

Supporting Older People from Culturally Diverse Backgrounds with a Hearing Impairment

Wednesday 23 November 2022

Acknowledgement of Country

The Centre for Cultural Diversity in Ageing acknowledges the Traditional Owners and Custodians of country throughout Australia. We pay our respect to Aboriginal and Torres Strait Islander peoples and their Elders, past, present and emerging. We acknowledge their continuing connection to land, sea and community.

We would like to extend that acknowledgement and respect to any Aboriginal and Torres Strait Islander peoples listening to this presentation.

We hope our work contributes to fostering respect and recognition between cultures in Australia.

OUR VISION

All aged care consumers in Australia experience inclusive and accessible care

OUR PURPOSE

To build the capacity and capabilities of Australian aged care providers to deliver services that are welcoming, inclusive and accessible

OUR SERVICE AREAS



Inclusive practice
training and
workshops



Capacity building to
promote cultural
inclusion and equity



Diversity advice and
consulting

The Centre for Cultural Diversity in Ageing is supported by Benetas & funded by the Australian Department of Health and Aged Care through the Partners in Culturally Appropriate Care (PICAC) program.

Quick Stats

- There are over **420** languages spoken in Australia including **183** Indigenous languages. (Source: SBS)
- The top 5 languages used at home, other than English, are **Mandarin, Arabic, Vietnamese, Cantonese and Punjabi**. (Source: Census 2021)
- Around **37%** of people over 65 years were born overseas. (Source: Census 2021)
- The 2021 Census data collected information from more than **120** religions and faiths.
- In Department of Health and Ageing data from 2020 around **28%** of people using home care and **20%** of people using permanent residential and respite care were from a CALD background (in this case Department of Health define CALD as people who were born overseas in countries other than UK, Ireland, NZ, Canada, South Africa and USA).
- There is also a culturally diverse aged care workforce. **21%** of the total direct care workforce identify as being from a CALD background. (Source: Department of Health, 2020, Aged Care Workforce Census)
- Personal Care Workers account for **91%** of all CALD direct care workers. (Source: Department of Health, 2020, Aged Care Workforce Census)

Mich Thornton


Mich is a Lecturer in Audiology at Charles Darwin University. Their interests include equity and diversity in hearing health, hearing rehabilitation and clinical education. They are currently completing a PhD at the University of Queensland investigating experiences of hearing impairment and accessing hearing services among culturally and linguistically diverse adults in Australia. Mich also has many years experience as a clinical educator, audiologist and clinical program designer.



Lourdes Zamanillo

Lourdes Zamanillo is Soundfair's Policy and Project Officer. A Doctor in Sociology from Monash University, she specialises in social inclusion, communication, and community building strategies. In her PhD, she used social network analysis to assess the role of social networking sites as a tool for integration for recent migrants. At Soundfair, she is researching barriers and facilitators to hearing healthcare access for culturally and linguistically diverse communities. With more than ten years experience in the fields of communications and social change, Lourdes is passionate about social equity, social capital, and fostering positive social change.





Supporting Older People from Culturally and Linguistically Diverse Backgrounds with a Hearing impairment

Mich Thornton



My background



Clinical Audiologist for eighteen years



Lecturer in Audiology at Charles Darwin University



Current PhD Candidate at The University of Queensland researching hearing health inequalities in CALD populations

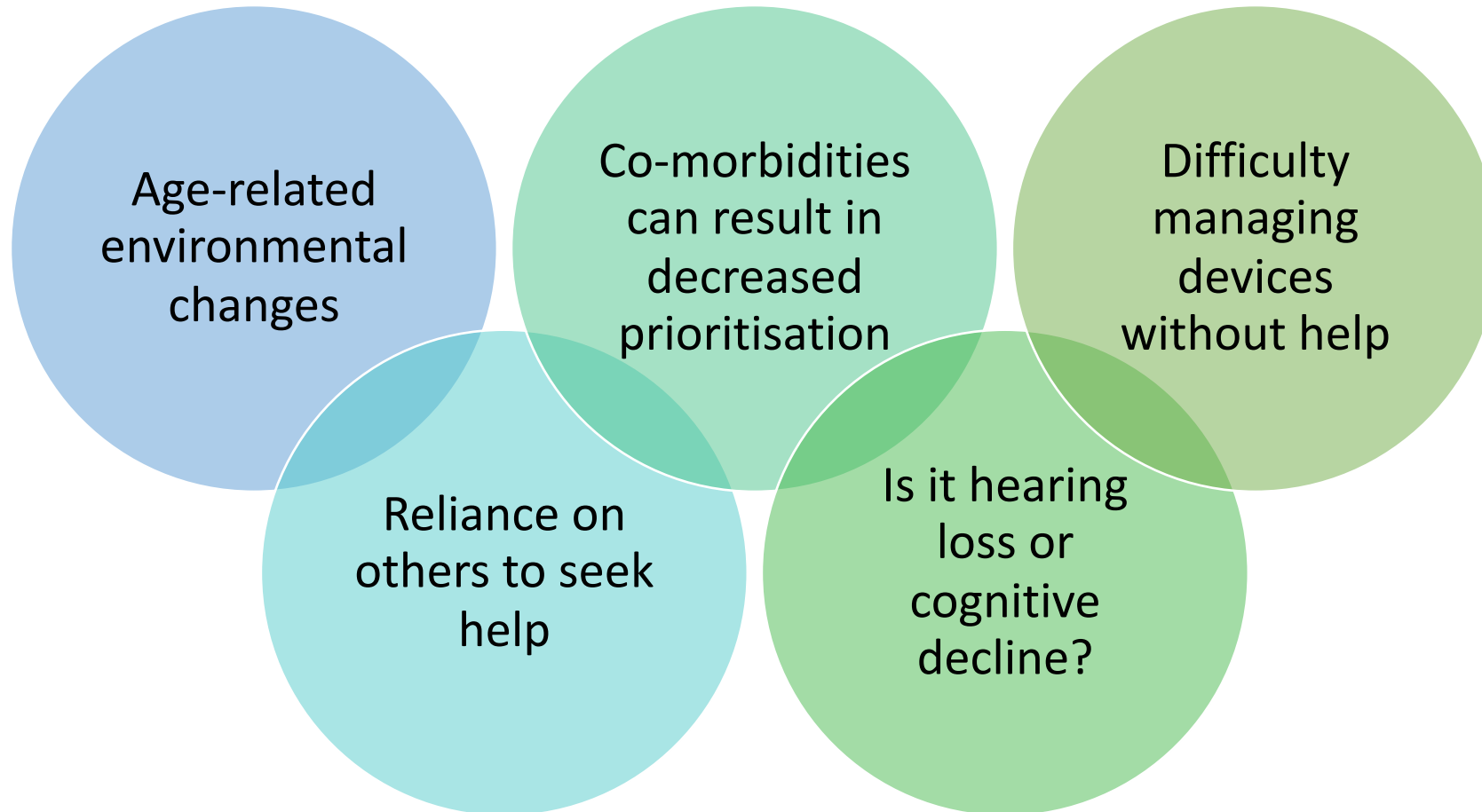
How common is hearing loss in CALD populations?

- We don't know for sure
- Some overseas studies suggest HL is more prevalent and hearing aid uptake is lower in particular CALD groups, compared to the rest of the population
- We lack data in an Australian context
- It is likely that HL in elderly CALD groups in Australia is highly prevalent and that there are additional barriers to accessing help for HL

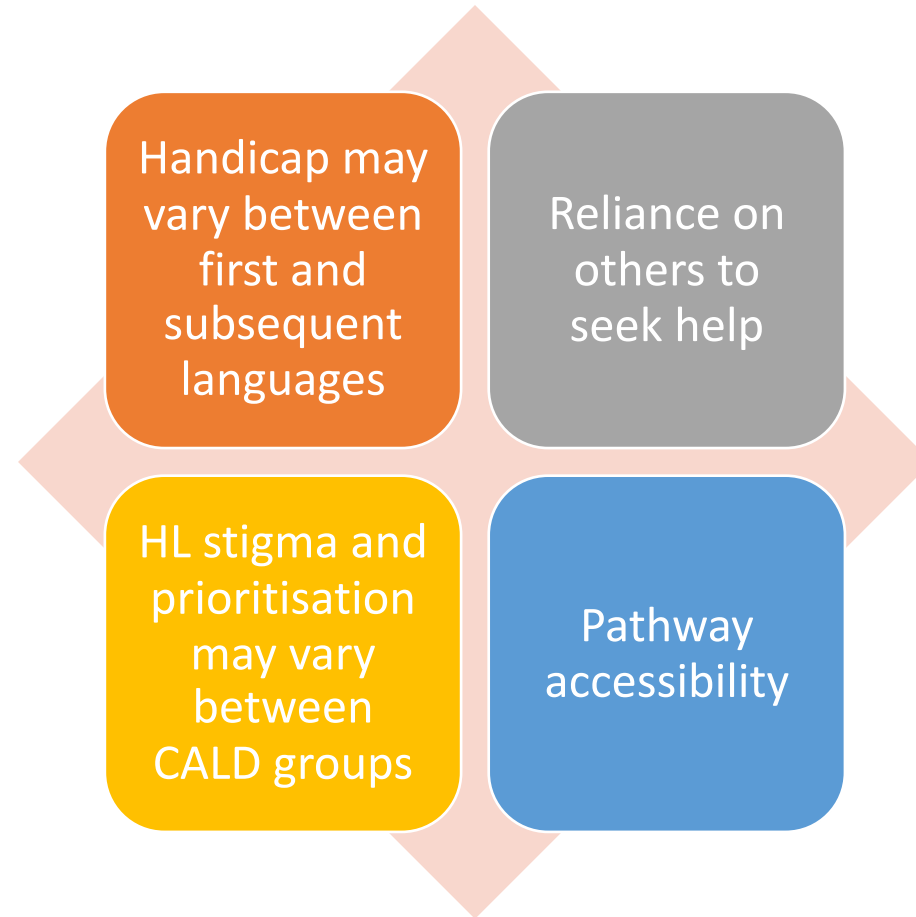
Impact of untreated hearing loss on individuals

- Depression
- Anxiety
- Loneliness
- Affects Relationships
- Hospitalisations
- Fatigue
- Increased falls and frailty
- Associated with cognitive decline
- Communication breakdown
- Difficulty understanding accents
- Harder to hear in background noise
- Difficulty using the phone

How does HL intersect with **age** and CALD identity?



How does HL intersect with age and CALD identity?





HEARING LOSS



AGE



CALD



SOCIAL ISOLATION

A lot of work is being done in this space over the next few years.

- PhD – “Hearing health among culturally and linguistically diverse adults in Australia”¹
- MRFF Hearing Project
“Improving access to the hearing services program for people from culturally and linguistically diverse backgrounds”²
- Soundfair Project – Lou to follow

1. Principal supervisor: Professor Piers Dawes, The University of Queensland. Co-supervisors: Associate Professor Nerina Scarinci, The University of Queensland and Dr John Newall, Macquarie University.
2. CIA: Professor Piers Dawes

Recommendations
from Scoping Review
and Preliminary
Focus Group Findings

Need for greater access to
interpreters

Culturally responsive hearing
health care

Accurate and systematic data
collection

Easily understood information on
pathways to access hearing help

What can be done
right now to assist
older people from
culturally and
linguistically diverse
backgrounds with
hearing impairment?

Don't assume	Don't assume it's just a language barrier – HL is highly prevalent in over 65s
Know	Know where people can get help for their hearing
Include	Include family members/significant others
Liaise	Liaise with hearing health providers regarding how to assist with hearing devices
Create	Create a listening friendly environment



OPTIMISING HEARING HEALTH AND THE HSP FOR CALD POPULATIONS

Dr Lourdes Zamanillo

Soundfair Policy and Project Officer

PROJECT BACKGROUND

- Qualitative study
 - Semi-structured interviews with 17 representatives from key organisations
 - Two focus groups (one in Mandarin and one in Arabic)
 - Five interviews with CALD community members
 - One intersectoral workshop with 15 participants



**OPTIMISING HEARING
HEALTH & THE HSP FOR
CALD POPULATIONS**

KEY STAKEHOLDERS

Audiology Australia

ACCPA

RACGP

NEDA

Hearing Australia

AcAud

Soundfair

Audika

ADEC

World Wellness Group

Co-Health



THEORETICAL FRAMEWORK: THE NHMRC CULTURAL COMPETENCE FRAMEWORK



MAIN FINDINGS

Barriers

New arrivals receive fragmented or no information about the Australian healthcare system

Fragmented service pathways

Temporary migrants are not eligible for services

Lack of funded access to interpreters by hearing health professionals

Waiting lists in public services

Lack of standardized data collection mechanisms at a national level

Lack of standardised cultural competency training

Language barriers (no translation or interpretation services)

Time

Lack of CALD healthcare providers and staff

Stigma

Having family members to help access services

Dismissiveness

Distrust of authority

Competing life responsibilities (e.g. care and work)

Distance/navigation issues

Cost

On Influence.

CALD Hearing Health

I's story



I was seeing a lot of babies and small children from CALD backgrounds at my workplace. When I gave the diagnosis of hearing loss, the family would just shut down. They wouldn't necessarily proceed with a hearing aid fitting, or if they did, it was very traumatic for everybody.

A lot of them would just pick up and go back home overseas thinking that resources there would be better or that we got it wrong here and that there was a better solution that actually meant that their child didn't have a hearing loss. I felt dreadful seeing them come back a few years later, their children with no language or speech whatsoever, because they'd be looking for these miracle cures.

Receiving the information was very difficult for them. Receiving it from a young unmarried female with no children of her own was very difficult for them. So I managed to make some very good contacts in local communities. I found that if we could get a male doctor of that person's same ethnicity, they had a lot of credence. They were an educated person who spoke the same language. They understood what the cultural sensitivities were so they could phrase things in a way that proved very successful.



On accessibility.

CALD Hearing Health

M's story



Refugees have a lot of other priorities at the beginning and health doesn't come as a first priority. Housing and schooling comes first. Health comes when they're sick. There's no concept of making an assessment when they're healthy. So I think we need a service where there's a doctor, a nurse, a dentist, you know? Like a hub. Where they can access all the services under one roof so that we make it easier for them to make that assessment.

Refugees are my number 1 priority. On average, I'll see 200-300 refugees in a year. Transport is a huge barrier for them. When they are newly arrived, they don't know the system to access services. It's really hard for them as they don't know how to read the address, how to read the bus number, the tram station. They don't know how to spell the street where they live, you know?

Right now, if a doctor asks me to guide this person to go for an x-ray, I can make the appointment for them, but guiding them to get there takes me more than half an hour and even that doesn't work. They need a lot of support at the beginning. If they don't have a family member, they need a case worker to support them.



MAIN FINDINGS

Barriers

Distrust of authority

Language barriers

No concept of preventative healthcare

Lack of understanding of what hearing aids do and don't do (what to expect). How to live well with hearing loss.

Lack of understanding of hearing healthcare system

Stigma

MAIN FINDINGS

• Systemic Barriers

- Lack of data and standardised data collection
- Fragmented or no information about the Australian healthcare system
- Fragmented service pathways
- Limited eligibility
- Lack of alternatives to hearing aids
- Cultural inappropriateness of information materials

• Professional Barriers

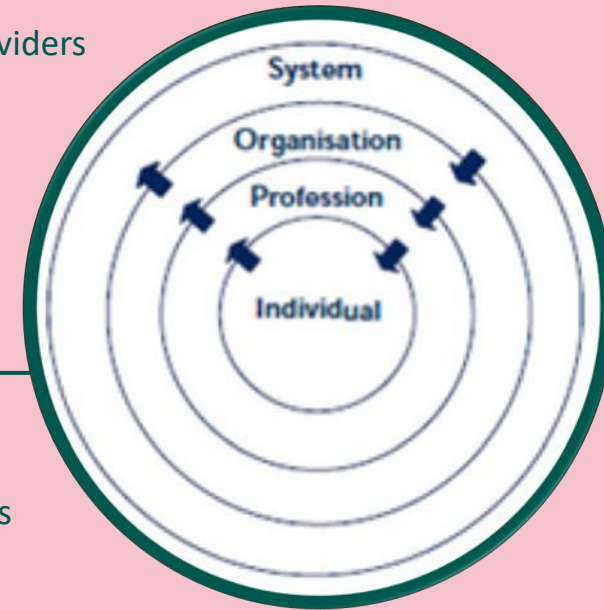
- Cultural incompetency of hearing healthcare providers

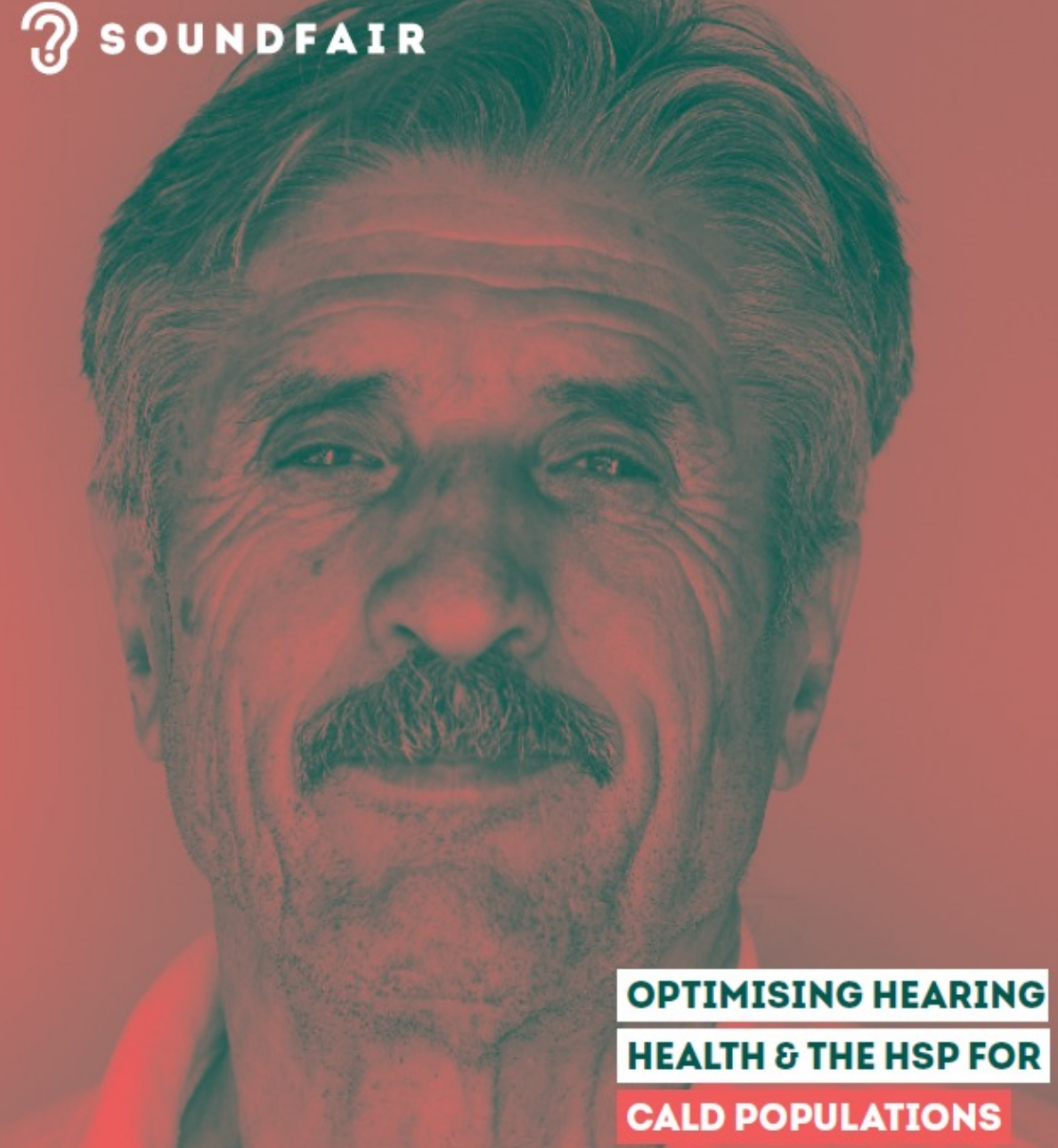
• Organisational Barriers

- Lack of a multicultural workforce
- Lack of cultural safety
- Language barriers
- Lack of information on what to expect with a hearing aid
- Logistical barriers
- Financial viability of service providers based on throughput

• Individual Barriers

- Competing life responsibilities and co-morbidities
- Denial
- Stigma
- Cost
- Distance and navigation issues
- Literacy
- Family members enabling the patient
- No concept of preventative healthcare





**OPTIMISING HEARING
HEALTH & THE HSP FOR
CALD POPULATIONS**

WHAT CAN WE DO?

- 1. DATA!
- 2. Training
- 3. Outreach and engagement

FOR MORE INFORMATION

lourdes@soundfair.com.au

(03) 9510 1577

JOIN THE CONVERSATION



Q&A

Where to go for support

Centre for Cultural Diversity in Ageing Diversity Webinar Series 22-23



July Free Translations in Aged Care

Aug Collecting Diversity Data to Promote Inclusive Services

Sep The Inclusive Service Standards for Beginners – Diversity Coaching Workshop

Oct Ten Steps to Developing a Diversity Plan

Nov Supporting Older People from Culturally Diverse Backgrounds with a Hearing Impairment

Feb Food for Thought – the Link between Food, Culture & Identity

Mar Harmony Week Video Launch –The Voices of Multicultural Community Leaders & their Visions for a more Inclusive Aged Care System

Apr Recognising Multifaith Initiatives in Aged Care

May Culturally Diverse Perspectives on Mental Health Care

June Cultural Awareness Walk & Talk – Hidden Culture/Decolonising Melbourne with Uncle Shane Charles (Face-to-Face Victoria)

Book at bit.ly/DWS-22-23



CPD All webinars can be counted as time spent relating to Continuing Professional Development for nurses to meet the CPD registration standard

Diversity Mentoring Program

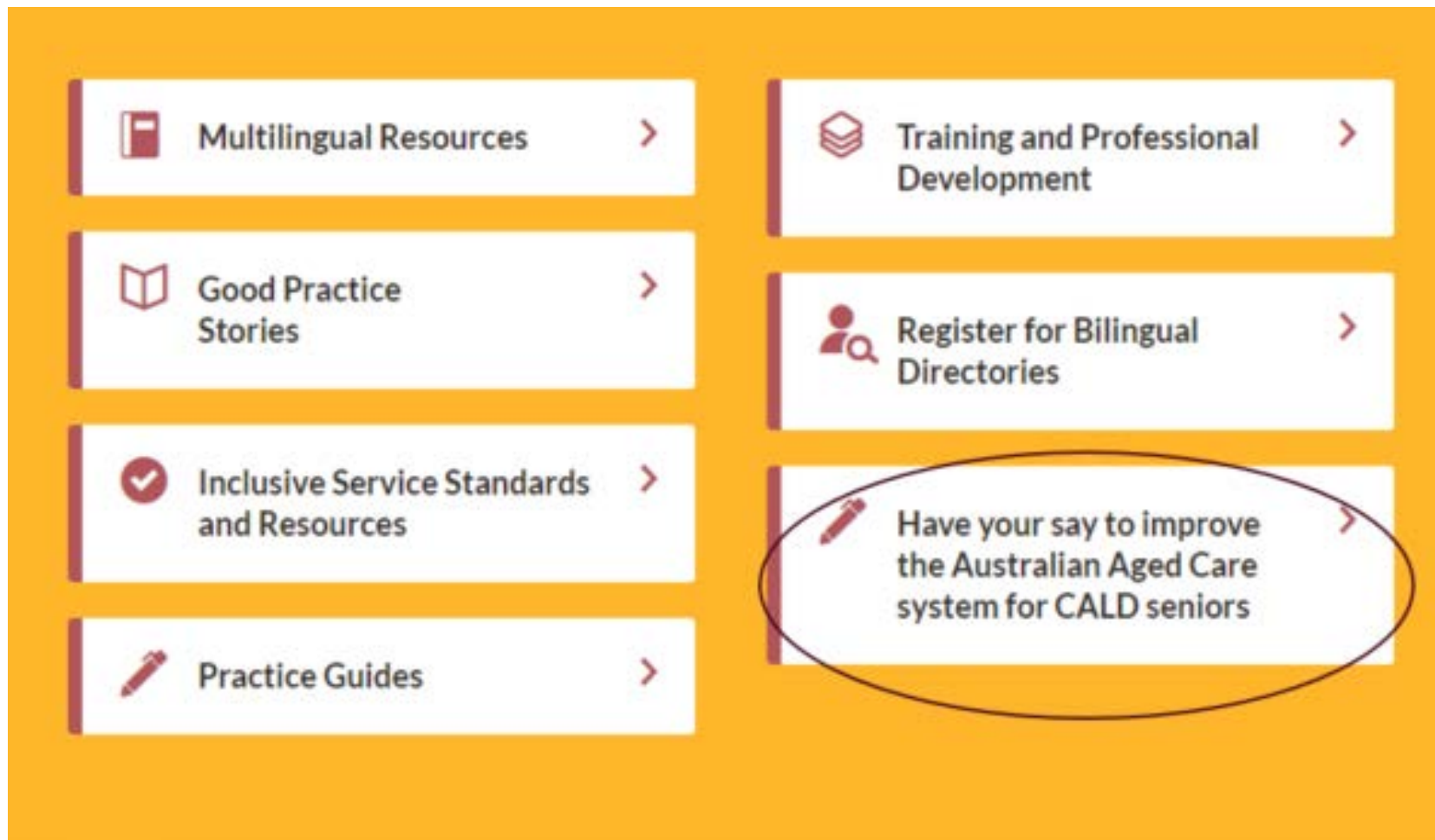
The Diversity Mentoring program is a co-design program involving a collaboration between an aged care service and the Centre for Cultural Diversity in Ageing. The program links leaders from the aged care service to diversity mentors from the Centre for Cultural Diversity in Ageing in a six-month mentoring relationship.

The aim of the program is to support the aged care leaders within the service to develop the initial stages of a diversity and inclusion approach across the whole organisation. It will involve monthly diversity mentoring consultations and two online training sessions on culturally appropriate care delivered to leaders and direct care staff.

culturaldiversity.com.au/training-development/diversity-mentoring-program



Have your say survey on our homepage



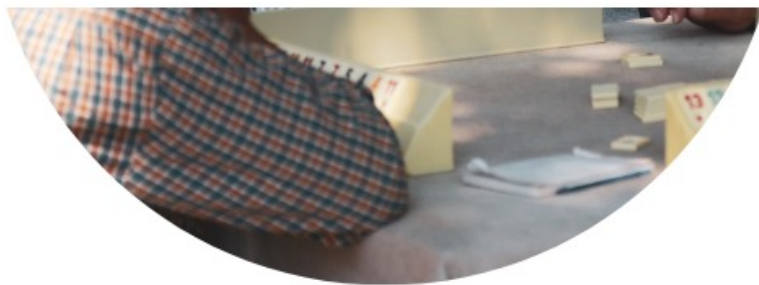
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Everybody has a story – free learning module



Everybody has a story

Delivering culturally inclusive care



Everybody has a story: Delivering culturally inclusive care module by the Aged Care Quality and Safety Commission was created in partnership with the Centre for Cultural Diversity in Ageing.

To learn more visit:

culturaldiversity.com.au/training-development/everyone-has-a-story

Podcast

**One size
does not
fit all**

The Centre for
Cultural Diversity
in Ageing Podcast

To listen visit:

culturaldiversity.com.au/news-and-events/podcasts



Listen on Spotify



Listen on Google



Listen on Apple

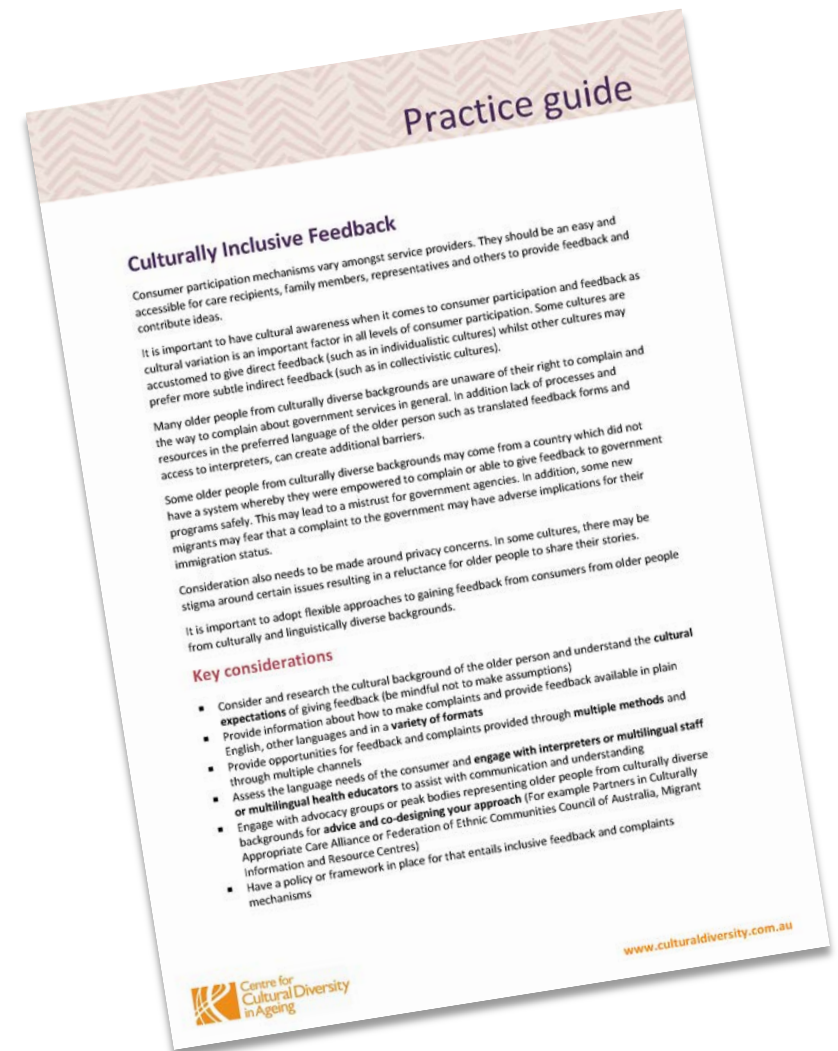


Centre for
Cultural Diversity
in Ageing

Supported by Monash

Practice Guides

- Culturally Inclusive Feedback
- Communication
- Data and Demographics
- Food and Nutrition
- Living Environment
- 10 Steps to Developing a Diversity, Equity and Inclusion Plan in Aged Care
- Spiritual Support
- Working with Bilingual Staff
- Interpreters Policies
- Cultural-specific Information
- Digital Inclusion
- Accessing Interpreter Services
- Effective Co-design with Consumers from Culturally and Linguistically Diverse Backgrounds



Download from
culturaldiversity.com.au

Poster



Download from

culturaldiversity.com.au/about/promotional-posters

Connecting older Australians to aged care services – better connecting with diverse audiences

One of the 2021 Aged Care Royal Commission's key recommendations was to ensure that diversity is core business in aged care. **Connecting older Australians to aged care services – better connecting with diverse audiences** is funded by the Department of Health and Aged Care in partnership with Icon Agency and aims to:

- Enhance the ability of senior Australians to access information through the timely and targeted provision of translating and interpreting services
- Produce and translate information to allow aged care providers to communicate key written messages to their care recipients in languages other than English and other accessible formats

Aged care providers can request in-language materials through a dedicated website by registering their request + any additional materials they want translated at

diversityagedcare@iconagency.com.au

Partners in Culturally Appropriate Care program

The Centre for Cultural Diversity in Ageing is funded through the Department of Health and Aged Care, PICAC program.

The Centre forms part of the PICAC Alliance, a national body comprising PICAC funded organisations across Australia.

The Alliance aims to be a voice and discussion conduit into information, training and resources to inform aged and community care services.

picacalliance.org



Thank you!

Thank you for participating today.

For more information, good practice stories and resources visit



culturaldiversity.com.au



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Thank you Sarah Burrell-Davis
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