

## Multicultural Health Service

### Who We Are

Nepean Blue Mountains Multicultural Health Service works towards an equitable health system within the LHD to ensure cultural and linguistic diversity are at the heart of policy development, service planning and delivery. The role of the unit is to enhance the capacity of the Local Health District to identify and meet the specific cultural, religious and linguistic needs of its diverse population through improving access and equity to health services.

This very small service works closely with other services within the Nepean Blue Mountains Local Health District and external partners to enhance services. Key agencies include the Nepean Migrant Access Inc, Sydwest, Nepean Blue Mountains PHN, Councils and other NGOs.



### What We Do

The Multicultural Health Service works to deliver on many Commonwealth and State strategies that ensure the delivery of culturally relevant programs and services including the *Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-2016*, *Refugee Health Plan 2011-2016* and the NSW State *'Multicultural Policies and Services Program'*.

The Vision of the Multicultural Health Service is an equitable health system that provides safe and high quality health care for culturally and linguistically diverse (CALD) clients.

The guiding principles are that people from culturally, religiously and linguistically diverse backgrounds have;

- Access to appropriate health information
- Access to quality health care services that recognise and respect their linguistic, cultural and religious needs
- Health policies, programs and services that respond in an appropriate way to their health needs
- An opportunity to contribute to decisions about health services that affect them.
- Multicultural health programs and services that are evidence-based and/or support best practice

### How We Do It

The Multicultural Health Service advocates for and empowers culturally and linguistically diverse communities for better health outcomes and access to services by building public health policy, creating supportive environments, strengthening community action, developing personal skills and reorientating health services.

Working with other health professionals the Multicultural Health Service:

- Provides input into the development and revision of policies across the LHD
- Works in partnership with other services and units within the LHD to develop models of good practice in the care of CALD communities
- Develop and implement cultural competency and other related training, including tailor made in-services
- Facilitate increased access to professional health care interpreters

#### Multicultural Health Service Highlights

- Developed a "Directory of Services and Resources for Health Care Providers working with Refugee Populations"
- Developed a directory of private bilingual professionals (GPs, Psychiatrist and Allied Health Professionals) for health care providers working with people from CALD backgrounds. This directory is available to both health care professionals and consumers.
- Reviewed the model for interpreter provision to ensure a viable, accessible and financially sustainable supply of interpreters
- Implementation of training to the LHD on effective and efficient use of interpreters
- Working in partnership with the NBMPHN to develop a GP model of care for Syrian and Iraqi refugees arriving in the LHD
- The 'Moving On' CALD Pilot Program has laid the groundwork for future program delivery to other communities not included in the pilot. 'Moving On' is self-management program for consumers living with chronic disease.

- Working with other units and services to improve data collection and reporting to better understand and meet the needs of CALD communities
- Provide strategies and resources to facilitate effective communication with CALD clients.
- Provide links to multicultural resources and cultural information and referrals to other services.

Below are some examples of how this is achieved.



Provide targeted health promotion and education sessions to cultural and linguistically diverse patients on important health issues and appropriate access to services



Provide training to health care workers in cultural awareness and the importance of using interpreters.

## Why We Do It

Nepean Blue Mountains Local Health District is home to 49,302 people who speak a language other than English. With approximately 22% of the population born overseas the diversity of the local community is reflected in the 135 languages spoken across the LHD from 165 different countries.

The Indo-Aryan language group which includes Bengali, Hindi, Punjabi, Sinhalese, Urdu and others is the largest language group for the LHD. Followed by Arabic, Filipino, Italian, Chinese, Maltese, Spanish, Greek, Croatian and German.

While there are low numbers of migrants from non-English speaking countries there is a high diversity within the communities. Communities are scattered over a large geographical area and the lack of ethnic community infrastructure are barriers to ease of access and understanding of health services.

Recently the area has become home to a significant refugee and asylum seeker population who have fled a life of war, violence, persecution and abuse of human rights. New and emerging communities from Syria, Iraq, Afghanistan, Bhutan, Nepal and Tibet, are accessing on arrival accommodation in the Penrith and Blue Mountains LGA. This population presents with complex health, social and medical needs. Along with other parts of the Local Health District it is the Multicultural Health Service responsibility to ensure that these communities in need are provided with safe, high quality services.



Increase awareness among patients, visitors and staff on how to access trained health care interpreters

### Fast Fact – NBMLHD Use of Interpreters

- Increase in interpreter utilisation in the Emergency Department (ED) from 20% to 55%
- Improved processes for identification and recording of recording of culturally and linguistically diverse patients in ED
- Use of interpreters for the purpose of consent has increased from a 16% baseline to 80%.