

Policy and Implementation Plan for

# Healthy Culturally Diverse Communities

2012–2016



Health

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## SECTION ONE

# Foreword

NSW is recognised internationally as one of the most culturally and ethnically diverse states in the world. This diversity is an asset for NSW and makes us more competitive in trade as well as fostering international ties and cultural exchange. At the last Census, 1,623,600 people were born in a non-English speaking country and collectively they spoke over 150 different community languages.

To assist, preserve and maintain the dynamism and excitement this diversity brings to NSW, the *NSW Health Policy and Implementation Plan for Healthy Culturally Diverse Communities* aims to maintain and continue to improve the health of our diverse communities. This document outlines measurable targets and actions that will assist to build the capacity of NSW Health to identify the health needs of our diverse communities, and individuals within them, so that initiatives are developed to respond to those needs.

The key policy driver for this Policy and Plan is an acknowledgement of the principle of equity and that all people living in NSW have good health through access to the best quality health care and health information. This Policy and Plan underlines the NSW Government's commitment to social justice and strengthening local communities through the enunciation of initiatives that put the welfare of the patient at the centre of policy consideration and service planning.

The *NSW Health Policy and Implementation Plan for Healthy Culturally Diverse Communities* underpins work already done, highlights areas of particular attention and provides direction to the NSW health system in addressing the health of NSW's culturally and linguistically diverse communities over the next five years



Dr Mary Foley

**Director General NSW Health**

# Executive Summary

Since the 1940s, the population of Australia and NSW in particular has changed dramatically. Diversity in culture, ethnicity and language is a hallmark of Australia's large cities and has increasingly become a feature of many smaller regional communities. A kaleidoscope of customs, languages, religions and social beliefs has added new energy, dynamism and cosmopolitan sophistication, to the State of NSW.

In addition to the benefits it has bestowed on our society, this growing diversity has simultaneously presented a number of important challenges for those charged with the provision of a range of social services such as health, education and welfare.

The NSW Government has responded to this social change by making access and equity the guiding principles for the development of government policy and the delivery of social services.

The *NSW Health Policy and Implementation Plan for Healthy Culturally Diverse Communities* builds upon the work already achieved across the NSW Health system. It seeks to maintain NSW Health's existing momentum in this area of work and makes explicit commitment to the provision of quality health care for all people living in our culturally and linguistically diverse society.

The direction outlined in this document for the NSW Health system has been developed following broad consultation and draws on peer-reviewed literature, a review of NSW Health agencies' responses to the former Ethnic Affairs Priorities Statement and current Multicultural Policies and Services Program reports.

The vision and principles that have informed the development of this document and will guide the NSW Health system's work in this vital area over the next five years, were agreed by key stakeholders early in the consultation process.

## Vision

***An equitable health system that ensures that cultural and linguistic diversity is at the heart of service planning, service delivery and policy development.***

## Multicultural health principles

- 1) People from culturally, religiously and linguistically diverse backgrounds<sup>1</sup> 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

The strategies identified in the Implementation Table draw on the goals and outcomes set out in relevant NSW Health plans, the Community Relations Commission's Multicultural Planning Framework and the most recent health evidence and data.

The Implementation Tables outline detailed strategies, responsibilities and measurement indicators across the following three key priority areas:

## 1 **Enabling Priorities**

Strategies and actions focussed on maintaining and continuing to improve the capacity of the NSW health system to effectively identify and meet the specific needs of all culturally, religiously and linguistically diverse groups, and address health inequities experienced by those groups.

## 2 **Priority Health Issues**

Strategies and actions focussed on identifying and effectively addressing the high prevalence of risk factors and disease types amongst specific ethnic groups.

## 3 **Priority Groups**

Strategies and actions that identify contributing factors to increased vulnerability of particular groups. This work will be done to develop actions to bring an individual's health outcomes to at least the level of their own community, and then to an optimal standard.

# Introduction

A major feature of the NSW population is its cultural and linguistic diversity. People from around 140<sup>2</sup> birth countries have emigrated to NSW. At the 2006 Census, almost 42.2% of the NSW population were born overseas or had at least one parent born overseas. One fifth of the population (21.4%) indicated that they spoke a language other than English at home and almost 4% of the NSW population indicated that they spoke English either not well, or not at all<sup>3</sup>. People from culturally diverse backgrounds within NSW are diverse in terms of religion, cultural values and social structures. There can also be additional variation within groups who share the same language or country of origin.

A person's ethnic, religious and linguistic background creates a range of influences that have an ongoing influence on physical and mental health status throughout the course of their life. These influences are particularly significant during settlement in a new country and especially significant during the early settlement period for some high-needs groups like refugees. The impact of these can extend beyond the first generation to second-generation immigrants<sup>4</sup>.

The *NSW Health Policy and Implementation Plan for Healthy Culturally Diverse Communities* sets the statewide direction for improving the health of NSW residents from backgrounds which are culturally, religiously and linguistically diverse, and who are not Aboriginal. This new Policy provides an opportunity for all levels of the NSW Health system to revise strategies and service models to better meet the contemporary health needs of culturally and linguistically diverse patients and clients in NSW. The Implementation Plan sets out the NSW Health system's priority actions and strategies to achieve specific outcomes.

The Policy and Implementation Plan takes advantage of the growth in evidence about multicultural health amassed over the last decade and draws on state-level policy requirements.

The evidence used for the development of this Policy and Implementation Plan was sourced from:

- The Report of the Chief Health Officer (2008, 2010)
- Peer-reviewed literature
- A review of NSW Health agency responses to the former Ethnic Affairs Priorities Statement and current Multicultural Policies and Services Program reporting process
- A consultation workshop with key stakeholders

### 3.1 The Dimensions of Cultural Diversity in NSW: The Evidence

#### 3.1.1 Population Changes

##### *Country of Birth*

Since 1945, almost 7 million people have come to Australia as new settlers<sup>5</sup>. According to the Australian Bureau of Statistics 2006 Census, over a quarter of the NSW population (25.6%)<sup>6</sup> were born overseas in a non-English speaking country. Between the 2001 and 2006 Census the highest rates of settlement growth rates occurred among resident populations born in India (51.4%), China (33.8%), and Iraq (30.8%). In terms of absolute numbers, the largest population growth in NSW occurred in the Chinese-born community (increased by 28,842 persons)<sup>7</sup>.

The 2006 Census indicates that distributions vary across the state. Greater numbers live in the major cities (31.8%) compared to those in the remote and very remote regions of NSW (5.5%). Around one-third or more of residents of the former Sydney South West, former South Eastern Sydney and Illawarra, former Sydney West and former Northern Sydney and Central Coast Area Health Services were born overseas, and these four areas together accounted for 89% of all overseas-born residents of the state<sup>8</sup>.

## Language

In the 2006 Census, 21.3% of the NSW population reported that they spoke a language other than English at home, compared with 20.1% in 2001 and 18.8% in 1996. The highest rates of growth occurred among people speaking Mandarin (53.2%), Iranian/Persian/Farsi† (41.5%), Hindi (35.7%), Thai (34.4%) and Tamil (30.2%) languages at home<sup>9</sup>.

In 2006, 194,800 overseas-born NSW residents (21.3% of all overseas-born residents or almost 4% of the total NSW population) reported that they did not speak English well, or did not speak English at all. The rates of limited English language fluency varied from 8.2% of the population in the former Sydney South West Area Health Service (96,786 residents), to 0.2% of the population of the former North Coast Area Health Service (856 residents) and the former Greater Western Area Health Service (622 residents)<sup>10</sup>.

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. Demand for the services continues to increase, with 475,817 occasions of service being delivered across NSW in 2010/11. The table below shows the ten most requested languages in 2010/11.

No.	Language	Occasions of Service	Percentage of Total
1	Arabic	75,060	15.77
2	Mandarin	56,542	11.88
3	Cantonese	51,187	10.76
4	Vietnamese	39,402	8.28
5	Iranian/Persian/ Farsi	16,042	3.37
6	Korean	15,809	3.32
7	Turkish	14,608	3.07
8	Spanish	13,728	2.89
9	Greek	12,366	2.60
10	Italian	11,956	2.51

Source: NSW Ministry of Health Multicultural Policy and Services Program Report 2010-2011<sup>11</sup>.

† This category is used in the database collecting Occasions of Service in relation to language.

## 3.1.2 Disease and Health Risk Factors

### Mortality and Morbidity

In general, overseas-born residents have better health than Australian-born residents do<sup>12</sup>. In the 5-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<sup>13</sup>. 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*<sup>14</sup> 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)<sup>15,16</sup>

## 3.1.3 Other Factors Impacting on Multicultural Health

### 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<sup>17</sup>.

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<sup>18</sup>)
- 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<sup>19</sup>

### *Service access and equity*

This Policy and 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<sup>20</sup>.

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<sup>21</sup>.

### *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<sup>22</sup>

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<sup>23</sup>. This suggests that people born overseas would benefit from prevention and early intervention strategies that attempt to ameliorate 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 and 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”<sup>25</sup>.***

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<sup>26,27,28,29</sup>. 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<sup>30</sup> 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<sup>31</sup>. This contributes to a continuing lack of evidence in the published research for culturally and linguistically diverse groups with poor English language proficiency.

### 3.2. Multicultural Programs and Services

Since the release of the first NSW Multicultural Health Plan in 1999, the number and size of programs directed to targeting the health needs of people from culturally and linguistically diverse backgrounds has grown steadily. From the financial year 2001/2002 to the present, there has been a \$20M increase in funds specifically allocated to multicultural health programs<sup>32,33</sup>. In the financial year 2009-2010, \$45M was dedicated to multicultural health programs that include the following:

#### Local Health District Multicultural Health Units

Multicultural Health Units in Local Health Districts implement and monitor a range of programs to facilitate equitable access to health care for individuals from culturally and linguistically diverse communities. The role and functions of Multicultural Health Units may vary, to respond to local need and population demographics, but will include:

- Providing leadership in health policy and service development to assist in building the capacity of services to address the health needs of people from culturally and linguistically diverse backgrounds
- Monitoring the performance of the Local Health District against the Multicultural Planning Framework criteria streams, the Implementation section of this document and the Local Health District Multicultural Plan
- Ensuring that research, policy, planning, learning and development, clinical governance, frontline health service provision and community engagement strategies of the Local Health District take into account the needs of culturally and linguistically diverse communities
- Ensuring that the performance measurement of mainstream services includes reports on the health status of culturally and linguistically diverse communities
- Working in partnership with other government and non-government agencies to build the capacity of culturally and linguistically diverse communities and individuals in identifying and addressing their health needs and actively participate in their own health care
- Managing services that target culturally and linguistically diverse communities and are funded by other government agencies. Examples include the Home and Community Care (HACC) Program of the NSW Department of Family and Community Services.

#### Bilingual and multicultural health workers

Multicultural Health Officers (usually bilingual workers) perform Local Health District-wide roles where appropriate, and are guided by this document and their Local Health District Multicultural Health Plans under the direction of the Local Health Network Director for Multicultural Health. The range of services provided by Multicultural Health Officers includes research, planning, consultancy, community development and capacity building, health education, health promotion and training. In some Local Health Districts, Multicultural Health Officers are also designated bilingual health staff providing direct health care to patients of the NSW health system. Some Local Health Districts employ Multicultural Health Promotion Officers.

A number of clinical services target specific communities and employ bilingual staff to improve access to services. These include:

- The Bilingual Counsellor Program
- The Ethnic Obstetric Liaison Program
- The Bilingual Early Parenting Education Officers
- Bilingual Community Educators
- Multicultural Aged Equity Officers
- Diversity Health Coordinators, and
- Multicultural Workforce Development Officers

#### Statewide Specialist Multicultural Health Services

Multicultural statewide services develop and implement initiatives at a statewide level and assist to increase the capacity of the NSW Health system in providing local policy advice, assessment, treatment and training for mainstream health staff.

##### *Health Care Interpreter Service*

The Health Care Interpreter Services operates across NSW, 24 hours a day, 7 days a week to ensure that non-English-speaking patients/clients are able to communicate effectively with any health provider of the NSW health system.

Existing statewide services and programs include:

##### *Multicultural HIV / AIDS and Hepatitis C Service*

The Multicultural HIV/AIDS and Hepatitis C Service undertakes a range of health promotion and research activities as well as providing bilingual/bicultural support to people living with HIV and/or Hepatitis C.

### ***NSW Multicultural Health Communication Service***

This service works to ensure that quality health information is readily available for NSW culturally and linguistically diverse communities. It undertakes social research in conjunction with key tertiary institutions, develops innovative communication models and provides a translation service. The Multicultural Health Communication Service (MHCS) runs a multilingual website with health information in 50 languages as well as hosting consultations to identify the ongoing health needs and issues of NSW culturally and linguistically diverse communities.

### ***NSW Refugee Health Service***

The NSW Refugee Health Service aims to protect and promote the health of refugees and people of refugee-like backgrounds living in NSW. The service:

- Provides support to health workers working with refugees
- Trains health service providers and GPs on refugee health
- Develops resource materials
- Delivers health information and health promotion activities to refugees
- Provides clinical health assessment and referral via three clinics based in Greater Western Sydney
- Advocates for the health needs of refugees
- Facilitates the conduct of research on refugee health needs and service delivery

### ***NSW Transcultural Aged Care Service***

The NSW Transcultural Aged Care Service (TACS) is a statewide service that aims to enhance the access of older people to aged care services by assisting to build their capacity in delivering culturally competent care. The Australian Government Department of Health and Ageing funds TACS under the Partners in Culturally Appropriate Care program and is auspiced by the Sydney Local Health District.

### ***The Diversity Health Institute***

The Diversity Health Institute (DHI) comprises a number of statewide, national, and international diversity health services working to improve the health and wellbeing of culturally and linguistically diverse communities in NSW and across Australia. The DHI develops and delivers a range of health promotion, clinical services, research, education and training programs. It is funded by NSW Health, other NSW Government departments and the Australian Government Department of Health and Ageing.

There are a number of specific units of the Diversity Health Institute. These include:

#### ***Transcultural Mental Health Centre***

The Transcultural Mental Health Centre aims to facilitate access to quality mental health services for people of culturally and linguistically diverse backgrounds by:

- Providing clinical care
- Developing mental health promotion, prevention, and early intervention campaigns
- Providing leadership in transcultural mental health policy development, planning and research, organisational and workforce development

#### ***Co-Exist NSW***

Co-Exist NSW is the only service in NSW to assist people from culturally and linguistically diverse communities and their families who may be living with complex mental health conditions, or a mental health condition and a substance abuse condition, or problem gambling addiction. The Clinical and Assessment Service of Co-Exist NSW has a pool of specialist bilingual clinicians who provide culturally appropriate psychosocial, psychological, and psychiatric assessment, short-term therapy, and clinical referrals.

#### ***Multicultural Problem Gambling Service for NSW***

The Multicultural Problem Gambling Service for NSW (MPGS) is funded by the Responsible Gaming Fund and delivered through the Transcultural Mental Health Centre.

MPGS provides information and advice, telephone and face-to-face counselling for problem gamblers from culturally and linguistically diverse communities. The service has developed a range of community education programs to raise awareness in communities of the impact of problem gambling and provides a specialist consultation service for mainstream problem gambling agencies on cultural factors related to problem gambling.

#### ***Multicultural Mental Health Australia***

Multicultural Mental Health Australia is a national program funded by the Australian Government to improve awareness of mental health and suicide prevention in culturally and linguistically diverse communities across Australia.

#### ***NSW Education Program on Female Genital Mutilation***

The NSW Education Program on Female Genital Mutilation is funded through the NSW Ministry of Health and aims to prevent the practice of female genital mutilation in NSW

and minimise the health and psychological impact of the practice on women, girls and their families affected by, or at risk of, female genital mutilation. The program works with communities by:

- Facilitating access to health services for women, girls and their families at risk of the practice
- Strengthening community action to prevent the practice of female genital mutilation through community development, education, information and support
- Delivering professional education and training for health care professionals

#### *Women's Health at Work*

The Women's Health at Work Program works in partnership with employers and other key stakeholders to improve the health of women in the workplace who are from culturally and linguistically diverse communities. The program aims to build the capacity of women, employers and service providers to gain better health outcomes and focuses on social and preventative health education, community development and the promotion of workplace rights and occupational health and safety.

#### *Diversity Health Institute Clearinghouse*

The Diversity Health Institute Clearinghouse is a central access point for information on multicultural health in Australia. It aims to bring together work conducted in the area nationally.

#### *Diversity Health Institute Research*

The Diversity Health Institute's (DHI) research work ranges from clinical pharmacogenetic research in the DHI Research Laboratory to the identification and documentation of best practice models of culturally competent care.

### **Affiliated Health Organisations**

Affiliated Health Organisations are private benevolent institutions, recognised as public hospitals or public health service providers in respect of certain identified services.

#### *NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)*

STARTTS is an affiliated health organisation that receives core funding from NSW Health and aims to assist refugees and people from refugee-like backgrounds recover from their experiences of torture and/or trauma and build a new life in Australia.

The service provides:

- Counselling
- Group therapy
- Group activities and outings
- Camps and groups for children and young people
- Community development and health promotion
- Training for health professionals working with refugees and conducts research

### **Non-government organisations**

#### *Drug and Alcohol Multicultural Education Centre*

The Drug and Alcohol Multicultural Education Centre is a statewide, non-profit, non-government organisation supported by NSW Health. The Centre aims to reduce the harm associated with the use of alcohol and other drugs within culturally and linguistically diverse communities in NSW.

# NSW Health Policy for Healthy Culturally Diverse Communities

The *NSW Health Policy and Implementation Plan for Healthy Culturally Diverse Communities* recognises that a person's language, their religion, their ethnic background and their familial framework are fundamental considerations when providing effective health care. Recognising cultural diversity is also critical for health service planning which aims to achieve safe access to health services and equitable health outcomes.

In order to achieve this, the *NSW Health Policy and Implementation Plan for Healthy Culturally Diverse Communities* builds on the previous NSW Health multicultural health policy, *NSW Health Services for a Culturally Diverse Society: An Implementation Plan*<sup>34</sup> and the Community Relations Commission's (CRC) new *Multicultural Planning Framework* to set strategic directions for multicultural health service planning and service provision for the NSW Health system.

The Multicultural Planning Framework was considered alongside the evidence available on the key health issues for culturally and linguistically diverse communities in NSW.

This evidence was derived from:

- An analysis of health data, particularly the Chief Health Officer's Report
- A NSW Health commissioned literature review undertaken by the Sax Institute
- The annual reports collated under the former Ethnic Affairs Priorities Statement program and the current Multicultural Policies and Services Program that summarise all health service activity in multicultural health up to 2010

Key stakeholders at a workshop considered an analysis of this information in November 2009. This was used to develop the **vision, principles, strategic priorities** and **priority populations** for this Policy and Plan.

## 4.1 Vision

***An equitable health system that ensures that cultural and linguistic diversity is at the heart of service planning, service delivery and policy development.***

## 4.2 Principles

This Policy and Plan is guided by the NSW Principles of Multiculturalism<sup>35</sup> (Appendix 1). In addition, they are guided by the following five agreed multicultural health principles:

- 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

## 4.3 Priority Populations

While the Multicultural Policies and Services Program, the Multicultural Planning Framework and the *NSW Health Policy and Implementation Plan for Healthy Culturally Diverse Communities* focus on achieving health, access and equity for all culturally, religiously and linguistically diverse communities, there are certain groups of people within these communities that experience poorer health outcomes than others.

### 4.3.1 Families, Children and Young People

The factors that influence the health of culturally, religiously and linguistically diverse background people may have a greater impact on children, who are more vulnerable because of their age and dependence on adults. Recently arrived migrant children face a range of barriers to accessing health services, including:

- Their parents/carers limited understanding and knowledge of the NSW health care system
- Potentially hidden health vulnerabilities resulting from the lack of health screening and immunisation provided in their originating countries

Newly arrived migrant children may also experience behavioural and learning difficulties, depression, anxiety and other psychological disturbances associated with living in financial disadvantage after settling in a new country<sup>36</sup>. These experiences, if not resolved satisfactorily, may have long lasting impacts on health.

When planning and providing services for children and young people, service providers must be aware of the issues for parents from culturally and linguistically diverse backgrounds, especially the isolation they may experience due to a lack of extended family support and social networks. Isolation is a significant issue affecting the mental health of parents from culturally and linguistically diverse backgrounds.

Difficulties may arise from different cultural practices around birthing. An example is the access to antenatal care prior to 20 weeks gestation. In recent years, NSW Health has made significant investments in improving access to public antenatal care, with a goal of 100% of pregnant women accessing care before 20 weeks gestation. In 2006, 87.5% of all pregnant women commenced antenatal care before 20 weeks gestation, however, there was some variation between country-of-birth groups. Of mothers born in English-speaking countries, 89.6% commenced antenatal care before 20 weeks gestation, compared with only 64.9% of mothers born in Melanesia, Micronesia, and Polynesia, and 72.8% of mothers born in the Middle East and Africa<sup>37</sup>.

### 4.3.2 Older People

Data from the 2006 census indicates that the rate at which some culturally and linguistically diverse communities are ageing (i.e. those over the age of 65) is higher than the Australian average. The total number of people in this group will reach one million by 2011 and 1.5 million by 2026<sup>38</sup>.

Within NSW, the number of the population aged 65+ who reported speaking English not well, or not at all is increasing correspondingly. Numbers rose from 55,637 in the 2001 census<sup>39</sup> to 158,167 in the 2006 census<sup>40</sup>, representing a 284% increase over this five-year period.

Particular issues affecting the health of older people from culturally and linguistically diverse backgrounds include:

- Limited availability of language specific health information, education and prevention initiatives
- Increased rates of depression and suicide, particularly with older men from most culturally and linguistically diverse groups
- Limited access to culturally appropriate services to manage chronic and complex care of patients, especially those with limited English language proficiency
- Financial disadvantage as older people from culturally and linguistically diverse backgrounds tend to have fewer financial resources in their older years compared to Australian-born older people<sup>41</sup>
- That as they age, reduced English proficiency, reversion to their first language, combined with their unfamiliarity with the aged care system in Australia can result in:
  - Increased need to use interpreter services
  - Further difficulty in accessing health care services
  - Greater challenges for health care providers, particularly in the management of dementia
  - Increased levels of cultural and social isolation<sup>42</sup>

### 4.3.3 Refugees and Other Vulnerable Groups

The health needs of refugees are complex. The underlying health needs of this group have the potential to impact significantly on their long-term settlement and acculturation if not addressed early. Settlement factors like the need for mobility to pursue employment and living with extended family members due to the death of parents or spouses may delay access to the health services and result in ongoing negative health effects.

In addition to the commonly reported physical and psychological traumas experienced by refugees, the following health issues are also having a significant impact including:

- Infectious diseases like malaria and parasitic infections<sup>43,44</sup>
- Vitamin D deficiencies<sup>45</sup> and
- A range of chronic diseases like heart disease, peptic ulcers and hypertension<sup>46</sup>

NSW Health has released the *NSW Refugee Health Plan 2011-2016*<sup>47</sup> in recognition of the complexity of the issues and the need for tailored responses to improve the health of refugees and people from refugee like backgrounds. It describes a statewide response to addressing the health needs of this group.

Other vulnerable migrant groups living in the NSW community include:

- Those that are newly arrived from countries that have considerably different health systems
- Newly arrived migrants with limited English proficiency skills
- Asylum seekers
- Those that have arrived on temporary work and student visas and require private health insurance of their country of origin to access health services
- Those of very low socio-economic backgrounds with multiple needs
- Carers as recognised in the NSW Culturally and Linguistically Diverse Carers Framework<sup>48</sup>, and
- Individuals from small and emerging communities

#### 4.3.4 **People Living in Rural and Regional Areas**

It is important to consider how health care can be best delivered to culturally and linguistically diverse background people living in rural and regional areas. This is especially true for the increasing number of migrants on temporary working visas in these areas, and small communities of refugees and other humanitarian entrants. In these circumstances, the size of the population may not be sufficient to allow delivery of stand-alone specialist services. Models of care that support delivery of specialist services to these communities need to be developed.

#### 4.3.5 **People with Chronic and Complex Health Conditions**

Over the last 20 years, the care of people with chronic illness has gained greater focus and will continue to do so as the population ages and technological advances result in higher survival rates from acute medical conditions. In the past, health systems have been built to respond to acute needs and episodic health problems rather than chronic conditions<sup>49</sup>. The current and projected incidence of chronic disease means that there is now an urgent need to change how health services are delivered. In recognition of the need for change, there is an increasing focus on redesigning health care systems and service delivery to provide appropriate care and support in the community for people with chronic disease<sup>50</sup>.

The care of those with chronic illness assumes different dimensions from those of acute care. The patient and their carer have a greater degree of responsibility for the self-management of the illness. Additional complexity arises due to delivery of care across multiple settings involving multiple providers over long periods of time.

Issues of concern for individuals from culturally and linguistically diverse backgrounds living with a chronic or complex condition and their carers may include:

- Having adequate access to interpreters and bilingual workers across different settings
- The availability of information about chronic conditions in community languages
- Culturally appropriate and flexible models of care
- The availability of information about self-management in community languages

# NSW Health Implementation Plan for Healthy Culturally Diverse Communities

To enable all people living in NSW to have the best health possible, health services are to be organised, managed and delivered in a way which makes them accessible and appropriate to all living in culturally, religiously and linguistically diverse communities.

The strategies identified in the Implementation Tables following are based on the goals and outcomes set out in relevant NSW Health policies and plans, the Community Relations Commission's Multicultural Planning Framework (MPF) and the most recent health evidence and data. The implementation tables elaborate actions for the NSW Health system to achieve its access and equity goals and give full effect to the NSW Government's legislated six Principles of Multiculturalism and the five multicultural health principles in this policy.

## 5.1 Key Priority Areas

The following three priority areas have been identified from an analysis of the evidence and from consultations held with key stakeholders. They aim to provide direction to the NSW Health system in building capacity to identify health needs and deliver health care to culturally and linguistically diverse communities in NSW.

### 5.1.1 Key Priority Area 1: Enabling Priorities

These strategies:

- Are focussed on maintaining and continuing to improve the capacity of the NSW health system to effectively identify and meet the specific needs of all culturally, religiously and linguistically diverse groups in NSW
- Address health inequities experienced by those groups

NSW Health will:

- Improve the collection, analysis and dissemination of data and evidence about the health of cultural, religiously and linguistically diverse groups

- Increase effective health promotion, prevention, and early intervention to reduce the likelihood of poorer health outcomes for culturally, religiously and linguistically diverse groups
- Improve clinical governance, safety and quality of health services delivered to culturally, religiously and linguistically diverse communities
- Ensure strong leadership to improve multicultural health
- Further develop the health workforce to assist delivery of health services to those of culturally, religiously and linguistically diverse backgrounds
- Ensure that communications capacity and quality continues to develop to improve the health literacy and wellbeing of culturally, religiously and linguistically diverse communities

### 5.1.2 Key Priority Area 2: Priority Health Issues

These strategies are focussed on identifying and effectively addressing the high prevalence of risk factors and disease types amongst specific ethnic groups.

In order to achieve the most effective ongoing outcomes, a focus on research and data collection is required to identify the groups affected over time, and ensure the interventions and messages target the underlying health risk factors involved.

NSW Health will:

- Enhance the availability of 'health-service-use' information for ethnic and cultural groups in the Chief Health Officer's Report
- With the support of the Multicultural Health Units, ensure targeted health promotion addresses the high prevalence of risk factors that negatively affect people's health, for example:
  - Smoking (highest prevalence reported in Lebanese-born men and women and Vietnamese-born men)
  - Overweight and obesity (for males born in Lebanon; females born in Italy, Lebanon and Greece)

- Increase chronic disease services with support of multicultural health units to address the higher prevalence of certain disease types for specific cultural groups. For example:
  - Diabetes for people born in Greece, Lebanon and Italy
  - Cervical cancer, especially for women born in Fiji, the Philippines and Vietnam
  - Tuberculosis in newly arrived immigrants, particularly those from Africa and Asia
- Facilitate increased access to interpreters (face-to-face, telephone and video conferencing) for culturally and linguistically diverse individuals living in rural, regional and metropolitan communities
- Oversee the review, development and dissemination of NSW Health-endorsed consumer resources (including multicultural and culturally appropriate resources) for breastfeeding
- Better engage people from culturally and linguistically diverse backgrounds with chronic and complex conditions in programs to assist and improve self-management
- Promote better health for culturally and linguistically diverse communities through promoting involvement in healthy lifestyle programs

### 5.1.3 Key Priority Area 3: Priority Groups

Strategies and actions that identify contributing factors to increased vulnerability of particular groups. This work will be done to develop actions to bring an individual's health outcomes to at least the level of their own community, and then to an optimal standard.

These strategies will aim to address the health issues that particularly impact on:

- Families, children and young people
- Older people
- People living in rural and regional areas
- Refugees
- People from culturally and linguistically diverse backgrounds with chronic and complex health conditions

NSW Health will:

- Review processes for accurate assessment of carers / parents ability to communicate at first point of contact
- Review processes for accurate ongoing identification and management of older culturally and linguistically diverse patients/clients, particularly with regard to gradual loss of English language skill
- Develop an implementation plan for refugee health under the NSW Refugee Health Plan 2011-2016 for each Local Health District
- Promote inclusion of culturally and linguistically diverse samples in health research and support research projects to build the evidence base and support the implementation of best practice models of care
- Implement actions arising from the review of the Multicultural Mental Health Plan and inform the development of the next Plan

## 5.2. Implementation Plan

The following table sets out how the *NSW Health Policy and Implementation Plan for Healthy Culturally Diverse Communities* is to be implemented. It identifies strategies, responsibilities and measurement indicators across the following areas:

### Key Priority Area 1: Enabling Priorities

These strategies:

- Are focussed on maintaining and continuing to improve the capacity of the NSW health system to effectively identify and meet the specific needs of all culturally, religiously and linguistically diverse groups in NSW
- Address health inequities experienced by those groups

### 1.1 Improve the collection, analysis and dissemination of data and evidence about the health of culturally, religiously and linguistically diverse groups

Strategy <i>What we will do:</i>	Implementation <i>How we know we have achieved our aims</i>	Responsibility <i>Who will do this work?</i>	Multicultural Planning Framework <i>Criteria Stream and numbering</i>
1.1.1 Work to ensure that all patient electronic health records include a field and flag indicating when an interpreter is required	By 2015, all electronic health records will include a mandatory field to indicate and flag when an interpreter is needed	Ministry of Health (Lead)	Interpreter service use (C.5.2.3) Use of data and analysis. (A.1.3.1)
1.1.2 Improve recording of Country of Birth, interpreter assistance required and language spoken at home in all clinical patient databases. Section 3.6.1 of the Standard Procedures for Working with Health Care Interpreters Policy Directive (PD2006_53) states that: Language spoken at home (or preferred language), country of birth, and need for interpreter assistance must be recorded at admission or intake for all patient/clients	By 2015, more than 95% of Country of Birth, language spoken at home and interpreter assistance required fields in all clinical patient databases will be correctly recorded	Ministry of Health (Lead) Local Health Districts	Use of data and analysis. (A.1.3.1)
1.1.3 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	In 2012, collect and report on the percentage of patients who requested and then received an interpreter service	Ministry of Health (Lead) Local Health Districts	Interpreter service use (C.5.2.3) Use of data and analysis (A.1.3.2)

Strategy <i>What we will do:</i>	Implementation <i>How we know we have achieved our aims</i>	Responsibility <i>Who will do this work?</i>	Multicultural Planning Framework <i>Criteria Stream and numbering</i>
1.1.4 Identify and establish a compliance benchmark for the rate of interpreters provided when requested	By 2013, benchmark identified and established	Ministry of Health (Lead) Local Health Districts	Interpreter service use (C.5.2.3) Use of data and analysis (A.1.3.2)
1.1.5 Refine the presentation of information in the Chief Health Officer's Report to improve the identification of health priorities for people of culturally and linguistically diverse backgrounds	By 2013, data provided in the Chief Health Officer's Report clearly identifies the health priorities of an increased number of communities whose members are from culturally and linguistically diverse backgrounds	Ministry of Health (Lead) Local Health Districts	Responsive mainstream and targeted programming (C.5.1.1) Use of data and analysis (A.1.3.3)

1.2 **Increase effective health promotion, prevention, and early intervention to reduce the likelihood of poorer health outcomes for culturally, religiously and linguistically diverse community groups**

Strategy <i>What we will do:</i>	Implementation <i>How we know we have achieved our aims</i>	Responsibility <i>Who will do this work?</i>	Multicultural Planning Framework <i>Criteria Stream and numbering</i>
1.2.1 Policy, programs and campaigns will be developed in consultation with culturally and linguistically diverse background communities and key stakeholders	By 2014, 100% of policy and planning can demonstrate consultation with culturally and linguistically diverse background communities By 2014, 100% of all key policies and plans will identify strategies for culturally and linguistically diverse populations where appropriate	Ministry of Health (Lead) Local Health Districts	Client and Community Feedback (A.2.5.2) Responsive mainstream and targeted programming (C.5.1.2)
		Ministry of Health (Lead) Local Health Districts	Client and Community Feedback (A.2.5.1)

Strategy <i>What we will do:</i>	Implementation <i>How we know we have achieved our aims</i>	Responsibility <i>Who will do this work?</i>	Multicultural Planning Framework <i>Criteria Stream and numbering</i>
1.2.2 All significant public information and awareness advertising strategies developed by NSW Health are to include consultation with the NSW Multicultural Health Communication Service and communities to best target the needs of people from culturally and linguistically diverse backgrounds	By 2013, 7.5% of press expenditure will be placed in ethnic newspapers, and 3% of total electronic media expenditure in ethnic electronic media. (NSW Government Advertising Guidelines, May 2010) <sup>51</sup>	Ministry of Health (Lead) Local Health Districts	Responsive mainstream and targeted programming (C.5.1.2) Planned Communication (C.6.4.2)
1.2.3 Translate key health promotion / early intervention resources into relevant community languages	By 2014, the percentage of health promotion/education activities dedicated to culturally and linguistically diverse communities by Local Health Districts is commensurate with the local culturally and linguistically diverse population profile	Ministry of Health (Lead) Local Health Districts	Responsive mainstreaming and targeted programming (C.5.1.1)
1.2.4 Develop new and innovative approaches to engaging and communicating health messages for culturally and linguistically diverse communities	In 2012, innovative approaches identified and developed  By 2013, a communication strategy will be developed in partnership with key stakeholders including local multicultural health units	NSW Multicultural Health Communication Service (Lead) Ministry of Health Local Health Districts	Emerging technology use (C.6.5.3) Responsive mainstream and targeted programming (C.5.1.2)

1.3 **Improve clinical governance, safety and quality of health services delivered to culturally, religiously and linguistically diverse communities**

Strategy <i>What we will do:</i>	Implementation <i>How we know we have achieved our aims</i>	Responsibility <i>Who will do this work?</i>	Multicultural Planning Framework <i>Criteria Stream and numbering</i>
1.3.1 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	Review complete by 2013. Processes updated by 2014	Ministry of Health (Lead) Local Health Districts	Planning and performance measurement (A.1.1.3)
1.3.2 Undertake regular audits of 'consent for surgery / procedure', to ensure that interpreters are used when required	Audits in 2012, 2014 and 2016  By 2015, achieve a target of 100% compliance	Ministry of Health Local Health Districts (Lead) Health Care Interpreter Services	Interpreter service use (C.5.2.2)
1.3.4 Facilitate increased access to interpreters (face-to-face, telephone and other media) including for the discussion / resolution of key clinical and medication management issues	In 2012, recommendation 2 of Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals is implemented	Local Health Districts (Lead) Health Care Interpreter Service	Interpreter service use (C.5.2.3) Emerging technology use (C.6.5.1)
1.3.5 Work with the NSW Multicultural Health Communication Service and ethnic media organisations to undertake community education (which also targets consumer and patient advocates) about patient rights and responsibilities, including complaints procedures	By 2013, education campaign developed, completed and evaluated	NSW Multicultural Health Communication Service (Lead) Ministry of Health Local Health Districts	Planned communication (C.6.4.2) Responsive mainstream and targeted programming (C.5.1.3)

1.4 **Ensure strong leadership to improve multicultural health**

Strategy <i>What we will do:</i>	Implementation <i>How we know we have achieved our aims</i>	Responsibility <i>Who will do this work?</i>	Multicultural Planning Framework <i>Criteria Stream and numbering</i>
1.4.1 Allocate responsibility to a Senior Officer of the NSW Ministry of Health and NSW Local Health Districts to implement and report on work under the Multicultural Health Policy and Implementation Plan	In 2012, Senior Ministry of Health staff and Local Health District Chief Executives are identified as responsible for implementation of this Plan and are alerted to key implementation issues where these have wider policy or resource implications	Ministry of Health (Lead) Local Health Districts	Integration with corporate planning (A.1.2.3) Accountability of senior management (B.3.2.2)

Strategy <i>What we will do:</i>	Implementation <i>How we know we have achieved our aims</i>	Responsibility <i>Who will do this work?</i>	Multicultural Planning Framework <i>Criteria Stream and numbering</i>
1.4.2 Coordinate a consistent approach to multicultural health across NSW Health, including the institution of quarterly meetings between the Ministry of Health and multicultural health directors/managers, to be convened by the Ministry of Health	Meetings commenced in 2012	Ministry of Health (Lead) Local Health Districts	Active involvement of senior managers (B.3.1.3)
1.4.3 Identify Key Performance Indicators (KPIs) in this Implementation Plan which best identify work to improve multicultural health service planning and provision	In 2012, identify the KPIs  By 2013, identify from this list the indicators to be included in the NSW Health Policy and Implementation Plan for Healthily Diverse Communities to be developed in 2015 for implementation by the NSW Health executive.	Ministry of Health (Lead) Statewide Multicultural Health services Local Health Districts	Planning and Performance Measurement (A.1.1.2) Accountability of Senior Management (B.3.2.2 or B.3.2.3)
1.4.4 Work with other Branches within Ministry of Health to ensure that the <i>NSW Health Policy and Implementation Plan for Healthy Culturally Diverse Communities</i> is integrated into all relevant major policy and planning documents	By 2013, integration achieved	Ministry of Health	Integration with corporate planning (A.1.2.3) Active involvement of senior management (B.3.1.2)
1.4.5 That the representation of culturally and linguistically diverse people on NSW Health advisory boards and committees reflects the intent and requirements set out in the <i>NSW Premier's Department Guidelines for NSW Boards and Committee Members: Appointment and Remuneration</i>	In 2012, membership of advisory boards and committees will reflect the intent and requirements of the NSW Premier's Department Guidelines <sup>52</sup>	Ministry of Health (Lead) Local Health Districts Multicultural Statewide Health services	Participation on advisory bodies (A.2.6.3) Client and community feedback (A.2.5.2) Active involvement of senior managers (B.3.1.3) Participation on advisory bodies (A.2.6.3) Client and community feedback (A.2.5.2)
1.4.6 Multicultural Committees in all Local Health Districts to be chaired by the Chief Executive, (or a delegate) and attended by senior managers	In 2012, committees to be established in all Local Health Districts	Local Health Districts (Lead)	Active involvement of senior managers (B.3.1.3) Participation on advisory bodies (A.2.6.3) Client and community feedback (A.2.5.2)

1.5 Further develop the health workforce to assist delivery of health services to those of culturally, religiously and linguistically diverse backgrounds

Strategy What we will do:	Implementation How we know we have achieved our aims	Responsibility Who will do this work?	Multicultural Planning Framework Criteria Stream and numbering
1.5.1 Investigate the feasibility and cost of a clearinghouse for the effective use and distribution of existing training resources	In 2012, the feasibility and cost of a clearinghouse for the effective use and distribution of existing training resources to be investigated  By 2014, a clearinghouse will be established, if feasible	NSW Multicultural Health Communication Service (Lead) Ministry of Health (Lead) Local Health Districts	Cultural and linguistic competence (B.4.4.2) Emerging technology use (C.6.5.3) Staff development and support (B.4.5.2)
1.5.2 Scope the development of accredited cultural competency / education e-learning modules as well as advocating for continuation of face-face training	In 2012, scope an e-learning module to identify its viability for state based implementation including: <ul style="list-style-type: none"> <li>content to be included</li> <li>process of monitoring evaluation</li> <li>ongoing implementation across the health system</li> </ul>	Ministry of Health (Lead) Local Health Districts	Cultural and linguistic competence (B.4.4.2) Emerging technology use (C.6.5.3) Staff development and support (B.4.5.2)
1.5.3 Staff receive support and training to work in culturally diverse environments	By 2014, 100% of new staff will receive training in the use of an interpreter and influence of culture and health beliefs on providing effective health care	Local Health Districts (Lead)	Staff development and support (B.4.5.1) Cultural and linguistic competence (B.4.4.3)
1.5.4 Relevant Ministry of Health staff to have access to training on health equity that incorporates modules on cross-cultural awareness.	In 2013, health equity, including cross-cultural training program to be offered to Ministry of Health staff	Ministry of Health (Lead)	Cultural and linguistic competence (B.4.4.3) Staff development and support (B.4.5.1)
1.5.5 Draft guidelines for the development and delivery of training to support NSW Health staff in providing quality health care to people from culturally and linguistically diverse backgrounds	By 2014, NSW Health guidelines for multicultural health training to have been developed	Ministry of Health (Lead) Local Health Districts	Cultural and linguistic competence (B.4.4.3) Staff development and Support (B.4.5.2)

1.6 **Ensure that communication capacity and quality continues to develop to improve the health literacy and wellbeing of culturally, religiously and linguistically diverse communities**

Strategy <i>What we will do:</i>	Implementation <i>How we know we have achieved our aims</i>	Responsibility <i>Who will do this work?</i>	Multicultural Planning Framework <i>Criteria Stream and numbering</i>
1.6.1 Facilitate increased access to interpreters (face-to-face, telephone and other media)	In 2012, 75% of patients requiring an interpreter will receive one	Health Care Interpreter Service (Lead) Local Health Districts	Interpreter service use (C.5.2.3)
1.6.2 Promote awareness of the Health Care Interpreter Service amongst culturally and linguistically diverse communities	In 2012, an awareness campaign is undertaken and evaluated	Health Care Interpreter Service (Lead) Local Health Districts	Planned communication (C.6.4.2)
1.6.3 Enhance quality assurance for the development of multilingual resources	By 2014, review Multilingual Health Resources by AHS, DoH and NGOs Funded by NSW Health (Guidelines for Production) (GL2005_032)	Ministry of Health (Lead) NSW Multicultural Health Communication Health Service	Planning and performance measurement (A.1.1.2) Planned communication (C.6.4.2)
	By 2014, 100% of multilingual resources developed are to be reviewed for placement on the NSW Multicultural Health Communication Service website	Ministry of Health NSW Multicultural Health Communication Service (Lead)	Planning and performance measurement (A.1.1.2) Planned communication (C.6.4.2)
	By 2014, review the procedure for the placement of multicultural resources on the NSW Multicultural Health Communication Service website	Ministry of Health NSW Multicultural Health Communication Service (Lead)	Planning and performance measurement (A.1.1.2) Planned communication (C.6.4.2)
	By 2013, investigate the feasibility and cost of including multilingual searching on the NSW Multicultural Health Communication Service website. To be implemented within current budget, if feasible	Ministry of Health NSW Multicultural Health Communication Service (Lead)	Planning and performance measurement (A.1.1.2) Planned communication (C.6.4.2)

## Key Priority Area 2: Priority Health Issues

These strategies are focussed on identifying and effectively addressing the high prevalence of risk factors and disease types amongst specific ethnic groups. In order to achieve the most effective ongoing outcomes, a focus on research and data collection is required to identify the groups affected over time, and ensure the interventions and messages target the underlying health risk factors involved.

Strategy <i>What we will do:</i>	Implementation <i>How we know we have achieved our aims</i>	Responsibility <i>Who will do this work?</i>	Multicultural Planning Framework <i>Criteria Stream and numbering</i>
2.1 Enhance the availability of 'health service use' information for ethnic and cultural groups in the Chief Health Officer's Report	By 2015, information on health service use for specific ethnic and cultural groups will be included in the Chief Health Officer's Report	Ministry of Health (Lead) Local Health Districts	Use of data and analysis (A.1.3.3)
2.2 Ensure health promotion address the high prevalence of risk factors with support of Multicultural Health Units, for example: i) Smoking (highest prevalence reported in Lebanese-born men and women, and Vietnamese-born men) ii) Overweight and obesity (for males born in Lebanon; females born in Italy, Lebanon and Greece)	Representation – in line with percentage of people in the community who are from culturally and linguistically diverse backgrounds	Local Health Districts (Lead)	Responsive mainstream and targeted programming (C.5.1.2) Use of data and analysis (A.1.3.3)
2.3 Chronic disease services with support of multicultural health units to address the higher prevalence of certain disease types for specific cultural groups – for example: • Diabetes for people born in Greece, Lebanon and Italy • Cervical cancer, especially for women born in Fiji, the Philippines and Vietnam • Tuberculosis in newly arrived immigrants, particularly those from Africa and Asia	Representation is congruent with percentage of people in the community who are of culturally and linguistically diverse backgrounds	Local Health Districts (Lead)	Responsive mainstream and targeted programming (C.5.1.2)

## Key Priority Area 3: Priority Groups

Strategies and actions that identify contributing factors to increased vulnerability of particular groups. This work will be done to develop actions to bring an individual's health outcomes to at least the level of their own community, and then to an optimal standard.

Strategy <i>What we will do:</i>	Implementation <i>How we know we have achieved our aims</i>	Responsibility <i>Who will do this work?</i>	Multicultural Planning Framework <i>Criteria Stream and numbering</i>
3.1 Review processes for accurate assessment of carers / parents ability to communicate at first point of contact	To be undertaken as part of the review of the Standard Procedures for Working with Health Care Interpreters Policy Directive (PD2006_053) <sup>53</sup> and the Culturally & Linguistically Diverse (CALD) Carer Framework: Strategies to Meet the Needs of Carers (GL2009_018) <sup>54</sup>	Ministry of Health (Lead) Local Health Districts	Planning and performance measurement (A.1.1.3)
3.2 Review processes for accurate ongoing identification and management of older culturally and linguistically diverse patients/clients, particularly with regard to gradual loss of English language skill	To be undertaken as part of the review of the Standard Procedures for Working with Health Care Interpreters Policy Directive (PD2006_053) <sup>55</sup>	Ministry of Health (Lead) Local Health Districts	Planning and performance measurement (A.1.1.2)
3.3 That each Local Health District develop an implementation plan for refugee health under the NSW Refugee Health Plan 2011-2016 <sup>56</sup>	Commence implementation of the NSW Refugee Health Plan 2011 - 2016 in 2011	Ministry of Health (Lead) Local Health Districts	Responsive mainstream and targeted programming (C.5.1.2)
3.4 Promote inclusion of culturally and linguistically diverse samples in health research and support research projects to build the evidence base and support the implementation of best practice models of care	Undertake baseline audit of research activity in 2012. Repeat audit in 2014	Ministry of Health (Lead) Local Health Districts	Staff expertise and research (A.2.4.2)
3.5 Implement the actions of the review of the Multicultural Mental Health Plan	By 2013, Plan to be reviewed and recommendations from the review to inform the development of the next Plan	Ministry of Health (Lead) Local Health Districts	Client and community feedback (A.2.5.2)

Strategy What we will do:	Implementation How we know we have achieved our aims	Responsibility Who will do this work?	Multicultural Planning Framework Criteria Stream and numbering
3.6 Facilitate increased access to interpreters (face-to-face, telephone and video conferencing) for culturally and linguistically diverse individuals living in rural, regional and metropolitan communities	Rate of Health Care Interpreter Service usage in rural, regional and metropolitan areas is comparable to the rate of population and health need by 2015	Local Health Districts Health Care Interpreter Service (Lead)	Interpreter service use (C.5.2.3) Emerging technology use (C.6.5.2)
3.7 Oversee the review/development and dissemination of NSW Health endorsed consumer resources (including multicultural and culturally appropriate resources) for breastfeeding	Action 1.5 of the Breastfeeding in NSW: Promotion, Protection and Support policy	Ministry of Health (Lead)	Responsive mainstream and targeted programming (C.5.1.2)
3.8 Better engage people from culturally and linguistically diverse backgrounds with chronic and complex conditions in programs to assist and improve self-management	Rates of people who are of culturally and linguistically diverse background are participating/enrolled in chronic and complex disease programs which are in line with the percentage of people from those groups living in the local community	Local Health Districts (Lead)	Responsive mainstream and targeted programming (C.5.1.2)
3.9 Promote better health for culturally and linguistically diverse communities through promoting involvement in healthy lifestyle programs	Number of programs run in the community by health promotion services in partnership with Multicultural Health Units and Local Health Districts	Local Health Districts (Lead)	Responsive mainstream and targeted programming (C.5.1.2)

# Monitoring and Evaluation

The Multicultural Policies and Services Program (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 Multicultural Policies and Services Program (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 the Community Relations Commission for inclusion in its statewide report to the Premier for tabling in the NSW Parliament. Under the NSW Health MPSP reporting program, the Ministry of Health will:

- Promote, develop, monitor and coordinate the NSW Health system's annual MPSP report to the Community Relations Commission
- Provide MPSP policy advice to the Minister for Health, the senior executive of the Ministry of Health, Local Health Districts, statewide health services and statewide multicultural health services and programs
- Develop and maintain, on the Ministry of Health's internet site, the NSW Health MPSP Annual Reporting Guidelines containing the NSW Health system's MPSP reporting templates and procedures
- Collect information of activity in the area of multicultural health from Ministry of Health Branches, Local Health Districts, statewide health services and statewide multicultural health services and programs

The MPSP reporting program applies to:

- Ministry of Health branches
- Local Health Districts
- Board governed /Chief Executive Governed Statutory Health Corporations
- Specialist Network Governed Statutory Health Corporations
- Affiliated Health Organisations
- Public Health System Support Division
- Statewide health services
- Statewide multicultural health services and programs

These organisations will use the MPSP template contained in the NSW MPSP guidelines in compiling their annual MPSP reports.

These organisations will report to the Ministry of Health providing the following information:

- Achievements against the *NSW Health Policy and Implementation Plan for Healthy Culturally Diverse Communities* for inclusion in the NSW Health MPSP report
- Local highlight initiatives and programs developed to address the needs of local culturally and linguistically diverse communities for inclusion in the NSW Health MPSP report and the NSW Health Annual report
- Local and statewide initiatives developed and implemented across key priority areas of this document
- Interpreter use and human resource expenditure in addressing the health needs of people from culturally and linguistically diverse communities

# Policy and Planning Context

## 7.1. NSW Health Policy Context

Key NSW Health policy documents that relate to culturally, religiously and linguistically diverse populations are outlined in the following table.

<i>NSW Health policy</i>	<i>Relevance</i>
<i>A New Direction for NSW: The State Health Plan</i> <sup>58</sup>	<p>The State Health Plan reflects the health priorities in the NSW State Plan, and will guide the development of the NSW Health system towards 2010 and beyond. This Policy supports the aims of all seven NSW State Health Plan Strategic Directions, particularly:</p> <ul style="list-style-type: none"> <li>• Strategic direction one: Make prevention everybody's business</li> <li>• Strategic direction two: Create better experiences for people using Local Health Districts</li> <li>• Strategic direction three: Strengthen primary health and continuing care in the community</li> <li>• Strategic direction four: Build regional and other partnerships for health</li> </ul>
<i>Future directions for Health in NSW – Towards 2025</i> <sup>59</sup>	<p>This document sets out the future directions for health (to 2025) with respect to the seven NSW State Health Plan Strategic Directions. It is intended to guide the changes that must be made in NSW over the next 20 years to ensure that we will have a healthier community and continuing access to high quality, affordable health services.</p>
<i>NSW Health Services for a Culturally Diverse Society: An Implementation Plan</i> <sup>60</sup>	<p>This plan reported on achievements in multicultural health in NSW, and identified three key areas for action:</p> <ul style="list-style-type: none"> <li>• Improving health</li> <li>• Improving quality and service</li> <li>• Improving resource management</li> </ul> <p><i>NSW Health Policy and Implementation Plan for Healthy Culturally Diverse Communities</i> builds on, and supersedes, this plan.</p>
<i>NSW Multicultural Mental Health Plan 2008 – 2012</i> <sup>61</sup>	<p>This plan is the strategic statewide policy and service delivery framework for improving the mental health of people in NSW from ethnic, cultural and linguistically diverse backgrounds.</p> <p>The Plan reflects and complements national and state policy directions and planning for multicultural mental health. It recognises that a comprehensive model of service delivery for multicultural mental health includes a range of services such as health promotion and prevention programs, early diagnosis, assessment and treatment services and care planning, to cultural consultancy and training and education.</p>
<i>NSW Refugee Health Plan 2011-2016</i> <sup>62</sup>	<p>The NSW Refugee Health Plan 2011-2016 is the statewide plan for improving the health and wellbeing of refugees and people with refugee-like experiences who have settled in NSW. The Plan seeks to ensure the delivery of safe, high quality services to refugees through both refugee-specific health services and through accessible, culturally and linguistically competent mainstream health services. The Plan identifies a range of strategies designed to improve refugee and asylum seeker health and well-being.</p>

<i>NSW Health policy</i>	<i>Relevance</i>
<i>In All Fairness: Increasing equity in health across NSW (2004)</i> <sup>63</sup>	Provides a framework for future planning and decision-making within the NSW Health system to reduce the 'gap' in health outcomes, and a foundation for integrating equity into the core business of NSW Health.
<i>Breastfeeding in NSW: Promotion, Protection and Support</i> <sup>64</sup>	This policy provides direction for the Ministry and Local Health Districts on how to progress NSW Health's commitment to promote protect and support breastfeeding in the community and amongst staff.
<i>Integrated Primary and Community Health Policy 2007 – 2012</i> <sup>65</sup>	Provides an overarching vision for the delivery of primary and community health services in NSW, which are an essential component of health care provision for people from ethnic, cultural and linguistically diverse backgrounds.
<i>Culturally &amp; Linguistically Diverse Carer Framework: Strategies to Meet the Needs of Carers</i> <sup>66</sup>	The Culturally and Linguistically Diverse Carer Framework identifies a whole range of strategies and evidence-based research to assist Government agencies to work towards the priority of identifying and supporting hidden carers.
<i>NSW Suicide Prevention Strategy 2010-2015</i> <sup>67</sup>	<p>NSW Suicide Prevention Strategy aims to align with the Multicultural Mental Health Plan 2008-2012, to improve the evidence base and understanding of the cultural significance of suicide, suicide attempt and self harm, and how they can be prevented across different cultural and at risk groups.</p> <p>The Strategy will promote the 'Cultural competence in working with suicidality and interpersonal trauma' learning resource through Area Health Services and other relevant sectors and improve the skills of workers who work with ethnic, cultural and linguistically diverse individuals and communities.</p> <p>A complementary multicultural action plan will be developed to ensure actions are appropriate and relevant for ethnic, cultural and linguistically diverse communities.</p>
<i>Chronic Disease Self-Management Support, NSW</i> <sup>68</sup>	<p>The vast majority of people with chronic conditions manage their conditions with only infrequent visits to health professionals. It is estimated that a large proportion of these people, if provided with appropriate support, can benefit from learning effective self-management skills.</p> <p>In partnership with their health care providers, this NSW Health Guideline document aims to assist people with chronic diseases to learn to actively manage their disease symptoms and effects over the long term, and adopt and maintain behaviours that can delay disease development or progression.</p>

## 7.2 Community Relations Commission

In 2000, the NSW Government passed legislation that put the Principles of Multiculturalism into state law. The Chief Executive Officer of each NSW public authority is responsible, within their area of administration, for the implementation of the Principles (Section 3(5) of the *Community Relations Commission and Principles of Multiculturalism Act 2000* (CRC Act))<sup>69</sup> (See appendix 1).

All agencies are required to have a current multicultural plan under the Multicultural Policies and Services Program (MPSP). This shows how they will implement the Principles of Multiculturalism as appropriate to the business of each agency.

The Chief Executive Officers of all NSW public authorities are required to report on the implementation of these

multicultural principles in their Annual Reports.

Departments with subordinate agencies, as in the case of NSW Health, must provide information on the implementation of the Multicultural Policies and Services Plan of the bodies reporting to it.

Up to 20 key human service agencies (including NSW Health) are required to work closely with the Commission in their multicultural planning, and are required to provide a report to the Commission with evidence of implementation.

As a public accountability measure, the Community Relations Commission is required to assess the effectiveness of public authorities in observing the principles of multiculturalism in the conduct of their affairs (Section 13(g) of the CRC Act). It is also required to prepare an annual Community Relations Report, which details agency compliance, for presentation to the NSW Parliament (Section 14(1) of the CRC Act).

### *NSW Multicultural Planning Framework Outcomes*

Multicultural policy goals are integrated into the overall corporate and business planning as well as the review mechanisms of the agency

Policy development and service delivery is informed by agency expertise and by client feedback and complaints, and participation on advisory boards, and significant committee and consultations

CEOs and senior managers actively promote and are accountable for the implementation of the Principles of Multiculturalism within the agency and wider community

The capacity of the agency is enhanced by the employment and training of people with linguistic and cultural expertise

Barriers to the accessibility of services for people from culturally and linguistically diverse backgrounds are identified and programs and services are developed to address them

A range of communication formats and channels are used to inform people from culturally and linguistically diverse backgrounds about agency programs, services and activities

Programs and services are in place to develop and use the skills of a culturally diverse population for the social economic benefit of the State

Source: Community Relations Commission, Multicultural Planning Framework (2009)

# Definitions of Key Concepts

To facilitate common understanding, the key concepts used in this document are described below:

**Acculturation** describes phenomena that result when groups of individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original cultural patterns of either or both groups. Under this definition, acculturation is distinguished from culture change, of which it is an aspect, and assimilation, which is at times a phase of acculturation<sup>70</sup>.

**Community development** involves helping communities to identify issues of concern and facilitating their efforts to bring about change in these areas, ultimately helping to empower communities with the skills needed to take control of and improve their situation<sup>71</sup>.

**Community involvement** describes the full range of research, consultation and participation in a decision-making process of a group of people sharing a common interest (e.g. cultural, social, political, health, economic, geographic).

**Consumer involvement** describes the engagement of individuals in a decision-making process as partners, advisers and informants.

**Cultural competence** 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<sup>72</sup>. Cultural competence is much more than awareness of cultural differences, as it focuses, for example, on the capacity of the health system to improve health and wellbeing by integrating culture into the delivery of health services.

To become more culturally competent, a system needs to:

- Value diversity
- Have the capacity for cultural self-assessment
- Be conscious of the dynamics that occur when cultures interact

- Institutionalise cultural knowledge, and
- Adapt service delivery so that it reflects an understanding of the diversity between and within cultures<sup>73</sup>.

**Cultural and linguistic diversity** refers to the wide range of cultural groups that make up the Australian population and Australian communities<sup>74</sup>. The term acknowledges that groups and individuals differ according to religion and spirituality, racial backgrounds and ethnicity as well as language. The term 'culturally and linguistically diverse background' is used to reflect intergenerational and contextual issues, not just the migrant experience.

The term culturally and linguistically diverse is used in its broadest, most inclusive sense and it acknowledges the role that background, experience, length of stay, inter- and transgenerational issues and diversity within and between communities play, along with language and culture, in forming diversity.

**Cultural safety**<sup>75</sup> is based on a multilayered view of culture as diffuse and individually subjective. It is concerned with power and resources, including information, their distribution in societies, and the outcomes of information management. Cultural safety is deeply concerned with the effect of unequal resource distribution on medical practice and patient wellbeing. Its primary concern is with the notion of the practitioner as a bearer of his or her own culture and attitudes, and consciously or unconsciously exercised power.

**Equality and equity** — equity in health means that all people have an equal opportunity to develop and maintain their health, through fair and just access to health resources. Equity in health is not the same as equality in health status. Inequalities in health status between individuals and populations are inevitable consequences of genetic differences, of different social and economic conditions, or a result of personal lifestyle choices. Inequities occur as a consequence of differences in opportunity (e.g. unequal access to health services)<sup>76</sup>.

**Health promotion** is a process of enabling people to increase control over and to improve their health. Health promotion, through investments and actions, acts on the determinants of health to create the greatest health gain for people, to contribute significantly to the reduction of inequities in health, to ensure human rights and to build social capital<sup>77</sup>.

**Multiculturalism** recognises, values and promotes the contributions of the diverse cultural heritages and ancestries of all people. A multicultural society is one that continually evolves and is strengthened by the contribution of its diverse peoples<sup>78</sup>.

Within the NSW Government context, the first two NSW principles of multiculturalism outline that:

- (a) 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.
- (b) 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<sup>79</sup>.

**New and emerging communities** are those that generally have small numbers in any one population centre, lack organised advocacy or social networks, have difficulty accessing government services, and may require substantial assistance and time to settle effectively in Australia<sup>80</sup>.

**Protective factors** reduce the likelihood of a person suffering a disease, or enhance their response to the disease should it occur<sup>81</sup>.

**Risk factors** are characteristics, variables, or hazards that, if present for a given individual, make it more likely that this individual, rather than someone selected at random from the general population, will develop a condition.

**Social inclusion** refers to a situation where all people feel valued and can participate in decision making that affects their lives, allowing them to improve their overall wellbeing<sup>82</sup>.

## SECTION NINE

# Acronyms

<i>Terms/Abbreviations/Acronyms</i>	<i>Meaning</i>
LHD	Local Health District
CALD	Culturally and linguistically diverse
CRC	Community Relations Commission
DIAC	Department of Immigration and Citizenship
DHI	Diversity Health Institute
EAPS	Ethnic Affairs Priorities Statement
KPI	Key Performance Indicator
MHM	NSW Multicultural Health Managers
MPF	Multicultural Planning Framework
MoH	Ministry of Health
MPS	Multicultural Policies and Services
NGOs	Non-Government Organisations
PHCPB	Primary Health and Community Partnerships Branch
MPSP	Multicultural Policies and Services Program

# NSW 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<sup>83</sup>

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