. A greater proportion of the people from CALD backgrounds residing in the Blue Mountains and Lithgow LGAs are aged 45 to 64 years compared to the region overall, while Penrith and Hawkesbury LGAs have a greater proportion of people born overseas aged between 25 to 44 years. Anecdotally, for Penrith LGA, this represents the home-maker and young families cohort which is also supported by its CALD community consisting of those aged between 0 to 14 years (7.7%).

	Blue Mountains		Hawkesbury		Lithgow		Penrith		Nepean Blue Mountains Region	
	Persons	%	Persons	%	Persons	%	Persons	%	Persons	%
0 – 14 years	600	6.0%	569	6.5%	269	9.2%	4,206	7.7%	5,644	10.4%
15 – 24 years	459	4.6%	577	6.5%	213	7.3%	4,545	8.4%	5,794	10.7%
25 – 44 years	2,291	22.8%	2,500	28.3%	653	22.4%	19,925	36.7%	25,369	46.7%
45 – 64 years	3,450	34.3%	2,702	30.6%	824	28.3%	15,125	27.8%	22,101	40.7%
65 – 74 years	1,764	17.5%	1,353	15.3%	551	18.9%	6,083	11.2%	9,751	17.9%
75 years and over	1,495	14.9%	1,119	12.7%	401	13.8%	4,463	8.2%	7,478	13.8%
Total	10,059	100.0%	8,820	100.0%	2,911	100.0%	54,347	100.0%	54,347	100.0%

Table 5: Persons born overseas by Age Cohorts and LGA: Source: ABS, 2021⁵⁵. Excludes people born in the UK, US and Australia.

The Nepean Blue Mountains region is also home to a significant number of refugees and asylum seekers who have fled their country of origin due to war, violence, conflict or persecution. Refugees and asylum seekers who have re-settled in the Nepean Blue Mountains region include people from Afghanistan, Bhutan, Burma, Iraq, Syria, Tibet and Ukraine⁵⁶. It is predicted that the arrival of refugees and asylum seekers in the Nepean Blue Mountains region will increase due to settlement services and housing in Western and South Western Sydney reaching capacity⁵⁷.

Unfortunately, there is no data available to identify the refugee and humanitarian population in health and welfare data sets for the Nepean Blue Mountains region. Therefore, there is a limitation in assessing the health and wellbeing outcomes of refugees and asylum seekers⁵⁸. However, consultation with service providers has indicated that at present there are approximately sixty (60) newly settled refugees in the Nepean Blue Mountain region, primarily in Penrith.

Health Status and Outcomes

This section outlines specific works exploring the health needs of CALD people across the Nepean Blue Mountains region. It is acknowledged that there is limited CALD community data linked to health status and outcome datasets. This section acknowledges and demonstrates that data collected for a specific health condition and/or specific community can provide insights that can inform future service development and delivery.

Participation in National Cancer Screening Programs

Breast Screening

Screening for breast cancer is available for women in NSW through BreastScreen NSW. Women between the age of 50-74, with no symptoms of breast cancer are invited by BreastScreen NSW to

⁵⁵ Australian Bureau of Statistics, 2021. Census 2021: Cultural Diversity by Long-term Health Condition by Age (TableBuilder). Accessed in January 2024 on <https://www.abs.gov.au/statistics/microdata-tablebuilder>

⁵⁶ Nepean Blue Mountains Local Health District, 2024. Multicultural health in Nepean Blue Mountains. Accessed in January 2024 on <https://www.nsw.gov.au/health/nbmlhd/services/multicultural-health>

⁵⁷ Nepean Blue Mountains Local Health District, 2023. Primary Care & Community Health Implementation Plan for Culturally & Linguistically Diverse Communities 2024-2027. Accessed in November 2023

⁵⁸ Australian Institute of Health and Welfare, 2023. Culturally and linguistically diverse Australians. Accessed in November 2023 on <https://www.aihw.gov.au/reports-data/population-groups/cald-australians/refugee-and-humanitarian-entrant-health>



receive a free mammogram. The BreastScreen NSW program aims to identify early breast cancer in order to increase treatment options and improve breast cancer outcomes⁵⁹.

In 2021-22, 33.5% of eligible CALD women have participated in breast cancer screening in the Nepean Blue Mountains region, which is a decrease since 2019-20. CALD women in the Blue Mountains (29.3%) and Penrith (33.2%) region report the lowest level of breast cancer screening⁶⁰. Tables 6 and 7 below outline the breast cancer screening data relating to the CALD population in the Nepean Blue Mountains region. This data has been collated through the Reporting for Better Cancer Outcomes Report (RBCO, 2023) (Report not publicly available).

	NSW (%)	Nepean Blue Mountains PHN (%)	Hawkesbury LGA (%)	Lithgow LGA (%)	Blue Mountains (%)	Penrith (%)
All participants aged 50-74	43.7%	42.2%	45.0%	44.2%	43.7%	40.1%
CALD participants aged 50-74	35.7%	33.5%	38.8%	48.8%	29.3%	33.2%

Table 6: CALD Participation in Breast Cancer Screening 2021-2022. Source: Cancer Institute NSW, 2023⁶¹

	2019-2020	2020-2021	2021-2022
Participation Rate	38.3%	31.2%	33.5%

Table 7: CALD Participation in Breast Cancer Screening 2019-2022. Source: Cancer Institute NSW, 2023⁶²

A study has been undertaken by Western Sydney University (2018) to explore the breast cancer screening behaviours of women from CALD backgrounds in the Nepean Blue Mountains region⁶³.

The following barriers to breast cancer screening were identified in the study:

- Limited transportation to screening services.
- Limited knowledge and awareness of the benefits of breast cancer screening.
- The physical discomfort and pain which may be experienced during a mammogram.

The following enablers to engaging in breast cancer screening were identified in the study:

- Encouragement from the General Practitioner to screen.
- Information and resources provided by healthcare providers on breast cancer screening.
- The BreastScreen van to support access for people with limited transportation.

Bowel Cancer Screening

The National Bowel Cancer Screening Program (NBCSP) is available for all eligible Australians aged between 50 to 74 years. The NBCSP aims to detect bowel cancer early in order to reduce mortality rates as a result of bowel cancer. The NBCSP is accessed through an immunochemical faecal occult blood test (iFOBT) which is mailed to all eligible Australians⁶⁴. Data on CALD

⁵⁹ BreastScreen NSW. About BreastScreen NSW. Accessed in November 2023 on <https://www.breastscreen.nsw.gov.au/about>

⁶⁰ Nepean Blue Mountains Regional Insights. Cancer Screening. Accessed in November 2023 on <https://www.nbmphn.com.au/Resources/About/Cancer-Screening-Regional-Insights-Series-2023>

⁶¹ Cancer Institute NSW, 2023. Better Cancer Outcomes Report, Breast Cancer Screening Participation Rates. Accessed in November 2023.

⁶² Cancer Institute NSW, 2023. Better Cancer Outcomes Report, Breast Cancer Screening Participation Rates. Accessed in November 2023.

⁶³ Sonogo, S., and McBride, K, 2018a. *Community and primary care perception on cervical and breast screening participation among CALD women in the Nepean Blue Mountains region*. Western Sydney University. Accessed in November 2023.

⁶⁴ Australian Government Department of Health and Aged Care. National Bowel Cancer Screening Program. Accessed in November 2023 on <https://www.health.gov.au/our-work/national-bowel-cancer-screening-program>.



participation in bowel cancer screening is not available. However, a study has been undertaken by Western Sydney University through funding by the Cancer Institute NSW and Wentworth Healthcare to explore the bowel cancer screening behaviours of men in different CALD groups in the Nepean Blue Mountains region⁶⁵. Common barriers identified for preventing involvement in the NBCSP included limited health literacy, language barriers, transport issues and family/work responsibilities. Other barriers reported by CALD men included:

- Limited knowledge and awareness of the NBCSP.
- Lower perceived risk of bowel cancer, due to the absence of digestive-related symptoms or other health problems.
- Fear of the potential consequence of a positive test, including fatalism.
- Skepticism regarding preventative health and conventional cancer therapies.
- Low endorsement from the general practitioners⁶⁶.

National Cervical Screening Program

The National Cervical Screening Program (NCSP) is available for all eligible Australian women aged between 25-74 years. The NCSP tests for the human papillomavirus (HPV) which causes the majority of cervical cancers⁶⁷. Data on CALD participation in cervical screening is not available. However, a study has been undertaken by Western Sydney University (2018) to explore the cervical screening behaviours of women from CALD backgrounds in the Nepean Blue Mountains region⁶⁸. Service level, socio-cultural and individual barriers were reported by women for engaging in cervical screening. The following barriers to cervical screening were identified in the study:

- Lack of availability of female general practitioners to provide cervical screening.
- Modesty and the belief that intimate areas should only be seen by a partner.
- The need to disclose information about past sexual experiences when undertaking cervical screening.
- History of trauma and genital mutilation.
- Lack of support from a partner to engage in cervical screening.

The following enablers to engaging in cervical screening were identified in the study:

- Ongoing relationship with a general practitioner.
- Delivery of cervical screening through female-oriented services, such as Women's Health Centres.
- Facilitating privacy by the healthcare professional through the use of sheets or drapes.

⁶⁵ McBride, K., MacMillan, M., Abood, J., Borodzicz, J., and Sonego, S., 2018. Perceptions of bowel cancer screening among culturally and linguistically diverse (CALD) men living in the Nepean, Blue Mountains region. Accessed in November 2023 on <https://researchdirect.westernsydney.edu.au/islandora/object/uws:49597>

⁶⁶ Ibid.

⁶⁷ Australian Government Department of Health and Aged Care. National Cervical Screening Program. Accessed in November 2023 on <https://www.health.gov.au/our-work/national-cervical-screening-program>

⁶⁸ Sonego, S., and McBride, K., 2018. *Community and primary care perception on cervical and breast screening participation among CALD women in the Nepean Blue Mountains region*. Western Sydney University. Accessed in November 2023.



- The provision of additional information and resources prior to the test to describe the procedure.

It is noted that three studies undertaken by Western Sydney University referred to above, have not been published and the data is over six (6) years old as of the development of this Needs Assessment. However, the barriers and enablers identified in the respective studies have been supported through consultations undertaken for this Needs Assessment with the community and service providers. Therefore, the information presented by the three (3) studies is still relevant for the Nepean Blue Mountains region.

Health and Community Service Needs of Syrian and Iraqi Refugees

In 2017, the NBMPHN has undertaken a Formative Assessment of the health and community service needs of Syrian and Iraqi refugees in the Nepean Blue Mountains region⁶⁹. The Formative Assessment focused on understanding the health needs and priorities of Iraqi and Syrian refugee communities and identifying any gaps and challenges to accessing services. The Formative Assessment was undertaken through focus groups and interviews with community members and service providers in the Nepean Blue Mountains region. Key findings in the Formative Assessment include:

- mental health issues, including trauma, anxiety and depression. Associated stigma has been reported as a barrier to seeking mental health treatment
- isolation and loneliness were reported with limited social capital to support people
- difficult family dynamics post-re-settlement
- difficulty in obtaining employment and housing
- physical health issues including diabetes, heart conditions, dental health, sexual and reproductive health, obesity and high blood pressure
- poor health-seeking behaviour amongst this community as health was perceived as a reduced priority compared to other settlement demands
- language barriers and poorer health literacy
- low understanding of the Australian healthcare system and the availability of health services
- culturally inappropriate services
- negative experience when utilising general practitioner services
- lack of interpreter services available at general practitioners
- prolonged wait times and high costs when receiving specialised health services⁷⁰.

It must be noted that the Formative Assessment was issued in 2017, following the immigration of Syrian and Iraqi Refugees in the Nepean Blue Mountains region. There is limited ability to generalise these findings to current refugees settled in the region as refugees are a transient population. However, the experiences listed above are consistent with experiences reported in the literature on refugees from other regions and the consultations undertaken with community and service providers in the development of this Needs Assessment. Therefore, the Formative Assessment should be considered in the context of this Needs Assessment.

⁶⁹ Wentworth Healthcare, 2017. Addressing the Needs of Syrian and Iraqi Refugees in the Nepean Blue Mountains Region. Accessed in November 2023 on https://www.nbmphn.com.au/resources/about/169_0517-refugee-report_f_web

⁷⁰ Ibid.



Service Mapping

The services highlighted in the Service Mapping below have been obtained through stakeholder consultation, Wentworth Healthcare [My Health Connector webpage](#) and desktop review.

Service	Location	Description	Website Link
Angel of Mercy	Penrith	Services for multicultural communities from African and Arabic backgrounds. Services provided include information, consultation, training, domestic violence support and support with utilising other services (family, children and aged care services).	penrithaustralia.com.au/angelsofmercy/form.asp
Blue Mountains Refugee Support Group	Blue Mountains	The Blue Mountains Refugee Support Group are a refugee support organisation that provides practical support to refugees and people seeking asylum, including skill development, education and advocacy.	bmrsq.org.au
GambleAware	Blue Mountains, Hawkesbury, Lithgow and Penrith	GambleAware provides gambling support services for people from multicultural communities. GambleAware has community engagement officers who support multicultural communities with free confidential support and advice.	gambleaware.nsw.gov.au
Multicultural Disability Advocacy Association (MDAA)	Blue Mountains, Hawkesbury, Lithgow and Penrith	The MDAA aims to promote, protect and secure the rights and interests of people with disability, with a particular focus on CALD / Non-English Speaking Backgrounds.	mdaa.org.au
Nepean Multicultural Access	Penrith	Nepean Multicultural Access provides support to migrants and refugees settled in the Nepean area through community programs, casework, settlement services and general CALD support.	nma.org.au
Nepean Blue Mountains Local Health District	Blue Mountains, Hawkesbury, Lithgow and Penrith	The Multicultural Health Service provides health information and resources to community members from diverse cultural backgrounds.	nsw.gov.au/health/nbmlhd
Transcultural Mental Health Line	Blue Mountains, Hawkesbury, Lithgow and Penrith	The Transcultural Mental Health Line offers advice on how to improve wellbeing and mental health, supports access to local services, and provides support to carers.	dhi.health.nsw.gov.au/transcultural-mental-health-centre-tmhc/transcultural-mental-health-line
Settlement Services International	Blue Mountains, Hawkesbury, Lithgow and Penrith	Settlement Services International (SSI) deliver a range of human services that connect individuals, families and children from diverse backgrounds with opportunities from settlement support, to disability programs, community engagement initiatives, training and employment pathways.	ssi.org.au
STARTTS: Refugee Support Services	Blue Mountains, Hawkesbury, Lithgow and Penrith	STARTTS provides culturally relevant psychological treatment, support, and community interventions, to help people and communities heal the scars of torture and refugee trauma and rebuild their lives in Australia.	startts.org.au
SydWest Multicultural Services	Penrith	SydWest Multicultural Services provides settlement services and support for aged care and NDIS clients, as well as women, families and youth. They have bilingual staff who understand the cultures of the people they work with.	sydwestms.org.au

Table 8: Service Mapping

* Other services outside of those listed above may be available in the region. The services above were captured as of 30 November 2023 via the methods identified.



Qualitative Findings

The following section highlights the key findings from consultations undertaken with CALD community members and service providers in the Nepean Blue Mountains region during November and December 2023. See Appendix A for further information on the methodology for this component of the Needs Assessment.

Health Outcomes

This section highlights the key information gathered in relation to the health conditions and concerns of CALD people in the Nepean Blue Mountains region. Mental health concerns, poor oral health and chronic conditions were the most commonly noted health conditions identified during the consultations. Other health concerns noted include neurodegenerative conditions, autism, and maternal and domestic violence. The key findings in regard to health outcomes are described below.

More generally, it was highlighted that CALD communities will often experience similar health challenges to the non-CALD population, however, the challenge of achieving optimal health outcomes is in the access to services, which is impacted by specific barriers that will be further outlined in this Needs Assessment. It was also highlighted that while the health conditions are similar to non-CALD populations, they are exacerbated as there is usually co-morbidity present and underlining complex health conditions.

Mental Health

Mental health concerns amongst CALD communities in the Nepean Blue Mountains region were highlighted as the primary health concern amongst all service providers and consumers consulted in the development of the Needs Assessment.

Mental health concerns identified range from mild to moderate anxiety and depression, to severe and complex suicidal ideation, bipolar disorder, schizophrenia and post-traumatic stress disorder (PTSD).

Individuals from refugee and asylum seeker backgrounds were reported to be most likely to experience complex mental health conditions, in particular PTSD. The mental health conditions and PTSD experienced by this cohort are most likely as a result of stressful events and conditions that occurred prior to their arrival in Australia.

Mental health conditions are often left untreated as a result of low health-seeking behaviour due to secrecy, shame and stigma associated with mental health. However, some service providers and community members noted that awareness around mental health is increasingly improving amongst CALD communities in the region.

Oral Health

Oral health concerns amongst CALD communities in the Nepean Blue Mountains region were one of the most commonly noted issues identified in the consumer and service provider consultations. Overall, oral health issues were noted as a symptom of a person's broader physical and mental health status. In some instances, limited access to preventative measures such as affordable healthy food options, health literacy about the link between physical and oral health, and early intervention. These were further impacted by the associated costs, language disparity and/or culturally appropriate service options to engage in preventative measures.

Oral health issues were reported as exacerbated for refugees and asylum seekers due to their limited access to services prior to arrival in Australia.



Lack of access to low-cost dental services was identified as a key contributor to poor oral health amongst the CALD population. In instances where public services are available, lengthy waitlists for access to services were highlighted at the majority of consultations.

Chronic Conditions

Chronic conditions were reported as impacting individuals from CALD communities in the Nepean Blue Mountains region. Most commonly, diabetes was identified as a key concern at the consultations. Behavioural factors such as poor diet and insufficient exercise were identified as contributing to the prevalence of diabetes. In addition, poor adherence to the recommended management protocols for diabetes was observed amongst service providers.

Other chronic conditions were also reported in the consultations as impacting CALD communities, including obesity, cardiovascular conditions (coronary heart disease and stroke), high blood pressure, high cholesterol and cancer. The potential causes of the chronic conditions were reported as a mixture of predisposition and lifestyle. Service providers identified that certain ethnic/cultural groups may experience an increased likelihood of conditions such as high blood pressure and cholesterol. The impact of lifestyle change on the susceptibility of chronic conditions was also highlighted throughout service provider and community consultations. A change in diet from an individual's country of origin to a westernised diet may result in an increased risk of chronic conditions. Service providers reported a limited understanding of nutrition and physical activity recommendations amongst the CALD community.

Limited understanding of the healthcare system as it relates to chronic disease management among CALD communities was also outlined by service providers. It was reported that people are not knowledgeable about which part of the system to access at what time, and that Emergency Departments act as a default and often at times when a person's chronic condition is becoming exacerbated. Coupled with limited English proficiency, health literacy and culturally appropriate care, the experience of people from CALD backgrounds was reported as frustrating by service providers.

Domestic Violence

Though domestic violence is not a 'health condition', its profound impact on mental health is widely recognised and it is within the scope of services provided by the NBMPHN. Community and service provider consultations have highlighted domestic violence as a key concern amongst CALD communities, in particular women from these communities.

Domestic violence within CALD communities is a complex issue which is influenced by various cultural and social factors. Cultural beliefs, norms, and expectations were identified in the consultations as influencing attitudes towards gender roles, relationships, and acceptable behaviour amongst CALD communities. These cultural dynamics might affect how domestic violence is perceived and reported.

Domestic violence was reported to have negative effects on the mental health of victim-survivors. In addition, it was noted that individuals experiencing domestic violence may be less likely to access health services due to restrictions imposed by the partner. In particular, restricted access to women's health and sexual health services was highlighted in the consultations.

Individuals from CALD backgrounds may encounter additional barriers to receiving support from domestic violence services, such as language barriers, stigma or shame from their community, low awareness of available support services and financial dependency on their partner. These barriers were reported to disproportionately impact access to domestic violence services for the CALD community.



Neurodegenerative Conditions

Neurodegenerative conditions such as Dementia, Alzheimer's disease and Parkinson's disease were identified as emerging health needs of older CALD communities in the Nepean Blue Mountains region in the consumer consultations. Cultural beliefs and stigma may affect the recognition and acceptance of neurodegenerative conditions within CALD communities. Misconceptions about these conditions were reported to hinder early detection, diagnosis, and access to appropriate care. In addition, consumers noted that these conditions may also be associated with an increase in elder abuse, which was identified as a concern for CALD communities in the region.

Autism

Autism spectrum disorder (ASD) was identified as an emerging concern amongst CALD communities in the Nepean Blue Mountains region during the consumer consultations. Identifying ASD within CALD communities can be complex due to cultural differences in health seeking behaviours, communication norms and understanding of developmental differences. As a result, underdiagnosis or delayed diagnosis may impact the management of ASD amongst CALD communities.

Access to Primary Healthcare

This section highlights information regarding the accessibility of primary care services in the Nepean Blue Mountains region for CALD communities. This section was informed through service provider and consumer consultations. Reduced access to general practitioners and allied health professionals was highlighted for CALD communities. Other services that were inaccessible include dentistry, psychiatry, specialist services, women's health, youth sexual health and maternal services. The following section will outline the key findings in relation to accessing services:

General Practitioners

Consultation with community and service providers has identified that access to general practitioners was limited for people from CALD communities in the Nepean Blue Mountains region. Limited access to general practitioners was reported at all consumer and service provider consultations. As a result, consultations highlighted that individuals alternatively seek medical assistance through the local Emergency Department for services that would be more appropriately provided in primary care.

The following barriers to accessing a general practitioner for the CALD community were identified:

- **Cost:** Increased out-of-pocket expenses due to reduced availability of bulk billing providers.
- **Wait Time:** Accessing general practitioners with a 'walk-in' policy would often lead to lengthy wait times for community members. Community members reported waiting up to 4 to 6 hours to see their general practitioner. Parents with young children reported increased difficulty in waiting for long periods of time due to their caretaker responsibilities.
- **Wait List:** General practitioners that operate through an 'appointment only' system were noted as having wait lists of up to two weeks or longer for an appointment.
- **Interpreter Usage:** Appropriate use of interpreters by general practitioners was reported as a barrier to accessing services. The use of professional interpreter services was not consistent across general practitioners. It was reported that interpreter services were often not made available or encouraged to CALD people.



- **Language-Speaking General Practitioners:** It was identified that there is a shortage of general practitioners in the Nepean Blue Mountains region who are proficient in languages other than English. Some CALD community members preferred accessing general practitioners who speak their language to aid communication and cultural understanding.
- **Culturally Appropriate Services:** Reduced general practitioner awareness of culturally appropriate service provision was identified as a barrier to accessing services. If a previous experience with a general practitioner was perceived as culturally inappropriate, it is likely to result in reduced healthcare-seeking in the future.
- **Digital Health Literacy:** Online booking systems were identified as a barrier to accessing general practitioner services if no alternative booking mode is available. This barrier was highlighted for older CALD community members.
- **Coordinated Healthcare:** Service providers identified difficulty in engaging with general practitioners to provide multidisciplinary support and care coordination for their clients.

Allied Health Services

Consultation undertaken with community members and service providers identified that access to allied health services was limited for CALD communities in the Nepean Blue Mountains region. Services that were most difficult to access include psychology, occupational therapy, physiotherapy, podiatry and social work. The following barriers to accessing allied health professionals were identified:

- **Cost:** Perceived high costs of allied health services were highlighted as the main barrier to accessing services.
- **Wait times:** Extensive wait times for accessing allied health services that are free or low cost.
- **Transportation:** Transportation was identified as a barrier for consumers who did not reside in centralised locations.
- **Lack of Awareness:** Limited awareness or knowledge about available allied health services, their benefits, or how to access them was identified as preventing individuals from seeking the support they need.

Pharmacy

Consultation with community and service providers has identified that access to pharmacy services in the Nepean Blue Mountains region was adequate for CALD communities. No significant barriers to receiving pharmacy services were observed in the consultations.

Other Services

The consultations undertaken for the development of the Needs Assessment focused on access to primary care services for the CALD community. Through the consultations, services that aren't within the primary care setting were identified as inaccessible for the CALD community in the Nepean Blue Mountains region. The common issues related to inaccessibility were costs and fees associated with specialist consultations and/or procedures, limited in-language content, limited access to interpreters, limited cultural safety, especially for some specialities such as sexual health and women's services and limited transport options.



The following services most commonly identified included:

- Dentistry
- Maternity Services
- Psychiatry Services
- Specialist Medical and Surgical Services
- Sexual Health and/or Sexual Assault Services
- Women's Health Services

Barriers to Accessing Primary Care Services

For CALD communities, several barriers can impede their ability to seek and access primary healthcare services. Some of these barriers have already been discussed in the previous section in relation to specific primary care services. This section will expand on general barriers identified across the majority of primary care services.

Throughout the consultations undertaken with the community and service providers, it has been highlighted that primary care services are to some extent available in the Nepean Blue Mountains region, in particular in metropolitan regions within Penrith. However, significant barriers for CALD communities were identified, which impact accessibility to services. Barriers that have been identified include language barriers, use of interpreter services, cost, wait times, awareness of available services, shame and stigma, low health and digital health literacy, transportation, culturally inappropriate service delivery, traditional versus westernised medicine and service changes.

Language Barriers

Limited proficiency in English has a significant impact on the individual's ability to communicate health issues, understand medical advice received, navigate the Australian healthcare system, complete required documentation and participate in shared decision making. The inability to communicate effectively or fear of not being understood was identified as potentially deterring CALD individuals from seeking timely care, which may lead to delayed treatment and exacerbation of health issues.

Providing written information in other languages is often utilised in an attempt to mitigate language barriers. Service providers and consumers engaged in the consultations identified that information provided in other languages may have significant translation issues, which impact the readability of the information received.

Use of Interpreter Services

The use of interpreter services was identified as both an enabler and a barrier to health service access for the CALD community. If appropriately managed, interpreting services enable individuals to understand their health and engage in shared decision making. However, multiple barriers were identified to the appropriate use of interpreters:

- **Access:** Consumers have reported not being advised that interpreter services are available when making their appointments. In addition, consumers have reported in some instances, health providers have discouraged them from accessing interpreter services.
- **Inappropriate use of interpreters:** In some instances, it was identified that health professionals continue to rely on family members to provide interpreter support. The use of



family members as interpreters is not supported in healthcare settings as information may not be accurately conveyed, confidentiality concerns as a result of sensitive medical information, conflict of interest as a result of family and personal dynamics and other reasons.

- **Inaccurate translation:** The use of professional healthcare interpreter services may not always ensure accurate and appropriate translation. Service providers who were consulted advised that information was not always accurately conveyed to their clients. In some instances, interpreters were reported to provide personal advice and engage in dialogue with the client.
- **Confidentiality concerns:** The CALD community may be reluctant to access interpreter services due to confidentiality concerns. This may be a particular concern where population groups are small, for example, there is one Tibetan interpreter in the Blue Mountains who may be known to the community. Service providers have reported clients have declined the use of interpreter services due to fear of confidentiality breaches.

Cost

Cost associated with accessing services was highlighted as a key barrier to engaging with primary care services and in particular, preventative health services. Primary healthcare services are increasingly charging a gap fee and consumers have reported difficulty in accessing bulk-billing providers.

In general, cost was identified as a barrier for the CALD community. However, specific groups within the CALD community were identified as more significantly impacted by cost. Individuals from refugee or asylum seeker backgrounds are more likely to be unemployed and therefore impacted by the cost of services. In addition, cost was highlighted as a significant constraint for individuals whose residency status does not enable access to Medicare-subsidised services.

Wait Times

Long wait times for seeing a health service provider were reported as barriers to accessing services for CALD communities. Extended wait times are commonly experienced for services that are free or low cost. Therefore, wait times may disproportionately impact individuals of lower socioeconomic status who cannot afford to access private health services.

Awareness of Available Services

Lack of information or understanding about available healthcare services, including how to navigate the healthcare system, was identified as a significant barrier for the CALD community in accessing primary care services. Community members and service providers identified that the CALD community was often unaware of available services, in particular preventative health services such as cancer screening. Specifically, the CALD community were unaware of low-cost or free primary healthcare services in the Nepean Blue Mountains region.

Shame and Stigma

Shame and stigma were highlighted as impeding access to health services, in particular mental health, addiction support, cancer, end-of-life care, cancer screening and sexual health services. Cultural and social norms were identified as impacting an individual's perception of health conditions, which results in delayed help-seeking and further exacerbation of health conditions.

Mental health was consistently highlighted as an area that is significantly impacted by shame and stigma. Mental health within specific cultural contexts was identified as a 'weakness' and secrecy regarding conditions was encouraged. In particular, amongst many cultural contexts, men were



highlighted as most at risk of being shamed or stigmatised for mental health conditions, therefore avoiding treatment.

Shame and stigma were also identified as delaying health-seeking behaviours for sexual health, domestic violence, end-of-life care, cancer and cancer screening. Cultural expectations and norms around these health areas impact the likelihood of the topics being discussed amongst the community and contributing to poorer health outcomes.

Low Health and Digital Health Literacy

People from CALD backgrounds are more likely to experience lower health literacy. Consultations with the community and service providers identified that health and digital health literacy were significant barriers to accessing services. Individuals with low health literacy were identified as less likely to understand information provided by their health professional, less likely to be able to undertake the medical advice provided, experience difficulty in navigating services and are less likely to understand their health condition and therefore manage it appropriately. Low health literacy was also highlighted as impacting the individual's ability to identify that they have a health problem which requires attention.

Digital health literacy was also identified as a key barrier to accessing health services. Digital health literacy impacts access to services and increasingly, services and information are provided online or electronically. Digital health services can include telehealth, online appointment management/booking, My Health Record, online health resources and applications to monitor/manage chronic health conditions. Individuals from CALD backgrounds were identified as experiencing significant difficulty in engaging with health services that are digitally managed or delivered. The use of digital health services was reported by some CALD communities as a deterrent to accessing services.

Transport Issues

Transportation was identified as a barrier to accessing services across the Nepean Blue Mountains region. Difficulty in accessing transportation was further exacerbated in regional and rural settings, in particular across areas in the Blue Mountains, Hawkesbury and Lithgow. Public transportation in these areas was identified as difficult to navigate for CALD communities. Private transportation was noted as less accessible for newly arrived people and for women in some communities.

Culturally Inappropriate Service Delivery

Culturally inappropriate health service delivery refers to healthcare practices that neglect or undermine the cultural beliefs, values, and needs of CALD communities. It was reported that this may occur when health service providers lack cultural competence, leading to misunderstandings due to language barriers or insensitivity toward cultural beliefs. Experiences of culturally inappropriate service delivery were reported as deterring individuals from seeking future support from the health service provider, and potentially impacting the likelihood that the individual will seek support from other health service providers.

Western Medicine

Individuals from other cultural backgrounds may exhibit cultural beliefs, traditions or preferences regarding their health and treatment options. Preference for non-western medical services may impact an individual's likelihood to engage with mainstream service providers. It was also noted that service providers who dismiss or judge individuals' cultural preferences may result in non-compliance and reluctance to seek further care.



In addition, the use of traditional medicines has been reported in some instances to discourage consumers from accessing Western medicine. A balanced approach by health providers can be utilised to encourage the use of Westernised medicine and traditional remedies if preferred.

Service Changes

As a result of funding complexities, services are often changing name, scope and accessibility requirements. Changes to service availability may be difficult for CALD clients due to the lack of understanding of the Australian healthcare system. In addition, it was reported that CALD clients may become disconnected from services as a result of service changes, which impacts their trust and acceptability of healthcare services.

Consultations undertaken with health service providers and CALD communities have identified that it is imperative to address barriers to access that are experienced by CALD communities in order to achieve improved health outcomes. Consultations highlighted that no single barrier is more impactful than another and that all barriers must be considered in the delivery of health services to the CALD community.

Stakeholder Consultations: Opportunities to Improve Health Outcomes

This section of the qualitative findings will report on recommendations proposed by health service providers and the community for improving the health outcomes of CALD communities in the Nepean Blue Mountains region. The recommendations have been outlined in Table 9.

Throughout the service provider and community consultations, it has been highlighted that addressing barriers is essential in improving the health of CALD communities. Therefore, the barriers that each recommendation will address have been outlined in the third column.

No.	Recommendation	Description	Barrier
1	Cultural awareness training	The delivery of cultural awareness training to health professionals and other staff (ie., reception staff and administration staff).	<ul style="list-style-type: none"> ▪ Culturally inappropriate service delivery ▪ Shame/Stigma ▪ Traditional versus Westernised medicine ▪ Inappropriate use of interpreters ▪ Language Barriers
2	Trauma-informed training	The delivery of trauma-informed training to health professionals and other staff (ie., reception staff and administration staff).	<ul style="list-style-type: none"> ▪ Culturally inappropriate service delivery ▪ Shame/Stigma
3	Interpreters use training	The delivery of training to health professionals on how to utilise interpreters effectively.	<ul style="list-style-type: none"> ▪ Inappropriate use of interpreters ▪ Culturally inappropriate service delivery ▪ Language barriers ▪ Health literacy
4	Access to multilingual general practitioners	Provision of information to the public on available multilingual general practitioners.	<ul style="list-style-type: none"> ▪ Inappropriate use of interpreters ▪ Culturally inappropriate service delivery ▪ Traditional versus Westernised medicine ▪ Language barriers ▪ Health literacy
5	Place-based education programs	The delivery of health education programs by organisations who specifically service CALD communities. Program funding is to be long-term.	<ul style="list-style-type: none"> ▪ Inappropriate use of interpreters ▪ Culturally inappropriate service delivery ▪ Traditional versus Westernised medicine ▪ Health literacy ▪ Service changes ▪ Language barriers



No.	Recommendation	Description	Barrier
6	Place-based mental health programs	The delivery of mental health programs and crisis support from organisations that specifically work with CALD communities.	<ul style="list-style-type: none"> ▪ Culturally inappropriate service delivery ▪ Shame/Stigma ▪ Health literacy ▪ Language barriers ▪ Inappropriate use of interpreters
7	In-language and plain English resources	Health information is to be developed and disseminated in language. Multi-model dissemination, ie., flyers, radio, booklets etc.	<ul style="list-style-type: none"> ▪ Culturally inappropriate service delivery ▪ Health literacy ▪ Language barriers ▪ Awareness of available services
8	Health literacy training for community	Education through community-managed organisations on health literacy and shared care decision making.	<ul style="list-style-type: none"> ▪ Health literacy ▪ Language barriers ▪ Awareness of available services
9	Digital health literacy training for the CALD community	Education through community-managed organisations on digital health literacy delivered to the CALD community.	<ul style="list-style-type: none"> ▪ Digital health literacy ▪ Health literacy
10	Multicultural service hub and drop-in service	A dedicated multicultural service that provides a variety of health services from a single location. The service should accommodate 'drop-ins'.	<ul style="list-style-type: none"> ▪ Culturally inappropriate service delivery ▪ Language barriers ▪ Use of interpreter services ▪ Shame and stigma ▪ Traditional versus Westernised medicines ▪ Health literacy
11	Access to general practitioners following hospital discharge	Programs linking people who are discharged from the hospital to a general practitioner.	<ul style="list-style-type: none"> ▪ Awareness of available services
12	Health checks at community events	Service providers to attend existing CALD community events to increase awareness of available services and to provide health checks (ie., blood pressure, breast screening).	<ul style="list-style-type: none"> ▪ Health literacy ▪ Awareness of available services
13	Social cohesion events	Events which encourage social interactions. In particular, in regions with lower CALD populations (ie., Blue Mountains and Lithgow).	<ul style="list-style-type: none"> ▪ Awareness of available services ▪ Shame/Stigma
14	Multicultural service directories	A physical and electronic service directory that is promoted to the community.	<ul style="list-style-type: none"> ▪ Awareness of available services
15	Multicultural liaison officers	Multicultural liaison officers working at healthcare services or staff representing diverse cultures.	<ul style="list-style-type: none"> ▪ Culturally inappropriate service delivery ▪ Language barriers
16	Increasing access to other PHN services	Agreement with Western Sydney and South Western Sydney PHN to provide access to multicultural programs for residents from the Penrith Local Government Area.	<ul style="list-style-type: none"> ▪ Health literacy ▪ Culturally inappropriate service delivery ▪ Awareness of available services
17	Cancer survivorship support program	Support program for CALD people who have survived cancer.	<ul style="list-style-type: none"> ▪ Health literacy ▪ Culturally inappropriate service delivery ▪ Shame/Stigma

Table 9: Opportunities to Improve Health Outcomes identified through consultation



Recommendations

The following recommendations (Table 10) have been developed to improve health outcomes for the CALD community in the Nepean Blue Mountains region. The recommendations have been identified through information gathered in the development of the Needs Assessment.

No.	Recommendation	Description
COMMISSIONING		
1.	Linker Program	A 'Linker Coordinator' who supports CALD people in navigating health services. Linkers can provide education to general practices (ie., how to effectively use interpreters and utilising TIS). Linker Program to be delivered in the Penrith LGA.
2.	Cultural awareness training in primary care	Commission the delivery of cultural awareness training for general practitioners, allied health professionals and administrative staff (ie., reception staff) across the Nepean Blue Mountains region. Training to provide information on trauma-informed care and effective utilisation of interpreter services.
3.	Cultural awareness training for commissioned services	Commission the delivery of cultural awareness training for mental health and drug and alcohol NBMPHN services. Training to provide information on trauma-informed care and effective utilisation of interpreter services.
4.	Place-based education programs	Commission the delivery of health education programs by organisations who specialise in CALD communities. Topics to include health literacy, digital health literacy, navigation of the Australian healthcare system, healthy ageing, nutrition, exercise and preventative health. Place-based education programs to be delivered in the Penrith LGA.
5.	Place-based mental health programs	Commission the delivery of mental health programs in community settings by organisations who specialise in CALD communities and trauma-informed care. Services to be co-designed with CALD communities. Place-based mental health programs to be delivered from Penrith LGA.
6.	Quality improvement initiative	Implement a quality improvement initiative in primary care to support general practices to provide culturally appropriate services. Consider the use of the Cultural Competence Assessment tools. Quality improvement initiative to be provided across the region, with specific focus on Penrith LGA.
CONSUMER MATERIALS		
6.	In-language and plain English resources	Through the WHL Health Literacy Program, support primary care service providers and NBMPHN commissioned services in developing and/or disseminating in-language and plain English resources to CALD consumers. This may include directing primary care providers to existing reputable and easy-to-read/translated resources.
7.	Promotion of service directories	Promote My Health Connector and Mental Health Help service directories to the CALD community through partnerships with multicultural service providers.
WORKFORCE		
8.	Access to multilingual general practitioners	Supporting workforce strategies to increase the number of multilingual general practitioners in the Penrith region.
PARTNERSHIPS		
9.	Engage with service organisations to improve access to primary care services for the CALD community.	Partner with Nepean Blue Mountains Local Health District and non-government organisations to identify initiatives to improve access to primary healthcare services for the Nepean Blue Mountains region.



Appendix A – Needs Assessment Methodology

Data Collection

Scoping Literature Review

A Scoping Literature Review was undertaken of relevant Australian literature on the primary health needs of CALD communities. The following key questions were explored in the literature review:

1. What are the health outcomes of CALD communities in Australia?
2. What health conditions are most prevalent in CALD communities in Australia?
3. What are the barriers to achieving optimal health outcomes for CALD communities in Australia?
4. Are primary care services accessible to CALD communities in Australia?

Data Extraction

A variety of demographic and epidemiological data has informed the data collection components of the Needs Assessment. National, state and local policies, plans and reports have been reviewed, including demographic and epidemiological data through the 2021 Census.

Stakeholder consultations have been undertaken with CALD service providers from the Nepean Blue Mountains region and residents of the Nepean Blue Mountains region who identify as CALD. The following Stakeholder Consultations were undertaken to inform the Nepean Blue Mountains CALD Needs Assessment:

- Focus Groups with individual service providers, including Nepean Blue Mountains Local Health District, Nepean Migrant Access, NSW Refugee Health Service, Penrith City Council, Police NSW, Services Australia, Settlement Services International, STARTTS and Transcultural Mental Health Centre.
- Two Workshops undertaken with broad attendance from service providers, including GambleAware, Multicultural Disability Advocacy Association, Nepean Migrant Access, Nepean Blue Mountains Local Health District, Penrith Women's Health Centre, Settlement Services International, TAFE NS and Women's Domestic Violence Court Advocacy Services.
- Two Workshops undertaken with residents of the Nepean Blue Mountains region who identify as CALD. Workshop One (1) was held on 13 December 2023 at St Mary's Community Centre for the Penrith and Hawkesbury Region. Workshop Two (2) was held on 14 December 2023 at the Blue Mountains Cultural Centre for the Lithgow and Blue Mountains region. In total, 10 consumers attended the Workshops.

All transcriptions from the Focus Groups and Workshops were independently and manually coded. Themes were documented and confirmed with NBMPHN.



Limitations

Statistics on CALD populations

The term 'CALD' encompasses various definitions and therefore reporting on CALD population statistics can be challenging. The term CALD can include (but is not limited to):

- individuals with a country of birth other than Australia.
- individual whose parents are born in a country other than Australia.
- individuals who speak a language other than English at home.
- individuals who arrived in Australia recently (within ten years).
- individuals' ancestry (including cultural association and ethnic background, up to three generations).
- individuals with a religious affiliation other than predominately Anglo-Australian Christianity.

CALD communities are not homogenous and significant diversity exists among groups, for example, individuals with the same country of birth may not identify with the same language, religion and/or culture⁷¹.

Availability of Stakeholders

The service provider and community consultations were undertaken from November to December 2023 to align with funding received from the DoHAC. Undertaking consultations in the November to December period may have impacted the availability of stakeholders, as this is prior to the commencement of the holiday period in Australia. Therefore, the qualitative data produced in this Needs Assessment may not be inclusive of all service providers in the region.

Availability of Data

There is no data available to identify the refugee and humanitarian population in health and welfare data sets for the Nepean Blue Mountains region. The Australian Institute of Health and Welfare (AIHW) is currently undertaking a project to build a comprehensive data set for refugees and humanitarian entrants, including the identification of areas of health needs⁷². As this data is not currently available, anecdotal data has been used to inform this component of the Needs Assessment.

⁷¹ Australian Institute of Health and Welfare, 2021. Culturally and linguistically diverse Australians. Accessed in November 2023 on <https://www.aihw.gov.au/reports-data/population-groups/cald-australians/overview>

⁷² Australian Institute of Health and Welfare, 2023. Culturally and linguistically diverse Australians. Accessed in November 2023 on <https://www.aihw.gov.au/reports-data/population-groups/cald-australians/refugee-and-humanitarian-entrant-health>



