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Department of Health and Aged Care

## **Submission responding to: “*Role and Functions of an Australian Centre for Disease Control*” consultation paper -November 2022**

### **About the Refugee Health Network of Australia**

The Refugee Health Network of Australia (RHeaNA) is a network of health professionals with expertise in refugee health representing every State and Territory. The purpose of the network is to improve the delivery of health care to refugees and those from refugee-like backgrounds in Australia. The care of people from refugee-like backgrounds includes the identification and management of communicable and non-communicable disease. RHeaNA takes a strong partnership approach and aims to achieve its objectives by collaborating with all key stakeholders to inform and support quality holistic health care for refugees and people seeking asylum in Australia.

RHeaNA is pleased to provide this submission in response to the ***‘Role and Functions of an Australian Centre for Disease Control’*** consultation paper.

RHeaNA considers the capacity for Australia to rapidly respond to health emergencies in an effective coordinated, collaborative manner to be of vital importance. Australia’s CDC needs to be a transparent organisation that is independent, though still answerable for its decisions so that it can be seen to provide trusted, authoritative, and evidence-based advice.

RHeaNA has extensive experience in working with people from diverse backgrounds and supporting their health needs, especially those who are newly arrived in Australia facing the complexity of engaging with Australia’s health system. RHeaNA has a deep understanding of how to provide support for culturally and linguistically diverse communities to engage with health services and how to support health literacy within newly arrived communities. This includes support for communicable and non-communicable disease.

RHeaNA’s submission in response to this consultation paper includes this lens.

### **Core functions of a CDC**

RHeaNA considers the core functions of a CDC as:

1. Disease surveillance, particularly of emerging conditions
2. Responding to outbreaks
3. Preventive health care, including mental health and chronic diseases
4. Workforce capacity and capability planning and development; and
5. Improving and integrating national health data and health system approaches

We view the CDC as having a cross-cutting health equity focus, bearing in mind the diversity of Australia's population. We encourage the CDC to have a specific focus on the needs of new and emerging populations in Australia, who are among the most vulnerable to disease outbreaks and, has been proven in the COVID-19 pandemic, key to the response through their rapid mobilization of labour.

### Being responsive to new communities

Language and cultural difference, including different health beliefs, can impact access to and engagement with health services. Different visas have differing access to Medicare and this also impacts access to healthcare. It is essential that Australia's CDC has a strong understanding of this complexity to **inform its responses to emerging health issues**.

Many people of refugee background are being re-settled in **regional and rural environments**. Ensure that the health needs of those living in regional and rural areas are appropriately resourced to manage communicable and non-communicable disease, including adequate support for people of culturally and linguistically diverse background. Strategies for ensuring **health messaging in language and in a culturally appropriate manner for diverse communities** across Australia need to be effectively developed, recognising the benefits of **supporting these messages with the assistance of trusted community leaders and local trusted health providers**.

Communicable and non-communicable diseases affect children, adolescents, and adults. It is vital that pathways to care and health literacy education are appropriately targeted to support healthcare **across the age spectrum**. Ensuring health messages reach all age groups within the culturally and linguistically communities, especially newly arrived communities, will help to enable health access

### Work force capacity, capability planning and development

The refugee population includes many health workers; this is a profession that is over-represented among refugees. In addition, many refugees undertake higher education in the health field. However, they are under-represented in the public health workforce. RHeANA advocates developing a *diverse health workforce, with training pathways for applied epidemiology and appropriately trained bicultural workers* as twin capacities that would ensure that the CDC was able to reach out rapidly to priority populations in outbreaks or other public health responses. This would ensure the development of robust, trusted pathways to **effective and inclusive public health response and longer term prevention**.

## Improving and integrating national health data and health system approaches

Currently, there are significant barriers to achieving timely, consistent and accurate national data. Future national responsiveness for health emergencies, including future control of infectious disease outbreaks, will benefit from improved measurement of key health outcomes. RHeaNA actively advocates for the development of a national minimal dataset that includes key demographic information of: country of birth, year of arrival, languages spoken, interpreter requirement and cultural background. These demographics will improve the Australia's CDC's capacity to be responsive to populations most at risk of specific communicable and non-communicable diseases, enabling both health care and health communication to be appropriately targeted. Health literacy and community engagement are vital to empowering the Australian community's responsiveness to the leadership role of an Australian CDC.

An effective minimum dataset will also facilitate ongoing research to provide foundational evidence-base for the work of Australia's CDC, including with at risk populations, and to inform research to support responses to public health threats.

While the current linkage of datasets has significantly improved our understanding of the Australian community's health, capturing these five demographic data items recommended here will enable more accurate data in real time that will support the capacity for Australia's CDC to respond rapidly in health emergencies. Such a data set will assist in identifying emerging risks to public health and will enable the identification of specific populations at risk so that targeted interventions can improve the effectiveness of any public health response. There are advantages if the data fields in the primary health care software are standardised to capture these five demographic items and if these five items are included in the health summary uploaded to the My Health Record as this is already linked to the Australian Immunisation Record. Ready access to this information in the future will benefit planning during health emergencies.

Specifically, these demographic data will enable focused timely health communication supported by bicultural workers and community leaders to enhance health literacy, access to health care, engagement with vaccinations and other responses required during health emergencies.

These demographic data will enable a deeper understanding of disability within our community, including within the culturally and linguistically diverse communities. Supporting people with disability within culturally and linguistically diverse communities requires cultural sensitivity and may require access to language services, and this can result in some people with disability having poorer health outcomes or more complicated health needs than others.

Effective collaboration and exchange of information with relevant stakeholders, including engagement with the private sector is essential for a national CDC. This approach will also enhance public health messaging and health communication about specific health issues and during health emergencies. Planning ahead to ensure communication pathways are established so that they can be activated effectively as needed will be essential. Primary health care organisations, including general practices, have expert knowledge regarding their local communities, understanding those who are most at risk within these communities. Effective two-way communication between primary care and the national CDC will enhance

its effectiveness and responsiveness. Supporting Primary Health Networks (PHNs) to have specific funding to enhance their engagement with multicultural communities within their local area will support this responsiveness.

During COVID-19, the establishment of the **CALD COVID-19 Advisory Group** enabled a responsive approach that recognised the diversity of the Australian community. This Advisory Group **addressed significant gap in Australia's preparedness and response capabilities** during that time. The continuation of the work of this advisory group to support health care in Australia is welcomed and will be a **valuable asset for Australia's CDC**. Enabling **communities to have a voice** as well as including **health providers with expertise working with culturally and linguistically diverse communities** can support effective collaboration and exchange of information with relevant stakeholders and enable coordination and effective messaging across Australia. This will help ensure linkages that enable both preparedness and responsiveness.

**In conclusion**, the Refugee Health Network of Australia supports the development of an Australian CDC. Over recent years, RHeaNA has developed clinical and strategic experience in providing care for people arriving and settling in Australia during the Ebola outbreak and more recently during the COVID-19 pandemic. RHeaNA can provide unique insights into how the intersect between health needs and the settlement process can impact public health. RHeaNA has specific expertise in the area of refugee health and especially related to the settlement of people of refugee background and how to support emergent health issues within these culturally and linguistically diverse communities. RHeaNA is keen to engage further to support the development of Australia's CDC into the future.

Signed on behalf of the Refugee Health Network of Australia

A handwritten signature in black ink that reads "Margaret Kay". The signature is written in a cursive, flowing style.

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