Willkommen (Welcome)

Organisational cultural competence is a concept you will be hearing much more about over the coming year and something that will increasingly influence how Queensland Health operates and interacts with its patients.

Organisational cultural competence is defined as “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”. In short, it means that as an organisation we are ready, willing and able to effectively meet the health needs of all Queenslanders, including those from a culturally and linguistically diverse background.

The Queensland Health Organisational Cultural Competency Framework is our roadmap to achieving this competence, outlining the eight key action areas and four foundation areas that make up a culturally competent organisation.

Recently, we took a huge step along the path to organisational cultural competence when the Queensland Health Cross Cultural Learning and Development Strategy 2009-2012 was endorsed by the Queensland Health HR Executive Committee. The learning and development strategy aims to build the cultural competence of all staff by focussing on five key strategic priorities. The strategy also outlines the five key cross cultural capabilities that Queensland Health will focus on to build the knowledge and skills of staff in planning and developing culturally competent care.

The impact of this strategy on the health care of patients from a culturally and linguistically diverse background is discussed within and I think you will agree that this is a great leap forward for multicultural health care.

Ellen Hawes
Manager, Queensland Health Multicultural Services


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New cross cultural learning and development strategy

A new learning and development strategy which provides direction on how to improve the cultural competence of staff was endorsed by the Queensland Health HR Executive Committee in December.

The Queensland Health Cross Cultural Learning and Development Strategy 2009-2012, which was developed by Queensland Health Multicultural Services, aims to build the cultural competence of all staff by focussing on five key strategic priorities.

The five strategic priorities of the plan are to:
• conduct specific cross cultural training (face to face and e-learning)
• integrate cross cultural capabilities into relevant non-cross cultural training programs (face to face and e-learning)
• integrate cross cultural capabilities into departmental outsourced non-cross cultural training programs
• build the cultural competency of the future Queensland Health Workforce
• ensure a quality approach to cross cultural training.

These priorities were developed in view of the challenge of providing 72 000 staff with access to training to build their cross cultural knowledge and skills.

Implementation of the strategy will see the cultural diversity component included in all orientation programs for new staff and tailored cultural competency training offered across districts and divisions.

The strategy has been supported by People and Culture Corporate which has provided funding to implement three inter-related cross cultural learning and development projects.

Multicultural Services Cross Cultural Learning and Development principal project officer Gail Hyslop said the projects would focus on the integration of cross cultural capabilities into face-to-face training programs, e-learning programs and into the nursing curriculum.

"These initiatives will help staff to become more culturally aware and help them to develop the skills and knowledge necessary to provide culturally competent care," Gail said.

"It also means that as an organisation, Queensland Health will become more culturally competent and be able to provide better health outcomes for all Queenslanders."


Diversity in Health 2010

More than 250 papers have been submitted to the Diversity in Health 2010 Conference, demonstrating a groundswell of interest in the wellbeing of migrants and refugees.

Submissions range from culturally appropriate assessment and diagnostic tools, to increasing access to mental health and counselling services, to policy development and health promotion.

Diversity in Health 2010 Chair Demos Krouskos said it was encouraging to see that so many workplaces and practitioners place a high value on cultural competence.

"We have received papers from major hospitals, government departments, mental health services, universities and community agencies," Demos said.

All papers will be evaluated by a committee of industry experts, and authors will be notified in March prior to a full program being released.

The Diversity in Health conference draws over 800 health practitioners and policy makers. The 2010 conference will be held at the Melbourne Convention and Exhibition Centre from 7-9 June.

For more information go to www.diversityinhealth.com.au.
Cross cultural capabilities

With more than one third of Queenslanders born overseas, or with a parent born overseas, Queensland Health staff are often confronted by situations where cultural and language barriers affect health care or relationships with colleagues.

Multicultural Services principal project officer Gail Hyslop said that staff can often be unsure of how to react or what to do when confronted by these cultural or language barriers.

“Staff cannot be expected to know how to react or know what to do if they are not provided with the appropriate knowledge and skills needed to overcome these barriers,” Gail said.

“In response, Multicultural Services has defined the five cross cultural capabilities that staff need in order to overcome cultural and language barriers and provide culturally competent care for all Queenslanders.”

The five cross cultural capabilities are:

1. **Self reflection**: The need to understand our own culture, beliefs, values, biases and preferences before we can understand others.

2. **Cultural understanding**: The need to have an awareness of cultural differences so that we can respond appropriately. The need to understand that different behaviours may be influenced by culture.

3. **Context**: The need to know that there are competing socio-economic and other factors that interplay with each culture, and that circumstances vary according to the context of the situation.

4. **Communication**: The need to be sensitive to language barriers and how we communicate. The need to know when to use, and how to access, interpreters.

5. **Collaboration**: The need to have the skills and ability to build trust and rapport with those from culturally and linguistically diverse backgrounds, and to know when to use networking opportunities or engage communities for consultative or referral purposes.

“These cross cultural capabilities are the range of skills, knowledge, and behaviour Queensland Health expects in its workforce to enable and support the delivery of culturally safe services that meet the needs and expectations of culturally and linguistically diverse client groups,” Gail said.

“By developing these cross cultural capabilities Queensland Health staff will be able to work, communicate, and collaborate effectively with individuals from diverse cultural and linguistic backgrounds.”

Staff will be able to develop their cross cultural capabilities through the cross cultural training outlined in the *Queensland Health Cross Cultural Learning and Development Strategy 2009-2012*.

For more information about the *Queensland Health Cross Cultural Capabilities*, contact Gail Hyslop on 3328 9877, email multicultural@health.qld.gov.au or go to www.health.qld.gov.au/multicultural.

Physical activity survey

Government and non-government service providers that run physical activity initiatives for culturally and linguistically diverse (CALD) communities in Queensland are being asked to complete a survey to help identify the types of initiatives that are available and how well they engage CALD communities.

CALD Physical Activity Mapping Project principal project officer Amy Orlandi said the information would be used to identify gaps in the provision of services and increase opportunities for CALD communities to participate in physical activity.

“Anyone who runs any physical activity initiatives with CALD communities should take the time to complete the survey,” Amy said.

“Initiatives can include physical activity programs, social marketing campaigns, community education and events, health professional one-on-one education and grants programs.

“Please also disseminate this survey to any relevant service providers in your area.”

The scope of the survey is limited Local Government Areas with high CALD populations (Brisbane, Cairns, Gold Coast, Ipswich, Logan, Moreton Bay, Redland, Sunshine Coast, Toowoomba and Townsville).

Click here to answer the survey. Responses are due by 19 March.

For more information contact Amy Orlandi on 3328 9875 or multicultural@health.qld.gov.au.
Cultural diversity training now part of staff orientation

Cultural diversity training is now a mandatory part of orientation for all new Queensland Health staff thanks to measures introduced under the Queensland Health Cross Cultural Learning and Development Strategy 2009-2012.

The Cultural Diversity in Health Care Orientation Package introduces staff to Queensland Health’s five cross cultural capabilities, explains how culture can influence health care, outlines relevant multicultural policies, discusses staff responsibilities and describes the available multicultural resources.

Multicultural Services Cross Cultural Learning and Development senior project officer Jasmine Pivac said the inclusion of cultural diversity training in all orientation programs had the potential to impact greatly on the organisational cultural competence of Queensland Health.

“By introducing the concept of cultural diversity and outlining the five cross cultural capabilities at the beginning of their employment, it makes it clear that Queensland Health expects all staff to be culturally competent,” Jasmine said.

“The training will prepare staff for situations where cultural and linguistic barriers may impact on the care of patients and workforce relations.

“The training also introduces staff to the many resources and the knowledge available to assist them when cultural or linguistic barriers exist.”

The Cultural Diversity in Health Care Orientation Package was introduced in January 2010 and is being rolled out progressively throughout the state.

For more information about the package contact Jasmine Pivac on 3328 9878, email multicultural@health.qld.gov.au or go to www.health.qld.gov.au/multicultural/health_workers/training.asp.

2010 religious calendar now available online

A new religious calendar for 2010 is now available for the Multicultural Clinical Support Resource folder.

The calendar was developed by Queensland Health Multicultural Services to help health workers to identify the various religious holidays and festivals which may affect the treatment of patients.

Queensland Health staff can print a copy of the calendar and place it in their area’s Multicultural Clinical Support Resource folder.

In addition to the new calendar, a number of other updates have been published recently including a new chapter on the cultural dimensions of pregnancy birth and post-natal care and six new languages for the ward communication tool.

The Multicultural Clinical Support Resource folder provides ready-reference information on issues that affect health care provision to people from culturally and linguistically diverse backgrounds.

Folders are located throughout Queensland Health facilities or copies can be downloaded from the multicultural health website.

It’s OK to complain

A new website has been launched which aims to teach all Queenslanders, including those from a culturally and linguistically diverse background, that ‘it’s OK to complain’.

The www.complaints.qld.gov.au website was created by six independent accountability agencies in Queensland to help make it easier for people to find information about how to complain about government and other services.

In addition to a shared complaints website, the agencies have developed an ‘It’s OK to complain’ brochure that has been translated into 15 languages.

Anti-Discrimination Commission Queensland Commissioner Susan Booth said the joint initiative aims to improve the community’s understanding of the roles of independent accountability agencies in Queensland.

“Many people, including those from multicultural backgrounds, are unsure of who to complain to if they or someone close to them has been unfairly treated,” she said.

“The shared website and multilingual brochure will improve their understanding of Queensland’s accountability agencies, and lead them to the relevant agency to address their complaint.”

CEO of the Health Quality and Complaints Commission Cheryl Herbert said all complaints were important.

“If you’re like most people, you probably don’t like to complain. It’s even more difficult if you are upset, busy or think that it won’t make a difference,” she said.

“But it does make a difference. Complaints are a really important source of feedback and can help improve service standards and stop others going through what you did.”

Agencies involved in the initiative include:
• Anti-Discrimination Commission Queensland
• Commission for Children and Young People and Child Guardian
• Commonwealth Ombudsman
• Crime and Misconduct Commission
• Health Quality and Complaints Commission
• Queensland Ombudsman.

People from a CALD background can access the Australian Government Translating and Interpreter Service on 131 450 for assistance with lodging written or telephone complaints.

To view the website and multilingual brochures please visit www.complaints.qld.gov.au.

Sexual health for CALD youth

Young people from a culturally and linguistically diverse (CALD) background often have a limited understanding of sexual and reproductive health leading to a variety of problems including higher incidences of sexually transmitted infection and unplanned pregnancy.

This lack of understanding is caused by a number of barriers including language and cultural issues, and limited sexual health education.

To overcome these barriers, the Ethnic Communities Council of Queensland (ECCQ) has developed a youth program as part of its statewide HIV/AIDS, Hepatitis C and Sexual Health Program.

The youth program has been running for almost five years and works specifically with young people from a CALD background, such as migrants, refugees and international students.

The program uses bilingual workers to deliver culturally tailored sexual health education workshops at schools, TAFEs, Universities, colleges, and language schools and also delivers community workshops in homes and neighbourhood centres.

The use of bilingual workers is fundamental in assisting with language issues, gaining trust and creating a safe environment to discuss culturally inappropriate and taboo topics such as sex.

The leading issues discovered during these workshops include low levels of understanding about sexual and reproductive health and sexually transmitted infections, low levels of condom use and an increase in unplanned teenage pregnancy among young people from a CALD background.

The statewide HIV/AIDS, Hepatitis C and Sexual Health Program is funded by Queensland Health and addresses sexually transmissible infections and blood-borne viruses for all Queenslanders from a CALD background.

For more information about the ECCQ HIV/AIDS, Hepatitis C and Sexual Health Program, contact Soulmaz Rostami on 3844 9166.
What is your cultural background?
I am Polynesian, of Maori descent. I am from Aotearoa, the land of the long white cloud (New Zealand). I came to Australia in 1967.

What is the biggest difference between Australian and Maori culture?
Maori culture is based on a collective identity. Maori identify themselves as belonging to the tribal group of their ancestors, and also to the land of their ancestors. Even though Indigenous Australians have a similar belief system, many mainstream Australians do not have the family history to form their own tribal groups. Australian culture is enjoying the great outdoors and sport.

What are the main multicultural communities in your region?
Polynesian (mainly Samoan and Maori), Italian, Indian, and Asian.

What is the biggest health issue facing these communities?
The number one issue is the non-existence of culturally sensitive community support for Polynesian people. We need a community health and wellness centre to address chronic health issues such as asthma, renal failure, hypertension, diabetes, mental health, obesity/nutrition, cancer, wound care, and social isolation.

A lack of CALD health data

Less than three per cent of articles published in leading Australian health care journals focus on multicultural health issues according to new research published in the Australia and New Zealand Health Policy Journal.

The article, *Representations and coverage of non-English speaking immigrants and multicultural issues in three major Australian health care publications*, examined more than 4100 articles published over a 12 year period (1996-2008).

The review found that only 2.2 per cent (90) of articles published in the Medical Journal of Australia, the Australian Health Review and the Australian and New Zealand Journal of Public Health were primarily based on multicultural issues, and most of these articles focused on newly arrived refugees, asylum seekers, Vietnamese or South East Asian communities.

The authors concluded that the “limited coverage and representation of multicultural populations in research studies has implications for evidence-based health and human service policy”.

Go to [www.anzhealthpolicy.com](http://www.anzhealthpolicy.com) to read the article.

Funding for inclusion program

- A new program which aims to increase access to sport and recreation for individuals and groups facing barriers to participation, including individuals from culturally and linguistically diverse (CALD) backgrounds, was recently announced by the Department of Communities.
- The Sport and Recreation Active Inclusion Program will provide $18 million in funding over three years for community groups and sporting organisations which encourage participation in sport and recreation in their community.
- Round one funding is open from 1 March-16 April. For more information go to [www.sportrec.qld.gov.au](http://www.sportrec.qld.gov.au).

Muslim patient guide update

A handbook which assists health professionals to better understand the religious needs of Muslim patients is currently being updated in a joint project between Queensland Health Multicultural Services and the Islamic Council of Queensland.

The Health Care Providers’ Handbook on Muslim Patients was originally published in 1996 and has been one of the most popular downloads on the Queensland Health website.

The handbook provides guidelines for health professionals caring for Muslim patients, information about specific religious requirements that affect health care, and background information about Islam.

An advisory committee has been established and Multicultural Services has gathered feedback from stakeholders and interested parties.

Islam is a fast growing religion in Queensland having grown 36.4% between the 2001 and 2006 censuses.

The updated guide is expected to be published by June 2010. Click here to view the current handbook.