

*PHAA submission on the inquiry into support for older Victorians from
migrant and refugee backgrounds*

The Committee Manager
Legislative Assembly Legal and Social Issues Committee
Parliament House Spring Street
EAST MELBOURNE VIC 3002



29 November 2021

Re: Inquiry into support for older Victorians from migrant and refugee backgrounds; Terms of Reference

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians.

It is the pre-eminent voice for the public's health in Australia and seeks to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

PHAA welcome the opportunity to provide input to the inquiry into support for elderly migrants and refugees; Terms of Reference.

We propose five core themes which should be considered under part b– unique challenges faced by this cohort and part c - ideas to advance the physical and mental health and wellbeing of Victoria's multicultural seniors including global best practices: **health literacy, functional ability, urban age friendly environments, enhancing social and digital participation and trauma-informed care.**

Health literacy is about how people understand information about health and health care, and how they apply that information to their lives, use it to make decisions and act on it. Improving health literacy in populations provides the foundation on which citizens are enabled to play an active role in improving their own health and engage successfully with community action for health.¹

Functional ability reflects an individual's capacity to meet their basic needs, learn, grow, contribute to and interact with the environment they live in. While a decline in physical and mental capacities is commonly observed with ageing, it should not be presumed to be an inevitable standard. Capabilities of older individuals should be actively fostered in the community to enable healthy ageing.²

Urban age friendly environment more and more now depend upon a city's services and infrastructure for their health and other needs. Correspondingly, the impact of the urban environment on the overall health of people is becoming more and more relevant. The Shanghai Consensus on Healthy Cities³ highlighted the political responsibility of local chief executives to support every resident of each city to lead healthier, safer and more fulfilling lives, by creating the conditions that will enable them to do so. Age friendly environments promote health, remove barriers and provide support for people experiencing losses in capacity, they can ensure older people age safely in a place that is right for them, are free from poverty, can continue to develop personally, and can contribute to their communities while retaining autonomy and health.⁴ It is likely that addressing health literacy, functional ability and providing urban age-friendly

environments will accelerate achieving the terms of reference theme (c) advance physical and mental health and wellbeing of Victoria's multicultural seniors.

Enhancing digital participation at this time, internet access is a basic human right and, programs need to ensure that everyone especially the elderly have internet access and the skills and/or technical support to effectively navigate the online world. For older adults, doing so may necessitate additional technology access and training, tailored to suit varying cultural backgrounds, disability, and cognitive ability levels. Every effort must be made to reduce the existing "digital divide". Technology developers and retailers must determine ways to decrease the costs of information communication technology services (ICTs), and to make them easier to use for older adults. Awareness of the "digital divide" and offerings of ICT support should come, not only from designers, developers, and manufacturers of ICT and internet systems, services, and products, but also from social ties—particularly family members, friends, and neighbours to enhance social support and engagement.⁵

A **trauma-informed care approach** helps in acknowledging the lived-experiences of individuals and its impact on their life. It is largely recognised that healthcare services need to adopt a trauma-informed approach to provide a more holistic and effective care. This can result in better patient engagement, treatment adherence as well as better health outcomes. Migration provides an added layer of complexity of needs of this population group, especially considering their relative socio-economic disadvantage and experience of trauma in their home countries.⁶

Acknowledging these differences and addressing their experience of trauma and relative social disadvantage will help respond to health and well-being among the diverse population of older refugees and migrants.

Please do not hesitate to make contact should you require additional information or have any queries in relation to this submission.

Yours Sincerely,



Terry Slevin
Chief Executive Officer
Public Health Association of Australia



Professor Jaya Dantas
International Health SIG Committee
Public Health Association of Australia



Anna Nicholson
Branch President - Victoria
Public Health Association of Australia

References:

1. World Health Organization 2021. Improving health literacy. <https://www.who.int/activities/improving-health-literacy>
2. World Health Organization. (2017). Global strategy and action plan on ageing and health. World Health Organization. <https://apps.who.int/iris/handle/10665/329960>
3. Promoting health in the SDGs. Report on the 9th Global conference for health promotion, Shanghai, China, 21–24 November 2016: all for health, health for all. Geneva: World Health Organization; 2017. <https://www.who.int/publications/i/item/promoting-health-in-the-sdgs>
4. World Health Organization. (2020). Decade of healthy ageing: baseline report. Geneva: World Health Organization <https://www.who.int/publications/i/item/9789240017900>
5. Seifert A, Cotten SR, Xie B. A Double Burden of Exclusion? Digital and Social Exclusion of Older Adults in Times of COVID-19. J Gerontol B Psychol Sci Soc Sci. 2021 Feb 17;76(3):e99-e103. doi: 10.1093/geronb/gbaa098
6. World Health Organization (2018). Health of older refugees and migrants. Copenhagen: WHO Regional Office for Europe; 2018 (Technical guidance on refugee and migrant health). https://www.euro.who.int/_data/assets/pdf_file/0003/386562/elderly-eng.pdf