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The Independent Hospital Pricing Authority (IHPA)
PO Box 483
Darlinghurst NSW 1300

Via email: submissions.ihpa@ihpa.gov.au

The Pricing Framework for Australian Public Hospital Services 2017-18

The Federation of Ethnic Communities' Councils of Australia (FECCA) is the national peak body representing Australia's culturally and linguistically diverse (CALD) communities and their organisations. FECCA provides advocacy, develops policy and promotes issues on behalf of its constituency to Government and the broader community. FECCA supports multiculturalism, community harmony, social justice and the rejection of all forms of discrimination and racism so as to build a productive and culturally rich Australian society. FECCA's policies are developed around the concepts of empowerment and inclusion and are formulated with the common good of all Australians in mind.

FECCA has had a longstanding presence in policy and systemic advocacy on ageing and aged care issues for CALD Australians. FECCA is the leading stakeholder in CALD ageing and aged care policy, and has been a significant contributor to a range of collaborations, including the National Aged Care Alliance, and partnerships with other peak bodies, to achieve the inclusion and empowerment of older CALD Australians, their carers, and CALD people who work in the aged care industry.[1] FECCA undertook the consultations to inform the National Ageing and Aged Care Strategy for People from CALD backgrounds and is a member of its implementation committee.[2]

According to available data, 20 per cent of Australia's total population of people aged 65 and over were born in non-English speaking countries.[3] By 2020, 30 per cent of the population aged 65 and over will be from CALD backgrounds.[4] Considering that people from CALD

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[1] FECCA, *2020 Vision for Older CALD Australians* (2015) http://fecca.org.au/wp-content/uploads/2015/11/FECCA2020Vision.pdf
[2] Commonwealth of Australia, *National Ageing and Aged Care Strategy for People from CALD backgrounds*
[3] FECCA *Review of Australian Research on Older People from Culturally and Linguistically Diverse Backgrounds* (2015) http://fecca.org.au/wp-content/uploads/2015/06/Review-of-Australian- Research-on-Older-People-fromCulturally-and-Linguistically-Diverse-Backgrounds-March-20151.pdf
[4] FECCA, *2020 Vision for Older CALD Australians* (2015) http://fecca.org.au/wp-content/uploads/2015/11/FECCA2020Vision.pdf

backgrounds form a substantial percentage of the consumers, it is critical for the *Pricing Framework for Australian Public Hospital Services 2017-18* (the Pricing Framework) to consider the peculiar needs of this cohort.

It is important for this Framework to take into consideration of the cost associated with service provision including language services. As highlighted in the IHPA *Culturally and Linguistically Diverse Patient Costing Study Report* (CALD Costing Study Report) there should be a nationally consistent approach to identifying consumers from CALD backgrounds in order to effectively cater for their needs.[5]

In designing and developing services, including bundling of services, it is imperative to incorporate the cost of interpreter services. When funding new and innovative programmes under this Framework, whether the programme has factored in the needs and support requirements of people from diverse backgrounds to receive the same benefits as other consumers could be built into the funding application/model.

Issues in relation to limitations in data collection mechanisms have been constantly highlighted by the sector organisations including FECCA. The Pricing Framework should incorporate a costing framework to ensure that there is a nationally consistent approach to data collection and language service provision in public hospitals.

When designing and developing teaching, training and research methodologies under this Framework, the specific needs of community groups such as people from CALD backgrounds, Aboriginal and Torres Strait Islander communities, Lesbian, Gay, Bi-sexual, Transgender, Intersex and Questioning communities must be taken into account. These programs should at minimum include education about use of Translation and Interpreter services (TIS National) and adopting other culturally appropriate service delivery models.

> Not using interpreting services, or working with unskilled interpreters, can seriously compromise patient health outcomes. Unfortunately, in the present context, 'linguistic diversity' frequently results in inequality, as non-English speaking patients are found to spend more time in hospital, be more likely to suffer adverse clinical reactions and have higher readmission and diagnostic testing rates. This strain on patients and services can be alleviated through access to professional interpreting services, as this enhances health outcomes for patients whose first language is not English.[6]

The Framework highlights the impact of avoidable hospital readmissions and the financial implications of it. The CALD Costing Study Report raises concerns in relation to lack of information in regards to hospital readmissions for people from CALD backgrounds.[7]

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[5] The Independent Hospital Pricing Authority, *Culturally and Linguistically Diverse Patient Costing Study Report* (2015), 24.
[6] Ethnic Communities Councils of Victoria, *An Investment – Not an Expense: Enhancing health literacy in culturally and linguistically diverse communities* (2012), 17.
[7] The Independent Hospital Pricing Authority, *Culturally and Linguistically Diverse Patient Costing Study Report* (2015), 8.

Recommendations

- Develop a nationally consistent approach to identifying and capturing data in relation to people from CALD backgrounds.

- Adopt necessary measures to implement the recommendations of the CALD Patient Costing Study report.

- Build the costs of language services, cost of cultural sensitivity education and training into the Framework.

- Ensure that there is proportionate representation of diverse interest groups including people from CALD backgrounds.

- Build approaches to enhance health literacy through public hospital services for CALD communities into the Framework.