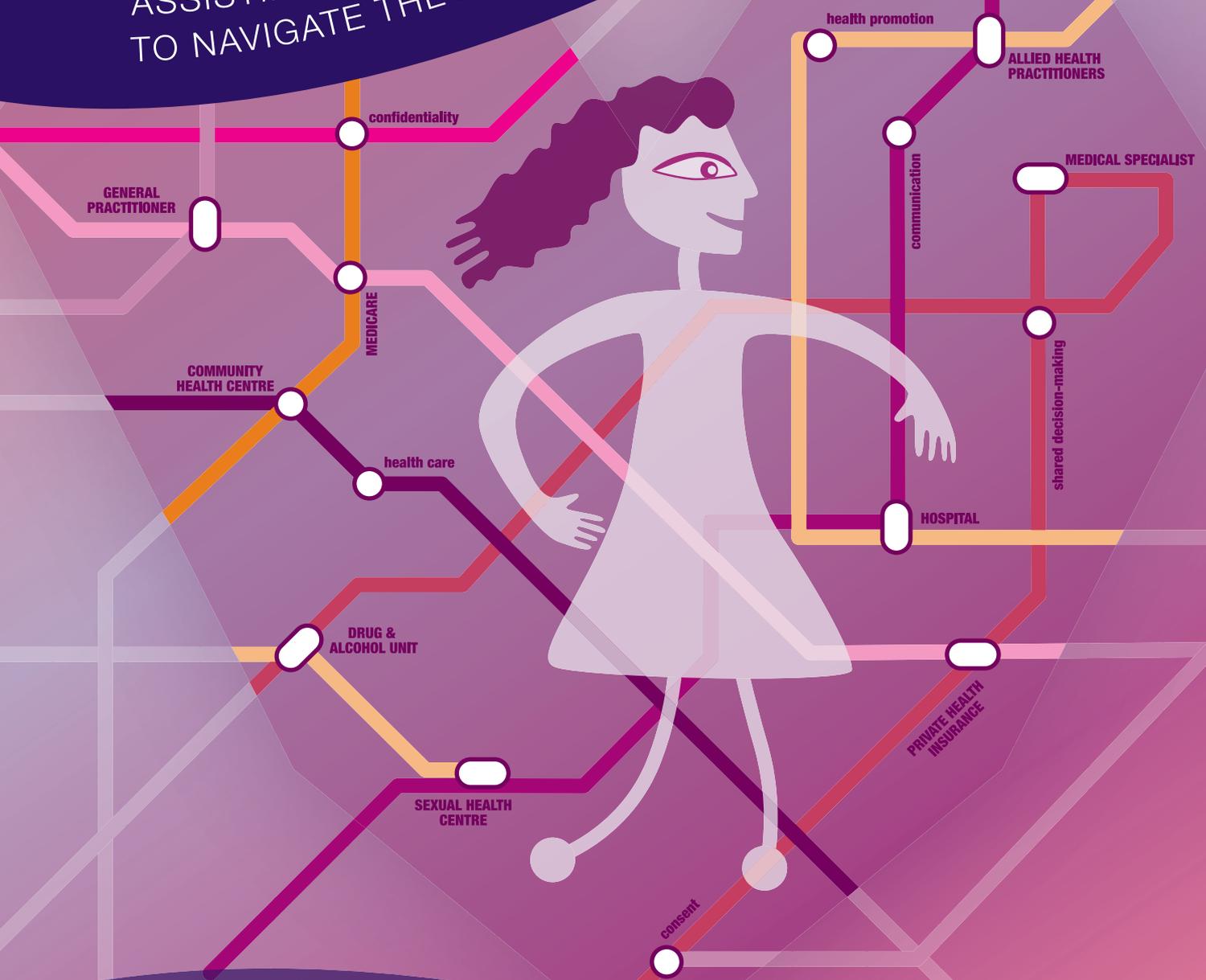




Multicultural  
Centre for  
Women's Health

# WOMEN'S HEALTH MAP

ASSISTING IMMIGRANT & REFUGEE WOMEN  
TO NAVIGATE THE AUSTRALIAN HEALTH SYSTEM



A MANUAL FOR COMMUNITY WORKERS



WOMEN'S HEALTH MAP



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ASSISTING IMMIGRANT & REFUGEE WOMEN  
TO NAVIGATE THE AUSTRALIAN HEALTH SYSTEM

## A MANUAL FOR COMMUNITY WORKERS

October 2011

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## INTRODUCTION & OVERVIEW

Immigrant and refugee women, particularly those who are newly-arrived, often find navigation of the Australian health system intimidating, confusing and overwhelming. When seeking health care, information or education, women are confronted by a complex and multi-faceted set of health and community services, most of which are very different to those available in their countries of origin. Some women are not familiar with health promotion, primary health care, general practitioners, or maternal and child health services. As a result, immigrant and refugee women demonstrate particular health access behaviours. They are less likely to access health promotion, prevention and early intervention programs, and so are under-represented as clients of these services. Concurrently, they are over-represented in acute and crisis care.

Further complicating navigation of the Australian health system for immigrant and refugee women is residency or visa status. Health access entitlements are unequivocal for overseas-born women who are Australian citizens or permanent residents. However, health access entitlements for newly-arrived women on temporary and permanent visas are variable. Each visa category carries different entitlements, which can change. Whilst some health and community services are able to provide assistance, care and support to all women irrespective of their visa category, other services are restricted in their ability to do so and are only accessible to women permanently settled in Australia. This complexity and confusion means the Australian health system is extremely difficult to navigate, both for service providers making referrals, as well as for immigrant and refugee women attempting to link into the system.

Improving the ability of immigrant and refugee women, especially those who are newly-arrived, to navigate the Australian health system is essential to women's health and wellbeing. Equally, it is important to build the capacity of community workers to: provide easy-to-understand and accessible information and education about health system navigation to immigrant and refugee women. Increasing health system literacy of community workers may also facilitate appropriate referrals.

## INTRODUCTION & OVERVIEW

The *Women's Health Map* manual is for use by community workers for the provision of culturally-appropriate education and information to immigrant and refugee women about navigating the Australian health system. Although this manual has been specifically developed for facilitating education sessions with women in community settings, community workers can also use this manual as a resource for making appropriate referrals for different groups of immigrant and refugee women.

This manual contains six modules that are best delivered in a two-hour education session. The six modules are:

MODULE	TOPIC
1	What is health?
2	Where do I go?
3	What do I say?
4	How do I pay?
5	What do I do if I am not happy?
6	What are my health rights and responsibilities?

The modules are designed to be presented one after the other. However, this is at the discretion of the educator, depending on the needs of the group.

The manual sets out the key messages for health system navigation. Due to the amount and complexity of the content, some of which is changeable, only essential messages are emphasised. The onus is on the educator to decide which messages in each module should be delivered to participants, based on the needs of the group and the time available to deliver the education session.

## INTRODUCTION & OVERVIEW

For easy reference, the following symbols are used to help plan and deliver an education session on navigation of the Australian health system.



The aim of each module is indicated to assist planning the delivery of each module.



The learning objectives of each module are indicated to assist planning the delivery of each module.



Discussion points for each module are provided to assist communication of the key messages to participants during the education session.



Discussion notes for each module are provided as background information for the key messages to be shared with participants during the education session.

## INTRODUCTION & OVERVIEW



Delivery of the modules in education sessions should be used in conjunction with other teaching and learning resources. These could include multilingual written materials such as fact sheets, brochures, booklets, and posters. Suggested resources can be substituted with others that are appropriate.



Depending on time and the needs of the group, suggested activities can be included in the education session.

This suggested session guide below is only an example of how an education session can be conducted. There is flexibility to tailor the content to meet the needs of participants. Remember to conduct an evaluation at the end of the education session.

### Suggested session guide

MODULE	TIME ALLOCATION (minutes)
Introduction (including icebreaker)	10
1: What is health?	10
2: Where do I go?	30
3: What do I say?	20
<i>Short break</i>	10
4: How do I pay?	10
5: What do I do if I am not happy?	10
6: What are my health rights and responsibilities?	10
Evaluation (form and group discussion)	10

## MODULE 1

### What is health?

#### Aim

The aim of this module is to provide a basic overview of *health*.



#### Learning Objectives

At the end of this module, participants should be able to:

- Provide a basic definition of health
- Explain the various facets of health
- Explain the importance of maintaining health



#### Discussion Points

The discussion should address the following points:

- What is health?
- What might it mean to be healthy on the following levels:
  - physically?
  - mentally?
  - socially?
- Why is looking after your health important?



## MODULE 1

## Discussion Notes

- *Health* is a difficult term to define.
- The definition of *health* is variable across cultures, and is typically classified or explained within appropriate socio-cultural contexts.
- The World Health Organisation defines health as '*a complete state of physical, mental and social wellbeing, and not merely the absence of disease or infirmity.*'
- Health has many facets.
- *Physical health* refers to the condition of the body, including the state of internal and external body organs and functions. Being free from external symptoms does not mean one is healthy. For many diseases, symptoms do not appear until well into the disease's progression.
- *Mental health* refers to the ability to: cope with the demands and stresses of life: appropriately express emotions: and meaningfully engage with other people.
- *Social health* refers to the quality of relationships in one's life, including those with family, friends, work colleagues, community members and others; level of available social supports; connectedness with others; and involvement in your community.
- Maintaining health is important for everybody. Being healthy will help newly-arrived immigrants and refugees adjust to a new life in Australia. For all immigrants and refugees, maintaining health makes it easier to work, study, and take care of the family.
- Keeping children healthy through immunisation will ensure they don't catch certain infectious diseases. Keeping children's immunisation up-to-date will improve eligibility for Family Assistance payments through Medicare and Centrelink, such as the Child Care benefit and the Maternity Immunisation Allowance (only applicable for families eligible for Medicare and Centrelink).



## MODULE 2

### Where do I go?

#### Aim

The aim of this module is to provide an overview of the Australian health system and explain health access entitlements for different groups of immigrant and refugee women.



#### Learning Objectives

At the end of this module, participants should be able to:

- Recognise the importance of accessing health practitioners, programs and services to maintaining overall health
- List the different kinds of health practitioners, programs and services within the Australian health system
- Recognise and relate their health access entitlements within the Australian health system, or demonstrate how they can determine their entitlements



#### Discussion Points

The discussion should address the following points:

- How might accessing health practitioners, programs and services help you maintain your health?
- What health practitioners, programs and services are available to access within the Australian health system?
- What health practitioners, programs and services within the Australian health system can you access?



## MODULE 2

## Discussion Notes

- Health services, practitioners and programs within the Australian health system play an important role in maintaining overall health.
- The Australian health system:
  - consists of a range of health practitioners, programs and services that address a range of health issues, not just physical complaints;
  - can be accessed for preventive, diagnostic, curative, management, rehabilitative and palliative purposes;
  - can be accessed when healthy, asymptomatic, or unwell;
  - is a mix of public and private health service providers;
  - involves all levels of government—federal, state/territory, local—as well as private health service providers and non-profit organisations.
- Table 1 provides a basic overview of the Australian health system, including health practitioners, programs and services and the responsibilities of key players within the system.
- Primary care:
  - is the foundation of the Australian health system;
  - is the first point of entry into the Australian health system;
  - is the first level of medical care concerned with the treatment, management and cure of people with illness;
  - can treat health problems at an early stage of development, before they worsen;
  - focuses on disease prevention and health promotion; and
  - is accessible and more affordable than specialised care.
- General practitioners (GPs) are the main and most-accessed primary care practitioners in Australia; and are highly-trained doctors who are able to diagnose, manage, treat or prevent various health conditions.



## MODULE 2

## Discussion Notes

- General practitioners:
  - diagnose, manage, or treat physical (acute and chronic conditions), mental and emotional health issues (such as depression or anxiety);
  - play an important role in disease prevention through screening for diseases, providing immunisations for children and adults, and offering healthy lifestyle advice;
  - can arrange diagnostic tests (pathology and radiology);
  - offer continuity of care when patients stay with one GP;
  - require appointments to access, with appointments lasting 10-15 minutes, but longer appointments can be made for complex health issues;
  - refer to specialised medical care if presenting health issues are beyond the scope of general practice;
  - refer to and/or collaborate with other health practitioners and services in the provision of care (where several different health practitioners are involved in care for one patient, this is referred to as multidisciplinary care).
- A GP referral is always required for access to medical specialists (public and private) and specific Medicare-funded programs (such as access to allied health practitioners for complex health issues).
- Medical specialists are highly-trained doctors, employed in public hospitals and private practice, who practise a specific branch of medicine or surgery. There are many kinds of medical specialists.
- Public hospitals offer a range of services: inpatient and outpatient care, allied health, and support services. An inpatient is a person who has been admitted to hospital (via emergency department or an outpatient clinic). An outpatient is a person who receives specialist care in a hospital clinic, but is not an admitted patient in the hospital.



## MODULE 2

## Discussion Notes

- Hospital emergency departments deal with serious emergencies, (such as car accidents) or life-threatening conditions (such as heart attack, chest pain, breathing difficulties, seizures). Access to emergency departments is by self-referral and only for urgent medical situations. For non-urgent health problems, it is best to access GPs, but GPs may refer patients to emergency departments if presenting health issues are serious and require hospital care.
- In the event of a medical emergency, call 000 for an ambulance. Ambulance officers are highly-trained health professionals who carry medical equipment to assist in medical emergencies at the scene or during transport to hospital.
- Other health and community services are:
  - Community health centres, which include GPs and/or dentists (only in some CHCs), allied health practitioners (such as nurses and midwives, audiologists, dieticians, diabetes nurse educators, podiatrists, physiotherapists, speech pathologists, social workers, occupational therapists), health promotion activities (such as exercise programs), and support groups. GP referral is not essential as self-referral is allowed;
  - Specialised health services that focus on specific health issues (mental health, drug and alcohol, sexual health, dental health), or deliver services to certain groups (mothers and children, adolescents, refugees). GP referral is not essential as self-referral is allowed;
  - Health promotion organisations that provide health education to the community, or specific groups within the community. GP referral is not essential as self-referral is allowed.
- The private sector includes medical specialists, allied health practitioners and hospitals.



## MODULE 2

## Discussion Notes

- Health access entitlements are variable across the different groups of immigrant and refugee women in Australia.
- Visa status determines the level of access to health practitioners, programs and services within the Australian health system.
- Each visa category has different conditions which govern health access. Health access entitlements can change. Women should contact relevant Australian government agencies (such as Medicare, Centrelink, Department of Immigration and Citizenship) or health insurance providers to confirm their entitlements. Supporting documentation, such as passport and evidence of immigration status (visa and/or application for permanent residency) is required so government agencies can assess eligibility for Medicare and Centrelink programs and services.
- But, health access rules, as determined by the federal government and set in immigration regulations, can be overridden. For example, state/territory governments may ignore the federal government's rules and create their own rules.
- Furthermore, individual health practitioners and services may also determine their own access rules. Some health practitioners and services allow access by anybody, irrespective of their visa status, whilst others are governed by rules set by funding bodies and are only accessible to women who are permanently settled in Australia.
- It is difficult to conclusively indicate which health practitioners and services each group of immigrant and refugee women can access, although health access rules are clearer for some groups of women (Australian citizens or permanent residents) than for others (women on temporary visas).
- Table 2 provides an overview of health access entitlements for different groups of immigrant and refugee women.



## MODULE 2

Table 1: An overview of the Australian health system

KEY PLAYER	HEALTH SYSTEM RESPONSIBILITIES
<p><b>Federal Government</b></p>	<ul style="list-style-type: none"> <li>• Medicare Australia is a federal government agency responsible for Australia's universal health care program, Medicare.</li> <li>• Under Medicare, eligible people can access free treatment in public hospitals, as well as free or subsidised treatment by medical practitioners (GPs and medical specialists), practice nurses, and optometrists. Allied health services, such as dentistry and psychology, are also provided free or subsidised under Medicare, for people with complex health issues and who have been referred by their GP.</li> <li>• Medicare provides benefits for in-hospital and out-of-hospital services.</li> <li>• <u>In-hospital</u>: All care provided in a public hospital is fully covered under Medicare, but care for private patients in public and private hospitals is only partially covered by Medicare. Private patients will incur out-of-pocket expenses, but private health insurance will cover some or all of these costs, depending on the health insurance policy.</li> <li>• <u>Out-of-hospital</u>: Medicare covers consultations with GPs and medical specialists; pathology (blood tests) and radiology (X-rays, ultrasound) services; eye tests performed by optometrists; most surgical procedures performed by doctors in consultation rooms; and some dentistry services. Most of these services are only partially covered under Medicare, so out-of-pocket expenses will be incurred. Concession card holders may be bulk-billed, so may not incur these extra costs.</li> <li>• Medicare Australia also manages the Pharmaceutical Benefits Scheme (PBS) which subsidises the cost of a range of prescribed medicines, with medicines cheaper for people on valid concession cards.</li> <li>• Medicare Australia also manages the Australian Childhood Immunisation Register, a national database that records all vaccinations given to children under 7 years of age who live in Australia. Parents can access their child's immunisation history through any Medicare office. The immunisation history statement is necessary when enrolling children in school.</li> <li>• Other Medicare programs include the Teen Dental Program, which pays for all or some of the costs for an annual preventative dental check for eligible teenagers aged 12-17 years; Better Access to Mental Health initiative that improves access to mental health professionals such as psychologists; Allied Health Services initiative that improves access to eligible allied health practitioners for people with chronic or complex health issues. The Better Access to Mental Health and Allied Health Services initiatives require a GP referral.</li> <li>• Federal Government also funds the Immunise Australia program, which provides free or subsidised vaccinations to children, adolescents and adults.</li> <li>• Screening for bowel, breast and cervical cancers is also a federal responsibility.</li> </ul>

## MODULE 2

Table 1: An overview of the Australian health system

KEY PLAYER	HEALTH SYSTEM RESPONSIBILITIES
<b>State/Territory Governments</b>	<ul style="list-style-type: none"> <li>The funding of public hospitals is the responsibility of federal and state/territory governments, but the latter is responsible for managing public hospitals.</li> <li>State/territory governments also fund other health and community services, such as community health centres, specialised health services, and health promotion organisations.</li> </ul>
<b>Local Government</b>	<ul style="list-style-type: none"> <li>Local governments provide maternal and child health services to mothers and children under school age, including immunisation sessions.</li> <li>Local governments also deliver a range of health and community programs.</li> </ul>

### Resources

- A multilingual information kit about Medicare and its programs is available and could be distributed to women participating in education sessions on navigating the Australian health system. Whilst the Medicare information kit is most useful for newly-arrived women, the information provided in the kit is worthwhile for all women. The Medicare information kit is available in 20 languages, including English, and is available at this website:

[www.medicareaustralia.gov.au/public/migrants/language/index.jsp](http://www.medicareaustralia.gov.au/public/migrants/language/index.jsp)



## MODULE 2

Table 2: Health access entitlements for immigrant and refugee women

GROUP OF WOMEN	HEALTH ACCESS ENTITLEMENTS
<p><b>Newly-arrived women: Refugee and humanitarian (permanent visa)</b></p>	<ul style="list-style-type: none"> <li>• Women on refugee and humanitarian visas are eligible for Medicare and Centrelink from arrival in Australia. Newly-arrived women should wait one week after arrival before registering with Medicare and Centrelink to allow these agencies to receive visa details from the Department of Immigration and Citizenship.</li> <li>• Women can also access state/territory and local government-funded health and community services. There are various refugee health programs available in Victoria, including the Refugee Health Nurse Program in various community health centres.</li> <li>• Eligible women asylum seekers can access health care through the Asylum Seeker Assistance Scheme of the Australian Red Cross.</li> <li>• Medicare-ineligible women asylum seekers in Victoria can access the health centre at the Asylum Seeker Resource Centre in Melbourne, but may be eligible for some state government-funded health and community services. Women should check with individual services.</li> </ul>
<p><b>Newly-arrived women: Skilled migration (permanent visa)</b></p>	<ul style="list-style-type: none"> <li>• Women on skilled migration visas are eligible for Medicare from arrival in Australia. Newly-arrived women should wait one week after arrival before registering with Medicare to allow this agency to receive visa details from the Department of Immigration and Citizenship.</li> <li>• Newly-arrived women must wait 104 weeks (2 years) after arriving in Australia before accessing most Centrelink benefits and payments, but some payments may be available after arrival or during the waiting period.</li> <li>• Women can also access state/territory and local government-funded health and community services.</li> </ul>
<p><b>Newly-arrived women: Family migration (spouse, parent) (permanent visa)</b></p>	<ul style="list-style-type: none"> <li>• Women on family migration visas are eligible for Medicare from arrival in Australia. Newly-arrived women should wait one week after arrival before registering with Medicare to allow this agency to receive visa details from the Department of Immigration and Citizenship.</li> <li>• Most newly-arrived women must wait 104 weeks (2 years) after arriving in Australia before accessing most Centrelink benefits and payments, but some payments may be available after arrival or during the waiting period. For some women on parent visas, a 10-year waiting period for Centrelink payments applies.</li> <li>• Women can also access state/territory and local government-funded health and community services.</li> </ul>

MODULE 2

Table 2: Health access entitlements for immigrant and refugee women

GROUP OF WOMEN	HEALTH ACCESS ENTITLEMENTS
<p><b>Newly-arrived women: Subclass 457 (temporary work visa)</b></p>	<ul style="list-style-type: none"> <li>• Women on Subclass 457 visa are Medicare-ineligible, so must purchase adequate health insurance for the duration of their stay in Australia, to cover medical cost for themselves and their dependants.</li> <li>• Health insurance must cover access to basic medical treatment similar to that which Australian citizens and permanent residents are covered for under Medicare, including in-hospital and out-of-hospital medical services, surgically-implanted prostheses, some prescription medicines, and emergency ambulance transportation. Waiting periods for certain conditions (such as pre-existing, pregnancy-related, psychiatric) apply.</li> <li>• If women come from countries with Reciprocal Health Agreements with Australia, they may be able to access Medicare. Women must check with Medicare to ascertain their eligibility.</li> <li>• Access to state/territory-funded health and community services is variable, so women should check with individual services.</li> <li>• Women on the Subclass 457 visa who have a baby whilst in Victoria are eligible for local government maternal and child health services, but cannot have their children vaccinated at council immunisation sessions. Women must arrange child vaccinations through their GP. Health insurance may cover the cost of vaccinations.</li> </ul>
<p><b>Newly-arrived women: Student (temporary visa)</b></p>	<ul style="list-style-type: none"> <li>• Women on student visas are Medicare-ineligible, so must purchase Overseas Student Health Cover (OSHC), or student health insurance, for the duration of their stay in Australia, to cover medical costs for themselves and their dependants.</li> <li>• Overseas Student Health Cover covers access to basic medical treatment similar to that which Australian citizens and permanent residents are covered for under Medicare, including in-hospital and out-of-hospital medical services, surgically-implanted prostheses, some prescription medicines, and emergency ambulance transportation.</li> <li>• Under OSHC, waiting periods apply for certain conditions (such as pre-existing, pregnancy-related, psychiatric). Overseas Student Health Cover does not pay benefits for the treatment of pregnancy-related conditions to international students and their dependants in the first 12 months after arrival in Australia.</li> <li>• Educational institutions provide health and welfare services for students, but availability is variable across educational institutions.</li> </ul>

MODULE 2

Table 2: Health access entitlements for immigrant and refugee women

GROUP OF WOMEN	HEALTH ACCESS ENTITLEMENTS
<p><b>Newly-arrived women: Student contd- (temporary visa)</b></p>	<ul style="list-style-type: none"> <li>• Access to state/territory-funded health and community services is variable, so students should check with individual services.</li> <li>• Women on student visas who have a baby whilst in Victoria are eligible for local government maternal and child health services, but cannot have their children vaccinated at council immunisation sessions. Women must arrange child vaccinations through their GP and incur the cost. Health insurance may cover vaccination costs.</li> </ul>
<p><b>Newly-arrived women: Bridging visa (temporary visa)</b></p>	<ul style="list-style-type: none"> <li>• Women on bridging visas who have applied for permanent residency (parent visas excluded, some asylum seekers included) in Australia and who have work rights may be eligible for Medicare, so should check with Medicare.</li> <li>• Access to state/territory-funded health and community services is variable, so women should check with individual services.</li> <li>• Women on bridging visas who have a baby whilst in Victoria are eligible for local government maternal and child health services. If women are Medicare-ineligible, they cannot have their children vaccinated at council immunisation sessions. Women must arrange child vaccinations through their GP and incur the cost. Health insurance may cover vaccination costs.</li> </ul>
<p><b>Overseas-born women who are Australian citizens or permanent residents</b></p>	<ul style="list-style-type: none"> <li>• Overseas-born women who are permanently-settled in Australia, either as Australian citizens or permanent residents, are eligible for all federal, state/territory and local government-funded health and community services.</li> </ul>
<p><b>Women from countries with Reciprocal Health Agreements with Australia</b></p>	<ul style="list-style-type: none"> <li>• The Australian Government has a Reciprocal Health Care Agreement (RHCA) with the governments of nine countries (United Kingdom, Sweden, the Netherlands, Belgium, Finland, Norway, Slovenia, Malta and Italy). This RHCA allows citizens and residents of these countries who are visiting Australia, and who experience ill-health or injury during their stay, to receive medically-necessary treatment before returning home. Women on student visas are not covered by the RHCA.</li> <li>• Different eligibility rules apply for citizens and residents of the various countries, so women should check with Medicare to ascertain eligibility.</li> </ul>

\* **IMPORTANT:** Information in this table was correct at the time of preparation (October 2011), but is liable to change. Consultation with relevant government agencies, such as the Department of Immigration and Citizenship, Centrelink and Medicare, as well as health insurance providers, is essential to confirming eligibility and entitlements.

## MODULE 3

### What do I say?

#### Aim

The aim of this module is to explain what is involved in consultations with health practitioners.



#### Learning Objectives

At the end of this module, participants should be able to:

- Describe the elements of the health consultation
- Explain the engagement process with health practitioners, including the information to be provided in consultations
- Explain how to use the Victorian Interpreter Card
- Demonstrate willingness to encourage their GPs to use accredited interpreters in consultations with non-English speaking patients



#### Discussion Points

The discussion should address the following points:

- What happens during consultations with health practitioners?
- What information should you provide to health practitioners during consultations?
- How can you communicate with health practitioners if you do not speak English?



## MODULE 3

## Discussion Notes

- Appointments should be made for consultations with health practitioners. Cancel appointments if you cannot attend.
- There are five key elements of consultations with health practitioners: care; confidentiality; consent; collaboration; and communication.
- Care involves managing, treating or preventing health conditions, and may involve examination and medical or surgical procedures.
- Confidentiality is an essential element of consultations with health practitioners. Confidentiality, which means that all information provided to health practitioners during consultations is kept private, is protected under the law. However, breach of confidentiality is legally allowed when child abuse is indicated or suspected. Laws vary across states and territories. In Victoria, mandatory reporting of child abuse to child protection authorities is legally required of medical practitioners, nurses, teachers, school principals and police officers.
- Confidentiality may also be breached where a patient indicates they wish to harm themselves (such as suicide) or another person. This breach is not legally required, but relates more to health practitioners exercising their duty of care to patients. For example, a GP may call in mental health professionals for a suicidal patient.
- Consent is another element of health consultations. Informed consent is when the patient agrees to treatment after diagnosis has been given and an explanation provided about each treatment option, including benefits and risks. Health practitioners can only examine a patient and perform medical and surgical procedures with a patient's consent, except in the case of an emergency. In some cases, usually surgical procedures performed in hospital, signed consent is required. Consent should only be given after communicating and collaborating with health practitioners.



## MODULE 3

## Discussion Notes

- Collaboration is another element of consultations, which may also be referred to as shared decision making. Collaboration is a patient-centred process that allows greater patient involvement in making decisions, based on available clinical evidence, about health care and treatment options, in partnership with health practitioners.
- The level of patient involvement in health care in an individual choice that should be respected. Not all patients want, or are able, to be greatly involved in health decision making and prefer or need health practitioners to make all decisions about care and treatment.
- Communication is also essential to health consultations. Providing comprehensive information during consultations improves the ability of health practitioners to assist patients with their health needs.
- Communication between patients and health practitioners needs to be open and honest. Patients should provide details of their medical history, diet, physical activity, sexual history, living arrangements, work, and medications (including alternative medicines).
- In Australia, accredited interpreters are available to facilitate communication between non-English speaking patients and health practitioners. Using accredited interpreters in consultations allows patients to fully discuss health issues, especially those that may be sensitive, without family interference. Health practitioners can also clearly communicate with non-English speaking patients and be assured that all information is being provided to patients in a culturally-appropriate manner. It is the patient's choice if they wish to use an interpreter or a family member during consultations.
- TIS National is a free interpreting service only for Australian citizens and permanent residents accessing government/publicly-funded health services and pharmacists (only when people are purchasing prescription medicines on the Pharmaceutical Benefits Scheme).



## MODULE 3

### Discussion Notes

- The Doctors Priority Line is a free telephone interpreting service for medical practitioners in private practice. Utilisation of this free service is low, so non-English speaking people should strongly encourage doctors to register with the service and use it.
- Non English-speaking people can present their Victorian Interpreter Card (see below) when accessing any publicly-funded service (including GPs) to access an interpreter through TIS National or the Doctors Priority Line. The service will arrange the interpreter at no cost. Patients can request a male or female interpreter, but the request may not be able to be met.
- Hospitals usually have onsite interpreters.





## Please arrange an interpreter

---

My preferred language is: English

I also speak:

The Victorian Government funds agencies to provide language assistance free of charge to Victorians with limited English to help them access government information and services.

**Please arrange an interpreter in a language shown on the front of this card.**

---

For more information go to  
[www.multicultural.vic.gov.au](http://www.multicultural.vic.gov.au)

VICTORIAN  
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commission



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The Place To Be

## MODULE 3

### Resources

- The Victorian Interpreter Card is a worthwhile resource to be distributed in education sessions on navigating the Australian health system to immigrant and refugee women who are Australian citizens or permanent residents. The Victorian Interpreter Card can be downloaded in 32 languages (including English) from this website:

[www.multicultural.vic.gov.au/projects-and-initiatives/improving-language-services/victorian-interpreter-card](http://www.multicultural.vic.gov.au/projects-and-initiatives/improving-language-services/victorian-interpreter-card)



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## MODULE 4

### How do I pay?

#### Aim

The aim of this module is to explain payment processes for access to health practitioners, programs and services within the Australian health system.



#### Learning Objectives

At the end of this module, participants should be able to:

- Describe payment processes for access to the various health practitioners, programs and services within the Australian health system



#### Discussion Points

The discussion should address the following points:

- Which health practitioners, programs and services within the Australian health system are available free or low-cost?
- Which health practitioners, programs and services within the Australian health system charge for access?
- What health concessions are available?



## MODULE 4

## Discussion Notes

- People eligible for Medicare receive a Medicare card after enrolling with Medicare. This card must be shown when accessing Medicare-funded services such as GPs, medical specialists, allied health practitioners, pathology, radiology, and public hospitals, as well as pharmacists when collecting prescribed medicines under the Pharmaceutical Benefits Scheme.
- Under Medicare, treatment in public hospitals, including access to outpatient clinics, is free. Out-of-hospital services, such as consultations with medical practitioners or pathology or radiology, are free or subsidised. Allied health services, such as dentistry and psychology, are also provided free or subsidised for people with complex health issues.
- Under Medicare, private health practitioners (GPs, medical specialists, allied health professionals), clinics and surgeries can and do set their own fees, and these generally are over the Medicare schedule fees. This means out-of-pocket expenses will be incurred.
- Under Medicare, consultations with medical practitioners, allied health professionals or access to pathology and radiology:
  - may be bulk-billed (Medicare is billed directly for services provided and the Medicare benefit is accepted as full payment) for certain individuals; or
  - require upfront payment for fees and patients then need to claim benefits from Medicare; or
  - unpaid account is claimed at Medicare and a cheque in the doctor's name will be sent to the patient who is then required to give the cheque and the outstanding balance to the doctor.
- Bulk-billing is a choice of health practitioners, clinics and surgeries. Medicare does not impose this practice. Health practitioners, clinics and surgeries decide who and when services are bulk-billed.



## MODULE 4

## Discussion Notes

- Private patients in public and private hospitals are partially covered by Medicare. Private patients will incur out-of-pocket expenses, so private health insurance is necessary to cover some or all of these costs, depending on the health insurance policy.
- Private health insurance also partially or fully covers costs incurred for care and treatment by allied health practitioners in private practice.
- Prescription medicines on the Pharmaceutical Benefits Scheme are subsidised, with the cost of medicines cheaper for concession card holders (\$5.60) than others (\$34.20). Not all prescription medicines are PBS-approved, so will be the full cost price.
- Cancer screening and immunisation programs are free for people who meet eligibility criteria (such as age group, risk category), but they must be Australian citizens or permanent residents.
- State/territory and local government-funded services may be free or low-cost. Where there are fees, a sliding scale may apply, meaning that pensioners and low-income earners pay lower fees, while high-income earners pay higher fees.
- Maternal and child health services are free.
- Ambulance is not free. Membership is required to be eligible for free ambulance transportation.
- Centrelink has concession cards which may allow people to access free or low-cost health care (such as bulk-billing by health practitioners) and cheaper prescribed medicines on the Pharmaceutical Benefits Scheme. One concession card is the Health Care Card, which is issued to most people receiving Centrelink benefits, as well as low-income earners (only for 6 month periods). Other concession cards include the Pensioners Concession Card (issued to pensioners) and the Commonwealth Seniors Health Card (for people of Age Pension age, but who not eligible for the pension).



## MODULE 4

## Discussion Notes

- Most newly-arrived immigrants on permanent visas must wait 104 weeks (2 years) after arriving in Australia before accessing most Centrelink benefits and payments, including the Health Care Card.
- People on parent visas that must wait 10 years before accessing Centrelink benefits and payments are able to receive another concession card, which may allow access to free or low-cost health care and subsidised prescription medicines. This should be discussed with the Department of Immigration and Citizenship or Centrelink.
- International students and Subclass 457 visa holders must have adequate health insurance for the duration of their stay in Australia. Where health insurance funds have direct-billing arrangements with health practitioners and services, international students and Subclass 457 visa holders can show their insurance membership card when accessing these health practitioners and services and the health insurance fund will be sent the invoice for the consultation. A gap payment may be required at the time of access. Details of direct-billing health practitioners and services are available from health insurance funds, including their websites. Where there are no direct-billing arrangements, upfront payment is required and costs can be claimed on health insurance policies.
- In most cases, people on temporary visas, such as student or Subclass 457, are ineligible for free interpreting services when accessing health practitioners or services, so must pay for interpreting services if required. However, free access to interpreters by temporary visa holders is variable across health services, with some services allowing free access and others not.



## MODULE 5

### What do I do if I am not happy?

#### Aim

The aim of this module is to provide an overview about the available mechanisms for people seeking to complain about the conduct of health practitioners or the quality of care delivered.



#### Learning Objectives

At the end of this module, participants should be able to:

- List the agencies and professionals established to investigate complaints about health practitioners and services



#### Discussion Points

The discussion should address the following points:

- Are patients and their families allowed to complain about their health care experiences?
- When might a complaint against a health practitioner or service be justified?
- Which agencies and professionals are available to investigate complaints about health practitioners, programs or services?



## MODULE 5

## Discussion Notes

- Patients and their families have the right to complain if they are not satisfied with the professional conduct of health practitioners, or the quality of health care delivered by a health service.
- Complaints should be about legitimate concerns, such as failure to provide quality health care; disrespectful conduct; unnecessary breach of confidentiality; failure to provide sufficient information about care and treatment options; failure to provide the opportunity to make an informed choice about care and treatment; or refused access to personal health information.
- In the first instance, complaints should be addressed directly with the health practitioner or health service.
- Hospitals have Patient Liaison Officers that act to resolve complaints, as well as to protect patient rights and hospital interests.
- In Victoria, the Office of the Health Services Commissioner is an independent, impartial agency that investigates complaints against health practitioners and services if patients are not satisfied after complaining to the health practitioner or service. The Office provides a free and confidential service. However, the complaints investigation process does take time.



## MODULE 6

## What are my rights and responsibilities?

### Aim

The aim of this module is highlight rights and responsibilities of people accessing health practitioners, programs and services within the Australian health system.



### Learning Objectives

At the end of this module, participants should be able to:

- List their rights and responsibilities when accessing health practitioners, programs and services within the Australian health system



### Discussion Points

The discussion should address the following points:

- What are your rights when accessing the Australian health system?
- What are your responsibilities when accessing the Australian health system?



## MODULE 6

## Discussion Notes

- The Australian Charter of Healthcare Rights outlines the rights of people using the Australian health system. The three guiding principles of the Charter are:
  - Everyone has a right to access health care
  - The Australian Government is committed to the right of everyone to experience the highest level of health
  - The Charter acknowledges the diversity that exists in Australian society
- The Australian Charter of Health Rights lists the following:
  - I have the right to health care
  - I have the right to safe and high quality care
  - I have the right to be shown respect, dignity and consideration
  - I have the right to be informed about services, options and costs in a clear and open way
  - I have the right to be included in decisions and choices about my care
  - I have a right to privacy and confidentiality of my personal information
  - I have the right to comment on my care and to have my concerns addressed



## MODULE 6

## Discussion Notes

- People have health rights, but with these rights come responsibilities, including:
  - Participate as best as you can in your health care
  - Cooperate with health practitioners and health services (keep appointments or cancel or change appointments where necessary, and understand the consequences of refusing care or treatment)
  - Provide as much information as possible to assist with your treatment (medical history, medications including alternative medicines, diet, physical activity, living arrangements, work)
  - Ask questions about your health care experience if you don't understand or you require more information
  - Advise health practitioners when you cannot assist them in your health care
  - Demonstrate respect for all people involved in your care and for other health service users
  - Bring necessary documentation, such as your Medicare card, concession card, or health insurance card, when accessing health practitioners or services



## Suggested Activity

- Before commencing this module, ask participants to reflect on the information presented in the previous modules and indicate what they think their health rights and responsibilities are. Write down their responses on a whiteboard or butcher's paper. After this activity, present the module's key messages.
- ***Don't forget to conduct an evaluation after the education session. An example of an evaluation form is on page 39-40. This form can be modified.***



## MODULE 6

### Resources

- The Australian Charter of Healthcare Rights is a worthwhile resource to be distributed to immigrant and refugee women participating in education sessions on navigating the Australian health system. The Charter is available in 17 languages and can be downloaded from this website:

[www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/com-pubs\\_ACHR](http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/com-pubs_ACHR)

- Another valuable resource that could be distributed to women is the Australian Charter of Healthcare Rights in Victoria. This resource is available in 25 languages and can be downloaded from this website:

<http://www.health.vic.gov.au/patientcharter/publications/index.htm>

RESOURCES



## REFERENCES

Information provided in this manual was sourced from the following references:

1. Asylum Seeker Resource Centre website: [www.asrc.org.au](http://www.asrc.org.au). Accessed in June 2011.
2. Australian Commission on Safety and Quality in Health Care website: [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au). Accessed in October 2011.
3. Australian Institute of Health and Welfare. 2010. *Australia's Health 2010*. AIHW: Canberra. Accessed in October 2011 from [www.aihw.gov.au/publication-detail/?id=6442468376&tab=2](http://www.aihw.gov.au/publication-detail/?id=6442468376&tab=2)
4. BetterHealth Channel website: [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au). Accessed in June 2011.
5. Centrelink website: [www.centrelink.gov.au](http://www.centrelink.gov.au). Accessed in October 2011.
6. City of Whitehorse. 2011. Individual consultation about maternal and child health services. October 2011.
7. Department of Health website: [www.health.vic.gov.au](http://www.health.vic.gov.au). Accessed in August 2011.
8. Department of Health and Ageing website: [www.health.gov.au](http://www.health.gov.au). Accessed in August 2011.
9. Department of Immigration and Citizenship website: [www.immi.gov.au](http://www.immi.gov.au). Accessed in October 2011.
10. Higgins D, Bromfield L, Richardson N, Holzer P and Berlyn C. 2010. Mandatory reporting of child abuse and neglect. *National Child Protection Clearinghouse Resource Sheet*. Australian Institute of Family Studies: Melbourne. Accessed in June 2011 from [www.aifs.gov.au/nch/pubs/sheets/rs3/rs3.pdf](http://www.aifs.gov.au/nch/pubs/sheets/rs3/rs3.pdf)

## REFERENCES

11. Huang Y-T and Phillips C. 2009. Telephone interpreters in general practice: Bridging the barriers to their use. [Electronic version]. *Australian Family Physician*. 38(6): 443-446.
12. Medicare Australia website: [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au). Accessed in October 2011.
13. Melbourne East GP Network website: [www.megpn.com.au](http://www.megpn.com.au). Accessed in June 2011.
14. Multicultural Centre for Women's Health. 2010. *Sexual and reproductive health data report*. MCWH: Melbourne. Available at [http://www.mcwh.com.au/downloads/2010/Dec10/SRH\\_Data\\_Report\\_FINAL\\_161210.pdf](http://www.mcwh.com.au/downloads/2010/Dec10/SRH_Data_Report_FINAL_161210.pdf)
15. NSW Multicultural Health Communication Service website: [www.mhcs.health.nsw.gov.au](http://www.mhcs.health.nsw.gov.au). Accessed in June 2011.
16. Phillips C. 2010. Using interpreters: A guide for GPs. [Electronic version]. *Australian Family Physician*. 39(4): 188-195.
17. Spike EA, Smith MM and Harris MF. 2011. Access to primary health care services by community-based asylum seekers. [Electronic version]. *Medical Journal of Australia*. 195(4): 188-191.
18. Thistlewaite J, Evans R, Nan Tie R and Heal C. 2006. Shared decision making and decision aids. [Electronic version]. *Australian Family Physician*. 35(7): 537-540.
19. Victorian Multicultural Commission website: [www.multicultural.vic.gov.au](http://www.multicultural.vic.gov.au). Accessed in October 2011.
20. Weber MF, Banks E, Smith DP, O'Connell D and Sitas F. 2009. Cancer screening amongst migrants in an Australian cohort: Cross-sectional analyses from the 45 and Up Study. [Electronic version]. *BMC Public Health*. 9: 144. doi:10.1186/1471-2458-9-144

**Evaluation of education session on navigating the Australian health system**

1. Before you attended the health education session/sessions had you ever received information about this topic in your own language?

	Yes – already had a lot of information in my own language	Yes – had a little information in my own language	No- had never received information in my own language
In Australia	1	2	3

2. How would you rate the following?

	Excellent 	Good 	Fair/OK 	Poor 	Very poor 
<b>About the information presented by the facilitator</b>					
<u>Clarity/clearness</u> of the information	1	2	3	4	5
<u>Relevance</u> of the information	1	2	3	4	5
<u>Usefulness</u> of the information	1	2	3	4	5
<b>About the written information given to you to take away</b>					
<u>Clarity/clearness</u> of the information	1	2	3	4	5
<u>Relevance</u> of the information	1	2	3	4	5
<u>Usefulness</u> of the information	1	2	3	4	5

3. If you were not happy with any of the information provided why was this? (Answering this question will help us improve our sessions)

4. How much new information did you learn about the following topics in the session or sessions?

	A lot	A little	Not much	Nothing new	Not applicable/ this was not covered
What is health?	1	2	3	4	0
Where do I go?					
What do I say?					
How do I pay?					
What do I do if I am not happy?					
What are my rights and responsibilities?					

5. Are there topics you would like more information about? Yes<sup>1</sup>  No<sup>2</sup>

If yes, what topics would you like to learn more about?

6. Would you recommend the Multicultural Centre for Women's Health education sessions to other women in your community? Yes<sup>1</sup>  No<sup>2</sup>

7. How important are each of the following to you:

	Very important	Quite important	Not important
To be able to talk about health issues in my own language	1	2	3
To have information about health issues provided to me by women	1	2	3
To be able to discuss health issues with other women	1	2	3
To be to find out information about topics I don't often discuss with others	1	2	3

8. Are you more likely to do any of the following differently now that you have attended this health education session?

	Yes	Maybe	No	I already did this before the session/s	Don't know	Not applicable
Find a regular GP if I don't already have one						
Visit my GP or other health practitioner to talk about health issues or concerns	1	2	3	4	5	0
Encourage my GP to use qualified interpreters in their practice						
Use my Victorian Interpreter Card to request an interpreter when accessing government-funded health and community services (if I am eligible for free interpreting services)						
Be more involved in making decisions about my health care						
Take health concerns more seriously	1	2	3	4	5	0
Share the knowledge I have gained with friends and community members	1	2	3	4	5	0

9. Is there anything you might do now that you have attended this health education session?



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