

Patient-centred HIV Care for our culturally and linguistically diverse communities: Are we meeting the mark?

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Background/Purpose:

HIV is increasingly a multicultural health issue in NSW and across Australia. Culturally and linguistically diverse (CALD) populations experience barriers to achieving equitable health outcomes compared to non-CALD communities.

For CALD individuals living with HIV, these barriers can affect understanding of diagnosis, access to treatment, and ongoing care engagement. Factors contributing to this include language barriers, cultural perceptions of health, stigma, and unfamiliarity with the Australian healthcare system.

To address these complex needs, health services must move beyond the use of interpreters and mandatory cultural competency training and actively pursue models that embed cultural responsiveness within clinical care.

Approach:

The HIV Clinical Concierge Program (CCP) is a patient-centred, culturally sensitive navigator model that integrates Clinical Concierges — individuals with lived and living experience of migration and cultural diversity — into the healthcare continuum. These Clinical Concierges provide culturally tailored support to assist patients in navigating complex healthcare systems, making informed decisions, and engaging meaningfully in their care. An experienced HIV social worker oversees the relationship between the Clinical Concierges and health professionals, ensuring continuity of care and seamless patient transitions.

Outcomes/Impact:

Clinical Concierges work collaboratively with clinicians and patients to bridge the space between clinical intention and patient experience, a space often shaped by cultural nuance.

This tripartite relationship between the patient, the Clinical Concierge, and the HIV clinician enhances the delivery of culturally responsive care, leading to improved engagement and health outcomes for CALD communities.

Innovation and Significance:

The efficacy of patient navigation models are well recognised in supporting the psychosocial needs of people living with HIV. The HIV CCP differs by pairing clients with bilingual/bicultural navigators who share similar migration and cultural backgrounds. This approach fosters trust, strengthens patient confidence, and supports treatment adherence. The lived migration and cultural experience of Clinical Concierges offers critical insights that help drive culturally competent, equity-focused improvements in HIV care delivery.

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