

# BARRIERS TO ACCESSING HIV AND SEXUAL HEALTH CARE FOR PEOPLE FROM A CALD BACKGROUND



## INSIGHTS INTO WORKING WITH CALD COMMUNITIES BRIEFING PAPER

June 2022

This briefing paper draws from a discussion paper developed by the Australian Federation of AIDS Organisations (AFAO), in partnership with six culturally and linguistically diverse (CALD) and blood-borne virus (BBS) specialist organisations\* and the Federation of Ethnic Communities Councils of Australia (FECCA), with input from AFAO member organisations and national organisations representing priority populations. The full discussion paper identifies specific issues and barriers to universal health care for people from a CALD background in relation to HIV and sexual health. The paper summarises key research from within Australia, as well as international research with people from CALD backgrounds in high-income countries, as well as including reference to the experiences of services providers. The final section of the discussion paper proposes recommendations that can help build on our strengths and partnerships in our response to HIV in Australia.

The full discussion paper with references for all papers can be viewed here: <https://tinyurl.com/ye26awxu>.

**This is a summary of insights from stakeholders on the approaches to working with people from CALD backgrounds that have proven effective.**

### BUILDING PARTNERSHIPS AND TRUST WITH COMMUNITIES

Engaging CALD communities and partnering with existing CALD community infrastructure was critical. While this may vary for different communities it may include religious organisations, social and sport groups, health professional associations, non-government organisations, and community leaders and activists. Developing relationships and building trust takes time, particularly with newly arrived immigrant populations, but it was considered important to ensure that appropriate solutions to HIV priorities are implemented that work for the community and to help build trust and confidence in the Australian health system. One-off funding or short timeframes for projects were considered significant barriers to building partnerships and trust.

### ADOPTING A STRENGTHS-BASED APPROACH BY SUPPORTING COMMUNITIES

Focussing on a 'strengths-based' approach values the knowledge, skills and competencies of individuals and communities to improve their health. Supporting individuals, groups, and leaders can help communities to improve health outcomes. Having a cultural understanding, from customs, norms, traditions, history, role of

family and religious beliefs, of the communities you are working with can inform how to best provide and deliver HIV programs and services. As HIV may not be the highest priority, it is important to listen, consult and partner with communities to identify how to best work together.

### SUPPORTING DIVERSITY, REPRESENTATION AND INPUT FROM PEOPLE FROM A CALD BACKGROUND

Staff, peers, volunteers and people living with HIV who are bilingual and bicultural bring along their own cultural understanding of their communities providing a bridge between communities and HIV services. In addition to cultural and linguistic diversity, recognising that people have different migration experience depending on how and why they migrated. While there is not one approach, it is important to ensure people from CALD backgrounds are leading, collaborating, co-designing and/or inputting into programs, services and research that impact their communities and that there is a commitment to building the capacity of people from CALD backgrounds to participate in projects and research.

\* Victorian African Health Action Network (VAHAN), Centre for Culture, Ethnicity and Health (CEH) Multicultural HIV and Hepatitis Service (MHAHS), Relationships Australia South Australia (RASA), Ethnic Communities Council of Queensland (ECCQ), Community of Practice for Action on HIV and Mobility (CoPAHM)/Sexual Health and Blood-borne Virus Applied Research and Evaluation Network (SiREN), Curtin University.

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## ADAPTABLE, FLEXIBLE AND SUSTAINABLE PROGRAMS AND SERVICES

A 'one size fits all' approach may not work given the differences between communities. There is a need for flexibility in the models used when implementing programs and service. A related theme was the need to develop interventions at the intersection between health and culture, so that communities are engaged in a manner that is effective and culturally appropriate. For example, one health intervention focussed on food and cooking in different cultures and another on ensuring education occurred at significant community cultural events. There has also been increasing use of innovative online HIV prevention programs. One-off or time limited interventions were often considered less effective at achieving change with mobile populations (for example, a high rate of turnover among international students requires sustainable interventions).

## PROVIDING HEALTH INFORMATION IN PLAIN ENGLISH AND COMMUNITY LANGUAGES

Providing information in languages other than English should extend beyond just translation of existing resources, taking account of different cultures and how to effectively engage the audience. This is particularly the case with health advertisements that do not always translate effectively (campaign slogans and key messages are often plays on words). Rigorous pre-testing of translated and plain English resources is essential to ensure accurate understanding.