

## Culturally and linguistically diverse communities



SESLHD's population remains highly culturally and linguistically diverse with a large population who were born overseas.

At the time of the 2021 Census, close to 40% of SESLHD residents were born overseas, with 30% born in a mainly non-English speaking country.<sup>1,2</sup>

The top 20 mainly non-English speaking countries of birth of SESLHD residents are:

China (excludes SARs and Taiwan), Nepal, Indonesia, Philippines, India, Greece, Hong Kong, Brazil, Italy, Malaysia, Thailand, Lebanon, Vietnam, North Macedonia, Egypt, Colombia, France, Bangladesh, Germany and Republic of South Korea.<sup>1</sup>

More than 34% of our residents speak a language other than English at home, with 5% of total residents reporting that they do not speak English well or at all.<sup>1</sup>

The top 20 languages other than English spoken in SESLHD are:

Mandarin, Cantonese, Greek, Arabic, Spanish, Nepali, Portuguese, Indonesian, Macedonian, Italian, Russian, French, Thai, Vietnamese, Bengali, Tagalog, Hindi, German, Croatian and Japanese.<sup>1</sup>

The health of culturally and linguistically diverse consumers can be affected by poor access to health services and lack of appropriate information to make informed decisions. Factors that can affect access to appropriate healthcare services include:

- Lack of cultural competency within health service providers
- English language proficiency and access to interpreters
- Lack of knowledge of the health care system, particularly primary health care, preventive health, community health and mental health services
- Differing knowledge of health issues, cultural practices and health beliefs
- Isolation and absence of social and family support networks
- Stigma around certain health issues
- Previous unfavourable or negative experiences with a health system, either overseas or after migration to Australia, and
- Past and ongoing experience of psychological trauma.<sup>3</sup>

People who speak a language other than English have poorer experiences of care in inpatient and Emergency Department settings and poorer safety and quality outcomes, compared with patients who speak English.<sup>4,5</sup>

The use of professional interpreters for people with limited English language proficiency mitigates against adverse events, poorer patient experiences and compliance, higher hospital readmission rates, delays to theatre, and medico-legal action and associated costs.<sup>6</sup>

Many people from culturally and linguistically diverse backgrounds in SESLHD live with one or more chronic conditions. The top five mainly non-English speaking countries of birth for people in SESLHD with the largest absolute number of chronic conditions are: China, Greece, Italy, Egypt, and Lebanon<sup>1</sup>.

Many people from culturally and linguistically diverse background live with diabetes in SESLHD. The top 10 mainly non-English speaking countries of birth for SESLHD residents with diabetes are China, Greece, Lebanon, Philippines, Egypt, Italy, North Macedonia, India, Hong Kong and Indonesia<sup>1</sup>.

1. Australian Bureau of Statistics 2021, Population: Census.'

2. English-speaking countries include Australia, New Zealand, United Kingdom, Ireland, Canada, USA, South Africa, and Zimbabwe.

3. New South Wales Government 2019, 'NSW Plan for Culturally and Linguistically Diverse Communities 2019-2023.'

4. Bureau of Health Information 2023, 'The Insights Series - Hospital care experiences for people who mainly speak a language other than English.'

5. South Eastern Sydney Local Health District 2020, 'Presentation to SESLHD Quality Council November 2020.'

6. South Eastern Sydney Local Health District 2016, 'Our right to know: Use of professional interpreters for surgical consent.'