

Multicultural Programs and Services Program (MPSP)

2019-20 NSW Health report

for the period 1 July 2018 to 30 June 2020

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Executive Summary

NSW Health is committed to the principles of multiculturalism as demonstrated by the diverse range of initiatives, programs and services reported for the two-year period July 2018 to June 2020.

The Multicultural Policies and Services Program (MPSP), overseen by Multicultural NSW, is a whole-of-government program focussed on ensuring NSW Government agencies implement the principles of multiculturalism through their strategic plans, and deliver inclusive and equitable services to the public. The MPSP Framework is outcome-focused and consists of four focus areas which are Service Delivery; Planning; Leadership; and Engagement.

In 2019 NSW Health released the [NSW Health Plan for Healthy Culturally and Linguistically Diverse Communities 2019-2023](#) (CALD Plan), which is the statewide policy for meeting the health needs of people from culturally and linguistically diverse (CALD) backgrounds in NSW.

As a 'designated MPSP Agency' under the *Multicultural NSW Act 2000*, NSW Health is required to provide detailed reporting to Multicultural NSW every two years on activities under its CALD Plan, including how systems, structures and services meet the needs of people from CALD backgrounds. NSW Health's 2019-20 MPSP Report (the Report) therefore presents information for the previous two year period 2018-20 as required.

For this statewide MPSP report, the NSW Ministry of Health received reporting from more than 25 NSW Health organisations. This included all local health districts and specialty health networks, as well as pillars, statewide services and Ministry branches.

The Report is structured around the CALD Plan's four strategic goals: access to safe high-quality healthcare; patient-centred healthcare; cultural responsiveness; and understanding evidence and health needs of CALD communities. These goals strategically align with the MPSP Framework (see Appendix).

The Report provides high-level summaries of what organisations are delivering and achieving across the NSW Health system to support the health of people from CALD backgrounds, including initiatives and outcomes backed by evidence.

The Report also includes NSW Health's work on the requested 2019-20 MPSP reporting themes:

- Responses to the COVID-19 pandemic
- Proportion of female leaders from CALD backgrounds

Although it is difficult to single out initiatives across a system as large and complex as NSW Health, the following achievements highlight some of the significant work across each of the four outcomes.

Outcome 1: NSW Health has strategies in place to improve access and quality of care for all people from CALD backgrounds

Illawarra Shoalhaven Local Health District won the *Transforming Patient Experience* category in the competitive [2020 NSW Health Awards](#) for their project [Finding Help for Multicultural Alcohol and Drug Use](#). The project created co-designed films in 16 languages, implementing a best practice model for CALD communities to enhance statewide support and access to drug health services. Multicultural consumers and groups were proactively involved in every aspect of the project. The co-design methodology enhanced trust and built sustainable partnerships. The resources address health literacy, stigma and cultural barriers to help improve harm minimisation conversations.

In 2018 NSW Health committed approximately \$5 million over four years for the Mental Health – Community Living Supports for Refugees (MH-CLSR) program. In late 2019 Community Managed Organisations began providing this unique service which provides community based psychosocial supports to refugees and asylum seekers across seven local health districts. It is the first such program anywhere in the world. There were 158 people supported by the program between

August 2019 and July 2020 (62% refugees and 38% asylum seekers). A two-year evaluation of the program is underway with early feedback indicating successful implementation to date.

Outcome 2: NSW Health supports people from CALD backgrounds to be active partners in decisions about their healthcare

South Eastern Sydney Local Health District led the [Shisha No Thanks](#) project to raise awareness of the harms of waterpipe smoking among young people. This innovative health literacy project was co-designed with people from Arabic speaking communities. Key outcomes included over 350,000 views of the campaign video and statistically significant increases in the awareness of messages about the harms of waterpipe smoking amongst young people from Arabic speaking backgrounds. The project was funded by the Cancer Institute NSW and partners included Sydney Local Health District, South Western Sydney Local Health District, the Multicultural Health Communication Service, UNSW South Eastern Sydney Research Collaboration Hub and the Lebanese Muslim Association. The project also won the award in the *Keeping People Healthy* category in the South Eastern Sydney Local Health District's 2020 Healthcare Awards.

Outcome 3: NSW Health is responsive to people's individual needs, language and culture

Sydney and South Eastern Sydney Local Health Districts established the *Cultural Support Program (CSP)* in 2018. The CSP provides clinical and non-clinical health services with access to a pool of 130 casual bilingual staff from over 30 language groups to assist with a range of work including community education and engagement, ethnic media, resource development and research. This has improved the ability of health services to work successfully with CALD communities and be responsive to individual needs, language and culture.

Outcome 4: NSW Health understands the needs, experiences and identities of CALD communities

The NSW Child Death Review Team found 20 childhood asthma deaths between 2004 and 2013. Nine of the children were from CALD backgrounds. The Respiratory Department at Sydney Children's Hospital responded by developing a translated series of educational videos and posters on '[Working together towards asthma improvement and zero deaths](#)'. The resources were adopted by the National Asthma Council Australia. The project won the 2019 NSW Multilingual Health Information Award in the Patient Safety Category.

2020-21 onwards

The *NSW Refugee Health Plan 2021-2025* is expected to be published in early 2021. The Plan will identify priorities and support initiatives for best practice healthcare for people from refugee backgrounds over the next five years.

The Cancer Institute NSW has commenced the first statewide population-based study of cancer, cancer treatment and survival by country of birth in NSW. The research project uses linked data to investigate differences in lung, colon, rectal and breast cancers across populations at diagnosis, treatment modalities, and survival outcomes. The research findings will be consolidated in 2020-21 and are likely to have implications for policy makers and service providers.

In the second half of 2020 NSW Health has also commenced a project to provide an evidence base to inform and guide a consistent approach to statewide service planning and delivery for health care interpreting services. The project will be an opportunity to improve staff and patient experiences, as well as patient outcomes for people from CALD communities.

Conclusion

The NSW Health MPSP Report for 2019-20 provides evidence that NSW Health organisations are overall meeting the MPSP best practice standards in the provision of inclusive and equitable services to the public. This ensures the NSW health system is accessible and responsive to the needs of people from CALD backgrounds.

Outcome 1: NSW Health has strategies in place to improve access and quality of care for all people from CALD backgrounds.

NSW Health provides safe and high quality programs and services to patients, families and carers from CALD backgrounds. The needs of CALD communities are considered across all levels of planning, which support responses to emerging issues and trends. NSW Health consults with people from CALD backgrounds to develop and improve tailored systems and services to meet the needs of CALD populations. As a result, NSW Health services deliver positive health outcomes for people from CALD backgrounds. In 2019-20, NSW Health organisations also leveraged the increased focus on virtual and digital care to find local solutions to providing culturally responsive service delivery for CALD populations.

1.1 Contribution of people of CALD backgrounds

How do people from CALD backgrounds contribute to the development of services, programs and policies of your organisation?

Cancer Institute NSW (Cancer Institute)

The NSW Cancer Plan Governance Committee was established in March 2020. One of the two consumer representatives is from a CALD background. They bring patient perspectives to discussions about the NSW Cancer Plan, which helps to foster increased engagement with community-based services as well as improved policy planning and review. The Committee also includes a member from a NSW specialist multicultural service that works directly with consumers, carers and families.

The bowel, breast and cervical screening flipcharts and facilitator manuals were co-designed with Bilingual Community Education (BCE) Program Coordinators and settlement service providers, who work directly with consumers, families and carers. A noted barrier to effective co-design is the length of time involved in designing resources and negotiating different cultures' notions of cancer. The flipcharts received a highly commended prize at the 2019 Multilingual Health Information Awards.

Cancer Institute developed a new [Patient Information web portal](#), which was released in March 2020 in eight of the top ten language groups in NSW. The in-language pages were reviewed by consumers who provided advice on appropriate terminologies, language and content.

Central Coast Local Health District (CCLHD)

CCLHD has implemented various mechanisms enabling CALD consumers to contribute to the development of services/programs/policies in the District, including:

- Detailed research to provide cultural perspectives and values of CALD consumers on end of life as part of the District's review of End of Life Care and management
- Consumer representatives sit on 24 different committees and working groups, including consumers from CALD backgrounds
- District participation in the Central Coast Multicultural Expo, which provides a great opportunity to gather feedback from local CALD communities
- The Manager Diversity and Inclusion represents the District at the Central Coast Multicultural Interagency to promote the District's consumer engagement and feedback mechanisms.

Centre for Population Health (CPH)

The [Shisha No Thanks](#) project was launched in October 2019 to raise awareness of the harms of waterpipe smoking among Arabic speaking communities, focussing on young people (18-35 years) from Lebanese backgrounds living in the St George and Canterbury areas. It was formed as a collaborative project between the South Eastern Sydney, Sydney and South Western Sydney Local Health Districts, the NSW Multicultural Health Communication Service (MHCS) and the South Eastern Sydney Research Collaboration Hub, University of NSW and Lebanese Muslim Association.

Health Education and Training Institute (HETI)

HETI seeks input from people from CALD backgrounds when developing services, programs and policies. For example the *Mental Health Pathways in Practice* program, which is due for staged release in late 2020, has consulted with carers of people from CALD backgrounds with lived experience of mental ill-health.

Illawarra Shoalhaven Local Health District (ISLHD)

The Clinical Governance Unit has developed a district-wide approach to developing plain language policies and procedures based on a review of incidents. This incorporates perspectives and input from consumers including CALD patients and carers.

Nepean Blue Mountains Local Health District (NBMLHD)

CALD consumers were trained by Clinical Governance to participate on committees. Maltese and Pacific Islander consumer representatives trained Speech Pathology staff about cultural considerations to ensure that these are incorporated in their service model. A Punjabi consumer representative on the District Multicultural Governance Committee provided important information to committee members about domestic violence issues in their community that led to a partnership project with the Integrated Violence Prevention Response team. NBMLHD Carers Program developed a [digital resource](#) for consumers and staff.

NSW Centre for Education against Violence (ECAV)

ECAV conducted consultations with Settlement Services International and Building Stronger Families Facilitators on cultural adaption of ECAV's 5-day 'Essential Skills in Men's Behaviour Change Programs' training. ECAV also involves CALD community members with a disability and who identify as LGBTIQ+ in ECAV's foundational course for BCEs. Evaluation found this had very positive impacts.

Northern Sydney Local Health District (NSLHD)

Consumers from CALD backgrounds participate on the District Consumer Committee, the Consumer Advisory Council and the NSLHD CALD Communities Advisory Committee. New strategies in 2018-2020 included patient experience surveys, forums and telephone interviews by bilingual workers. Ryde Hospital also established its own executive led Multicultural Access Committee. The hospital also installed a Patient Experience feedback kiosk in the Emergency Department (ED) which is accessible in five languages.

South Eastern Sydney Local Health District (SESLHD)

Consumers from CALD backgrounds have been recruited to the District Multicultural Health Stakeholders Advisory Committee. The Committee was consulted on the development of the multiple strategies including the *SESLHD Carers Strategy 2019-2022*; the *SESLHD Plan for Healthy Culturally and Linguistically Diverse Communities 2019-2023*; Health Literacy and Medication Management for Multicultural Health Week in 2020; and information and the COVID-19 response. Community members and organisations have also been engaged in the co-design of programs,

resources and review of resources e.g. 'Increasing cervical cancer screening in Nepalese and Bangladeshi women' project.

St Vincent's Health Network Sydney (SVHNS)

The Cultural Support Program (with SESLHD and SLHD) has bilingual workers who provide services including reviewing multilingual services and supporting research to increase participation by CALD populations. Cultural Support Workers also assisted to review surveys for a rehabilitation project on pain in refugee communities. In 2020-21 SVHNS will commence a project to better respond to the needs of gender diverse patients, including patients from CALD backgrounds.

Sydney Local Health District (SLHD)

SLHD hosts the annual Multicultural Leaders Forum, inviting CALD community leaders to partner with the District on working with their communities, as well as share their perspectives on priority health issues. The District has four Multicultural Access Committees with consumer representatives from CALD backgrounds, who provide consumer perspectives on the District's activities and initiatives. In November 2019 SLHD held a consultation with more than 60 CALD community leaders about the development of the District's CALD Strategic Plan.

Transcultural Mental Health Centre (TMHC)

TMHC was awarded a grant by the Mental Health Commission of NSW to evaluate the design, content and structure of its [website](#) from the perspective of people from CALD communities with lived experience of mental health issues. The evaluation has included in-depth surveys of all users who posted on the website.

Western NSW Local Health District (WNSWLHD)

Aboriginal and CALD people are engaged via focus groups, phone surveys, and 'yarning circles' to collaborate in the development of services and programs. For example, in our Women's Health program in 2019-20:

- Satisfaction surveys were undertaken with all women who attended the service
- Dubbo held a consumer focus group with CALD women to ascertain how the service could be improved. As a result, pop-up clinics were set up and health professionals delivered health information sessions for CALD women
- The District's Council registration process identifies linkages with cultural community groups to assist with building networks and relationships.

Western Sydney Local Health District (WSLHD)

CALD Consumers and the local community have been involved in the WSLHD Cancer and Oral strategic service planning. The Multicultural Health Service (MHS) also established working groups focusing on vulnerable populations including: *Western Sydney Refugee Health Coalition, African Communities Health Reference Group, Afghan Health Network, Pacific Communities Health Working Group and Blacktown Migrant Interagency Health Working Group*. The groups involve community leaders, elders as well as workers from the target communities, giving CALD communities a voice to provide feedback to WSLHD and aim for more coordinated approaches to address health issues and needs.

1.2 Models of Care

Please provide information about new or improved models of care or other strategies that your organisation has developed or implemented to meet the needs of CALD consumers

Cancer Institute

The Cancer Institute set up a pilot Patient Reported Measures (PRMs) project for Arabic-speaking patients in the Bankstown Cancer Care Centre. The project had high completion rates and the initiative demonstrated the benefit of in-language PRMs tools in patient empowerment and improving shared decision-making between clinicians and patients. The Cancer Institute also co-designed and delivered an [online cancer screening and Primary Care Quality Improvement Toolkit](#) to build the capacity of the primary care sector to promote and support participation in national cancer screening programs.

HETI

HETI Higher Education engaged an English as a second language (ESL) tutor to support its culturally diverse students and to develop resources for staff to support ESL learners. Student feedback and improved student success rates indicated this initiative's effectiveness. NSW Health Registered Training Organisation are also exploring opportunities to support the delivery of traineeship programs to refugees through Training Services NSW Refugee Employment Program. This program aims to offer refugee students traineeship opportunities with the potential to gain employment in the health system.

Multicultural Problem Gambling Service (MPGS)

The MPGS has developed culturally appropriate [information](#). In response to feedback from Chinese and Korean communities, QR codes are now included in resources, taking consumers directly to the service website.

Mental Health Branch (MHB), Ministry of Health

In late 2019 Community Managed Organisations began providing Mental Health Community Living Supports for Refugees (MH-CLSR) program. This program provides community based psychosocial supports to refugees and asylum seekers across seven LHDs. It is the first such program anywhere in the world. A two-year evaluation of the program is underway. Early feedback indicates the success of the \$4.8 million per annum program.

Murrumbidgee Local Health District (MLHD)

MLHD set up a new primary child and family health nursing service for refugee families with children aged up to five years. Following feedback from the Multicultural Council Chair and Refugee Health Service in Wagga, the Wagga service set clinic days for refugee and CALD families in the existing clinic and runs a multicultural supported playgroup weekly. In late 2019 the service commenced a clinic from the Community Hub to be more convenient for consumers.

NBMLHD

A partnership between NBMLHD Telehealth, the MHS and Nepean Oral Health Centre enabled Auslan interpreting services via video. Evaluation of the pilot has highlighted that video is a feasible option to deliver culturally appropriate, timely and safe health care.



Patient at the Nepean Oral Health Centre using telehealth

NSW Education Centre Against Violence (ECAV)

ECAV delivered its nationally recognised foundational course to 29 CALD BCEs. The six day course builds and promotes core skills and knowledge for BCEs to plan, organise, deliver and review programs to diverse cultural groups in community settings. Training evaluation data has shown an increase in knowledge and skills. Over 2018-20 ECAV also adapted the three-day community education training program *Family Harmony & Healthy Relationships* for male and female BCEs. This is building a pool of people from CALD backgrounds, especially men, who are equipped to deliver domestic and family violence community awareness training.

NSW Education Program on Female Genital Mutilation/Cutting (FGM Program)

The FGM Program reviewed and updated its Clinical Management Procedures. The updated manual assists health professionals who see women affected by FGM/C.

NSLHD

Data from the establishment of the Direct Access Colonoscopy Service showed that the service was being over-utilised by some community groups, due to over reliance by some local GPs. Discussion with those practices and the Primary Health Network (PHN) helped to ensure that referrals more accurately reflected need.

NSW Refugee Health Service (RHS)

In late 2019 the RHS enhanced specialised support to refugees with disability and others with complex needs through a new *Chronic & Complex Care program*. The program provides:

- Improved, expedited access to disability services and equipment for refugee clients living with disability, including earlier transfer of clients to NDIS services
- Increased capacity to assist frail aged clients to access My Aged Care and related services
- Improved case management of vulnerable asylum seekers, including children.

A partnership with Family Planning NSW (FPNSW) was also formalised through a Memorandum of Understanding. This partnership is highly valued by both parties, as well as by refugee and asylum seeker women who have enhanced access to high quality, culturally sensitive sexual and reproductive health care.

SESLHD

The *Chinese Gay Men's HIV testing project* at Sydney Sexual Health Centre, in partnership with ACON, co-designed and implemented a community-based HIV and STI model targeting Chinese men who have sex with men.

The *Antenatal Education Program* at the Royal Hospital for Women has expanded to offer language specific sessions to all couples from CALD backgrounds. Antenatal groups were targeted for

Bangladeshi and Nepali women at St George Hospital, and for Thai, Mongolian, Russian, Indonesian, Portuguese, Mandarin and Spanish speaking women at the Royal Hospital for Women.

SWSLHD

The *Le Taea Afua 'a new dawn'* Samoan Diabetes Prevention pilot project delivered a church-based lifestyle intervention program with three churches. It will be scaled up with SWSLHD Population Health and services from other districts as the Pasifika Preventing Diabetes Programme.

SLHD

The *Cultural Support Program (CSP)*, set up in 2018, improves the ability of district services to work with CALD communities. The CSP provides health services with access to a pool of 130 casual bilingual staff from over 30 language groups to assist with a range of work including community education and engagement, ethnic media, resource development and research. The CSP is a partnership between SLHD, SESLHD and the Central and Eastern Sydney Primary Health Network.



Bilingual staff working for the CSP

In 2018-20 SLHD collaborated with English teachers to develop a lesson plan of listening, reading, and writing exercises based on HIV information. The approach, as part of a larger project with international students, won the SLHD Quality Award in the category of 'Keeping People Healthy'. Evaluation showed students improved their knowledge of HIV prevention, testing and treatment.

WSLHD

The WSLHD CALD Communities Leading Domestic Violence (DV) Project used a community led participatory action research model to address DV with Sudanese and Punjabi communities, focussing on healthy relationships. The main themes identified from focus groups were gender inequality, traditional perceptions of the role of women and intergenerational conflict.



Sudanese focus groups facilitated by bilingual facilitators.

Blacktown Hospital Female Genital Mutilation/Cutting (FGM/C) Clinic

In October 2019, the first FGM/C clinic at Blacktown Hospital was established and supported by Terry Leathers, Clinical Midwifery Specialist, who was educated through the NSW Education Program

on FGM/C which is auspiced by WSLHD. “Working alongside these women became my passion”, Terry said. “I learned to accept each person as they are and separate my own intense feelings of injustice at this harmful practice from my respect for the patients’ culture and experience. It’s a very sensitive topic that can bring up a whole range of different emotions and responses, so you need to be empathetic and patient in building rapport with women so they will listen to your medical advice.”

The clinic provides culturally safe antenatal care including information, education and support around FGM/C. The Blacktown Hospital clinic is an extension of the Sudanese Arabic Pregnancy Care clinic and is attended by four to five FGM/C affected women a month, a number that is expected to grow with improved antenatal screening. Early detection gives women the time to understand how pregnancy and childbirth will affect their body, and help women to take decisions about any necessary surgical procedure they may need to undergo for their own safety.



Blacktown Hospital midwifery specialist Terry Leather works with WSLHD interpreters

Multicultural Women’s Day Gender Equality Play

“Miraculous.” That was the word youth worker Saira Mohammad used to describe an International Women’s Day collaboration between WSLHD Multicultural Health Services and Auburn Diversity Services Inc. The morning started with a 150-strong crowd of empowered women marching through the streets of Auburn with banners loudly proclaiming their message, “an equal world is an enabled world.”

The celebration then took an artistic twist as staff from both organisations staged a ‘participatory theatre’ play called *I Am Amina*. The play – which saw actors perform alongside the audience and engage directly with them – challenged concepts around gender equality and women’s identity, with the aim of tackling patriarchal values and stereotypes. It was staged in five languages to reach Auburn’s diverse population: English, Arabic, Dari, Mandarin and Urdu. Audience member Zeynab Zaineddine said the play was “beyond amazing”. “Every woman can relate to it. Yes we are all educated and working, but unfortunately we are still referred to as the ‘wife of’, ‘daughter of’ or ‘mother of’. That message was so strong and the way it was done is so clever”, Zeynab said.



1.3 Serving the needs of people from CALD backgrounds

How has your organisation ensured that mainstream services serve the needs of people from CALD backgrounds?

ISLHD

The Multicultural Health Service, Drug and Alcohol Multicultural Education Centre, Centre for Culture and Ethnicity in Health (CEH) in Victoria and the ISLHD Drug and Alcohol Service (DAS) collaborated on a cultural responsiveness project, which included a range of strategies including:

- Development of promotional videos targeting CALD communities to the DAS
- Professional training on cultural responsiveness in healthcare and effective use of interpreters to 85% of all DAS personnel across ISLHD
- Development of a research project with the University of Wollongong to explore AOD awareness amongst Arabic speaking and Burmese young people living in the Illawarra
- Review and implementation of the CEH *Cultural Competence Reflection Tool*. The Tool assists agencies to improve their cultural competence, and highlighted strengths and gaps across governance, planning, communication and direct service delivery.

NSLHD

NSLHD has initiated a number of strategies over 2018-20 to ensure mainstream services meet the needs of people from culturally diverse backgrounds including:

- Interpreter support for clients who speak a language other than English at home who make enquiries via the online booking BreastScreen NSW website
- Information on 'teach back' has been incorporated into the Northern Sydney Home Nursing Service Cultural Awareness Session as part of the service's orientation program.

SWSLHD

The Health Promotion Service has adapted mainstream programs to meet the needs of culturally diverse groups, for example:

- As a result of consultations with leaders from the Pacific community the Health Promotion Service Change4Campbelltown team is supporting a local sporting organisation to deliver a program that focuses on physical activity opportunities and role modelling for Pacific children, youth and their families
- Support for local LGBTIQ+ inclusive networks emphasising participation of LGBTIQ+ community members from CALD backgrounds. Some examples include STIGMA – Work on gay and men who have sex with men inclusion in strategies to reduce sexually transmitted infections; CALD Gay Men's Action Group; Sexual Health Outreach Workers Network to address issues for CALD sex workers.

2019-20 Theme 1: How has your organisation ensured CALD communities are assisted and included in your response to COVID-19?

NSW Health has played an integral part in the response to COVID-19 by engaging with stakeholders from CALD backgrounds to ensure safe, effective, and clear communication. A key example has been the NSW Multicultural Health Communication Service, in partnership with Multicultural NSW, leading media and translation support for COVID-19 messaging. As at 30 June 2020, the service had coordinated the development of over 30 resources in more than 50 languages available [online](#). NSW Health services also worked collaboratively with GPs, health professionals and community representatives to ensure that multicultural communities received effective information about the pandemic.

Cancer Institute

The Cancer Institute undertook contact tracing to follow up people who have been identified as a close contact of a person that tested positive to COVID-19 or is a returned overseas traveller. This involved reviewing people's symptoms, reinforcing self-isolation, and providing advice around when to present for testing. To ensure safe, effective, and clear communication, the Cancer Institute used Translating and Interpreting Services (TIS) to communicate with people not fluent in English.

CCLHD

The District's Manager for Diversity and Inclusion has been actively engaging with key stakeholders in the region to ensure the CALD community was assisted and included. This included working with the *Central Coast Multicultural Interagency* and regularly connecting with Northern Settlement Services since the onset of the COVID-19 pandemic. This included sharing NSW Health resources on areas that the community may need further information on, or support related to their health needs.

Far West Local Health District (FWLHD)

Maternity services have adjusted models of care to ensure all CALD women and families receive the required maternity care face to face. A training program has been developed and included in the Corporate Induction program to ensure all staff understand how to access interpreter services. Front-line clinical staff were made aware of the availability of COVID-19 information and resources for people from CALD backgrounds.

HNELHD

At the beginning of the pandemic HNE moved early to provide Chinese language interpreters via video and phone to ensure the safety of interpreters, clinicians and the local community. From 28 January 2020, communications were provided to Chinese communities in the district via the Chinese-language app WeChat. As the situation changed, locally, the Health Care Interpreter Service moved to telehealth solutions for all appointments with people from diverse linguistic backgrounds.

The Refugee Health Team organised interpreters to call recently arrived refugees and to provide them with NSW Health issued alerts and advice in language. Information was provided about shopping for essentials and ways to limit exposure. The team also moved to home immunisation, rather than clinics, and used this opportunity to educate and inform patients of COVID-19 risks, restrictions and measures.

ISLHD

The District developed an audio-visual series of community leaders and senior representatives sharing key messages in-language, including in Auslan. The resources were available through social media platforms and radio. Multilingual factsheets in 21 languages included promotion of testing sites in the ISLHD and also formed the basis for scripts for radio and videos.

Routine welfare checks were conducted with elderly or known vulnerable community members by phone in Macedonian, Italian, Greek, Spanish, Hindi, Arabic and Turkish. Interpreter services provided training to the Public Health team about how to access an interpreter when communicating results to CALD and Deaf community members.

MHCS

MHCS has been providing communication, media and translation support for COVID-19 messaging to CALD communities. The MHCS has worked with NSW Health, Multicultural NSW, Sydney Partnership for Health Education Research and Enterprise (SPHERE), Multicultural Health Services (MHS) in districts and the RHS to develop COVID-19 translated resources for CALD communities. As at 30 June 2020, the MHCS had coordinated the development of over 30 resources in more than 50 languages, which are available on the [NSW Health website](#).

SPHERE also joined forces with the MHCS to create a series of 36 fact sheets containing medical advice and instructions covering Arthritis, Asthma, Cardiovascular Health, Diabetes and Stroke. With content development overseen by some of SPHERE's Clinical Academic Groups, [the fact sheets](#) were then written in easy-to-understand English and translated into Arabic, Chinese, (Simplified and Traditional), Greek, Italian and Vietnamese.

NBMLHD

The NBMLHD MHS established a working group with NGO partners and CALD services to develop strategies for communication about health messages relating to COVID-19. A database of relevant service providers, community leaders, CALD community organisations, religious leaders, bilingual Allied Health professionals, bilingual local GPs, bilingual psychiatrists, community clubs, CALD shops, CALD media and inter-agencies, was developed. This enabled strategic dissemination of over 3000 resource packages of translated information.

NBMLHD Media and Communication in partnership with SBS developed multilingual content with COVID-19 healthy messages with Nepean Hospital staff talking about the importance of physical distancing and hand hygiene.

NSLHD

A partnership was established by the MHS with the Dee Why Respiratory Clinic to improve access to COVID-19 testing for the Tibetan refugee community by providing a bilingual worker for assistance with making an appointment. Social media and translated information also helped promote the service. Weekly welfare checks were also made to older Tibetan refugees and their carers to provide social support and organise services.

RHS

In partnership with MHCS and WSLHD, the RHS developed video clips in Karen, Rohingya and Swahili. SBS Radio interviews were held with RHS Farsi and Swahili BCEs to reinforce COVID-19 messages. RHS BCEs have disseminated COVID-19 test clinic flyers to many communities' Facebook pages. BCEs have assisted District COVID-19 pop-up test clinics as language support for CALD communities. Karen, Rohingya and Swahili community leaders were consulted, and a report was produced and shared with MHCS to inform future work with CALD communities.

SESLHD

The MHS and Health Promotion Service worked collaboratively to conduct online Community Forums with representatives from Councils, community organisations and multicultural communities. The MHS also played a leading role in developing and disseminating translated resources. The Shisha No Thanks project produced resources about the risks of shisha smoking and COVID-19, including a social media tile and a short video in English and Arabic, produced in partnership with the American University of Beirut.

SWSLHD

A community leaders meeting helped identify gaps in COVID-19 information. The Macarthur Diabetes Services at Camden and Campbelltown Hospital have used their relationship with Pasifika church leaders, community radio and other community leaders in the South Pacific Islander communities to distribute information.

SCHN

A large volume of outpatient clinics at SCHN became telehealth appointments, requiring access to devices and data. SCHN advocated for the needs of vulnerable patients with financial barriers to accessing telehealth services. NAB donated \$50,000 to purchase laptops and Optus donated 4,000 sim cards to enhance the ability of families from CALD backgrounds to access healthcare via telehealth services.

SLHD

SLHD opened five COVID-19 pop-up testing clinics in suburbs with high numbers of CALD residents. Interpreters and bilingual support staff were rostered at the clinics to facilitate testing. To ensure quality contact tracing to patients who do not speak English well or at all, bilingual staff in key languages were rostered to contact tracing teams. Patients who were directed to self-isolation received welfare checks to ensure their physical and emotional needs were supported. Similar to contact tracing, bilingual staff were rostered to provide welfare checks in key languages.

The district developed more than 300 pieces of multilingual communication including posters, web and social media content. Resource content included respiratory and hand hygiene, physical distancing, self-isolation, testing, symptom awareness and travel risk. In-language content was developed and proof-read by bilingual staff from the Cultural Support Program. Communication assets were distributed for other parties e.g., commercial vendors, to display in public. To gauge the effectiveness of this distribution strategy, bilingual staff conducted 'walk-around' assessments of multilingual COVID-19 communication in public spaces of suburbs with high densities of CALD populations e.g. Burwood, Campsie, Lakemba, Marrickville, Rhodes.

WSLHD

The COVID-19 Communications Committee was established in April 2020. Through this mechanism:

- More than 100 CALD families were consulted on their experiences
- Communication about staying safe were sent to over 200 communities for Easter and Ramadan
- An African Community mental health forum was organised in partnership with TMHC
- WSLHD Health Care Interpreter Service (HCIS) introduced video interpreting in 55 languages
- Over April to June 2020, the HCIS converted 92% of appointments into remote interpreting with 88% by telephone and 4.2% by video. Prior to the pandemic, HCIS was offering 84% of interpreting services face-to-face
- The HCIS also provided phone interpreting services to returned travellers in hotel quarantine with 13,343 telephone interpreting services to returned travellers between April and June 2020.

Outcome 2: NSW Health supports people from CALD backgrounds to be active partners in decisions about their healthcare

NSW Health uses the most effective communication strategies for specific programs and initiatives. It also uses new technology effectively for engaging with diverse communities. Across NSW Health there are integrated communications strategies for working with diverse communities.

2.1 Inclusion

How has your organisation included CALD consumers, their carers and families when developing, implementing and evaluating programs, projects and resources? How effectively are CALD consumers, carers and families involved in improving the safety and quality of services?

BHI

In developing surveys used in the NSW Patient Survey Program, BHI involves consumers in focus groups and cognitive testing. The patient surveys collect information about main language spoken at home, need for an interpreter and if an interpreter was provided when the patient needed one. BHI refined the two questions about interpreter use through consultation with consumers and clinical stakeholders.

Cancer Institute

The [bowel screening program](#) implemented a multicultural community education program to support the uptake of a bowel screening flipchart and facilitator manual. Core activities included the co-design of the resources and workforce training for multicultural health and community organisations who work directly with CALD consumers. A small competitive grant program was implemented to support community education. An evaluation of the program at the 12-month point found that 10 NSW community organisations were actively involved in the delivery of bowel screening community education for the first time, half of whom received grant funding. At least 56 community education sessions reached approximately 1500 community members from over 15 language and cultural groups. Over 70 additional education sessions were planned for delivery in the 12 months period of 2019/20 by multicultural education grant recipients. These projects have been extended due to the impact of COVID-19.

The Cancer Institute also conducted formative in-language research in November 2018 with Arabic, Hindi, Vietnamese, Cantonese and Mandarin speaking consumers who either currently smoked or had recently quit. The research explored smoking behaviours and beliefs, and smoking cessation knowledge. This was to inform the development of social marketing campaigns and initiatives, smoking cessation support information, and community engagement activities.

ISLHD

Over 2018 to 2019 the ISLHD implemented the six week *Coping with Pain* program adapted from the Agency of Clinical Innovation for low literacy Arabic speaking Muslim women. This evidence-based program has won several awards:

- ISLHD Quality Chief Executive's choice award
- Winner of ISLHD Quality Innovation awarded by the Agency for Clinical Innovation,

- ISLHD ROSCARS for Best Community Research in 2019 and
- Finalist for the NSW Premiers Award in 2019

The project aim was to address barriers to incorporating pain management concepts and strategies into daily life, as well as to improve self-reported quality of life outcomes. A six month follow up revealed behaviour change in gentle exercises, home and social goals, sleep hygiene practices, relaxation practices, healthy food choices, and problem-solving skills. The women reported that discussing culturally appropriate strategies including Islamic practices was a critical factor to their attendance, engagement and acceptance of pain management principles.

The *My Patient Care Board* project is providing every hospital bed with a board to assist with patient-centred communication. Each board requires populating sections including preferred language, interpreter required and dietary requirements. CALD consumers have been engaged to participate in informing the approach and supporting its implementation, which will be completed in mid-2021.

In partnership with the RHS, the ISLHD developed a collection of short films called [Healthy Eating in Australia](#) providing low literacy nutrition information about a range of healthy eating issues impacting on migrant families. Film scripts were created based on key informant interviews and were tested by bilingual actors and paid community members who speak Arabic, Tibetan, Karen and Dari.

MHB

The Mental Health Branch contracted SBS to translate the English version of the Living in the Community Questionnaire (LCQ) into 18 community languages. The LCQ was developed by the Australian Mental Health Outcomes and Classification Network and is an outcome measures tool that collects information about a consumer's feelings of social inclusion. It is used with consumers by funded organisations community based psychosocial support programs including the MH-CLSR. The LCQ translations are being tested with consumers by MH-CLSR providers and amendments will be made by the end of 2020 if required.

MHCS

MHCS hosted Multicultural Health Week (MHW) in September 2018 and 2019, with a focus on the health literacy of CALD communities. There was wide media coverage of MHW and 17 events were held in LHDs with over 700 participants. The MHW 2019 launch also received wide media and social media coverage. The MHW 2019 website attracted nearly 5,000 hits between August and September 2019.

The *Life Giving Stories* event (Wollongong), funded by the NSW Organ and Tissue Donation Service was held in November 2018 in partnership with ISLHD Multicultural Health Service. As a result, 75% of audience members reported that they will discuss organ and tissue donation with their loved ones. The event also received considerable media coverage.

NBMLHD

The District has worked in partnership with the Harman Foundation to organise Punjabi Community Mental Health Month events over 2018-2020. A Parent and Children Wellbeing Seminar presented by Dr Shanti Raman was attended by 40 community representatives. A Men's Health training and community engagement event with Indian Punjabi community members was held at the Sikh Temple.



Punjabi Consumer at a Diabetes Awareness - Session, Penrith Sikh Temple, 2018

NSLHD

Improving the involvement of CALD consumers, carers and families in improving the safety and quality of services will be a focus of the NSLHD Multicultural Health Plan 2020-2024. Primary and Community Health (PACH) discusses PACH Clinical & Safety reports and service level consumer feedback reports at PACH Consumer Advisory Group meetings, which includes a consumer from a CALD background. This consumer also participates on the NSLHD CALD Consumer Advisory Group to improve information sharing between both consumer groups.

RHS

The *Refugee Health Nurse Program* has included families and carers in a 'look back' quality exercise by contacting all heads of households for arrivals six months prior, using interpreters for phone interviews. These interviews have allowed the RHS to review referral pathways and service provision, and co-manage ongoing appointments.

SESLHD

The *International Students Sexual and Reproductive Health Promotion* project used co-design with students to develop an online hub of sexual and reproductive health information resources. The project was supported by the Women's Health Program and MHS, in partnership with the Child, Youth and Family Service, Hospital Admission Risk Program Unit and education providers including UNSW, TAFE NSW, Kent Institute, API College, and the City of Sydney.

SNSWLHD

SNSWLHD has included CALD consumers in planning and community consultation through small existing focus groups e.g. the Community Support service in Queanbeyan Council. The women's health nurse in Goulburn is working with the local branch of the Country Women's Association of NSW and faith-based groups to reach CALD and refugee women to provide culturally sensitive women's health and child and family services.

SWSLHD

A new Carers Identification Tab has been placed on the Patient Administration System (PAS) at a statewide level to improve the safety and quality of services for consumers, carers and families,

including those from CALD backgrounds. Staff at Campbelltown and Camden Hospital received training to be more aware and proactive in collecting this information.

Consumer representatives from CALD backgrounds are involved in various local governance committees that assist in the development and evaluation of programs, project and resources.

SLHD

CALD consumers were recruited to community advisory groups to provide input and advice in the development and implementation of all community engagement projects. In 2019-2020 these included hepatitis B projects in Arabic-speaking and African communities, as well as a gambling awareness project with Nepalese and Vietnamese communities in the Marrickville area.

Use of a range of channels has been effective in increasing engagement with CALD consumers. It remains challenging to create and sustain systems that can collect and use in-language feedback as this is resource intensive. Another challenge is overcoming a common cultural barrier to giving constructive feedback to a government system, where consumers are concerned of being perceived as 'ungrateful' or having services taken away from them.

WNSWLHD

Women in Dubbo attending English lessons were involved in a pilot program run by the Jean Hailes Foundation called 'My health My body'. The women were invited to attend the sessions and provide input into the program. The evaluations were used in the further design of the program. A focus group was conducted to ascertain the needs of CALD women accessing the play group at a local Dubbo school.

WSLHD

The District developed a [Patient Safety Video](#) and resources available in eight languages including Arabic, Cantonese, Mandarin, Korean, Vietnamese, Farsi and Turkish. The video supports patients to improve management of their own health. The video is shown to patients within 24 hours of admission. Post-implementation surveys found that all patients evaluated the video as 'useful' or 'sort of useful' and 85 per cent of nurses evaluated the video as an easy intervention to promote patient safety.

The District undertook the *Health Literacy Pharmacy Research project* in compliance with the National Safety and Quality Health Service (NSQHS) Standards. A video was developed by the Pharmacy Department at Westmead Hospital in collaboration with the WSLHD Consumer Council, the Safe Use of Medicines Committee, the Translation Service and Corporate Communications. The video was recorded in Arabic, Mandarin and Cantonese to build CALD patients' health literacy around safe use of medicines and improve compliance with treatment plans to avoid risks of adverse events.

2.2 Communication and resources

What has been the main focus of information resources and materials developed to communicate effectively with consumers from CALD backgrounds? What was the rationale and how were they evaluated?

Cancer Institute

The Cancer Institute's [information materials](#) have a focus on developing health literacy around cancer screening, prevention and cancer treatment for people from CALD backgrounds.

The resources titled [What is cancer screening?](#) contain key messages on bowel, breast and cervical screening. Brochures are available in a range of community languages including five emerging languages. Key stakeholders who contributed to the resources' development included Multicultural Units of WSLHD, HNELHD, MLHD, ISLHD, Pink Sari Inc. and the Cancer Institute NSW Consumer Panel.

Service providers and consumers participated in a launch that ensured wide dissemination. Over 15 media outlets covered the launch including SBS Tamil Radio, SBS Assyrian Radio, and Bankstown Torch.



What is cancer screening? brochure in Greek

CCLHD

Support is provided by the Manager Diversity and Inclusion to identify existing translated resources that may be available in other LHDs that can be adopted or adapted for local use. For example, translated *Get Healthy* and *Make Healthy Normal* resources provided by the District's Health Promotion team were used for the Central Coast Multicultural Expo 2019. Items provided by the *Make Healthy Normal* team at the Ministry helped engage the community, encouraging sign ups to the *Get Healthy Coaching service*.

ISLHD

Funded by the National Heart Foundation, the MHS developed five *Heart to Heart* pictorial low literacy fact sheets in eight languages, with approved gender-specific low literacy messages for the prevention and early detection of heart disease in women. These included high blood pressure and pregnancy, heart health checks, managing tension and stress, quitting smoking (including water-pipe usage) and aerobic physical activity.

MHCS

The MHCS redeveloped its website, with new features including easy online registration for linking or uploading multilingual health resources; improved search functionality; and an intranet site for health staff to share resources within NSW Health. There were more than 223,000 visitors to the MHCS website from January 2020 to July 2020. The MHCS also updated the Appointment Reminder Translation Tool in partnership with the RHS. The tool now automatically creates a PDF document which can be printed or emailed to a client.

NBMLHD

The District developed and installed 186 new interpreter signs in the top 30 languages spoken in the District. Signs were installed in high visibility areas and in accordance with the signposting procedure across Nepean, Springwood and Blue Mountains hospitals. The MHS is working with the Nepean Redevelopment Committee to provide advice about the design of new interpreter signs to be included in the Nepean Hospital Redevelopment Project.

NSLHD

COVID-19 materials in multiple languages have assisted the local CALD community to maintain safety when attending appointments and accessing procedures at Royal North Shore Hospital (RNSH), and to ensure the safety of the wider community. All documents were professionally translated and evaluated by community members for accuracy, readability, and appropriateness.

The multicultural health volunteers project has mapped the languages spoken by volunteers and placed multilingual volunteers in high traffic areas of the hospital, such as the Ambulatory Care Centre, to assist clients in way finding and understanding how the clinics function. This has been well received by clients and staff alike who find that the service is invaluable to the smooth running of the clinics and assisting people to get to their intended destination with ease.

RHS

In 2019-20 the RHS ran a \$50,000 *Translation grants initiative* to increase the number of credible health resources translated into refugee languages. Services within all LHDs were eligible to apply. As a result, 78 resources were provided with grant funding for translation, across services including physiotherapy, speech pathology, pharmacy, dietetics, oral health, women's health, maternity, Hospital Admission Risk Program, drug and alcohol, the Sydney Eye Hospital, Children's hospital/neo-natal care, primary nursing, cardiology and endocrinology.

SESLHD

The District wide *Effective and Efficient Use of Professional Interpreters in Clinical Care Project*, which involved all Directorates and facilities, produced updated facility specific instructional posters on booking interpreters. Other staff resources included updated lanyards with booking information for the two primary interpreter services. The project also targeted consumers, carers and families with promotional posters and banners displayed throughout facilities. The project produced a training video for Junior Medical Officers that promoted the use of interpreting services. The project won the

SESLHD District Directorate Achievement and Excellence Award in 2018 in the category of 'Innovation and Continuous Improvement'.

The [Shisha No Thanks](#) project developed a large number of resources including a project website containing all project resources (2,500 visits since its launch in October 2019); project social media channels on Facebook, YouTube and Instagram with over 237 posts since October 2019 reaching over 137,900 people; a one minute video with main campaign messages and featuring community members distributed on social media (over 350,000 views since October 2019, including reach to international audiences).

A *Mindfulness for Challenging Times* video was produced in English and Arabic to provide an overview of the Central and Eastern Sydney PHN (CESPHN) funded Mindfulness Program and to link with audio resources available for self-practice. Audio resources are available in English, Arabic and Bangla and were downloaded approximately 3000 times since being uploaded to the MHCS website in January 2020. The videos have been viewed over 1100 times since being uploaded in June 2020.

SWSLHD

The Bilingual Community Education (BCE) program recruits, trains and develops health educators to provide health education to CALD communities in their own languages. Over 2018-2020, the BCE program ran 128 education sessions to approximately 1569 women. Topics included diabetes awareness, HeartSmart for women, menopause, cervical screening, healthy eating and physical activity, and family harmony. Languages included Arabic, Vietnamese, Mandarin, Assyrian, Khmer, Spanish and Tagalog. The BCE program conducts pre and post-evaluation of each session.

The SWSLHD Health Promotion Service partnered with the Mental Health Service, Transcultural Mental Health and Western Sydney University to develop a *Mental health literacy project for Arabic speaking religious and community leaders*. A one-day interactive workshop was developed and facilitated in Arabic by experienced mental health clinicians. The workshop covered the Five Ways to Wellbeing framework, the role of spirituality and beliefs in wellbeing, mental health problems and associated stigma, navigating the mental health system and the active role that spiritual leaders can play to encourage help seeking and reduce stigma. Four workshops were held in 2019 and a bilingual resource developed. A pre and post-study design was used to measure improvement in mental health literacy measures. Results indicated the training was effective in equipping community leaders with knowledge to better respond to mental health problems.

SCHN

The Diversity Health Coordinator regularly provides staff with information on issues and events of significance to CALD patients, families and carers. All educational programs and events are evaluated by asking staff and/or patients and their families and carers of their experiences, feedback, and suggestions for improvement. The Diversity Health Coordinator also delivers a training session entitled *Health Literacy and Teachback Method of Understanding*. This is delivered to requesting departments and is a two-way learning session, tailored to the needs of each ward and department.

SVHNS

The St Vincent's Hospital Sydney Alcohol and Drug Information Service partnered with the ISLHD Drug and Alcohol Team and other AOD organisations to develop YouTube videos titled "[Where can I get help when alcohol or drugs are a problem?](#)" The videos were developed in 16 languages with a focus on improving the health literacy of people from new and emerging CALD communities and were made available in September 2019. The videos were awarded the winner of the 'Patients/Consumer as Partners Category' at the Multicultural Health Communication Awards 2019.



Multicultural Health Communication Awards 2019: Dr Kerry Chant (Chief Health Officer – NSW Health), Hazel Sgouras (Contact Centre Manager - Alcohol and Drug Service, St Vincent’s Hospital Sydney), Dianne Woods (Health Education Officer – Alcohol and Drug Service, Illawarra Shoalhaven LHD), Bertha Quiros (Community Development Officer - [Spanish and Latin-American Community Organisation]), and Lisa Woodland (Director – NSW Multicultural Health Communication Service).

WSLHD

The *My Experience Matters Survey* is the main tool for collecting feedback on patients’ and carers’ experience in WSLHD. The survey was translated into 12 languages and is available via the Patient Entertainment System. My Experience Matters data has been analysed to understand CALD experiences in various facilities and areas.

The Health Promotion department developed an infographic package with key messages on [keeping people healthy and active](#) in 2019, discussing healthy eating, physical activity and screen time for children from birth to 12 years. The need for these fact sheets was identified in the western Sydney community as existing, state-based fact sheets were complex and text heavy. They have been developed into Arabic, Chinese, Hindi, Korean, Tamil and Persian. The resource was developed and tested in consultation with key target audiences including teachers, educators and parents of children. The Project received a high commendation at the 2019 Multicultural Health Communication Awards. The resource was developed with the support of Multicultural Health Services and the Translation Service.

Outcome 3: NSW Health is responsive to people's individual needs, language and culture

NSW Health runs training and professional development programs available to all staff to develop culturally inclusive and responsive practice. NSW Health organisations participate in community building and development activities. NSW Health Chief Executives and Senior Managers actively promote diversity in relevant agency activities and explicitly recognise the contribution of people from CALD backgrounds to service delivery and to NSW.

3.1 Leadership

How have your organisation's leaders championed cultural responsiveness amongst staff?

Cancer Institute

The 2019 Innovation in Cancer Control Conference with the theme of 'equity' brought together clinicians, health workers, researchers and people affected by cancer to foster innovation across the NSW cancer health system. The conference had a focus on CALD populations, with 19 multicultural cancer projects showcased at the event. The Multicultural Working Group, comprising program leads from all agency divisions and units, meets three times a year to share ideas and collaborate on projects to deliver culturally safe services in line with the NSW Cancer Plan.

ISLHD

All new staff in the District are required to attend mandatory orientation which includes a face-to-face *Cultural Diversity and Use of Interpreters* session, run every two weeks. This is delivered by the Multicultural Health service and the HCIS and ensures all personnel understand the District's value of diversity.

QARS organisation-wide clinical audits have been rolled out across the District to measure utilisation of interpreters. Data is analysed and reported to Executives for planning and targeted interventions.

The *Pain Management Program* working with Arabic-speaking and refugee women received three ISLHD Innovation Awards in 2019, including the Chief Executive's Recognition Award and an ACI Clinical Innovation Award.

MHCS

MHCS conducted the statewide biennial *Multicultural Health Communications Awards* in 2019. These awards recognise best practice in multicultural health communication across NSW Health and health-funded NGOs. Categories for team/service Multilingual Health Information Awards were: (a) patients/consumers as partners; (b) integrated care; (c) patient safety; and (d) keeping people healthy. Individual awards included staff member of the year and volunteer of the year.

NBMLHD

The District has had a Multicultural Governance Committee since 2012 which is attended by the Chief Executive and General Managers. In 2020 a new 'Diversity and Inclusion Team' was established after a Language and Cultural Skills Audit of the workforce in 2019. This ongoing survey of staff collects information about the cultural and linguistic diversity of the workforce and looks at how these assets can best be used for the benefit of the District's consumers. The Workforce People and Culture Team and the MHS will use this information to develop strategies to meet the healthcare needs of the District's rapidly growing and diverse community.

NSLHD

The executive and senior managers of the NSLHD use a variety of strategies to champion cultural responsiveness amongst staff including:

- The Chief Executive chairs the NSLHD Diversity Inclusion and Belonging Council
- Inclusion of a diversity category in the NSLHD Quality and Improvement Awards
- Delegation of executive/senior level management to the positions of Chair of Multicultural Access Committees in the NSLHD. The committees oversee the planning, implementation and evaluation of the MPSP in their services
- Allocation of resources for staff to participate in cultural competency training
- Allocation of resources and participation in events to acknowledge and celebrate the cultural diversity of staff and consumers including Multicultural Health Week and Harmony Day events.

SESLHD

The District Executive Council has approved district-wide implementation of actions to enhance the safety and quality of care to patients from CALD backgrounds including the implementation of CALD Assist at key sites, and biennial audits of professional interpreter use for inpatients with limited English proficiency and strategies to increase use by 10 per cent in each hospital. Leadership support has enabled key projects to improve the cultural responsiveness of services, including the *Rockdale Child and Family Hub* and *Cross-Cultural Workers in Maternity and Child and Family Health*.

SWSLHD

SWSLHD launched a two-stage cultural competency training program. Training consists of an online module available via MyHealthLearning and a face to face learning module. The online module was made mandatory in January 2019 and since then 10,595 SWSLHD staff have completed the module. The face to face learning module pilot is being finalised based on evaluations. SWSLHD has also developed a Racism, Discrimination, Diversity and Inclusiveness action plan.

SCHN

SCHN has placed strong emphasis on building leadership capability within the organisation and is investing in the fifth cohort of the Health leadership Program. One of the strategic challenges for the program is *Improvement of the experience of patients, families and staff: diversity and inclusion*. This has Executive Sponsorship, and weekly Chief Executive updates sent to SCHN staff also place emphasis on culturally significant calendar dates and programs within SCHN and provides links to information and resources.

SVHNS

Diversity Health at SVHNS is incorporated into the National Standard 2 Committee, which is led by an Executive member. Reports on diversity health and interpreter service utilisation are reported to this committee. SVHNS funds a Diversity and Health Literacy Coordinator role. Diversity health is included in corporate orientation attended by all staff, consumer representatives and volunteers. The SVHNS Inclusive Health Strategy, which is still in development, has a focus on consumer co-design and participation.

SLHD

In 2018 the Chief Executive endorsed establishment of the Diversity Programs and Strategy Hub. In 2018/19, the Hub launched the Cultural Support Program, increased collaboration across key services with a focus on CALD consumers, and improved operational systems and administration processes. Senior staff of the Diversity Hub support staff exploring new and effective ways of working with CALD communities. In addition, SLHD is implementing frameworks for equity, health literacy and working with culturally and linguistic diversity. Further, SLHD leadership is committed to

promoting and supporting quality interpreter service provision. Comprehensive interpreter usage data is examined monthly at Board meetings to identify potential gaps in service coverage and inform service provision by facilitating a collaborative approach.

3.2 Improving Cultural Responsiveness

What measures has your organisation taken to improve the cultural responsiveness of staff?

Cancer Institute

The MHCS delivered an education session on how to develop resources, co-design with consumers, and deliver a successful culturally appropriate campaign. Training was supported by the Cancer Institute [eviQ Education program](#). The forum was recorded and was available as a podcast to external audiences.

Cancer Institute produced Anna's story, a video testimonial of a lung cancer patient of Vietnamese cultural background. This was shared internally within the organisation and with leaders across the NSW Health system by the Chief Executive Officer through the Senior Executive Forum in July 2019.

CCLHD

The District *Plan for Healthy CALD Communities 2020-23* identifies key action areas for improving the cultural responsiveness of staff. Consumer engagement processes are promoted widely in all service areas. Currently, the cultural awareness of staff is assessed through the number of incidents and complaints received from CALD consumers. A future focus will be to engage CALD consumers to provide feedback as part of Patient Reported Experience Measures on culturally responsive care.

ISLHD

Professional development addressing cultural responsiveness included:

- *Cross Cultural Communication and Effective Use of Interpreters practicum*: 120 Social Work students, 110 Dietetics students and 40 Medical students from the University of Wollongong.
- *Working with Muslim Clients in Health Settings*: half day professional development program including Muslim consumer panel session.
- *LGBTQI+ refugees and Trauma Awareness* workshop in collaboration with the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS): consumers were involved in the design and development of the session. Evaluation by participants indicated significant shifts in understanding of the clients' experience.

Eighty five per cent of clinical staff attending the professional development sessions indicated an increase in understanding the principles behind culturally responsive practice. Clinical staff also reported an increased understanding and confidence to address communication barriers. For targeted training, 95 per cent of clinical staff reported improved understanding in cultural health beliefs. In 2020-21 the District will develop an *ISLHD Cultural Responsiveness Framework* to complement the ISLHD Multicultural Health Plan and will articulate systems, behaviours and measured for cultural responsiveness in health care.

MHB

A train the trainer program on Culturally Responsive Refugee Mental Health Care has been delivered for mental health district staff in the seven LHDs where MH-CLSR is implemented. Further comprehensive training on Culturally Responsive Refugee Mental Health Care and Refugee Suicide Prevention will be developed and delivered in 2020-21.

MHCS

MHCS routinely engages in reflective practice to ensure that cultural responsiveness is embedded into all aspects of its work. Staff participate in external training programs and conferences to further enhance their knowledge and skills, for example, two staff members presented at the Federation of Ethnic Communities Councils of Australia (FECCA) Conference in Hobart in 2019.

NBMLHD

The District provided face to face training, including 'Working effectively with health care interpreters', 'Working effectively with culturally diverse clients and co-workers', 'Cross-Cultural Awareness Training', as well as cultural awareness in-services for both NBMLHD staff and the community sector working in the Blue Mountains area to support work with the Tibetan community.



Tibetan community leader training to health nurses at Blue Mountains Hospital in November 2019

NBMLHD was invited to participate in a cultural competence pilot program, which is a collaboration between Multicultural NSW, International Education Services and SBS. 138 clinicians took part in this pilot. Staff feedback on all training sessions was rated either as 'excellent' or 'very good'.



'Interpreter Training' delivered by Multicultural Health Service to Surgical staff

NSLHD

Measures to improve the cultural responsiveness of staff included:

- Patient stories presenting the health journey of consumers from CALD backgrounds at staff meetings and case studies of patients from CALD backgrounds at peer review meetings
- Specialist training for staff by external services e.g. STARTTS, TMHC and the My Aged Care Learning Environment (MACLE)
- Training by the North Shore Ryde Mental Health Service in trauma informed care to promote individualised and recovery-oriented care to people who access the service
- Establishment of a Transcultural Clinical Supervision groups for Mental Health Service staff.

Staff satisfaction with the quality and content of training was high. Cultural competency of staff is assessed through:

- Tasks and activities included in onsite training and e-learning modules
- Investigation of incidents documented in the Incident Information Management System
- Monitoring of complaints and compliments provided by consumers and carers.

SESLHD

Across SESLHD 2,664 staff have participated in face to face cultural responsiveness training delivered by MHS or Diversity Health staff. This includes culturally responsive health care; working with health care interpreters; understanding health beliefs; health literacy; working with people of refugee background; as well as Research to Practice Forums presenting the latest evidence and models of best practice for working with CALD communities. An additional 1,825 staff have completed online cultural responsiveness training. Cultural Empathy e-Simulation training was conducted at Prince of Wales Hospital to increase the empathy of clinicians towards patients from CALD backgrounds. Preliminary evaluation highlighted positive improvements in empathy and improved use of interpreters.

SWSLHD

- Completion rates of the 'Working in culturally diverse context' online module is regularly monitored, and facilities and clinical service units are reminded to follow up with staff who've not completed mandatory training.
- Medical Grand Rounds Education Program at Camden and Campbelltown included a webinar education session on refugee health.
- Junior medical officers and Interns in their annual orientation session receive information about working with interpreters which is incorporated into their communications module.
- An evaluation plan will be developed to assess the effectiveness of the face to face cultural competency course.

SCHN

SCHN provides a course on Culturally Inclusive Healthcare. Staff are asked about the effectiveness and applicability of this training and it is consistently evaluated highly in terms of its comprehensiveness, practicality and the presentation style.

SLHD

SLHD offers face-to-face cultural competency workshops to all staff through the Centre for Education and Workforce Development. This workshop is complemented by an online cultural competency module, which is currently under review. In addition, elements of cultural competency training are embedded in staff orientation. The Diversity Hub works closely with bilingual/bicultural Cultural Support Workers to gain insights into ensuring programs and services are culturally responsive. The Diversity Hub is also working with the District's Centre for Education and Workforce Development to review and update cultural competency training.

2019-20 Theme 2: How has your organisation supported the NSW Government's commitment to increase the proportion of women from CALD backgrounds in leadership positions in the public service sector?

Given NSW Health organisations do not collect consistent data about the number of women from CALD backgrounds in leadership positions, this reporting is limited in scope. However, information provided by organisations indicates that NSW Health has a large number of women in management and leadership roles from CALD backgrounds. Some health organisations have collected workforce data on women from CALD backgrounds and their responses are provided below.

BHI

Women are strongly represented in leadership in the BHI, with women from CALD backgrounds making up over 20 per cent of the BHI's leadership positions. Overall women hold 12 out of the BHI's 18 leadership roles.

FWLHD

FWLHD exceeds the NSW Government's commitment on the proportion of women in leadership positions in the public service sector. Women hold the majority of leadership roles across its directorates. However the proportion of women from CALD backgrounds is not recorded.

HNELHD

The District maintains workforce data on the number of female staff from Non-English Speaking Backgrounds (NESB) and their salary range. Women from CALD backgrounds make up 10 per cent of the District workforce, and 18 per cent of the female workforce. This is representative of the general population in HNELHD. If this question were followed up in future reporting years, HNELHD expects to be able to provide further information on leadership and management positions.

ISLHD

ISLHD has a total of 5,218 female employees not including casual staff. Of these, 763 have identified as being from CALD backgrounds and 56 of these are in leadership roles across a range of professions. ISLHD has a number of leadership programs available to all staff, for example the Effective Leadership in Health Program for emerging leaders. ISLHD has also produced a Leadership Practices Guide and Learning Directory to assist leaders in understanding the expectations of them and programs available to build their skills and knowledge.

Ministry of Health

The Ministry of Health has launched a Diversity Inclusion Belonging (DIB) hub that supports staff to make their workplaces more inclusive and respectful. The hub was developed to assist public health organisations to ensure local diversity initiatives align with, and deliver, diversity and inclusion goals set out in the Premier's Priorities, including the 50 per cent women in leadership target. The DIB hub has information for managers and staff about the advantages of diversity in the workplace, links to training, case studies, articles, and success stories. To support the promotion of diversity and respect in the workplace, the Ministry has also commissioned a diversity training program.

NBMLHD

The District collects data via Equal Employment Opportunity (EEO) questions to identify women of CALD background, however the questions are not mandatory. In July 2020, a Diversity and Inclusion team was established in the Workforce, People and Culture Directorate. This team will review relevant data over the next year and develop strategies to improve pathways for CALD women into higher grade positions and leadership positions. The Diversity and Inclusion team will work closely with the Multicultural Health Service on a number of strategies including the development of a Diversity and Inclusion Policy for the District and key indicators for performance.

NSLHD

The draft *NSLHD Diversity, Inclusion and Belonging Strategy 2020-2022* has been developed around five key strategies and themes that reflect NSW Health's CORE Values and Behaviours Charter. Over 350 people were consulted in the development of the Strategy, including staff from CALD backgrounds. The Strategy includes actions for specific workforce groups, including staff from CALD backgrounds. Implementation of the actions in the Plan will support the career progression of women into leadership positions. In NSLHD, 77 per cent of staff are females and 28.5 per cent are from a CALD background.

MHCS

The MHCS's two leadership positions are held by women, with the newly created Coordinator position held by Ms Jesusa Helaratne. This role provides leadership and management support to the MHCS.

SWSLHD

The District provides a suite of leadership programs at four levels: foundational, intermediate, advanced and executive. Each of these includes several modules e.g. the Transforming Your Experience Leadership Academy program and the Graduate Health Management Program.

SCHN

The SCHN has a number of initiatives to increase the leadership capabilities of staff, including those from CALD backgrounds. For example, the Health Leadership Program is run in conjunction with HETI. Staff across SCHN participate, facilitate and sponsor the program. This year, one of the strategic challenges for the program is *Improvement of the experience of patients, families and staff: diversity and inclusion*. Attendees include women health care providers, administrators and managers from CALD backgrounds. The program outcomes are sustained through the Leadership Community of Practice, which aims to grow people to be inspiring and innovative leaders in health.

SLHD

The Diversity Programs and Strategy Hub appointed its two senior positions to women from CALD backgrounds, i.e. the Director and the Cultural Support Program Coordinator.

WSLHD

WSLHD is unable at this stage to report on the number of women leaders from CALD backgrounds, the leadership training spend and planned pathways for CALD women. However, qualitative advice from across WSLHD is that there are a high number of women in management and leadership roles from CALD backgrounds.

Outcome 4: NSW Health understands the needs, experiences and identities of CALD communities

NSW Health has a sophisticated approach to research, evaluation and data management that supports policy and program design, as well as program implementation. NSW Health has a systematic approach to evaluating service impact for people from CALD backgrounds. NSW Health services are targeted to respond to the needs, experiences and identities of CALD communities.

4.1 Data

How does your organisation use data to improve service design and delivery to understand consumer service access and use, identify priority health issues and cohorts at risk of poor health outcomes, and respond to the health needs of CALD consumers and communities?

BHI

The NSW Patient Survey Program gathers information across its patient surveys on demographics including language spoken at home, the need for an interpreter and if an interpreter was provided. All survey results are publicly available on the [interactive data portal](#). The BHI also supported the improvement of care for CALD communities via its Snapshot reports. The Adult Admitted Patient Survey 2019 Snapshot report highlighted the variation in reported experience for people who spoke a language other than English at home. The Emergency Department Patient Survey 2018-19 Snapshot report demonstrated the same approach for people not born in Australia.

Cancer Institute

The Cancer Institute's *NSW Healthy Lifestyle Roadmap* identified people from CALD backgrounds as a priority population for cancer prevention. Looking at the NSW Population Health Survey, specific groups such as men over 40 years were identified as potentially benefiting from healthy lifestyle interventions. Quantitative analysis supported insights from consultation with the Consumer and Community Advisory panel, the Bi-lingual Community Education Program coordinators and community workers.

The Cancer Institute commissioned a [multicultural data tool](#) that provides geo-demographic data on CALD communities, based on Australian Bureau of Statistics Census data, across LGAs and LHDs. The application provides insights that assist in the delivery of culturally safe programs across the Cancer Institute by identifying top 50 CALD groups by language, country of birth and social economic status. The tool also includes projections for 20 language groups up until 2026 to support planning.

ISLHD

Performance data is used to determine population priorities and resource allocation, for example:

- CALD demographic data has justified recruitment of a CALD Healthy Ageing specialist within the MHS to build the District's capacity in responding appropriately to this cohort
- Demographic and hospital data demonstrate the need to recruit and maintain health service presence within the Italian and Macedonian communities, with the employment of Italian and Macedonian speaking Health Education Officers with specialisation in community engagement and capacity building.

MHB

The MH-CLSR program minimum data set (MDS) captures data on culturally responsive service delivery. Funded organisations are required to provide monthly reports on the MDS, which is

collated and analysed for program improvement. The MDS captures data on a client's visa status, country of birth, ethnicity, preferred language, interpreter use, as well as engagement in personal, social and community activities along with types of supports provided to the client, as an indicator of a client's recovery. The data is being used for the evaluation of the MH-CLSR program.

NSLHD

- Planning models outlining the predicted cultural mix and health needs of the local region are used in *Leading Better Value Care* projects, development of the children's short stay model of care and the ongoing development of maternity services at RNSH.
- Demographic and service utilisation data has been used by the Mental Health Drug and Alcohol Service and Primary and Community Health Services to identify the need for bilingual workers.
- Data from the *People Matter Survey 2019* has identified a large CALD workforce at Ryde Hospital and greater focus has been placed on recognising key important cultural days. For example, a celebration of Diwali in November 2019 was very well attended and supported by staff.

SESLHD

- The *Screening Saves Lives* project focused on cervical screening during the antenatal period. Innovative data analysis methods were used to link demographic data and cervical screening rates by postcode to inform the focus on the intervention.
- The Disability Services Unit partnered with neighbouring LHDs and stakeholders to develop a resource tool for staff to support children and families from CALD backgrounds with a disability. Data from NSW Health and the NDIS Linked Data Set was used to develop service pathways, processes and strategies to support equitable access to services.

SWSLHD

The District conducted a health needs assessment of Pacific communities in 2019-20. The work will inform health promotion and population health initiatives that will address the health needs of the Pacific communities residing in SWSLHD. The assessment recommended that the District investigate:

- data collection to identify persons from Pacific communities to include ancestry
- opportunities to increase employment of workers from Pacific backgrounds
- co-designing culturally appropriate services and programs for Pacific community members.

SCHN

The NSW Child Death Review Team noted that between 2004 and 2013 there were 20 childhood asthma deaths, with 10 of these occurring over a two-year period. Significantly, nine children were from CALD populations. The Respiratory Department at SCH responded by developing a translated series of educational audio-visual videos and posters on ['Working together towards asthma improvement and zero deaths'](#). The resources align with nationally recognised resources widely available in English print and media resources and were adopted by the National Asthma Council Australia. The project won the 2019 NSW Multilingual Health Information Award in the Patient Safety Category.

SVHNS

Patient feedback is gathered via real-time mechanisms and the online Qualtrics platform. Patients receive the survey questions in their preferred language, ensuring that SVHNS accurately obtains feedback from CALD communities and uses this feedback to support service delivery.

SLHD

The MHS worked with District services to analyse COVID-19 testing data to support in-language promotion and delivery of pop-up clinics in suburbs of high CALD population density.

The District delivered two hepatitis B community engagement projects to Arabic-speaking and African communities based on population health data and community need. The projects focused delivery in geographic areas with high density of the targeted communities. Qualitative data on community needs ensured programs were culturally appropriate and community centred.

4.2 Research projects

What research projects has your organisation commenced or completed to explore service design or delivery issues from a CALD consumer perspective? How have the key findings and learnings been used to inform improvements to services?

Cancer Institute

The Cancer Institute has commenced the first statewide population-based study of cancer, cancer treatment and survival by country of birth in NSW. The population-based research project uses linked data to investigate differences in lung, colon, rectal and breast cancers across countries of birth at diagnosis, treatment modalities, and survival outcomes. The research findings will be consolidated in 2020-21 and are likely to have implications for policy makers and service providers.

CCLHD

Over 2018-20 the District developed a prototype data application to collate data on CALD patients presenting to emergency departments and admitted as inpatients. The District is using the app to monitor interpreter and healthcare use and is investigating ways to compare this against CALD population demographics.

ISLHD

The Centre for Health Research Illawarra Shoalhaven Population published [*'Factors associated with utilisation of health care interpreting services and the impact on length of stay and cost: A retrospective cohort analysis of audit data'*](#). The study found that interpreters were utilised for 54.4 per cent of all admissions where a person needed an interpreter. The research supports action to increase interpreter utilisation. The research study also implemented the review of the Quality Audit Reporting System (QARS) - Interpreter Audit Tool. The project was a collaboration with the University of Wollongong, the ISLHD HCIS and the District's Clinical Governance Unit.

MHB

In 2018 the Mental Health Branch commissioned Western Sydney University to undertake an evidence check of comparable psychosocial support programs and initiatives targeting refugees in national and international jurisdictions. It found no comparable programs in any other jurisdiction.

MHCS

Increasing participation of people from CALD backgrounds in research is a joint initiative of MHCS, CONCERT, SEaRCH, SWSLHD and other partners. It aims to increase the number of co-designed strategies that include people from CALD backgrounds in research, with a focus on cancer research and clinical trials. Findings from the co-design workshop have been used to inform several initiatives at a state and national level e.g. the Australian Clinical Trials Alliance Position Statement – Clinical Trial Awareness, Access and Inclusion amongst CALD Populations.

SESLHD

Evaluation of the *Mindfulness Interventions in CALD communities (Phase 3)* was completed. The program provides a low intensity mental health intervention to Arabic and Bangla speaking communities. Evaluation found a statistically significant improvement in the mental health of participants. There were high levels of community engagement and participant retention. The program has been refunded by CESPHE until June 2021.

The *Cultural Biographies and Intersection with Cancer research* project was completed with findings published in four peer reviewed publications¹. The research examined what living with cancer means for individuals, communities and families from CALD backgrounds. It was funded by the Australian Research Council and led by the University of Sydney, in partnership with MHS, Liverpool Hospital, Royal Hospital Brisbane and other partners.

The *Framework for preferred practices in conducting culturally competent health research in a multicultural society* project is in progress. This is a partnership between MHS, SEaRCH and Western Sydney University. The partnership has reviewed targeted research with CALD communities in community and primary health care settings. The Framework outlines preferred practices that could make health research more culturally competent, enabling enhanced policies, programs and practices and leading to improved outcomes for consumers and communities. Findings so far include that four preferred practices were identified: (1) assemble a culturally competent research team; (2) address health inequities; (3) address community need; and (4) address power differentials.

SWSLHD

The *SWSLHD Research Strategy to 2023* focuses on supporting researchers to address the needs of people from CALD backgrounds in the design and development of research projects.

Sehetak Bel Donia: 'Your Health is Worth the World' - Arabic healthy weight project. A baseline survey was conducted to explore lifestyle habits contributing to obesity among Middle Eastern communities of Arabic-speaking background aged 18-50 years and residing in Bankstown and surrounding areas. The research found that only 40.2 per cent of participants walked at least 150 minutes per week and just over a third engaged in at least 75 minutes of vigorous activity per week. One quarter met the vegetable intake recommendation and half consumed soft drinks daily. The findings have been used to implement culturally sensitive healthy lifestyle programs in the District.

The Quit & Fit - Vietnamese Tobacco Project (VTP) was a tobacco-control project undertaken during 2016-2019 by the SWSLHD Health Promotion Service in partnership with smoking-cessation service providers, Fairfield City Council and the South Western Sydney Primary Health Network. The VTP employed three key strategies: community education about dangers of smoking and passive smoking, cessation service, research and evaluation to inform and assess the project. Findings included that survey participants' knowledge of smoking-effects on health was limited to lung

¹ Broom, A., Parker, R., Raymond, S., Kirby, E., Kokanovic, R., Adams, J., de Souza, P., Woodland, L., Wyld, D., Lwin, Z, Koh, E. Unfamiliar territories? A qualitative study of relations of 'difference' in cancer care from patient and professional perspectives, *in press*

Broom A, Kirby E, Kokanović, R, Woodland L; Wyld D, De Souza P, Koh E Lwin, Z. The (co)production of difference in the care of patients with cancer from migrant backgrounds, *Qualitative Health Research*, *Qualitative Health Research*, 2020, <https://doi.org/10.1177/1049732320930699>

Broom A, Kirby E, Kokanović, R, Woodland L; Wyld D, De Souza P, Koh E Lwin, Z. Individualising difference, negotiating culture: Intersections of culture and care, *Health*, 2019, <https://doi.org/10.1177/1363459319829192>

Broom A, Parker R B, Kirby E, Kokanović R, Woodland L, Lwin Z, & Koh E. A qualitative study of cancer care professionals' experiences of working with migrant patients from diverse cultural backgrounds. *BMJ Open*, 2018, <http://dx.doi.org/10.1136/bmjopen-2018-025956>

cancer. Attitudinal and behavioural domains about smoking were also assessed and it was found that a large proportion of smokers indicated that they smoked while socialising. The project highlighted the crucial roles of family and friends to provide positive support to smokers to quit. The findings from the VTP pilot project are guiding the strategic direction for future smoking cessation projects targeting CALD communities.

SCHN

The *Happy Healthy Ready* project developed an outreach model of care in early childhood developmental surveillance for children from CALD backgrounds in South Eastern Sydney. It tested two different models for working with early childhood/family support services to increase access to early intervention for children with developmental concerns. The model resulted in increased access to support for multicultural families who might otherwise have missed out. Parents, clinicians and playgroup/childcare staff reported increased identification of children at risk of developmental delays or disability. Rockdale Hub, which is an interagency service integration and research hub, has been established and a Botany Hub is also being established.

A longitudinal study is being conducted on health and wellbeing outcomes of asylum seeking children and adolescents who have been detained in offshore detention on Nauru. Outcome measures will be reported from the time of arrival in Australia and repeated over a five-year follow-up period to explore the impact of prolonged detention on health and wellbeing outcomes.

SVHNS

The Department of Rehabilitation and Pain Medicine is undertaking a project about *Exploring patterns of health care interpreter usage in inpatient rehabilitation, and the impact of limited English proficiency on rehabilitation outcome*. The project aims to improve the provision of high-quality rehabilitation care to those with low English proficiency, help to advocate for necessary communication assistance, and contribute to improved patient satisfaction and outcomes.

SLHD

The Diversity Hub is conducting an evaluation of the *Cultural Support Program* in collaboration with the Population Health Research and Evaluation Hub. The evaluation will review the program's effectiveness in improving service design and delivery for CALD consumers.

The District was a key partner in research assessing HIV prevention needs among men who have sex with men of Asian background who are living in Sydney (Mao, L et al, Asian Gay Men's Community Survey, 2018). The findings have been published and are being used to inform a strategic approach to working with this sub-population.

The Korean Breast Screening Research Report identified factors influencing breast screening in Korean women, by attitudes, awareness and knowledge; personal and sociocultural factors; social networks and health service providers. Findings have provided guidance for future program and service planning.

Appendix – alignment of CALD Plan and MPSP Framework

Plan Outcomes	MPSP Framework Outcomes
<p>1. NSW Health has strategies in place to improve access and quality of care for all people from CALD backgrounds</p>	<p>Mainstream services deliver for everyone Targeted programs fill the gaps Strong plans to deliver services</p>
<p>2. NSW Health supports people from CALD backgrounds to be active partners in decisions about their healthcare</p>	<p>People from culturally diverse backgrounds are aware of NSW Government services, programs and functions Collaboration with diverse communities</p>
<p>3. NSW Health is responsive to people’s individual needs, language and culture</p>	<p>Demonstrated leadership in culturally inclusive practices Recognition of the value of cultural diversity</p>
<p>4. NSW Health understands the needs, experiences and identities of our CALD communities</p>	<p>Evidence driven planning Understanding of the needs of people from diverse backgrounds</p>