

Central Coast Local Health District

Multicultural Health Plan

2014-2017



Health
Central Coast
Local Health District

Foreword

I am pleased to present the Central Coast Local Health District (CCLHD) Multicultural Health Plan 2014 – 2017.

As the Central Coast's population continues to grow, so too does its cultural diversity. This plan supports our Caring for the Coast commitment, ensuring we are responsive to the health needs of our culturally and linguistically diverse (CALD) communities on the Central Coast. It is a commitment to a multicultural forward environment, and embeds the Principles of Multiculturalism in our organisational values so it becomes second nature to all of us.

By the end of 2017, we aim to improve performance across the organisation and continue to build on a solid foundation to ensure a 'Healthy Culturally Diverse Community'.

I look forward to the challenges and opportunities of the future to ensure this plan becomes an integrated part of our work.

Matt Hanrahan

Chief Executive
Central Coast Local Health District



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Executive Summary

In 2012, the Ministry of Health (MoH) released the Policy and Implementation Plan for Healthy Culturally Diverse Communities, 2012-2016. To implement strategies of the MoH Plan at a local level, the Central Coast Local Health District (CCLHD) Multicultural Health Plan 2014-2017 has been developed.

This plan aims to improve health outcomes for people from a culturally and linguistically diverse background by focusing on five key areas, which embraces the 'Caring for the Coast' commitment.

Progress of the implementation of this plan will be monitored by the CCLHD Multicultural Access Committee. Achievements in implementing this plan will be reported annually in the CCLHD Multicultural Policies and Services Program Report to the NSW Ministry of Health.

OUR PATIENTS

Interpreter Access & Usage

Provide best practice care to ensure patient safety and satisfaction for people from a culturally and linguistically diverse (CALD) background. We will:

1. Ensure optimal and appropriate use of the Health Care Interpreter Service

- Staff to identify when an interpreter is needed
- Multicultural Health Service (MCHS) to provide feedback data to services from the Health Care Interpreter Service report

2. Ensure interpreter usage for 'consent for surgery / procedures' forms when required

- MCHS to devise effective process to undertake regular audits

OUR STAFF

Culturally Competent & Sensitive Staff

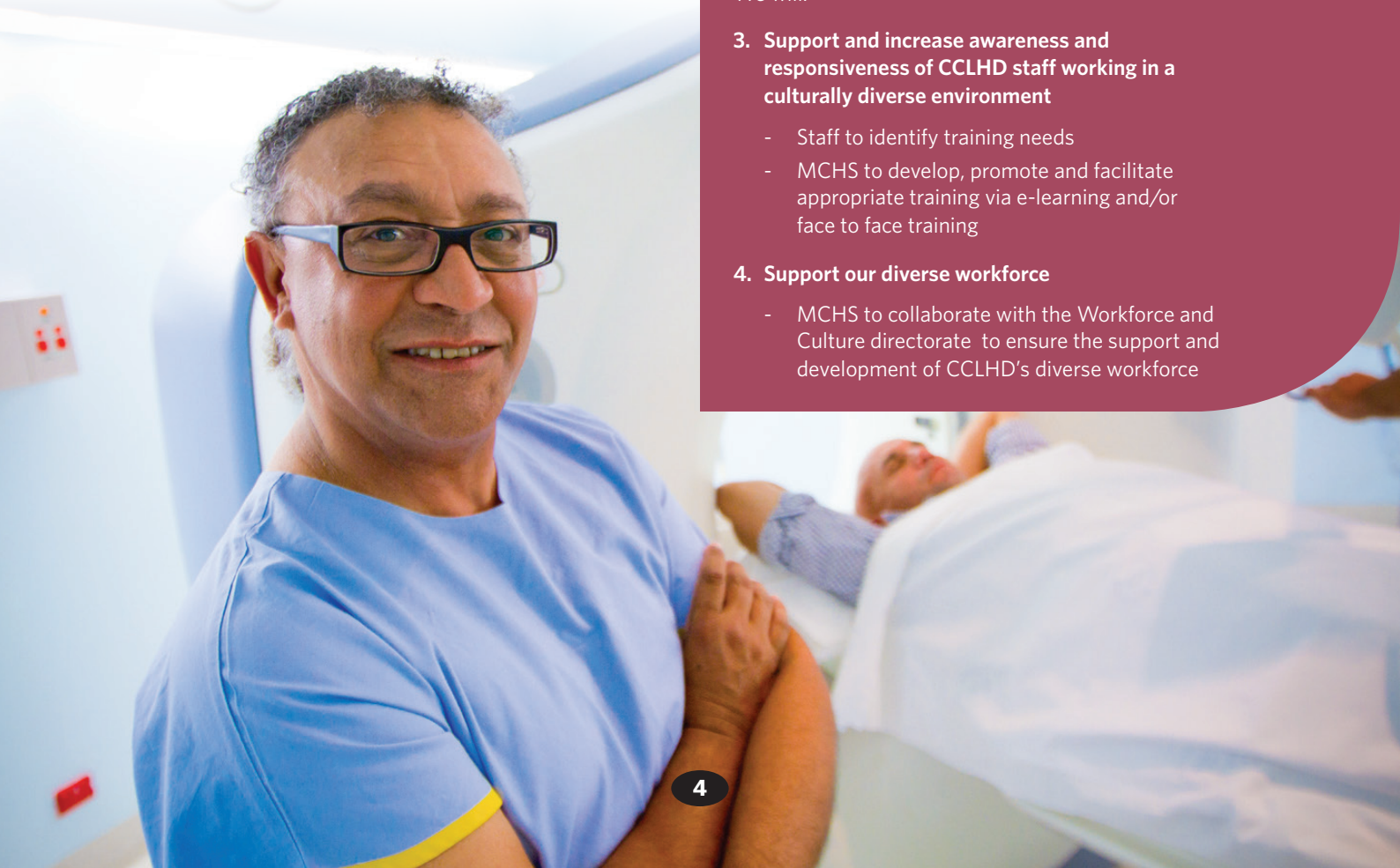
Support and develop our most important resource and provide a culturally aware and sensitive workforce. We will:

3. Support and increase awareness and responsiveness of CCLHD staff working in a culturally diverse environment

- Staff to identify training needs
- MCHS to develop, promote and facilitate appropriate training via e-learning and/or face to face training

4. Support our diverse workforce

- MCHS to collaborate with the Workforce and Culture directorate to ensure the support and development of CCLHD's diverse workforce



OUR RESOURCES

Multicultural resource efficiency, effectiveness & monitoring

Appropriate, effective and efficient use of multicultural resources
We will:

- 5. Improve data capture and accuracy of interpreter data collection and analysis to evaluate appropriate and effective use of the service**
 - Staff to identify and record relevant information of CALD background patients / clients
 - MCHS to provide feedback data to services
- 6. Establish a Multicultural Access Committee to oversee and monitor the implementation of the Multicultural Policies and Services Program (MPSP)**
 - CE (or delegate) to chair, representation from relevant services and CALD communities
 - MCHS to provide appropriate data to the Committee
- 7. Ensure appropriate information and multilingual resources are available and utilised**
 - MCHS to maintain information on the CCLHD intranet
 - MCHS to devise an effective process to undertake regular audits of display information in our facilities

OUR COMMUNITY

Health promotion & consumer / community engagement

Invest in better health by promoting a healthy lifestyle and available health services to CALD communities.
We will:

- 8. Increase awareness among CALD communities promoting the Health Care Interpreter Service and health services within CCLHD**
 - MCHS to engage with local CALD communities
- 9. Develop and deliver culturally appropriate targeted health promotion programs for vulnerable CALD groups**
 - Health services to identify a need for targeted health promotion
 - MCHS to assist and collaborate with local health services

OUR FUTURE

Develop and Strengthen Partnerships

Develop strong and effective partnerships to meet the health needs of CALD communities.
MCHS will:

- 10. Strengthen internal partnerships**
- 11. Develop a link with Central Coast New South Wales Medicare Local**
- 12. Build on existing links with local CALD communities as well as CALD specific local and statewide services**



Introduction

Over the past 10 years there has been substantial growth in the population on the Central Coast who identify as being from a CALD background. There has been an increase of over 40% of people who speak a language other than English (LOTE) at home between 2001 and 2011.

In 2012, the Ministry of Health (MoH) released the Policy and Implementation Plan for Healthy Culturally Diverse Communities, 2012-2016. To implement strategies of the MoH Plan at a local level, the CCLHD Multicultural Health Plan 2014-2017 has been developed in consultation with key stakeholders including clinicians, managers and community members.

This plan aims to improve health outcomes for people from a culturally and linguistically diverse background by focussing on the following areas, which embraces the 'Caring for the Coast' commitment:

- 1 Interpreter access and usage (Our Patients);
- 2 Culturally competent and sensitive staff (Our Staff);
- 3 Health promotion and consumer / community engagement (Our Community);
- 4 Multicultural resource efficiency, effectiveness and monitoring (Our Resources);
- 5 Develop and strengthen partnerships (Our Future).

The CCLHD Multicultural Health Plan 2014-2017 sets out the key actions which will be undertaken over the next four years to ensure CCLHD provides the best possible service delivery for culturally and linguistically diverse background communities on the Central Coast.

The CCLHD is dedicated to providing safe, quality care to every patient, every time. This multicultural forward plan is therefore guided by both the Principles of Multiculturalism (page 18) and the following Multicultural Health Principles as outlined in the NSW Health Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-2016:

- 1 People from culturally, religiously and linguistically diverse backgrounds will have access to appropriate health information;
- 2 People from culturally, religiously and linguistically diverse backgrounds will have access to quality health services that recognise and respect their linguistic, cultural and religious needs;
- 3 Health policies, programs and services will respond in an appropriate way to the health needs of people from culturally, religiously and linguistically diverse backgrounds;
- 4 People from culturally, religiously and linguistically diverse backgrounds will have an opportunity to contribute to decisions about health services that affect them;
- 5 Multicultural health programs and services will be evidence-based and / or support best practice in the provision of health services in a culturally, religiously and linguistically diverse society.

Progress of the implementation of this plan will be monitored by the CCLHD Multicultural Access Committee. Achievements in implementing this plan will be reported annually in the CCLHD Multicultural Policies and Services Program (MPSP) Report to the NSW Ministry of Health.

Cultural Diversity on the Central Coast

The population of residents identifying as being from a non-English speaking background (NESB) on the Central Coast is currently relatively small both in numbers and proportion of the total population when compared to NSW.

According to the Australian Bureau of Statistics 2011 Census of Population and Housing, there were 17,931 people on the Central Coast who identified as being from a NESB, representing 5.7% of the Central Coast population. However there is uncertainty of the number of CALD residents on the Central Coast due to the high proportion (5.4%) of those who are

categorised as 'not stated' in relation to their NESB. It is likely that residents from a CALD background are overrepresented within this 'not stated' group due to language barriers.

The number of CALD residents from non-English speaking countries is rising at a much faster rate than the population generally, and indeed at a faster proportional rate than either the CALD or general populations within NSW, indicating a probable increased need for CALD focused services in the future.

Changes in demographics on the Central Coast over 10 year period - 2001-2011

	CENTRAL COAST			NEW SOUTH WALES		
	2001	2011	% Change 2001-2011	2001	2011	% Change 2001-2011
Population	284,581	312,186	9.7%	6,371,745	6,917,658	8.6%
NESB*	12,869	17,931	39.3%	1,048,007	1,329,098	26.8%
Speaks LOTE at Home>	10,164	14,597	43.6%	1,196,204	1,554,333	29.9%
English Proficiency#	827	1,666	101.5%	199,595	225,790	13.1%

*Non-English speaking background

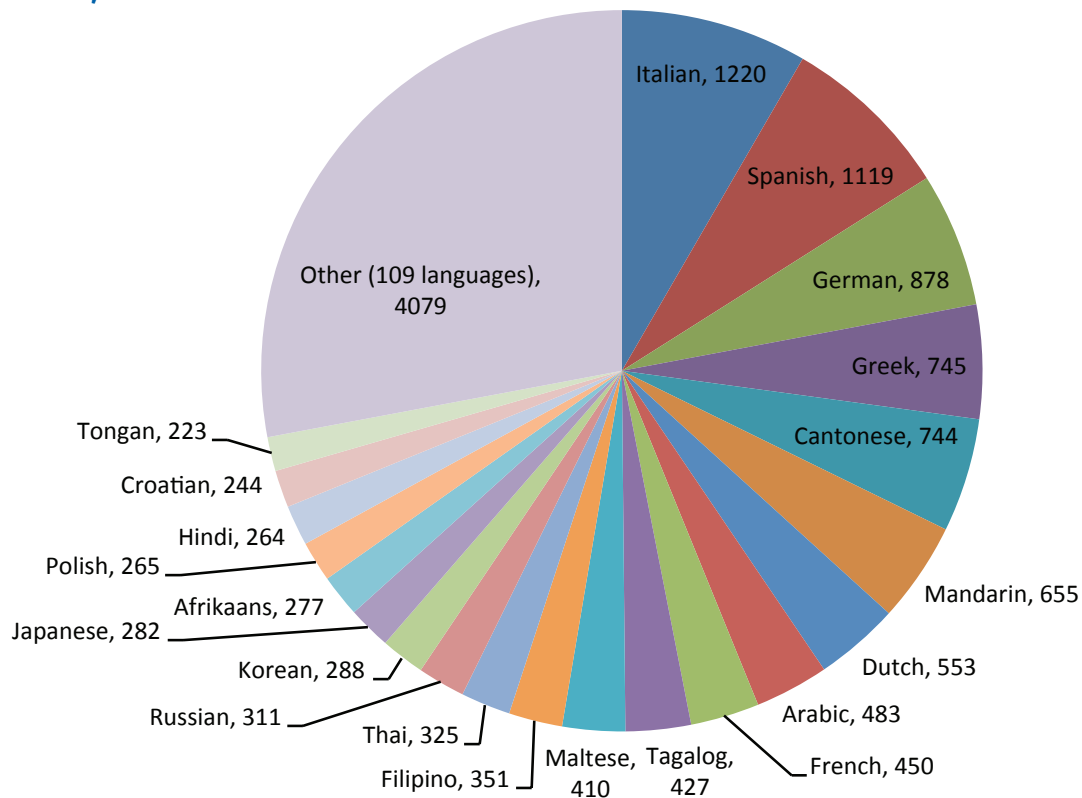
>Language other than English

#English proficiency is defined as speaks English not well or not at all.

Data Source:

Australian Bureau of Statistics, The People of New South Wales from the 2001, 2006, 2011 Censuses, Basic Community Profile

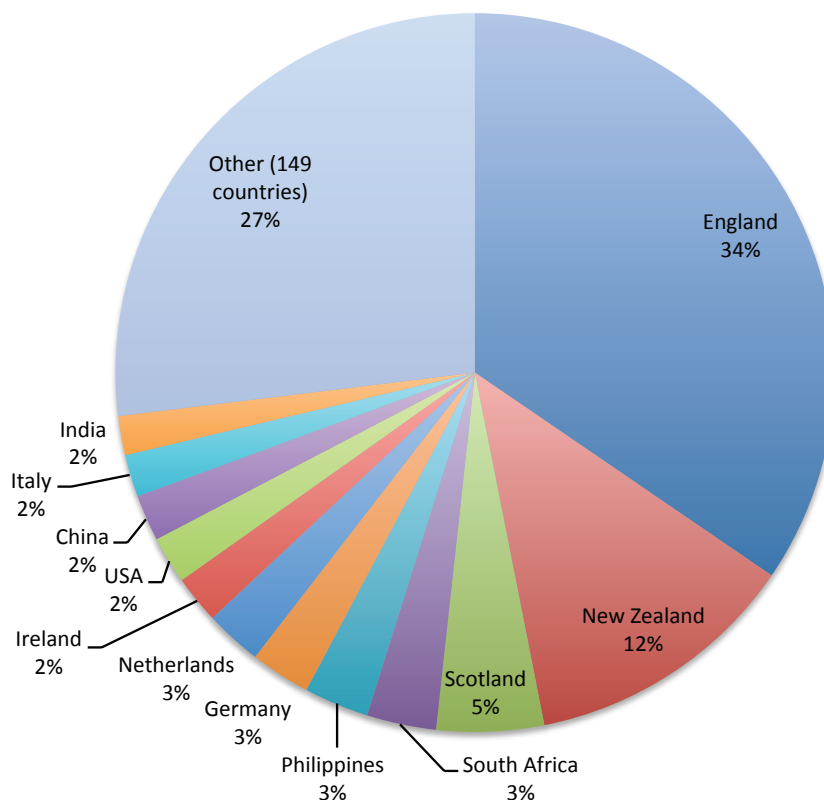
Breakdown of languages other than English (LOTE) spoken at home on the Central Coast, 2011*



*Speaks LOTE at home, 14597 people

Data Source: Australian Bureau of Statistics The People of New South Wales from the 2011 Census, Basic Community Profile, Tab B01A (D42)

Overseas countries of birth of the Central Coast population 2011



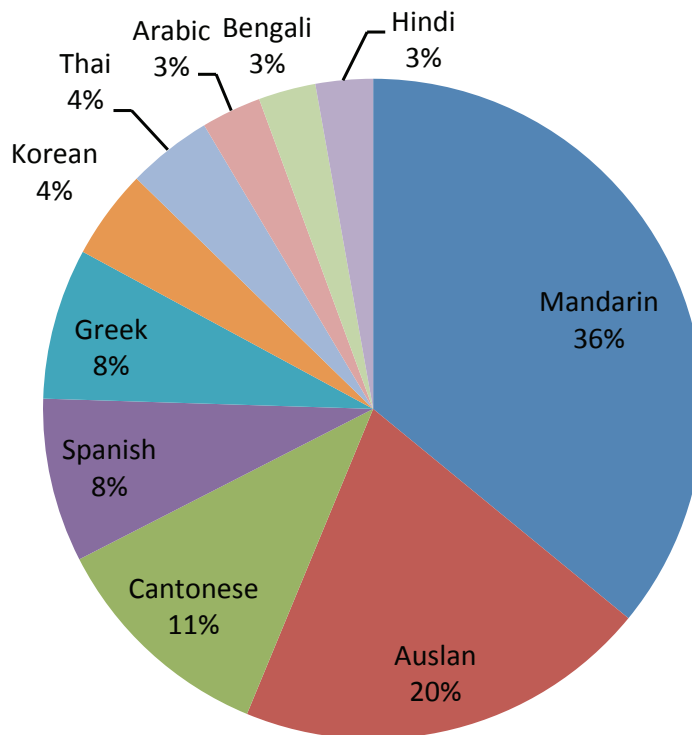
Data Source: Australian Bureau of Statistics 2011 Census of Population and Housing

Health Care Interpreter Service

To support the delivery of accessible and competent health care to people who speak little or no English, the NSW Health Care Interpreter Service (HCIS) provides specialist professional interpreting and translating services to all patients of NSW Health. Health Care Interpreter Services are provided to the CCLHD through the Hunter

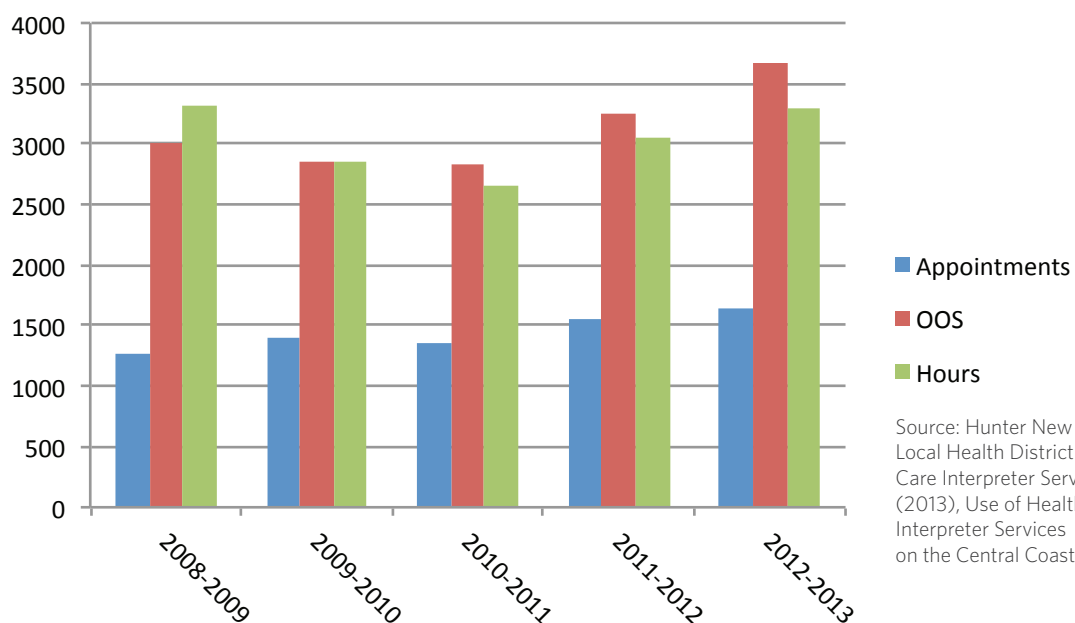
New England HCIS. Demand for the services has increased on the Central Coast by almost 30% over the past 5 years. Major growth has occurred for the use of Mandarin translators with a 61% increase from 2008/09 – 2012/13. The table below shows the ten most requested languages for 2012/13.

Top 10 requested languages for interpreting services for CCLHD during 2012/13



Source: Hunter New England Local Health District Health Care Interpreter Service (2013), Use of Health Care Interpreter Services on the Central Coast

Interpreter Usage on the Central Coast between 2008/09 – 2012/13



Source: Hunter New England Local Health District Health Care Interpreter Service (2013), Use of Health Care Interpreter Services on the Central Coast

Risk Factors

As documented in the NSW Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-2016, the following factors are associated with immigration and settlement which can negatively affect the health status of migrants.

Mortality and Morbidity

In general, overseas-born residents have better health than Australian-born residents do. In the five year period 2002 to 2006, age-adjusted death rates among NSW residents born in most overseas countries were lower than in the Australian-born population. One explanation of this finding is thought to be the healthy migrant effect, whereby people in good health are more likely to meet eligibility criteria, and to be willing and economically able to migrate.

However, according to the Report of the New South Wales Chief Health Officer certain diseases and health risk factors are more prevalent among some groups. The report highlights that, compared with those born in Australia, people born in some overseas countries have higher rates of:

- Self-reported (current) smoking (people born in Lebanon)
- Self-reported overweight and obesity (males born in Lebanon; females born in Italy, Lebanon and Greece)
- Self-reported diabetes (people born in Italy, Greece, Germany, Lebanon and United Kingdom)
- Hospitalisation for diabetes or its complications (people born in Lebanon and the Philippines)
- Hospitalisation for coronary heart disease (Fiji, Lebanon, Iraq and Sri Lanka)
- Hospitalisation for cardiac revascularisation procedures (Fiji, Lebanon, Iraq, Sri Lanka, Greece, Indonesia, India, and Italy)
- Tuberculosis (India, Vietnam, the Philippines, Indonesia, China, Korea, Hong Kong, Fiji and Malaysia)
- Self-reported psychological distress (people born in Lebanon and Greece)
- Premature babies (mothers born in Italy, Fiji, the Philippines and New Zealand)
- First antenatal visit after 20 weeks gestation (mothers born in Lebanon, New Zealand, Fiji, Iraq, Pakistan, Korea, China, Indonesia, Vietnam and the Philippines)^{vi,vii}

Migration and settlement

Immigration and settlement have been proven to impact adversely on the physical and / or mental health of both individuals and communities. Although this is particularly evident with respect to refugees and humanitarian entrants, there is evidence that factors associated with immigration and settlement in a different country can negatively affect the health status of all migrants.

The factors that may affect physical and / or mental health include:

- Stress associated with the practical aspects of immigration and settlement in a new country, e.g. learning a new language and culture, finding accommodation, gaining recognition of qualifications and finding suitable employment
- Pre-migration health status and risk factors (an individual's pre-migration and settlement experiences may contribute to the risk of developing psychological and other health problems, or may act as a protective factor.)
- Voluntary versus involuntary migration
- Age at the time of migration
- Limited English language proficiency and the lack of access to professional interpreting services
- Absence of a supportive family, community and social networks
- Financial, housing, employment, social status and education levels
- Racism and discrimination
- Health literacy including cultural perspectives on illness and health attitudes to preventative health care and familiarity with the health care system
- A sense of disempowerment



Service access and equity

This Plan recognises that cultural background and ability to speak English well have an impact on a person's health presentation and ability to access services regardless of:

- The length of time they have lived in Australia
- The means of arrival or the level of acculturation

These and other similar factors are at play in the presentation of second-generation immigrants to health services.

The major barriers to equitable access to health services for individuals who are from culturally, religiously and linguistically diverse backgrounds include, but are not limited to:

- Inability to speak English well or at all
- Difficulty accessing professional interpreting services, particularly for new / emerging community languages
- Limited awareness of, and access to, culturally and linguistically appropriate information on health services, particularly translated resources

- Insufficient health information and prevention programs that are culturally specific and tailored to address particular needs of ethnic communities
- The complexity of the health care system, particularly the primary health care sector
- Limited availability of bilingual health care professionals
- Difficulties of health services in meeting the health needs of new and emerging communities in both urban and rural settings
- The capacity of health services to respond equitably and to deliver culturally sensitive and appropriate services.
- Lack of specific training and education for health staff to deliver culturally competent services
- Limited access to culturally appropriate standardised assessment tools that can be used to plan best quality health care

Participation

Engaging consumer, community and clinical representatives in decision-making is consistent with basic participatory principles, and provides the potential to improve health care planning and service delivery. Where people are involved in decision-making they tend to feel they have more control and report feeling empowered. At an individual level, there is clear evidence that involving consumers and carers in treatment plans can lead to enhanced health outcomes.

However, consumers and carers from diverse ethnic or cultural backgrounds often experience particular barriers to their participation in decision-making. As well as language and cultural barriers, some people have migrated from countries where the concepts of consumer choice and participation in decision-making are unknown or even discouraged. It is important that participation strategies are tailored to ensure engagement with individual consumers, their respective communities and community leaders.

Prevention and early intervention

There is ample evidence that effective population health approaches and early intervention strategies can reduce or prevent problems occurring later in life. Key and well-known points of intervention are:

- The first years of life
- Early onset of an illness
- When migrants are newly arrived
- When migrants are commencing retirement

Intervening early on in the settlement process is particularly important for those who are refugees or have had refugee-like experiences.

In general, while many people born overseas have better health than those born in Australia, this health advantage disappears over time and their health profile changes to reflect national and NSW mortality and health morbidity rates. This effect has been documented for both physical outcomes such as cardiovascular disease and some psychological outcomes. This suggests that people born overseas would benefit from prevention and early intervention strategies that attempt to improve this effect.

Cultural competence of health service providers

The delivery of culturally competent health services requires action at all levels of the organisation including policy, service planning and delivery, data collection and analysis, workforce development and consumer engagement. Not responding to the cultural, linguistic, spiritual/and or religious needs of consumers can contribute to a range of undesirable outcomes, including:

- Poor communication between patient and health care providers
- Misdiagnosis and / or inappropriate treatment
- Poor patient adherence to treatment and preventative health care regimes
- Patient loss of trust in / dissatisfaction with the health care provided
- Increased incidents of racism and discrimination
- Poorer health outcomes

Provision of culturally safe care ensure that individuals have the right to have their beliefs and value systems responded to sensitively and have all aspects of their religion, food, prayer, dress, privacy, customs respected. This aligns with the NSW health system's aim in providing the best quality health care available. Cultural competence is required to provide culturally safe services.

A commonly used definition of cultural competence, which assures culturally safe practice, is "A set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations".

Achieving cultural competence and safety will require action at all levels of the NSW public health care system. This will include policy and program development, planning, resource allocation, service delivery, broad community education, workforce development and individual staff training.



Data, research and evidence

A person's cultural and ethnic background significantly influences their perceptions and experiences of 'health' and 'illness'. It is widely documented in the research literature that individuals who are from diverse ethnic and cultural backgrounds recognise and interpret symptoms and use health services differently from the Australian-born population^{xviii, xix, xx}. However, the very limited availability of relevant data and research on the health of migrant communities presents a significant challenge to the development and implementation of evidence-based health interventions for culturally and linguistically diverse individuals and communities.

The SAX Institute^{xxi} noted that there is little information available on access to primary health care services for people from culturally and linguistically diverse backgrounds. The review also revealed that the health of these groups has received little research attention, with a scarcity of ethno-specific health status and health service research. Most available ethno-specific research focuses on the Italian, Greek, Arabic-speaking and Chinese communities.

People with limited English proficiency are often excluded from studies due to the costs associated with translation of documents used in the research and the employment of bilingual interviewers. This contributes to a continuing lack of evidence in the published research for culturally and linguistically diverse groups with poor English language proficiency.

Refugee Health

In 2011, the Ministry of Health released the NSW Refugee Health Plan 2011-2016. This plan outlines a model of refugee health care through eight strategic priorities which is based on a commitment to human rights, gender equity and social justice.

Due to the low numbers of Refugees who settle on the Central Coast, CCLHD will provide best practice refugee healthcare on a case by case basis, ensuring that it is in line with the NSW Refugee Health Plan 2011-2016.

Policy context and legislation

As listed in the NSW Health Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-2016, the following information sets the policy context and legislative requirements.

NSW State legislation and Principles of Multiculturalism

The Community Relations Commission and Principles of Multiculturalism Act (2000) recognises and values the different linguistic, religious, racial and ethnic backgrounds of residents of NSW, and promotes equal rights and responsibilities for all residents of NSW.

The Act enshrines six key principles to guide the work of government agencies -

Principle 1 - The people of New South Wales are of different linguistic, religious, racial and ethnic backgrounds who, either individually or in community with other members of their respective groups, are free to profess, practise and maintain their own linguistic, religious, racial and ethnic heritage

Principle 2 - All individuals in New South Wales, irrespective of their linguistic, religious, racial and ethnic backgrounds, should demonstrate a unified commitment to Australia, its interests and future and should recognise the importance of shared values governed by the rule of law within a democratic framework

Principle 3 - All individuals in New South Wales should have the greatest possible opportunity to contribute to, and participate in, all aspects of public life in which they may legally participate

Principle 4 - All individuals and institutions should respect and make provision for the culture, language and religion of others within an Australian legal and institutional framework where English is the common language

Principle 5 - All individuals should have the greatest possible opportunity to make use of and participate in relevant activities and programmes provided or administered by the Government of New South Wales

Principle 6 - All institutions of New South Wales should recognise the linguistic and cultural assets in the population of New South Wales as a valuable resource and promote this resource to maximise the development of the State.

Multicultural Policies and Services Program and Multicultural Planning Framework

The MPSP reporting process is the primary mechanism for monitoring public sector activity in the implementation of the NSW Principles of Multiculturalism.

In 2008/09, the Community Relations Commission reviewed the Ethnic Affairs Priorities Statement (EAPS) program and the EAPS Standards Framework. The MPSP and the Multicultural Planning Framework (MPF) respectively have now superseded these documents. Information on the MPSP and the MPF can be found at the following website link - <http://www.crc.nsw.gov.au/home>

As a key agency under the MPSP, NSW Health will report its progress in this area to the Community Relations Commission annually. Information from NSW Health's report will be used by Community Relations Commission for inclusion in its statewide report to the Premier for tabling in the NSW Parliament.

NSW Health Policy Context

- Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-2016
- A New Direction for NSW: The State Plan
- Future directions for Health in NSW - Towards 2025
- NSW Multicultural Mental Health Plan 2008-2012
- NSW Refugee Health Plan 2011-2016
- In All Fairness: Increasing equity in health across NSW (2004)
- Breastfeeding in NSW: Promotion, Protection and Support
- Integrated Primary and Community Health Policy 2007-2012
- Culturally and Linguistically Diverse Framework: Strategies to Meet the Needs of Carers
- NSW Suicide Prevention Strategy 2010-2015
- Chronic Disease Self-Management Support, NSW.

Implementation

This plan sets out the key actions, timeframes and responsibilities to implement this plan over the next four years. The Ministry of Health will be releasing up to five key performance indicators that will be incorporated into this framework.

There will be various mechanisms of communicating and promoting the CCLHD Multicultural Health Plan including an official launch; CCLHD Newsletter; Department Heads meeting at all CCLHD sites, Multicultural Access Committee; Consumer Engagement Committee; Multicultural Health Service intranet site; and cultural competency training facilitated by the Multicultural Health Service.

Implementation of this plan will be overseen by the CCLHD Multicultural Access Committee. The Manager, Multicultural Health Service will have substantive responsibility for implementation of the plan.

A copy of this plan will be submitted to the NSW Ministry of Health and the Community Relations Commission. Progress of implementation of this plan will be reported quarterly via the CCLHD Multicultural Access Committee, and annually through the CCLHD Multicultural Policies and Services Program Report forwarded to the NSW Ministry of Health.

Interpreter Access & Usage

1. Ensure optimal and appropriate use of the Health Care Interpreter Service			
	Ministry of Health Strategy Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-2016	CCLHD Actions What we will do:	Implementation How we know we have achieved our aims?
1.1	Undertake an audit of Health Care Interpreter Service utilisation against all patients with 'interpreter needed' flag to identify the rates of patients who requested an interpreter that received one using cross checking mechanism (MoH Strategy 1.1.3)	Identify and report on Health Care Interpreter Service utilisation.	By mid-2014, collect and report on the percentage of patients who requested and then received an interpreter service
1.2	Identify and establish a compliance benchmark for the rate of interpreters provided when requested (MoH Strategy 1.1.4)	Work with Multicultural Access Committee to establish compliance benchmark. Rollout Interpreter Action Checklist form to CCLHD.	By mid-2014, benchmark identified and established
1.3	Facilitate increased access to interpreters (face-to-face, telephone and other media) including for the discussion / resolution of key clinical and medication management issues (MoH Strategy 1.6.1 & 1.3.4)	Promotion of access to services and education. Online training. Follow up face to face training. Ensure Departments are aware of accreditation requirements.	Recommendation 2 of Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals (2011) is implemented. By the end of 2016, 75% of patients requiring an interpreter will receive one
2. Ensure interpreter usage for 'consent for surgery / procedures' forms when required			
	Ministry of Health Strategy Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-2016	CCLHD Actions What we will do:	Implementation How we know we have achieved our aims?
2.1	Undertake regular audits of 'consent for surgery / procedure', to ensure that interpreters are used when required (MoH Strategy 1.3.2)	Devise audit process and ensure regular audits are occurring (quarterly audits initially).	Quarterly audits By 2017, achieve a target of 100% compliance

Culturally Competent & Sensitive Staff

3. Support and increase awareness and responsiveness of CCLHD staff working in a culturally diverse environment			
	Ministry of Health Strategy Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-2016	CCLHD Actions What we will do:	Implementation How we know we have achieved our aims?
3.1	Scope the development of accredited cultural competency / education e-learning modules as well as advocating for continuation of face-face training (MoH Strategy 1.5.2)	Develop and facilitate online training modules. Follow up face to face training. Monitor through Pathlore.	By the end of 2014, accredited cultural competency / education e-learning modules will be identified and implemented, including a process of monitoring and evaluation
3.2	Staff receive support and training to work in culturally diverse environment (MoH Strategy 1.5.3)	Promotion of access to services and education. Online training. Follow up face to face training.	By 2015, 85% of new staff will receive training in the use of an interpreter and influence of culture and health beliefs on providing effective health care By the end of 2016, 60% of all staff will have received training in the use of an interpreter and influence of culture and health beliefs on providing effective health care
4. Support our diverse workforce			
	Ministry of Health Strategy Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-2016	CCLHD Actions What we will do:	Implementation How we know we have achieved our aims?
4.1	N/A	In collaboration with the Multicultural Health Service, the Workforce and Culture directorate will assist all staff from a CALD background as needed with regards to relocation and on boarding. Maintain the CCLHD Relocation Manual.	Relocation Manual on CCLHD Internet and Intranet sites, and other appropriate platforms as needed.

Multicultural Resource Efficiency, Effectiveness & Monitoring

5. Support and increase awareness and responsiveness of CCLHD staff working in a culturally diverse environment			
	Ministry of Health Strategy Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-2016	CCLHD Actions What we will do:	Implementation How we know we have achieved our aims?
5.1	Improve recording of Country of Birth, interpreter assistance required and language spoken at home in all clinical patient databases. (PD2006_53, section 3.6.1, states that language spoken at home (or preferred language) country of birth and need for an interpreter, must be recorded at admission or intake for all patients/clients) (MoH Strategy 1.1.2)	By 2014, identify databases where this data is being collected across CCLHD. Select specific database to commence generating reports (ED etc). Identify and report the number of 'unknowns' on CALD specific data fields.	By the end of 2016, more than 80% of Country of Birth, language spoken at home and interpreter assistance required fields in all clinical patient databases will be correctly recorded.
5.2	Review processes for accurate identification and management of culturally and linguistically diverse patients, particularly those who do not speak English well, at first point of contact, Incident Information Management System and Root Cause Analysis forms (MoH Strategy 1.3.1)	Identify processes to incorporate Carer Support TOP5 for patients / clients from a CALD background. Identify departments and review processes, educate / assist staff to improve processes. Collect examples of Work Instructions or processes from Departments to increase consistency.	By the end of 2014 identifying and review complete. Processes updated by beginning 2016.
6. Establish a Multicultural Access Committee to oversee and monitor the implementation of the Multicultural Policies and Services Program (MPSP)			
	Ministry of Health Strategy Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-2016	CCLHD Actions What we will do:	Implementation How we know we have achieved our aims?
6.1	Multicultural Committees in all Local Health Districts to be chaired by the Chief Executive, (or a delegate) and attended by senior managers (MoH Strategy 1.4.6)	CCLHD Multicultural Access Committee (MAC) to continue to meet and to effectively oversee and monitor the implementation of the CCLHD Multicultural Health Plan.	By the end of 2014 and annually thereafter, evaluation of the Multicultural Access Committee.
6.2	Policy, programs and campaigns will be developed in consultation with culturally and linguistically diverse background communities and key stakeholders (MoH Strategy 1.2.1)	Conduct annual consultation with key stakeholders. Ensure adequate CALD representation on the MAC.	By 2015, 85% of new local policy and planning can demonstrate consultation with culturally and linguistically diverse background communities and will identify strategies for culturally and linguistically diverse populations where appropriate
6.3	Identify Key Performance Indicators (KPIs) in the Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-2016 which best identifies work to improve multicultural health service planning and provision (MoH Strategy 1.4.3)	Ensure local Plan is consistent or contributes to MoH Plan, Refugee Plan, Multicultural Policy Framework, CCLHD strategic goals. Ensure CCLHD Department Plans have appropriate Multicultural Health consultation.	By 2014, have developed and implementation started of local plan

Multicultural Resource Efficiency, Effectiveness & Monitoring

7. Ensure appropriate information and multilingual resources are available and utilised			
	Ministry of Health Strategy Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-2016	CCLHD Actions What we will do:	Implementation How we know we have achieved our aims?
7.1	Translate key health promotion / early intervention resources into relevant community languages (MoH Strategy 1.2.3)	<p>Public Health and Population Health to maintain local patient profile data.</p> <p>Develop and maintain a register of CCLHD multilingual resource requests.</p> <p>Update Multicultural Health Service intranet site with current links to existing services / resources.</p> <p>Develop an evaluation process for patient and/or carer feedback of multilingual resources.</p>	<p>By 2015, the percentage of health promotion/education activities and resources dedicated to culturally and linguistically diverse communities is commensurate with the local culturally and linguistically diverse population profile.</p> <p>By beginning 2015, multilingual resource evaluation process established.</p>
7.2	Develop new and innovative approaches to engaging and communicating health messages for culturally and linguistically diverse communities (MoH Strategy 1.2.4)	<p>Develop a summary plan outlining Multicultural Health Service strategic directions.</p> <p>Disseminate and / or publicise resources from Multicultural Health Communication Services.</p> <p>Work with communities and community representatives to identify new and innovative approaches to engaging and communicating health messages to culturally and linguistically diverse communities.</p>	<p>By 2014 annual meetings held with community representatives to discuss current approaches and possible new ones.</p>

Health Promotion & Consumer / Community Engagement

8. Increase awareness among CALD communities promoting the Health Care Interpreter Service and health services within CCLHD environment			
	Ministry of Health Strategy Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-2016	CCLHD Actions What we will do:	Implementation How we know we have achieved our aims:
8.1	Promote awareness of the Health Care Interpreter Service amongst culturally and linguistically diverse communities (MoH Strategy 1.6.2)	Provide education to community groups. HCIS and health services promotional material is distributed throughout CCLHD and community groups.	By 2014, an awareness campaign is undertaken. By 2015 campaign is evaluated.
9. Develop and deliver culturally appropriate targeted health promotion programs for vulnerable CALD groups			
	Ministry of Health Strategy Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-2016	CCLHD Actions What we will do:	Implementation How we know we have achieved our aims:
9.1	Ensure health promotion address the high prevalence of risk factors with support of Multicultural Health Units (MoH Strategy 2.2)	In collaboration with the Multicultural Health Service, the Health Promotion Service and Public Health Unit will identify and analyse key health issue campaigns to ensure appropriate engagement of CALD communities. Identify ways to enhance existing programs for CALD communities.	By the end of 2014, identifying and review complete. By the end of 2015 enhancement to existing programs are in place.
9.2	Chronic disease services with support of multicultural health units to address the higher prevalence of certain disease types for specific cultural groups (MoH Strategy 2.3)	With the support of the Multicultural Health Service, CCLHD Dementia Services and Commonwealth Respite and Carelink service and will engage CALD communities to facilitate Dementia Education groups.	By the end 2014 education groups established and evaluated.
9.3	Better engage people from culturally and linguistically diverse backgrounds with chronic and complex conditions in programs to assist improve self-management (MoH Strategy 3.8)	In collaboration with the Multicultural Health Service, the CCLHD Self-Management Support Service will continue to facilitate access to support & education groups for local CALD communities (Better Health Self-Management Program).	By the end 2014 program is reviewed and evaluated.
9.4	Promote better health for, culturally and linguistically diverse communities through promoting involvement in healthy lifestyle programs (MoH Strategy 3.9)	Identify current levels of CALD involvement in such programs, and identify actions to improve this involvement.	Number of programs run in the community by health promotion services in partnership with Multicultural Health Units.

Develop and Strengthen Partnerships

10. Strengthen internal partnerships			
	Ministry of Health Strategy Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-2016	CCLHD Actions What we will do:	Implementation How we know we have achieved our aims:
10.1	That each Local Health District develop an implementation plan for refugee health under the NSW Refugee Health Plan 2011-2016 (MoH Strategy 3.3)	Refer 5.3 (MoH Strategy 1.4.3).	Refer 5.3 (MoH Strategy 1.4.3).
	Implement the actions of the review of the Ministry of Health Multicultural Mental Health Plan (MoH Strategy 3.5)	CCLHD Mental Health Service represented on the Multicultural Access Committee.	By the beginning 2014, Multicultural Access Committee Terms of Reference updated.
11. Develop a partnership with Medicare Local			
	Ministry of Health Strategy Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-2016	CCLHD Actions What we will do:	Implementation How we know we have achieved our aims:
11.1	N/A	Develop a link with Central Coast NSW Medicare Local i.e. Health Pathways, Doctors Priority Line promotion, Partners In Recovery, e-Health, CCLHD Health Promotion Programs.	By mid-2014, link developed and included on register of Partnerships, Service Level Agreements, Networks and MOUs.
12. Build on existing links with local CALD communities as well as CALD specific local and statewide service			
12.1	N/A	Network with local CALD communities and CALD specific local and statewide services.	By mid-2014 networks developed and included on register of, Partnerships, Service Level Agreements, Networks and MOUs

'Butterfly Eyes'
Emilia Bulloch



Acronyms

CALD	Culturally and Linguistically Diverse
CCLHD	Central Coast Local Health District
EAPS	Ethnic Affairs Priority Statement
LOTE	Language other than English
MCHS	Multicultural Health Service
MoH	Ministry of Health
MPSP	Multicultural Policies and Services Program
NESB	Non-English speaking background
OOS	Occasion of Service

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