



the women's
the royal women's hospital

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Committee Secretary
Joint Standing Committee on Migration
PO Box 6021
Parliament House
Canberra ACT 2600

**Submission to the Inquiry into Multiculturalism in Australia
from the Royal Women's Hospital, Melbourne**

The Royal Women's Hospital (Melbourne) is Australia's only independent women's hospital and is the nation's largest specialist hospital dedicated to the health and wellbeing of women and newborns. Every year, we provide 200,000 occasions of care for women from 65 different countries who speak 81 languages and follow 42 religious faiths.

The Women's was established in 1856 as a place where Melbourne's disadvantaged women—nearly all of whom were migrants—could safely birth their babies. Since then, the Women's services and care for women have evolved again and again to meet the community's changing needs, many of which have been driven by the changing demographics of the women for whom we care. Some of these changes have been as simple as incorporating different cuisines into hospital food or creating a sacred space in which people of all faiths can worship or reflect. Other changes have been far more challenging. For example, the Women's last year established Australia's first De-infibulation Clinic to reverse female circumcision, which is also known as traditional cutting or female genital mutilation, and is practiced in some countries from which new Australians are now coming in some numbers.

Like nearly all other hospitals, the Women's enjoys the advantages of skilled migration programs, with excellent medical, nursing and midwifery staff attracted from overseas now working here. However, migrants of all skill levels have enriched the

culture of our hospital and the care we offer our patients and their families.

Sometimes a little ingenuity is required to harness special talents; last year we trialled a project in which bilingual staff members acted as interpreters to assist with non-clinical language needs, for example, way-finding around the hospital and paying accounts.

With respect to specifically addressing the terms of reference, though, we would particularly like to advocate for **greater funding and a concerted, strategic effort in improving health literacy**, the capacity of a person to obtain, process and understand basic (written or oral) health information and services needed to make appropriate health decisions. We consider improving health literacy for migrant communities to be fundamental for achieving greater social and economic benefits for Australian society as a whole.

The health literacy of culturally and linguistically (CALD) women is typically relatively low because of language and cultural barriers to receiving and exchanging health information. This impacts on the whole community because women are typically the primary care-givers, and thus frequently make health decisions that impact not only on themselves, but also on their children and elderly relatives. Examples of health decisions include the management of illness and chronic disease, lifestyle choices that promote medication use and safety, and knowing when to visit a hospital or health professional. It is well documented that untreated illnesses, medication errors and a lack of knowledge or attention to health and wellbeing cost Australia billions of dollars every year.

The Women's currently produces culturally-sensitive health fact sheets in 18 different languages. This is a significant investment that is not funded by government. However, we believe the information is vital for the management of a woman's own health and the care of her children and other family and community members. Health information opportunities—be they in person, online or in printed form—for CALD women are very limited, and yet have a huge impact on the health, wellbeing and

integration of entire communities, and on the productivity and economic wellbeing of the nation.

We commend the inquiry into multiculturalism in Australia and would be delighted to have the opportunity to give more information on health literacy and/or on the women's health initiatives we have designed specifically for women from CALD backgrounds if this is of interest to the Joint Standing Committee on Migration.

Yours sincerely,

Dale Fisher
Chief Executive

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