Speech for NPS National Medicines Symposium

"Equity for all: QUM in Australia's CALD communities"

Voula Messimeri AM, Hon President, FECCA

Distinguished guests,

Conference Organizers,

Ladies and Gentlemen,

I would like to acknowledge the traditional owners of the land on which we are meeting and pay my respects to elders past and present.

It is a great honour and privilege for me to speak to you on behalf of FECCA, the peak body representing the interests of Australia’s diverse multicultural communities. FECCA strongly supports multiculturalism and social inclusion and rejects all forms of discrimination.

NPS and FECCA began their partnership in 2004 to establish the Multicultural Community Quality Use of Medicines (MCQUM) program. The MCQUM Program adopts best-practice health promotion and community participation processes to promote the quality use of medicines
in Australia’s multicultural communities.

**Why is QUM important for CALD communities?**

Australia is a very culturally diverse nation. Nearly half of our population is born overseas or has one parent born overseas. Over 16% of Australians speak a language other than English at home and Australians come from 200 different ancestries. While 30-40 years ago, CALD communities comprised no more than 8 major groupings, today the depth of diversity is such that Australians speak more than 300 different languages at home\(^1\). While diversity is our strength; it also poses a challenge for service providers to equally reach all sectors of Australia’s CALD communities.

The promotion of QUM is a case in point. More than 70% of Australians use medicines at any one time and around 140,000 visits to hospitals each year are due to a lack of information or skills to wisely manage medicines. These problems include side effects, medicines sensitivity, allergic reactions, negative reactions between medicines or foods, and prescribing or dispensing the wrong medicine for a particular health condition\(^2\).

Australians who speak English as a second language are disproportionately represented in these figures\(^3\). Formative research\(^4\) has found that there are systemic barriers to the promotion of QUM amongst culturally and linguistically diverse (CALD) Australians. These include: English as a second language, insufficient use of interpreters, lower levels of health literacy, lack of cultural competency amongst service providers and socio-

economic barriers to accessing Australia’s health care system. These factors contribute to an overrepresentation of CALD Australians in figures for adverse medical events, which are due to problems with medicines.

Since 2004 NPS and FECCA have sought to redress this situation by undertaking formative research and multilingual health promotion campaigns to advance knowledge of QUM in CALD communities.

What are some highlights of the MCQUM Program?

Multilingual resources

To support the health promotion campaigns since 2004, a comprehensive set of translated materials on medicines have now been translated by NPS. These include translated materials in Arabic, Italian, Greek, Vietnamese, Macedonian and Croatian.

The Families get to know their medicines project

In 2007 the Families Get to Know Their Medicines Project was run. A curriculum package was designed to improve children’s family of origin language skills, whilst at the same time enhancing their understanding of QUM. The curriculum package was designed for children aged between ten and sixteen years of age. Central to the curriculum package is the use of the ‘kitchen table’ dynamic to enhance shared learning between children and their extended families. Take-home activities were designed to improve children’s family of origin language skills while increasing knowledge of QUM. This curriculum resource was piloted during 2007 in

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the Queensland After Hours Ethnic Schooling Programs (AHES), teaching Chinese, Greek and Vietnamese. The pilot project engaged government, not-for-profit and community sector stakeholders at national, state-based and local levels. FECCA and NPS worked in partnership with Community Languages Australia (CLA), the Queensland LOTE centre, the Ethnic Schools Association of Queensland, After Hours Ethnic Schooling teachers and leaders. To help reduce the risks of inappropriate use of medicines, NPS and FECCA have produced a number of free bilingual resources in Chinese, Greek, Italian, Vietnamese, and Macedonian.

**CALD Seniors “Get To Know Your Medicines” Campaign**

In 2008 research undertaken by FECCA and NPS highlighted the need for more accessible information on generic medicines for CALD seniors. The campaign aimed to enhance awareness and dispel misconceptions about generic medicines, ensuring that diverse Australians have the knowledge and skills to make informed decisions about their health. A key message of the campaign was that generic medicines contain the *same active ingredient* as the original brand medicines and must meet the *same Australian Government standards* as other medicines, although they may look different or come in different packaging. Between September and December 2008, FECCA and NPS ran a national *Get to know your medicines campaign* with Chinese and Italian-speaking seniors. This campaign promoted information about the risks and benefits of medicine use and how to minimise risks and use medicines safely. The campaign included:

- Radio advertising and interviews in Cantonese, Mandarin and Italian on SBS National, 2AC, 2CR, 3CW and Rete Italia;
- Community education seminars were run in-language through
Chinese and Italian organisations nationally.

- Translated information resources were distributed including: a bilingual Medicine List, a brochure about safe use of medicines called Medimate and a list of questions to ask the Doctor or Pharmacist about medicines.

I now will discuss two research projects FECCA has undertaken to extend the evidence base for future QUM campaigns.

**QUM in Arabic Speaking background (ASB) communities**

In 2006 NPS and FECCA identified Arabic speaking background (ASB) communities as a priority for the promotion of QUM, because Arabic is the fourth most common language after English spoken in Australia, yet 17% of Arabic speakers have low English Language Proficiency. Formative research was undertaken to form the evidence base for a future QUM campaign. The research included face to face interviews with health professionals, community service agencies, academics and community representatives across Australia to investigate some of the barriers to and effective strategies for promoting the safe and effective use of medicines amongst Arabic speaking communities. The key findings were that the potential risk factors for the safe and wise use of medicines amongst Arabic speaking Australians are:

- Sharing of medicines
- Failing to seek medications
- Over use of medicines
- Not completing courses of treatment
- Ceasing medications when symptoms disappear

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• The use of medicines purchased from overseas
• Sending medicines overseas
• Combining over the counter (OTC) medicines with prescribed medicines
• And fasting

The final report was completed in September 2009. In March 2010, the Arab Council of Australia and Victorian Arabic Social Services began a pilot Get To Know Your Medicines Campaign in Sydney and Melbourne and were provided with a range of translated medicines materials for use on radio, in newspapers and for community education seminars. So far four community education seminars have been run in Sydney reaching 110 Arabic speaking consumers.

QUM in New and Emerging communities
In 2009 FECCA and NPS began the research project, “The Safe and Wise Use of Medicines in New and Emerging Communities”, in order to develop a comprehensive evidence base for the promotion of QUM amongst new and emerging communities (NECs). New and emerging communities were identified as having low health literacy and a lack of formal associations and translated materials, due to their short time in Australia and the cultural diversity amongst them.

In the first stage of the research a comprehensive literature review was undertaken in June 2009. The second stage of the research, approved by the Department of Health and Ageing (DoHa)’s Human Research Ethics Committee in March 2010, involved face to face interviews with health service providers and focus groups with migrants from Burma, Iraq and Sudan. The final report will be available after the 30th of June, 2010 on the
Access and Equity continues to be a key barrier to QUM
FECCA’s recent national access and equity consultations found that new and established migrant communities in Australia continue to experience substantial barriers to accessing health services\(^8\). The demands of the settlement process, such as finding housing and employment compete with health as a priority for new and emerging communities. For established migrant communities, Australia’s aged care system needs to consider the diversity of Australia’s seniors’ population and their requirements for culturally sensitive care and in language medical services, including information about the safe and wise use of medicines. Future MCQUM campaigns need to be embedded within the broader project of building a more socially inclusive Australia, based on equal access to key services and participation in the civic life of the nation for all citizens.

Thank You.

References

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\(^8\) Final report will be on the FECCA website after the 30\(^{th}\) of June, 2010