Multicultural Communities Council of SA Inc Submission to Transforming Health (SA) Discussion Paper, February 2015

BACKGROUND

The Multicultural Communities Council of SA Inc (MCCSA) was established in August 1995 by the amalgamation of the former Ethnic Communities Council of SA (established in 1975) and the United Ethnic Communities of SA (established in 1980) to represent the interests of all ethnic groups in the state. Today it has approximately 200 members including CALD aged care service providers from both established and emerging CALD communities.

MCCSA represents a substantial proportion of the South Australian population with **13%** of South Australia's population (i.e. approximately 207,000 South Australians) born overseas in non-English speaking countries.

At the 2011 Census 569,009 South Australians were aged 50 and over. Of these **16%** (i.e. approximately 90,000 people) were born overseas in a non-English speaking country and over 20% of these 90,000 have difficulties with English speaking either no English or speaking it not very well. Of the 257,545 South Australians aged 65 and over at the 2011 Census **19%** were born overseas in a non-English speaking country. Over **25%** of these 48000 South Australians aged 65 and over in 2011 who were born overseas a non-English speaking country either speak no English or speak English not very well.

At a general level the population of older people in South Australia is set to rise significantly over the next 3 decades. For people 65+ it will treble in this time and for people 85+ it will quadruple. Due to our South Australia's changing age profile the incidence of dementia is growing rapidly and will nearly increase by 400% in the next 25 years. This combination of an aging population and a substantial increase in dementia will put significant stress on our health system.

As the figures above indicate a significant percentage of the South Australian population and in particular a significant percentage of the older South Australian population will be people born overseas in a non-English speaking country with varying levels of English skills and literacy levels in English. It is this group which MCCSA is particularly concerned about and do not want to see disadvantaged by any health reforms.

HEALTH REFORMS AND AGED CARE REFORMS

MCCSA supports the general thrust of the Productivity Commission's Report "Caring for Older Australians" and considers that the following many of their considerations, findings and recommendations are relevant to reforms proposed in Transforming Health. In

particular MCCSA suggests that the South Australian Government give serious consideration to

- Using qualified translators, interpreters and people from diverse cultural backgrounds who understand and can "translate" the Australian health system and its culture to people from other countries

- Giving greater choice and control to people through the funding for services

- Setting up information points (Gateways) for people to better understand how they get access to services

- Funding programs and initiatives which support prevention, re-ablement and rehabilitation to assist people wanting to remain in their own homes and communities and to reduce the burden on hospitals.

The Transforming Health reform process has the potential to offer significant opportunities to improve the health and life experiences of ethnic communities through an increased focus on better health literacy and education, primary and preventative care, self management, better groupings of services, restorative approaches, peer learning and development approaches.

MCCSA welcomes the opportunity to work more closely with SA Health and the SA Government in both the Transforming Health Reforms and the State Governments Economic Development Plan

ROLE OF MCCSA and THE AGED CARE SECTOR

In addition to acute care the following factors are integral to prevention, resilience, re-ablement and rehabilitation:

- social wellbeing
- belonging and connectedness
- social and physical mobility
- maintaining purpose and a reason for living; and
- positive roles.

MCCSA's CALD Ageing Alliance and it's connections into the CALD aged care sector can assist in supporting people to overcome illness and to gain and maintain wellness. A holistic approach requires fundamental changes to the way in which the acute care system and the aged care system interact.

Promotion of self management can be key in unlocking people's own motivation to be healthy rather than developing a reliance on hospitals and professionals. It is an integral part of primary and restorative approaches.

MCCSA and the ethno-specific aged care sector value people's ability to stay at home and are well placed through their contact with older CALD people and their capacity to partner to significantly reduce the level of attendance at acute care and to substitute other forms of care and support for hospital stays. MCCSA is willing to be engaged in any State effort on hospital in the home; prevention; wellness and recovery.

MORE CAN BE DONE

To successfully operationalise the changes outlined in the Transforming Health paper there needs to be much discussion with organisations like MCCSA who is connected with South Australia's CALD population. In particular MCCSA needs to be actively engaged in the process to assist people for whom English is a second language
(and those who do not have any English) as Australia's Health system can be very different to that in their country of origin.

It is our view that many hospitals stays could have been avoided or reduced and in the future greater levels of avoidance and substitution can be achieved with the building of stronger relationships and greater trust between people working in both sectors and with each CALD community.

MCC SUGGESTS

MCC believes that working with CALD Communities as well as the broader aged care/health and welfare sector **in partnership** over a number of areas will result in considerable savings for SA Health and result in safe and better outcomes for older CALD people. A partnership in which each member "owns" the issue of **better health and wellness in the most appropriate settings** could make for significantly better health and wellness as well as reduced bed day occupancy and improved fiscal outcomes.

Such services could include:

1. A CALD client assistance unit which employs bilingual, bicultural staff in each hospital to maximise health outcomes for CALD patients.

2. Adoption and application of the "dignity in Care" principles across all acute care settings including trialling and adoption of the "personalisation" models that are being adopted in the UK around the way in which "patients"/health consumers/people become the centre of the health system

3. Focussing on how to bring better practice aged care approaches into the acute system to assist people with dementia and those with other cognitive deficits brought about through the ageing process

4. Hospital prevention through the utilisation of places in aged care facilities where
    a. Ambulance paramedics might first take people who can safely be cared for in non-acute aged care settings thus bypassing the hospital

b. People who require “safe” observation for 2-3 days (e.g. older people with raised temperatures but with no specific diagnosis)
c. People in the pre-admission phase of a planned hospital stay.

5. Hospital substitution through the use of transition and short term care programs

6. Developing better approaches to partnerships with involvement of CALD communities CALD aged care providers and CALD consumers in the following areas:

   a. Phone and IT based telehealth and telemedicine support and advice including the use of qualified translators and interpreters
   b. Better engagement with CALD community based organisations to have them manage a greater range of hospital avoidance and substitution based services for people in their communities
   c. Greater attention to the training and workforce development of CALD para professionals, allied health workers, fitness/personal trainers, nurse practitioners etc.
   d. Developing a better partnership between SA Health, CALD communities Aged Care Advocates (including MCCSA’s CALD Ageing Alliance, HCA, COTA and SACOSS) and the Aged Care sector
   e. Better sharing of information across the health and aged care systems
   f. Keeping older people as fit and healthy as possible so that the period of ‘’frailty” is reduced
   g. Palliative care/end of life/care
   h. Chronic condition management
   i. “Hospital in the home”
   j. Adopting consumer directed services approaches and developing the choice and control that people have over their health programs such as Transition Care etc. Such approaches in aged care have indicated that people then become more interested in co-contributing into their care.
   k. Working with people with dementia and other cognitive issues particularly in relation to taking on a developmental approach
   l. Focussing on best practice geriatric assessment and treatment, mental health assessment and treatment as well as rehabilitation services (also relates to how delirium and other aged related illnesses and diseases might be treated). The better integration of Geriatric Assessment into community based aged care services
   m. Paying study fees for specialist studies into geriatrics and allocating some of these people to students from a CALD background provided they meet the relevant academic criteria.
   n. Integration of domiciliary care services with services in the aged care sector – physical integration not just planning integration

For further enquiries, please contact MCCSA President/CE Helena Kyriazopoulos or Kristin Johansson Manager Strategic Directions and Projects on 8345 5266.