

**Culturally Safe Model of Services for Culturally and Linguistically Diverse (CALD) Australians with Chronic Diseases and acquired Disability in the Community: Participation Action Research**

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## **Culturally and Linguistically Diverse (CALD) people's perceptions of accessibility and utilisation of health services in the community: A qualitative study**

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**Introduction:** With 28% of Australia's population from a CALD background, our health system faces challenges in providing accessible, culturally competent care. Strategies that reduce the language, cultural, social, and financial barriers to health services for CALD consumers are crucial to improving their health status. Despite multicultural programs being available, cultural groups are reluctant to engage with the health system leading to racial health disparities. It is imperative we understand CALD consumer's knowledge of and perceptions of health services to determine the cultural appropriateness and effectiveness of programs. **Method:** Six taped focus group interviews were conducted with Pacific Islander, Sudanese, Afghani, and Burmese people following ethics approval. Credited interpreters were used. The focus group questions centred on participants' knowledge about availability of health services, their experience and management of chronic illness, and their perceived interaction with health professionals. Data was transcribed and content analysed for themes. Two researchers independently coded and analysed the data to ensure inter-rater reliability. **Results:** The themes include: 1) Unfamiliarity with health services and difficulties accessing services; 2) Using traditional healing methods alongside orthodox medicine, 3) Language difficulties impeding communication with health professionals as doctors did not always use interpreters; 4) Experiencing both positive and negative interactions with health professionals. **Conclusion:** The use of interpreters by health professionals is essential for effective communication with CALD people. Health promoting information in different languages needs to be placed where CALD people congregate. The use of trained bi-lingual health workers is suggested to increase health service usage by CALD people.