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Improving the health, wellbeing, and chronic disease management of the Arabic speaking community

Data Report - February 2020

Through the Culture Well project, Asthma Australia and partners are empowering communities and stakeholders to implement a collaborative, social determinants approach to promoting wellbeing and reducing chronic disease, including asthma.

CULTURE WELL:
A SHIFT IN APPROACH

Chronic disease is experienced by people as a complex problem combined of medical and social issues. However, life factors are much more important in determining health outcomes. Literature shows culturally and linguistically diverse (CALD) communities where poor health outcomes are often related to issues such as different cultural beliefs about health, not being accepted into society, language skills and feelings of discrimination.[1]

To address chronic conditions effectively, the connections between lifestyle factors, social issues, culture, health and wellbeing need to be understood.

The Culture Well project (CW) is based on an understanding that health and wellbeing is made up of many different, inter-connecting factors, that can be thought of as a system of a person's life and health.
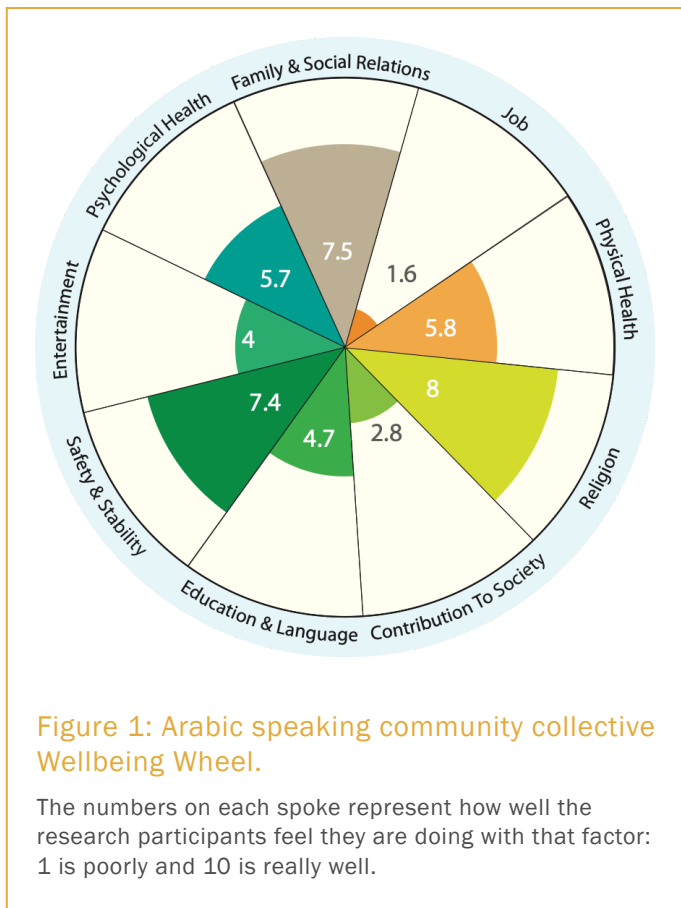
A new form of systems mapping was used to 'map the systems' of health and wellbeing for three CALD groups - Arabic speaking, Vietnamese and Samoan - in South Brisbane. These maps were used to identify the major barriers and enablers to health and wellbeing.

[1] Culturally and linguistically diverse peoples' knowledge of accessibility and utilisation of health services: exploring the need for improvement in health service delivery
Saras Henderson [AC] and Elizabeth Kendall [B]
Australian Journal of Primary Health 17(2) 195-201 https://doi.org/10.1071/PY10065

WHAT IS WELLBEING FOR THE ARABIC COMMUNITY?

Wellbeing Wheels developed by the communities enabled them to define wellbeing in their terms, identifying as a group, 6-10 aspects of wellbeing for their culture. All of the factors need to be present for an individual and community to be thriving.

This report focuses on the Arabic speaking community, which has a high percentage of refugees and recent arrivals.


Figure 1: Arabic speaking community collective Wellbeing Wheel.

The numbers on each spoke represent how well the research participants feel they are doing with that factor: 1 is poorly and 10 is really well.

WHAT IS SYSTEMS EFFECTS?

Systems Effects is a new form of systems mapping, developed by Dr Luke Craven (UNSW), that allows us to explore the complex nature of health and how it interconnects with other areas of life.

The Systems Effects maps show the specific determinants or causes of health for each individual and the connections between factors that are specific to them. The individual maps can be layered on top of each other, so that community-level trends can be seen clearly without losing the individual differences.

It is useful in identifying the most effective points for systems-level change because it can identify those points which will have the most impact on the highest number of factors.

Figure 2: Arabic speaking participant barrier map.
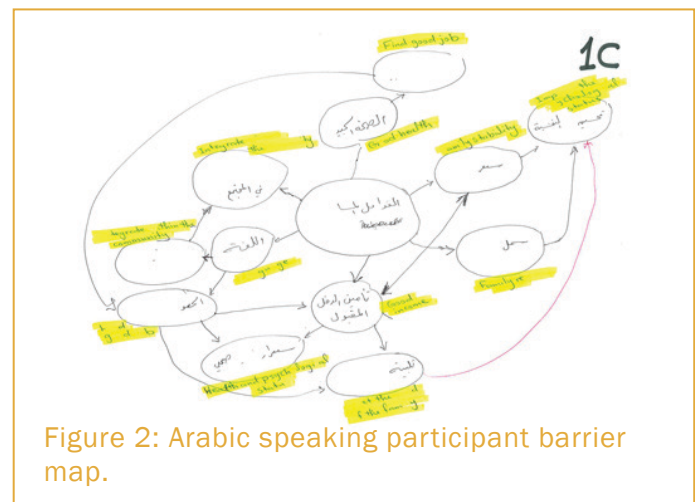
Each participant drew an enablers and a barriers systems map in their language. These maps were combined to build the community maps.

Participants found the mapping exercise beneficial: helping participants appreciate the complexity of their health; discover potential areas for action and improvement.

> *The main significant preventers for my wellbeing in this country is that not all my family is around me, which makes me feel stressed and have depression.*
>
> Female (45-55) years

UNPACKING THE DATA

TOP 5 FACTORS UNDERMINING HEALTH AND WELLBEING IN THE ARABIC SPEAKING COMMUNITY IN BRISBANE

1 Poor Language Skills

2 Unemployment

3 Mental Health Illness

4 Chronic Disease

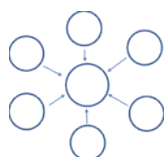**5** Lack of Integration with Society

KEY TERMS TO UNDERSTAND THE DATA

Out-degree

Shows how many other factors are directly impacted or caused by a particular factor. A high Out-degree number means that impacting this barrier will have a strong ripple effect on other aspects of poor wellbeing.

In-degree

Shows how many other factors are causing a particular factor. A high In-degree number means that this factor is highly complex and cannot be solved via a single intervention.

Eigenvector

Shows which factors in a map are both causes and effects. This number shows how 'entangled' factors are, which like a ball of wool is hard to unravel easily. A high Eigenvector means a factor is very entangled with other factors and if addressed successfully would have a big impact.

Pagerank
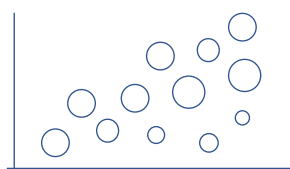
A measure of how deeply interactive a factor is. This means not only is that specific factor very entangled - affected by and affecting many other factors but the factors that it connects to are also very interactive.
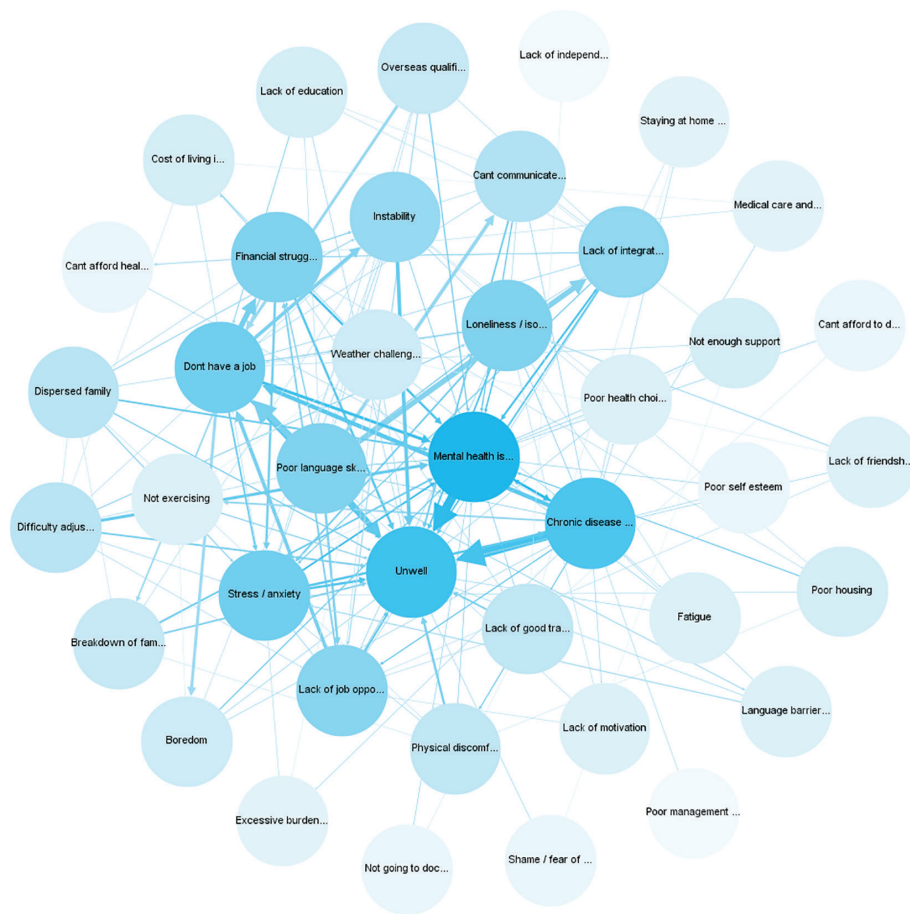
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Figure 3: Community map: Nodes (circles): the darker the colour, the more individual maps this factor appeared on. Lines: the thicker the line, the more individuals drew this connection.
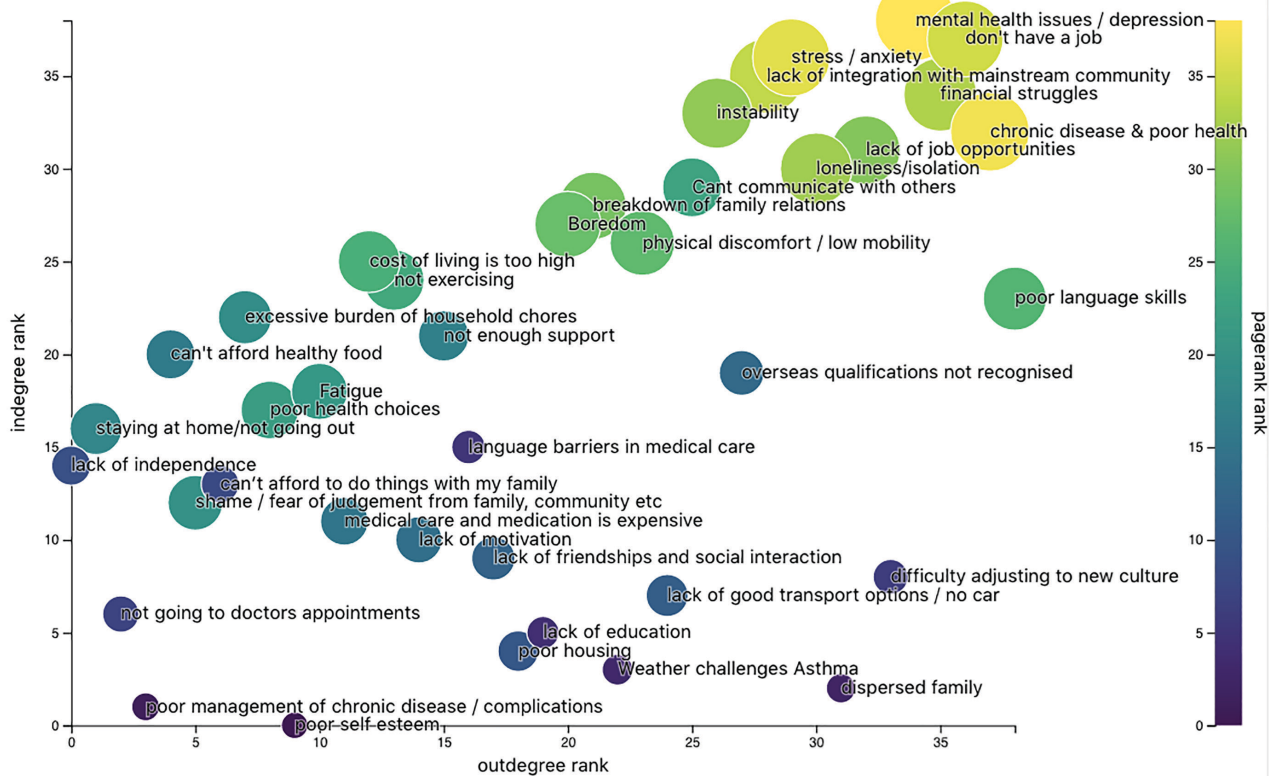

Figure 4: Pagerank graph for Arabic speaking community barriers

Highest Out-degree 14

Low In-degree 4

Fourth-Highest Eigenvector 17

Pagerank #8

1) POOR LANGUAGE SKILLS

Poor language skills contribute to many barriers in relation to poor health, having the highest out-degree. This means it is a causative factor of many other problems. Having a low in-degree measure means that there are few factors contributing to poor language skills, so finding a suitable solution should be more straight-forward than other issues.

It is very entangled (eigenvector) and connects with many other factors, which means that it is both a cause and an effect. This is a key leverage point in the wellbeing system of this community and if successfully addressed there will be strong ripple effect throughout the system.

Poor language skills contributes to (Out-degrees):

- **Don't have a job (x13)**
- **Lack of integration with mainstream community (x9)**
- **Low wellbeing (x9)**
- **Can't communicate with others (x6)**
- **Lack of job opportunities (x4)**
- Financial struggles (x2)
- Loneliness and isolation (x2)
- Language barriers in medical care (x2)
- Lack of education (x1)
- Mental health issues (x1)
- Chronic disease & poor health (x1)
- Overseas qualifications not recognised (x1)
- Instability (x1)

Poor language skills caused by (In-degrees):

- Lack of job opportunities (x1)
- Lack of integration in society (x1)
- Challenge of adjusting to new culture (x1)
- Lack of motivation (x1)

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lack of language poor/no English
no different methods of language education
language barrier **inability to communicate**
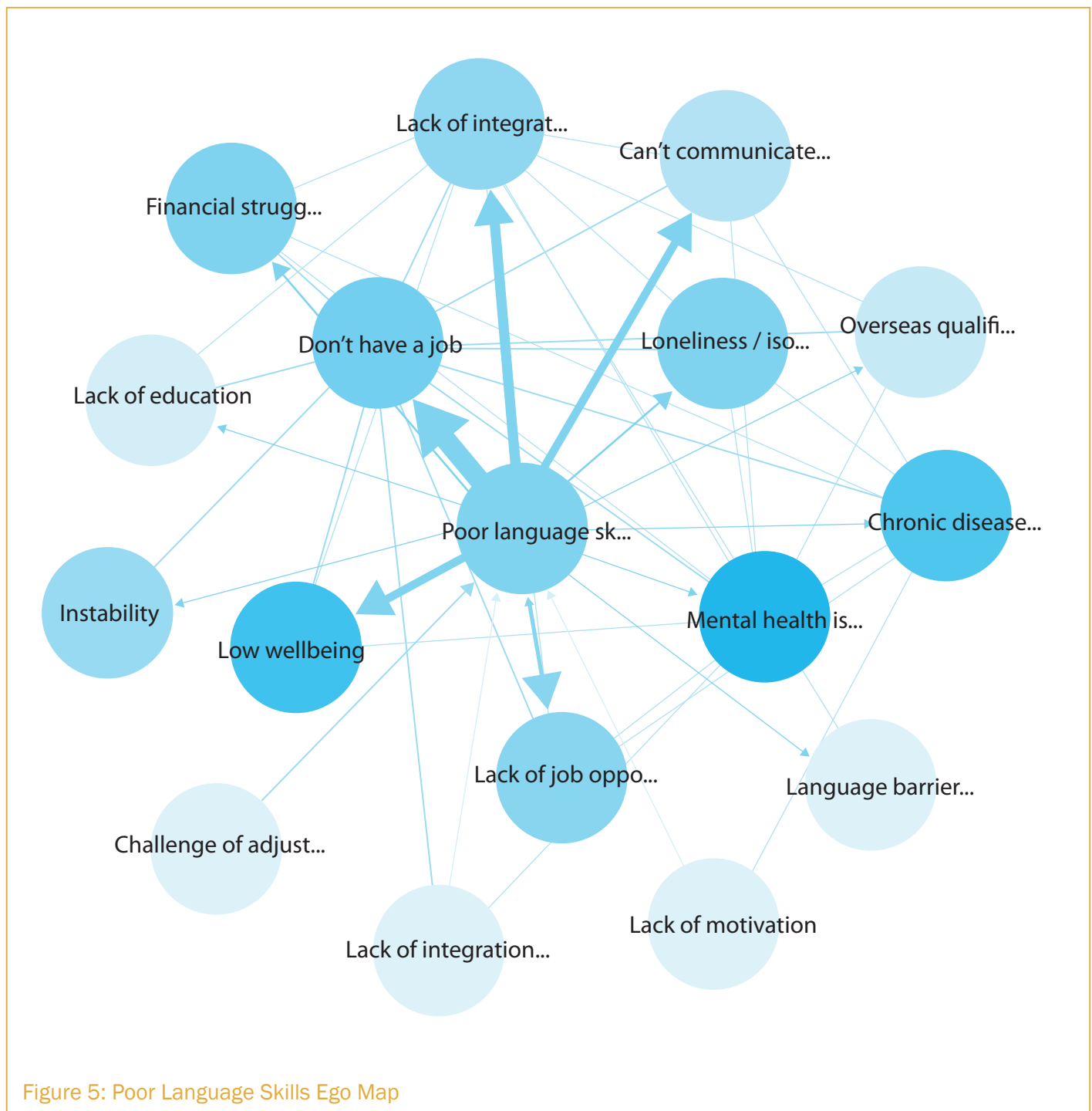## **not good ways to teach the language**

Lack of integrat...

Can't communicate...

Financial strugg...

Don't have a job

Loneliness / iso...

Overseas qualifi...

Lack of education

Poor language sk...

Chronic disease...

Instability

Mental health is...

Low wellbeing

Lack of job oppo...

Language barrier...

Challenge of adjust...

Lack of integration...

Lack of motivation

Figure 5: Poor Language Skills Ego Map

High Out-degree 10

Moderate In-degree 9

Third-Highest Eigenvector 19

Pagerank #4

2) UNEMPLOYMENT

With a medium level in-degree, unemployment is caused by 9 other factors, meaning it is a moderately complex issue. However, it impacts on 10 others factors (3rd highest out-degree), so has a significant flow-on effect.

It is also highly entangled and connects with many other points, so it may not be easy to determine exactly what might be the most effective strategy to address it. However, the high pagerank means it would have a major ripple effect in creating systems change if addressed successfully.

Unemployment contributes to (Out-degrees):

- **Financial struggles (x9)**
- **Instability (x6)**
- **Boredom (x5)**
- **Mental health issues/ depression (x5)**
- Low wellbeing (x3)
- Stress/anxiety (x3)
- Loneliness / isolation (x1)
- Lack of integration with mainstream community (x1)
- Overseas qualifications not recognised (x1)
- Not enough support (x1)
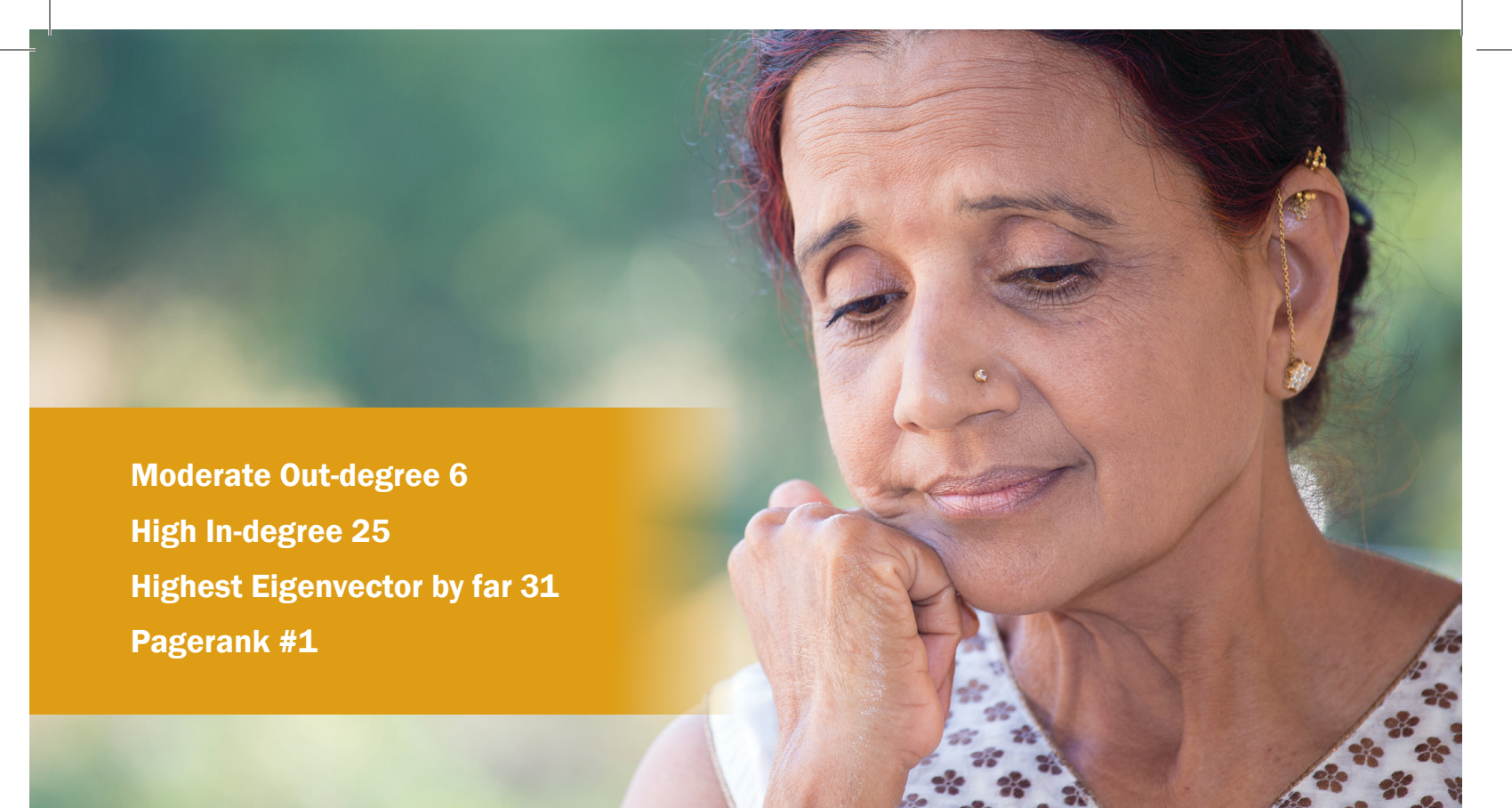
Unemployment caused by (In-degrees):

- **Poor language skills (x13)**
- **Chronic disease (x7)**
- **Lack of job opportunities (x6)**
- **Overseas qualifications not recognised (x5)**
- Lack of education (x2)
- Can't communicate with others (x1)
- Mental health issues (x1)
- Financial restrictions (x1)
- Isolation (x1)

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can't work not getting a job no job
can't find a good job **no work**
lack of job

Figure 6: Unemployment Ego Map

3) MENTAL HEALTH ISSUES

Mental Health issues are commonly experienced as a cause of only 6 other problems (out-degree). However, it is the most entangled factor on the map and so is central to the experience of poor wellbeing for this community, being both a cause and an effect and connected to many other factors that are also highly entangled. A high pagerank means it will impact many factors if addressed, but with the highest in-degree, there are many contributing factors to poor mental health, which means it may not be easy to solve and may need a multi-strategy approach.

Because mental health is so important and impacts on so many factors, any health and wellbeing intervention for this community needs to take mental health issues into account.

This was connected by individuals 24 times to other nodes.

Mental health issues contributes to (Out-degrees):

- **Poor wellbeing (x15)**
- Chronic disease & poor physical health (x4)
- Stress/anxiety (x1)
- Unemployment (x1)
- Loneliness / isolation (x1)
- Lack of integration with mainstream community (x2)

Mental health issues caused by (In-degrees):

- **Difficulty adjusting to new culture (x5)**
- **Unemployment (x5)**
- Financial struggles (x4)
- Lack of integration with society (x3)
- Breakdown of family relations (x3)
- Chronic disease (x3)
- Stress and anxiety (x3)
- Dispersed family (x3)
- Overseas qualifications not recognised (x2)
- Loneliness/ isolation (x2)
- Can't communicate with others (x2)
- Boredom (x2)
- Poor housing (x2)
- Can't afford to do things with my family (x1)
- Lack of job opportunities (x1)
- Instability (x1)
- High cost of living (x1)
- Not enough support (x1)
- Poor health choices (x1)
- Lack of transport (x1)
- Poor language skills (x1)
- Poor self esteem (x1)
- Not going to doctors appointments (x1)
- Mobility issues and discomfort (x1)
- Fatigue (x1)

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mental health **depression** always worried unstable mental health **psycho-logical instability** psychological discomfort sad-ness feeling depressed **emptiness inside** **low enjoyment of life** psychological distress
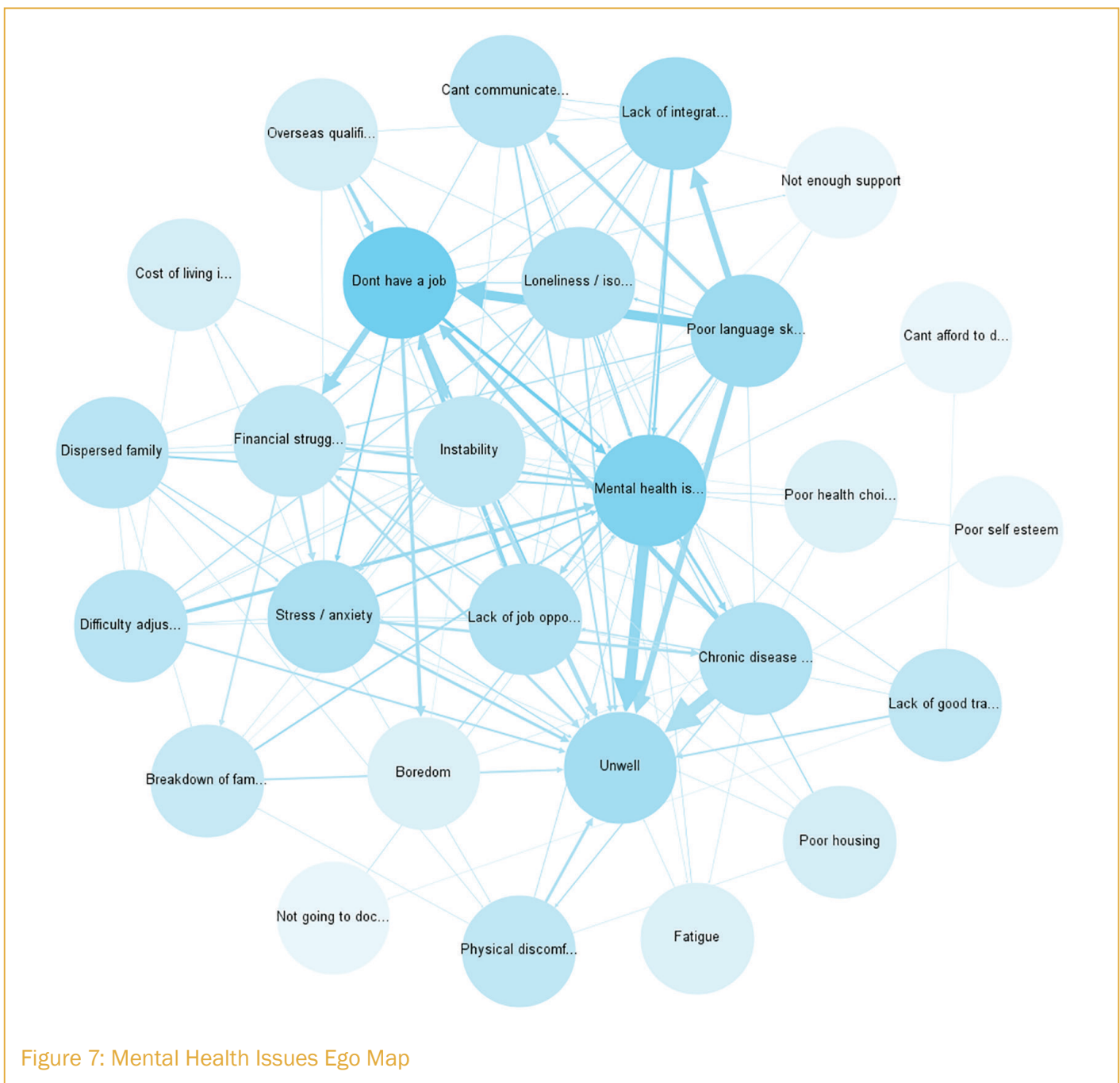
Figure 7: Mental Health Issues Ego Map

4) POOR PHYSICAL HEALTH & CHRONIC DISEASE

The community notably spoke about their poor physical health in general terms and very rarely mentioned a specific condition. As the factor with the second-highest out-degree, poor physical health impacts widely upon other elements of a person's life. It is also highly entangled, and these two elements together indicate that it is an important part of the experience of wellbeing, however its higher in-degree than most other factors indicates that it is relatively complex to address. Finding out exactly which causes to address and how to be most effective is NOT simple. However, if it were successfully addressed there would be a high ripple effect.

Chronic disease contributes to (Out-degrees):

- **Poor wellbeing (x16)**
- **Unemployment (x7)**
- **Not exercising (x3)**
- Mental health issues (x3)
- Lack of job opportunities (x2)
- Physical discomfort and low mobility (x2)
- Loneliness & isolation (x1)
- Staying at home (x1)
- Poor health choices (x1)
- Stress & anxiety (x1)
- Fatigue (x1)
- Lack of motivation (x1)
- Financial burden of medication (x1)
- Difficulty with household chores (x1)

Chronic disease caused by (In-degrees):

- Stress and anxiety (x4)
- Mental health issues (x4)
- Poor language skills (x1)
- Langugage barriers in medical care (x1)
- ·Poor management of disease (x1)
- Low mobility and discomfort (x1)
- Can't afford healthy food (x1)
- Can't communicate with others (x1)
- Boredom (x1)
- Weather (x1)

BARRIERS

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poor health **bad health** decline in health chronic disease **poor health status** allergies **disease** can't breathe well physical disease

"
The main preventers are the disease, which effects the ability to work and the English language, which also prevents me to talk to people and have an inability to express my feelings. In addition, effects my family relations. Which directly make me depressed and sad.
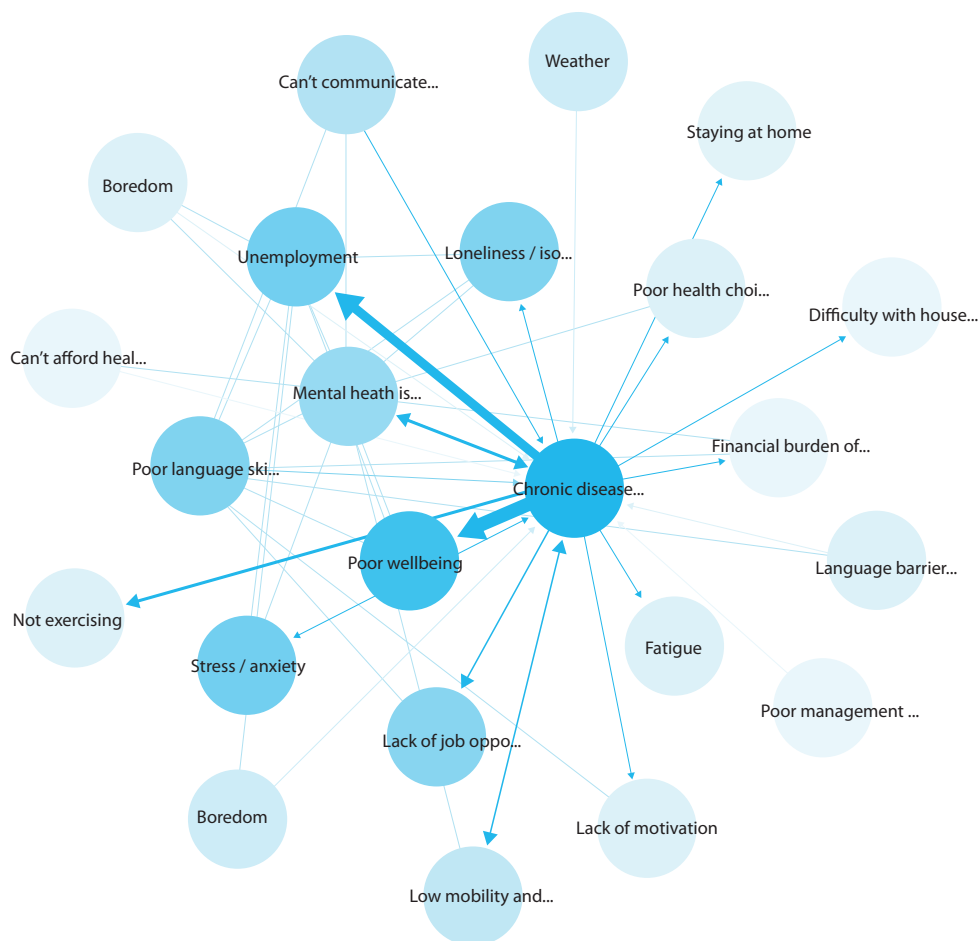
Female (49-59) years
"

Figure 8: Chronic Disease Ego Map

Moderate Out-degree 7

Moderate In-degree 8

Moderate Eigenvector 15

Pagerank #5

5) LACK OF INTEGRATION WITH SOCIETY

This factor has lower values than the others listed here, and at first glance may seem less important than many other factors in the maps. It is a contributing factor to a moderate number of other problems. Both the in-degree and the eigenvector are moderate which means it is only moderately complex as an issue.

However, it is listed here because the pagerank is very high which means that if we can create change in this factor, it will have a large ripple-effect and create more systems change than many other factors.

Secondly, lack of integration with society ONLY appeared on the Arabic speaking community's maps. In the other communities we worked with - Vietnamese and Samoan - this factor was entirely absent. Being a unique factor to this community means it is less likely to be a deeply entrenched issue in the service-provider, governmental or cultural landscape, and has potential to be a useful leverage point.

Lack of integration with society contributes to (Out-degrees):

- Low wellbeing (x3)
- Mental health issues/ depression (x3)
- Stress/ anxiety (x2)
- Lack of job opportunity (x1)
- Financial struggles (x1)
- Loneliness (x1)
- Poor language skills (x1)

Lack of integration with society caused by (In-degrees):

- Poor language skills (x9)
- Mental health issues (x2)
- Financial struggles (x1)
- Staying at home (x1)
- Lack of education (x1)
- Unemployment (x1)
- Overseas qualifications not recognised (x1)
- Can't communicate with others (x1)

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hard to integrate with the community
unable to integrate with mainstream

Figure 9: Lack of Integration with Society Ego Map
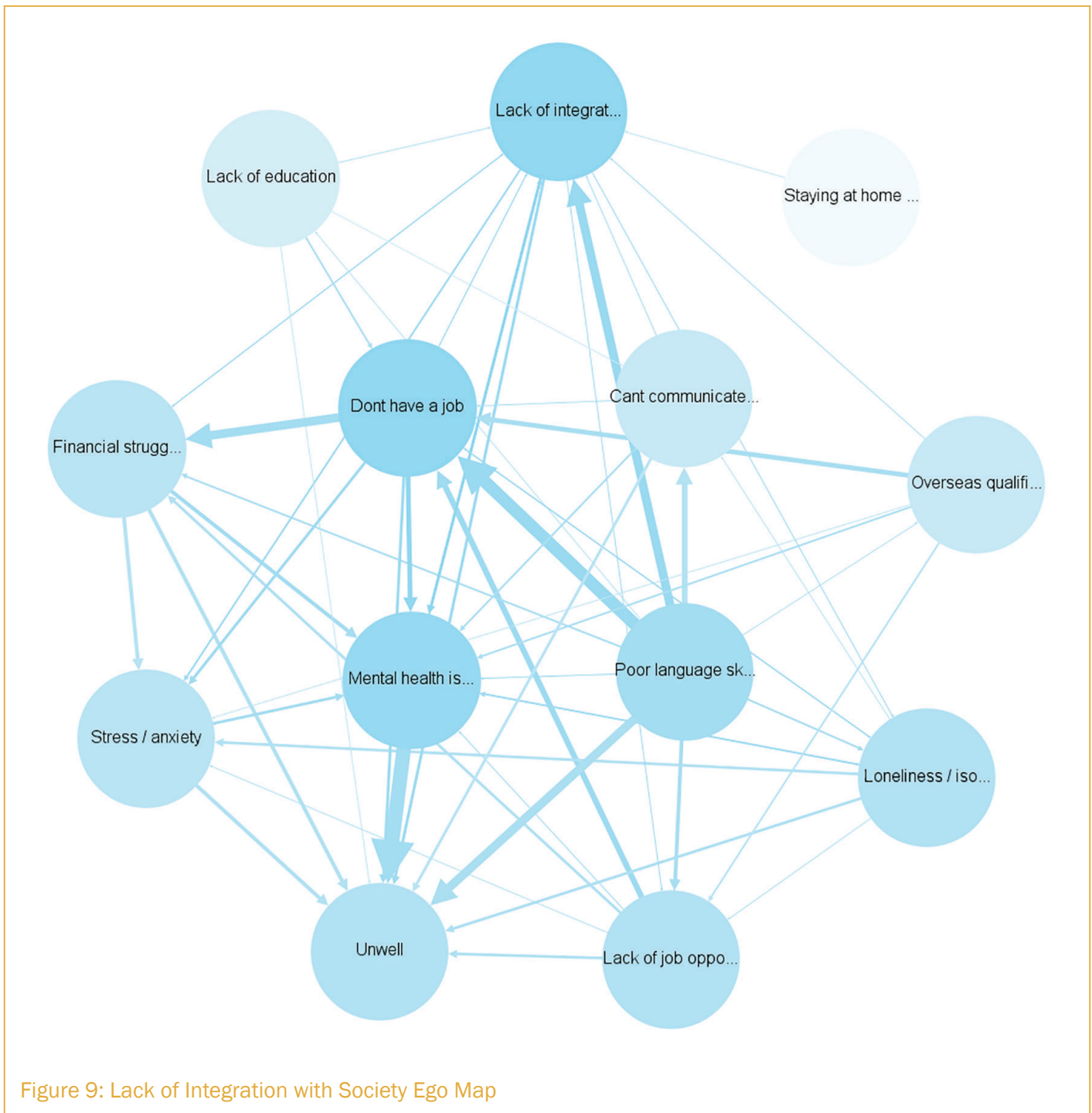
ENABLERS OF WELLBEING MAP FOR
THE ARABIC SPEAKING COMMUNITY

Figure 10: Enablers of Wellbeing Map

Most common enablers:

- Good mental health
- Having a job
- Physical health
- Enough money
- Integration with society

Most impactful enablers:

- Learning english
- Having a job
- Integration with society
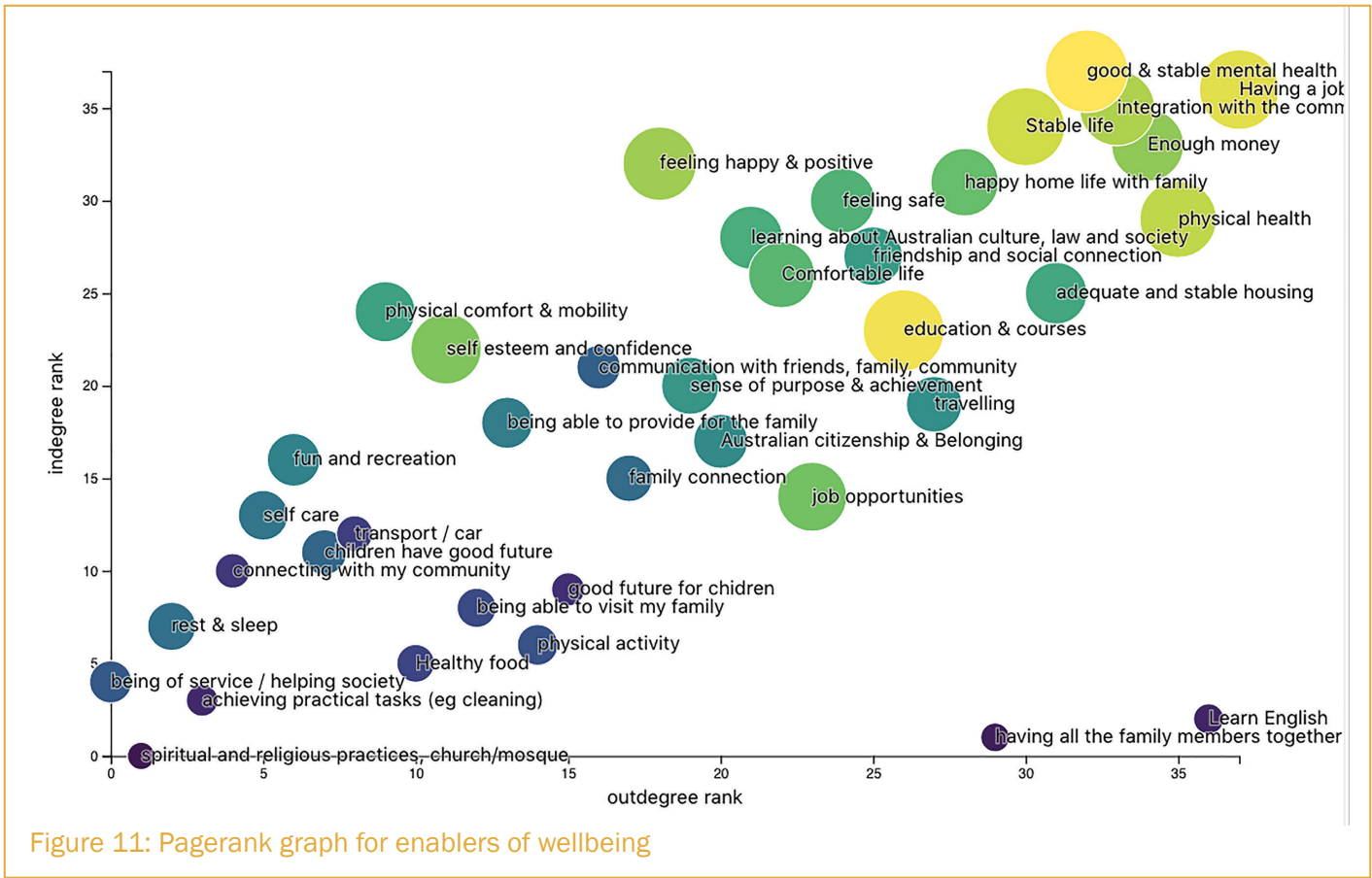- Overseas qualifications recognised

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Figure 11: Pagerank graph for enablers of wellbeing

The graph shows indegree rank (y-axis) versus outdegree rank (x-axis) with the following labelled points:

- good & stable mental health
- Having a job
- integration with the comm...
- Stable life
- Enough money
- feeling happy & positive
- happy home life with family
- feeling safe
- physical health
- learning about Australian culture, law and society
- friendship and social connection
- Comfortable life
- physical comfort & mobility
- adequate and stable housing
- self esteem and confidence
- education & courses
- communication with friends, family, community
- sense of purpose & achievement
- being able to provide for the family
- travelling
- Australian citizenship & Belonging
- fun and recreation
- family connection
- job opportunities
- self care
- transport / car
- children have good future
- connecting with my community
- good future for children
- being able to visit my family
- rest & sleep
- physical activity
- being of service / helping society
- Healthy food
- achieving practical tasks (eg cleaning)
- Learn English
- having all the family members together
- spiritual and religious practices, church/mosque

SUMMARY

KEY LEARNINGS AND MESSAGES

1. **It's not about what condition you have, who you are and your life context are more important in determining health impacts.**

   a. When we contrasted the data grouped by ethnicity and that grouped by disease, we found that barriers and enablers to wellbeing differ significantly more by ethnicity than by diagnosis.

   b. A greater variation by ethnicity indicates that it is the social determinants that matter to individuals as the key determinants of poor health and wellbeing.

   c. This is significantly different from how we fund, design and think about public health initiatives, which tends to focus on specific diseases, not community groups.

2. **Mental health, stress and anxiety matter, and are both a cause and consequence of chronic disease.**

   a. Chronic disease leads to poor mental health which, in turn, reinforces the impacts of chronic disease experienced by community members.

   b. Mental health issues for the Arabic speaking community are key drivers of poor wellbeing outcomes as well as consequences of various social determinants.

   c. Any program seeking to support the health and wellbeing of this community needs to account for mental health challenges.

3. **Employment, language and societal integration are the key social determinants that are undermining the health and wellbeing of the Arabic speaking community.**

   a. Supporting development across these issues is likely to have significant ripple-effects throughout the entire wellbeing system for this community.

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OUR OBJECTIVES

1. Improve health, wellbeing, and chronic disease management of the Arabic speaking community in Southern Brisbane.

2. Design and implement interventions to address the most pressing barriers to health and wellbeing of the Arabic speaking community in Southern Brisbane.

3. Mobilise and activate the Arabic speaking community and health care professionals, close community members and others, to commit to ongoing support to improve health and wellbeing in this community.

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Impact and influence: As the voice of consumers, Asthma Australia, working with its partners, will have a positive impact and influence on the conversation and approach to chronic disease management in Australia.

Innovation and inspiration: Through use of latest evidence-based methods and approaches, Asthma Australia and collaborating partners will engage and inspire the future of health and wellbeing of the culturally and linguistically diverse communities.

ABOUT THE PARTNERS

WORLD WELLNESS
HEALTH · EQUITY · JUSTICE

World Wellness Group is an independent social enterprise that works to reduce health inequity. World Wellness Health & Medical Clinic provides medical, mental and allied health, traditional medicine and wellness services. The other arm of World Wellness Group works upstream in health research, promotion and prevention.

ONEHEALTH
ORGANISATION

One Health Organisation is committed to reducing the rates of rising chronic disease in vulnerable communities in Australia and around the globe. One Health Orgnanisation focusses on the systemic drivers of disease, ensuring that the community is at the centre of the problem-solving process, but working with change-makers from local communities, NGOs, and health and social services to solve complex issues.

ASTHMA AUSTRALIA

For over 50 years Asthma Australia and the Asthma Foundations have been leaders in asthma health care, education, research and advocacy. Asthma Australia delivers evidence-based preventative health strategies through our information provision, telephone helpline and asthma referral and coaching service.

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