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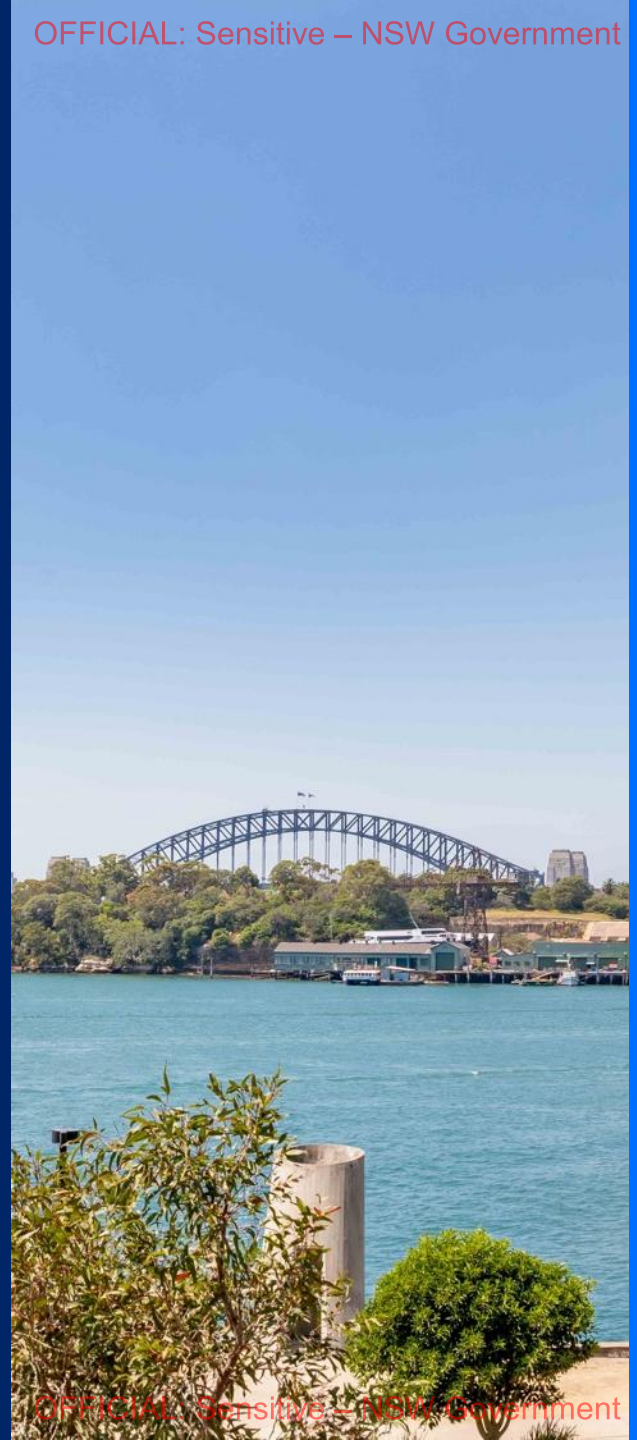
Sydney Local Health District

Patient-Centred Care for Our Culturally and Linguistically Diverse Communities:

- are we meeting the mark?

17 September 2025



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Disclosure Statement

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Acknowledgement of Country

Artwork:

Ngurang Dali Mana Burudi — a place to get better

The map was created by our Aboriginal Health staff telling the story of a cultural pathway for our community to gain better access to healthcare.

Artwork by Aboriginal artist Lee Hampton utilising our story.

Patient Centred Care

- Patient or person centre care is a foundational principle in NSW Health and the WHO
- It refers to the whole person, going beyond the narrow focus on their symptoms and treatment
- Holistic approach to care acknowledging how each person's life experience, age, gender, culture, language and identity may affect individuals and their health care journey
- Supports the person at the ‘centre of the service’

Barriers to Quality Health Care Faced by CALD clients

Language and cultural barriers

Lower health literacy

Variable Clinician competence working with CALD patients

More frequently lost to follow up

Stigma and Discrimination

Greater incidence of medication errors and problems with adherence

Medicare ineligibility and associated limits to care

Variable competence working in different clinical fields among interpreters

Difficulty understanding Health system operates and interlinks

More frequent lost to follow up

Concerns about confidentiality and privacy

Poor communication = lack of trust

Understanding HIV in Multicultural Communities

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Shifting Demographics of HIV in Australia

Table: HIV notifications rate among people from CALD backgrounds by region of birth, 2013-2022 (Kirby Institute, 2024)

Region of birth	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Oceania and Antarctica	5.8	3.3	2.6	2.4	4.2	3.5	3.7	4.8	3.5	3.3
Northeast and Southeast Europe	3.3	3.2	3.6	2.4	3.4	2.3	2.2	1.4	0.9	1.1
North Africa and the Middle East	6.5	4.5	6.0	2.3	3.3	2.1	1.4	2.2	2.4	2.6
Southeast Asia	11.2	11.3	14.9	15.2	12.1	11.8	15.4	9.5	9.9	9.2
Northeast and South and Central Asia	3.9	4.7	4.8	4.6	3.3	4.1	3.2	1.7	1.9	2.7
South and Central Americas	25.0	15.9	9.3	25.7	20.9	21.6	25.1	13.0	11.9	11.0
Sub-Saharan Africa	25.1	26.3	21.1	17.4	16.7	14.7	15.1	18.9	6.6	13.3

Source: NNDSS; ABS estimates

Note: The Sub-Saharan Africa region of birth does not include South Africa; Northeast and Southeast Europe do not include UK and Ireland; Oceania and Antarctica do not include New Zealand.

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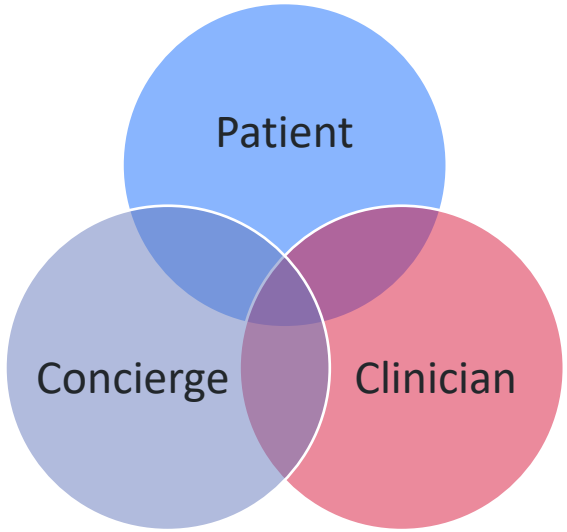
Patient centred care is more than interpreters and single session cultural competence training

- Current practice does not embed cultural support
- Culture is often an after thought
- Interpreting is the process of transferring meaning between languages in the spoken or signed form; this is the crucial *first step*
- Culture is more than language
- Communication between patient and clinician can become transactional – patient experience is lost

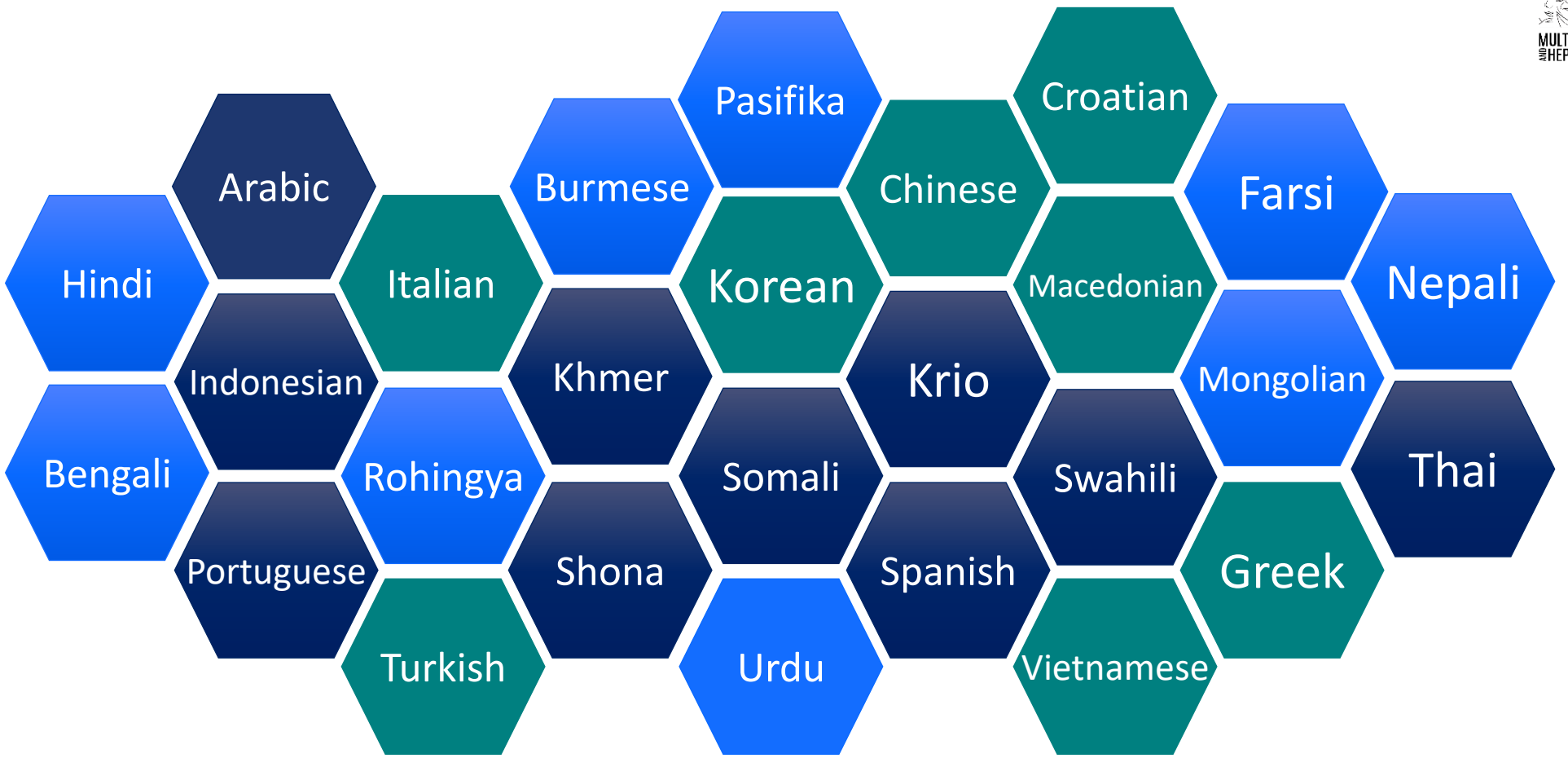
The HIV Clinical Concierge Program – Integrating Cultural Navigators into Clinical Care



- Multicultural HIV and Hepatitis Service (MHAHS) was established in 1991 in the height of the HIV epidemic as a peer support service for CALD patients
- Evolved to the Clinical Concierge Program (CCP), an initiative designed to enhance healthcare access and outcomes for CALD communities
- It provides personalised and culturally sensitive support to help CALD clients navigate the healthcare system effectively.
- Free (no Medicare card required)
- Confidential (no need to provide real name or identification)
- NSW state-wide coverage
- Coordinated by a Senior Social Worker, trained Clinical Concierges offer in-language, culturally appropriate one-on-one support

Who are the Clinical Concierges?

- Clinical Concierges are carefully selected bilingual/bicultural Health Education Officers with lived experience of migration
- Casual position, regular recruitment to reflect population changes and health system needs.
- Offer a diverse range of professional backgrounds
- Receive ongoing training, professional development and supervision with a senior HIV social worker
- Their engagement diversifies our workforce and increases service cultural capability



Established communities

New and emerging

Long term communities

"without Jason (MHAHS Concierge), our client wouldn't have been able to trust me or the health service. He would never have gone to Positive Life or ACON Counselling without Jasons' support"

- Social Work referrer

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Supporting Surinee – a case study

Surinee

- Surinee is a 31 year old Thai woman, she has arrived in Australia on a spousal visa and has no Medicare card
- She has minimal English, needs an interpreter
- Diagnosed with HIV during her immigration screening
- Lives in a regional town and wants HIV follow up closer to home but her GP has minimal experience using interpreters and no resources in her language
- The only HIV prescribing doctors in her area are at the local sexual health clinic
- Surinee is concerned about confidentiality and lacks confidence using an interpreter
- Very concerned about disclosing to her partner
- Referral to MHAHS by the sexual health clinic social worker in Sydney for support and navigation

Supporting Grace – a case study

- 29 y/o married woman from Nigeria, living with her partner.
- English is first language.
- Husband is an Engineer.
- Good support network, friends through church and family of origin at home in Nigeria.
- Immigrated to Australia 6 years ago.
- Strong Christian faith.
- Dx as part of the application for permanent residency.
- Planned pregnancy.
- Went home to Nigeria to attend a faith healing conference.
- Upon arrival back in Australia had ceased Rx as part of faith healing.
- Social work and Medical response.
- Referral to MHAHS.
- Cultural support - cultural connects.

Pexels.com

Supporting Haz – A Case Study

- Haz is a 21-year-old man, born in Australia to Lebanese parents. He lives at home with his sister and their parents. They are a close family.
- First language is Arabic, but also natural English - second born and educated in Australia.
- Family hold conservative/stigmatised views regarding sexuality, sex and many health conditions. Often attend a Lebanese naturopath before seeking Western medical help.
- Haz is gay, he is out to some friends but none of his family know and no one in his community know.
- Haz Dx with HIV during routine screening. Very shocked, very concerned about community and family response – shame and internalised stigma.
- Connected with older Lebanese male CSW, supportive rapport, reassuring.
- During initial period of HIV Dx and treatment, became psychotic – hard to engage in any treatment, very reluctant to be seen by Mental Health.

Pexels.com

Supporting Tommy – a case study

- Tommy was born in China, he came to Australia to study, but mostly for work opportunities
- He is 29 yrs old, speaks Mandarin and very basic English – needs interpreter
- His family of origin are in China, very isolated
- Working as a waiter and studying English
- Dx with HIV one month before arriving in Australia, very shocked
- Referred by Staff Specialist who was concerned Tommy ‘didn’t have time’ to process his HIV dx before arrival
- Concerned that he doesn’t seem to ask questions and only responds minimally – always polite and attends his appointments consistently
- No medicare, student visa
- Referral to experience Chinese Clinical Concierge
- Shared lived experience of migration

Call to Action

Are we meeting the mark for our CALD patients?

1. Equity requires innovation and investment
2. Cultural responsiveness must be embedded into everyday practice
3. Health navigation models like the HIV CCP are essential for bridging barriers

Questions?

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Thank you!

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