Further information: Identifying CALD Patients

Where this information is not recorded, clinicians **should not** try to determine cultural and linguistic diversity from the visual appearance of patients, as this is unsystematic and error-prone (Acquaviva & Mintz, 2010).

Clinicians **should** ask the patient if they, or any parent or grandparent, migrated to Australia.

Asking all patients systematically, offering apologies and explaining intent before asking the question can avoid the appearance of 'racial profiling' and help to equalise the power relationship between clinicians and culturally diverse patients (Lee & Farrell, 2006).

Cultural diversity is not the only barrier to care faced by CALD patients. Reasons for migrating, migration stream (or visa category), and experiences of migration can influence CALD patients' access to care and health literacy.

These influences can manifest in surprising ways:

- A refugee from a hill tribe in Burma, for instance, will have extremely low educational attainment and English proficiency but receives case management and humanitarian settlement support for 12 months post-arrival.
- By contrast, a skilled migrant from Zimbabwe is likely to have excellent English and tertiary qualifications but receives little support in navigating the health system and, if they are an asylum seeker, may lack certainty about their future residence in Australia.

Clinicians **should** ask about migration history for a better understanding of patients' health literacy and access to care.