2008-09 Multicultural Health Achievements

An implementation report on the
Queensland Health Strategic Plan for Multicultural Health
2007-2012
INTRODUCTION

Each year, a report is provided by each Government Department to Multicultural Affairs Queensland on the implementation of annual multicultural action plans. Multicultural Affairs Queensland uses this information to inform the Queensland Government on progress in implementing the Government’s multicultural policy.

This report identifies the key achievements made by Queensland Health in multicultural health and as required by Multicultural Affairs Queensland, provides supporting evidence of these achievements and future directions. It is not possible to provide this level of information for all of the actions implemented in 2008-09 under the Queensland Health Strategic Plan for Multicultural Health 2007-2012. This is due to the large extent and level of activities and initiatives being implemented statewide and by Health Service Districts (HSDs).

There continues to be an unprecedented level of activity within Queensland Health on multicultural health issues, which explains why there are a number of key achievements and over 50 pages of information of implementation activities. As with previous annual reports, this level of detail is provided as a way to inform both corporate office and Health Service District staff about the types of activity underway which may be relevant to their planned or current activity. Sharing experiences is an important part of using finite resources wisely – not reinventing the wheel and joining resources together for possible better outcomes.


During 2008, the Queensland Health Multicultural Program moved towards organising the activity under the Queensland Health Strategic Plan for Multicultural Health 2007-2012 on outcome areas. This was based on staff and stakeholder feedback on the need for greater clarity about the major outcomes being sought by the Strategy. An environmental scan was undertaken of the literature and other organisational approaches and a model of organisational cultural competence was developed. Under this model, organisational cultural competency is built by working towards eight outcomes areas (refer Figure 1). It should be noted that the evidence is very clear that one of the eight elements can not be achieved in isolation of the others. For example, staff may have the knowledge and skills but no access to interpreters to action these skills. For these reasons, organisational commitment to all of the elements of Cultural Competency is required. As cultural competency is a developmental journey\(^1,^2\), a sustained commitment is required.

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Cultural competence is defined as:

- the awareness, knowledge, skills, practices and processes needed by individuals, professions, organizations and systems to function effectively and appropriately in situations characterized by cultural diversity in general and, in particular, in interactions with people from different cultures;
- 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. Cultural competence is much more than awareness of cultural differences, as it focuses on the capacity of the health system to improve health and wellbeing by integrating culture into the delivery of health services.

Figure 1. Queensland Health Organisational Cultural Competency Framework
Multicultural Affairs Queensland has also implemented an outcomes areas approach but in a more incremental manner (ie. just for one of the whole of government multicultural objectives). This report presents Queensland Health activity under each of the outcome areas in the Queensland Health model of organisational competency. For each outcome area, the corresponding objective of the Queensland Government’s multicultural policy is noted.

This report is structured in the following sections:

Section 1 – Key 2008-09 multicultural achievements

Section 2 – Key learnings

Section 3 – Queensland Health multilingual publications

Section 4 – Queensland Health funding for multicultural and ethno-specific programs and projects 2008-09

Section 5 – Detailed report on implementation of each 2008-09 action under the *Queensland Health Strategic Plan for Multicultural Health 2007-2012*

**SECTION 1. KEY 2008-09 MULTICULTURAL POLICY ACHIEVEMENTS**

*Impact of key achievements*

The impact of the following key achievements for people from culturally and linguistically diverse backgrounds is that:

- they are more likely to get an interpreter when they need one
- they are more likely to receive a quality interpreting session
- they have access to a range of information about health and health services
- they are seen by health staff who have greater skill and knowledge of multicultural communities, and greater confidence in providing health services to people from diverse backgrounds
- if they are newly arrived humanitarian entrants, they receive a health assessment in the initial settlement period.
Key achievement 1: Queensland Health Interpreter Service

(Whole of government objective: Strengthening multiculturalism in the public sector)

The Queensland Health Interpreter Service is based on statewide responsibility for the implementation, monitoring and evaluation of the quality of interpreter services and Health Service District responsibility for local coordination and monitoring of interpreter services.

The new service arrangement comprises two tiers:

- preferential use of Health Service District internal interpreters where possible (i.e. where demand for a language is high enough)
- all other interpreter services across the state, including those for the hearing impaired, provided externally through a Standing Offer Arrangement. ONCALL Interpreters and Translators Agency was Queensland Health’s external interpreter provider through a Standing Offer Arrangement awarded in 2007.

The Queensland Health Interpreter Service was introduced in three phases.

Phase 1 (2007) was awareness raising and service infrastructure establishment

The service infrastructure established included:

- dedicated Interpreter Service Quality Officers in the then three Area Health Services, with these positions responsible for the quality of interpreter services across each Area
- Interpreter Service Coordinator roles in each Health Service District, responsible for coordinating Health Service Districts bookings for interpreter services, confirming the interpreter service was provided, verifying interpreter charges, monitoring and evaluating Health Service District interpreter services, raising awareness of the new service and facilitating staff training on working with interpreters. Health Service Districts with low demand for interpreter services have established Interpreter Service Coordinator roles as a part of an existing position while Health Service District with medium to high demand for interpreter services have dedicated Interpreter Service Coordinator roles (Northern Health Service Districts, Metro North - Royal Brisbane and Women’s Hospital; Northside, Queensland Children’s Hospital, Metro South - Princess Alexandra Hospital; Southside, Gold Coast, and Darling Downs West Moreton Health Service Districts)
- development of orientation and training programs for Interpreter Service Quality Officers and Health Service District Interpreter Service Coordinators
- the development of a training program (basic, advanced) for interpreters on interpreting within a health context.
- new guidelines, fact sheets and promotion material
- an interpreter service websites for staff and the community on the new service arrangements
- development of a interim Interpreter Service database to monitor service delivery in Phase 2
- initial development of a web-based, electronic Interpreter Service Information System.
Awareness raising included:
- development and implementation of a statewide communication strategy for the Queensland Health Interpreter Service targeting Queensland Health staff and culturally diverse communities
- development and implementation of Health Service Districts based communication strategies, including the conduct of information sessions on the new service arrangements and training on how to work with interpreters.

Over 2000 Queensland Health staff in southern Health Service Districts, 800 in central Health Service Districts and 600 in northern Health Service Districts attended training or awareness sessions on the new service arrangements. The varying numbers across reflects population profiles in terms of need for interpreter services and resources available to conduct the training/awareness raising sessions.

**Phase 2** Introduction of new Queensland Health Interpreter Service Arrangements

The new service arrangements commenced in November 2007 and were launched by the Parliamentary Secretary for Health in December 2007.

In the first month of operation, the interpreter service webpage on the multicultural website had 10,000 hits, indicating that staff wanted information about the service and were able to source this information from the site.

**Phase 3** Introduction of the electronic Interpreter Service Information System (ISIS)

This phase introduced online interpreter service coordination to Queensland Health. The introduction of ISIS commenced in December 2008 and supported by:
- the development and implementation of a communication strategy for ISIS
- the development and statewide distribution of ISIS fact sheets
- the development and publishing of User Manuals for requesters, coordinators, providers and system administrators
- the development of a training version of ISIS. This enables new users to log on to ISIS (training) and practise requesting or booking interpreters
- the conduct of comprehensive training programs for Coordinators, Requesters and Train the Trainer

In the eight weeks preceding the introduction of ISIS, a statewide change management strategy was implemented which resulted in:
- 42 Health Service District Interpreter Coordinators being trained in a series of four three-day courses in Central and Southern and five one-day courses across Northern Health Service Districts in the ISIS coordinator role
- 9 ONCALL staff (External Provider) being trained in Brisbane and Melbourne in three half-day and one full-day short courses.
- 110 ISIS Requester training sessions provided to staff across Cairns, Townsville, Mackay, Mt Isa & Cooktown for over 410 staff
- 276 ISIS Requester training sessions provided to staff across Southern and Central Health Service Districts for over 2197 staff.
The evidence supporting the effectiveness of the Queensland Health Interpreting Service is positive feedback from the community sector, Interpreter Service Quality Officers and Health Service District Interpreter Service Coordinators. Relatively few complaints have been received and of those received, results of investigation have been built into the service’s quality improvement processes. Most significantly, the provision of interpreter services has increased since the introduction of the new service arrangements in November 2007, with requests for interpreters increasing by 90%. Over 3800 requesters were registered to use ISIS.

In recognition of this outstanding level of improvement in interpreter service provision, the Queensland Health Multicultural Program was awarded a Highly Commended Queensland Multicultural Award in 2008 and the inaugural Queensland Health Award for Excellence in the “Improving the health and well-being of Queenslanders” category in April 2009.

Future directions are to continue to implement the Queensland Health Interpreter Service and to introduce quality improvements based on evaluation of the service and stakeholder feedback. An example of a quality improvement is to complete the pilot of videoconferencing for interpreters and if successful, roll-out statewide. The pilot was commenced in 2009 through the Interpreter Service Quality Officer for northern Health Service Districts in partnership with Queensland Health telehealth services and ONCALL Interpreters and Translators. This pilot aims to address the shortage of interpreters in regional areas particularly for AUSLAN where the telephone option is not viable.

Key achievement 2: Refugee Health Queensland

Following an extensive collaborative planning process, a statewide service plan for refugee health assessment was approved in April 2008 and Refugee Health Queensland was established and operational from July 2008.

Refugee Health Queensland is a statewide service that provides special humanitarian entrants and asylum seekers, with priority to those who are within the first six months of settlement and asylum seekers, with:

- standard initial health assessments, including public health screening and catch-up vaccination
- coordination of short term health management with additional support for complex cases, and
- supported referral to existing services for continuing care, in particular, general practitioners.

The model is a ‘hub and spoke’ model. The hub has a small statewide team to conduct the planning, coordination, education, support and quality monitoring, as well as conduct the Brisbane South Refugee Health Assessment Clinic. The ‘spoke’ services provide direct clinical care services to the client group in the local area and are supported by the hub.
The service locations are as follows:

South Brisbane: the hub and South Brisbane assessment clinic was based at the Mater Hospital Services.
North Brisbane: Refugee Health Assessment Clinic at Zillmere Community Centre.
Logan: Refugee Health Clinic at Logan Community Health Centre.
Toowoomba: a refugee health nurse was based at Kobi House, Toowoomba Health Service, working with an existing Medical Officer.
Cairns: a refugee health nurse was based at the Cairns General Practice Division working with local general practitioners and other practice staff.
Townsville: a mobile refugee health nurse based at the James Cook University will work with local general practitioners and other practice staff.

The evidence supporting the effectiveness of the service is that as at December 2008 (last data available as at time of report writing), 227 humanitarian entrants had received an assessment by Refugee Health Queensland, with all of these occurring within four weeks of arrival and 100% referred to a community general practitioner for ongoing care. The number of humanitarian entrants that have received a health assessment in 2008-09 will be larger than this figure, with the largest assessment clinic commencing activity in February 2009. The report on January – June 2009 activity is not due until mid July 2009.

Future directions are to continue the service and monitor the outcomes and deliverables including client and service provider satisfaction with the service. A statewide advisory committee will continue to provide advice to the Mater Heath Services to facilitate optimal health assessment and referral to community general practitioners.

Relevant whole of government priority area: Refugees, particularly African refugees.
Key achievement 3: Continuing multicultural community involvement in health planning at the statewide and Health Service District levels

At the statewide level, Queensland Health continues to be one of the few Queensland Government departments which involves multicultural community sector representatives in an advisory capacity. Three representatives participate in the Queensland Health Multicultural Steering Committee, with two multicultural community sector representatives also invited to participate in each working party established by the Queensland Health Multicultural Program.

Multicultural health issues are also being progressed at across district level with, for example, the northern Health Service Districts establishing a Multicultural Advisory Group to facilitate inclusive health service planning and delivery.

At the Health Service District level, significant progress has occurred in inclusive health service planning. In 2005, the Queensland Transcultural Mental Health Centre identified 10 Health Service Districts as “high CALD need” Health Service Districts (based on a number of criteria detailed in their report\(^5\)). In 2007-08, six of these ten “high CALD need” Health Service Districts established a Multicultural Advisory Groups:

- Gold Coast
- Northside
- PA Hospital
- Southside
- West Moreton
- Townsville

While not identified as a “high CALD need” District, Toowoomba has also established a Multicultural Advisory Group, based on the increasing multicultural population largely due to the continuing settlement of refugees and special humanitarian entrants into the local area\(^6\).

In 2008-09 the Metro North Health Service District (al) also established a district multicultural advisory committee.

The evidence supporting the key achievement is the existence of the various committees and the increasing level of information that District senior executive committees receive about multicultural health issues as a result. For example, the recently formed Royal Brisbane and Women’s Hospitalal Advisory Committee is chaired by a senior member of the hospital’s executive.

Future directions are to continue the committees and to encourage Health Service Health Service Districts to evaluate participant’s experience of the committees in terms of inclusive health service planning and delivery.

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\(^6\) The remaining four “high CALD need” Districts which have not established advisory mechanisms are RBWH, Royal Children’s Hospital, Sunshine Coast, and Cairns and Hinterland Health Service Districts.
**Key achievement 4: Multicultural Community Health Worker pilot**

*(Whole of government objective: Strengthening multiculturalism in the public sector)*

Working in partnership with Queensland Health as a funding body, the Ethnic Communities Council of Queensland (ECCQ) has led the development of a new workforce role in Queensland, that of the Multicultural Community Health Worker. ECCQ developed and implemented a training program for Multicultural Community Health Workers for nine communities, with the communities being selected on available information on higher prevalence of chronic diseases (in scope under the Queensland Health Chronic Disease Strategy). The communities were Sudanese, Vietnamese, Pacific Islanders, Filipino, Spanish speaking, Arabic speaking, Greek, Indian and Bosnian. Working with the Central and Southern Population Health Units, the Health Promotion Branch and the Queensland Health Multicultural Health Program, a needs assessment was conducted with each community on health education, healthy eating and physical activity. An innovative culturally tailored chronic disease self-management and risk modification facilitator training package called “Living Well” was developed, with health education, healthy eating, and physical activity education modules for the nine target communities. This included developing community relevant resources (eg. food pyramids with community foods).

The Multicultural Community Health Workers were also used as a pilot strategy to reach non-English speaking communities targeted by the national Measure Up social marketing campaign. ECCQ again worked in partnership with Queensland Health to develop a facilitator’s manual on the Measure Up campaign for Multicultural Community Health Workers and 17 sessions across 10 communities were conducted.

The *evidence supporting* the key achievement relates to the evaluation of the Measure Up sessions which indicated that the Multicultural Community Health Worker is an effective strategy to reach diverse communities and convey health messages. Over 100 people from a non-English speaking background participated in the Measure UP program, with all communities involved increasing in their understanding of the Measure Up messages.

**Future directions** are to evaluate the Multicultural Community Health Worker more comprehensively. Both Queensland Health and ECCQ will consider the findings of this evaluation in future planning activities.

**Key achievement 5: Darling Downs West Moreton multicultural workforce projects**

*(Whole of government objective: Strengthening multiculturalism in the public sector)*

In September 2008 the Darling Downs West Moreton Health Service District Multicultural Recruitment and Employment Project the “Untapped Labour Market” was awarded one of the annual Queensland Health IPAA HR Project Awards. The project researched the difficulties that CALD overseas qualified health professionals face in obtaining work in the health sector and found that there was a skilled workforce available to work, that this potential workforce was not always aware of the opportunities to work in Queensland Health, and that this potential workforce was not familiar with current recruitment and selection processes. The project also identified strong support from organisations to work in partnership with Queensland Health in accessing information on employment opportunities and pathways to employment within Queensland Health.
A follow-on project “Workforce Partnerships” commenced in July 2008 and worked with Multicultural Employment Providers, Centrelink, Skills Recognition Unit, Department of Education, Training and the Arts and individual CALD job seekers. The outcomes of this project include:

- “fact sheets” that identify the pathways to possible employment for CALD overseas qualified health professionals for doctors, nurses, dentists, pharmacists and physiotherapists. The “fact sheets” have been used by both individual CALD job seekers and employment case managers and the feedback has been very positive
- the conduct of case management of CALD job seekers to identify the barriers that existed in securing employment in the health sector
- the provision of Train the Trainer training and individual one to one support to CALD employment case managers to identify the current recruitment and selection processes utilised in Queensland Health.

The **evidence supporting** the key achievement is the high level of support for the projects by stakeholders.

**Future directions** are to work with the relevant corporate areas of Queensland Health to consider the project findings and resources developed.

**Key achievement 6: Multicultural Clinical Support Officer pilots**

*(Whole of government objective: Strengthening multiculturalism in the public sector)*

The Multicultural Clinical Support Officer was implemented as a strategy to build the cultural competency of nurses and allied health professionals. The Multicultural Clinical Support Officer role is equivalent to an “on the spot” cultural coach and is based on evidence that busy clinical staff are not able to attend stand alone cultural competency training and that they learn best when information is provided at the time they need it and relevant to clinical issues being dealt with.

Two Multicultural Clinical Support Officers were trialled, one at the Royal Brisbane and Women’s Hospital and the other at the Gold Coast Health Service District. An external evaluation of the Multicultural Clinical Support Officer role found that the positions resulted in a high level of demand from staff for information, coaching and support on a wide range of multicultural issues and topics. Over fifty percent of requests for information were direct service delivery related, with almost twenty percent related to requests for information about CALD agencies. The remaining requests for information/advice were linked to interpreter services, translated material and requests for resources.

Approximately 200 training sessions were delivered at the RBWH as at the time of the evaluation (February, 2009) with attendance by over 2,000 staff. Training was either delivered in a formal session or during ward handovers, depending on operational needs. Approximately 70% of training participants were from nursing, almost 20% from Allied Health, with other representation from Medical (5%), Professional (5%) and Administrative streams (2%).
The evaluation also found that the positions resulted in changes to policies and procedures. The majority of staff interviewed as a part of the evaluation identified at least one policy or procedure which had been adapted to reflect more culturally appropriate responses or practices as a direct result of the training or advocacy by the Multicultural Clinical Support Officer. These included:

- review of the District procedure to reflect cultural considerations and sensitivities related to Death and Dying
- development of a Procedure document on Cultural/Religious Customs relating to Death for seven specific Religions, sub groups
- inclusion of information on culturally appropriate interview techniques for health Assessments in the Transition to Midwifery Practice Education Modules
- preparation of culturally appropriate questions related to birth preferences in the Patient’s Pregnancy Health Record to assist clinicians in the Birth Suite and relevant ward to provide culturally appropriate care during the birthing journey
- review of Food Service Policy/Procedure to take into consideration the special needs of patients who follow strict dietary laws such as halal, kosher and vegetarian diets.

The evidence supporting the key achievement is the findings of the external evaluation conducted on the effectiveness of the pilots. This evaluation found that the Multicultural Clinical Support Officer positions achieved their objectives – staff reported increased confidence in caring for patients from culturally or linguistically diverse backgrounds, increased knowledge of culturally competent health care provision and a clearly recognised link to improved patient safety.

Future directions are for the Queensland Health Multicultural Program to promote the findings of the pilot to other Health Service Districts and to advocate for funding of ongoing Multicultural Clinical Support Officer roles.

**Key achievement 7: Pacific Islander health needs assessment**

The Pacific Islander Health Needs Assessment and Consultation Project aims to identify the priority health needs in five Queensland Pacific Islander communities: Maori, Papua New Guinean, Samoan, Fijian and Fiji-Indian. Through a partnership with the Ethnic Communities Council of Queensland, the needs in the Tongan and Cook Islands communities are also been assessed. The project is focussing on South East Queensland (Gold Coast, Logan, Brisbane, Ipswich, Deception Bay and Caboolture) and Cairns. The major strategies are:

- literature review
- focus groups with community leaders
- focus groups with community members
- telephone survey of randomly selected health service providers
- produce project report
- forums to share and disseminate information in Cairns and Brisbane

The project utilises bilingual/bicultural co-facilitators and is guided by a project advisory group.

The evidence supporting the key achievement is the availability of age standardised morbidity and mortality data for in-scope Pacific Islander communities for the first time in Queensland, the successful completion of nine focus groups with in-scope communities and two with community
The focus groups took place in Cairns, Logan and Brisbane. Community leaders of the in-scope Pacific Islander communities continue to support the project by participating in the project advisory group.

**Future directions** are to complete the health needs assessment and to work with the advisory group and relevant Queensland Health areas on strategies to address priority health needs.

**Relevant whole of government priority area:** Pacific Islander communities

**Key achievement 8: Cross-cultural Capabilities**

*(Whole of government objective: Strengthening multiculturalism in the public sector)*

“Culturally competent staff” is one of the consistent elements of models of organisational cultural competency. For Queensland Health, the need for culturally competent staff has a number of drivers including:

- to improve CALD patient health outcomes, safety and experience
  - serious misdiagnoses and cases of malpractice have occurred as a result of cross-cultural incompetency on the part of the health provider. The North American experience provides precedent-setting examples from which lessons can be learnt about the serious consequences that are a direct result of a lack of cross-cultural capability and care
  - 2001 New South Wales research points to the dissatisfaction of NESB and CALD health populations within the health system “most notably due to language barriers and staff’s lack of cultural awareness and respect for cultural difference”
  - a 2005 Australian study found that “patients who did not speak the same language as the health care professional were at double the risk of receiving less than optimal care, compared to patients who shared the same language as the health care providers.”

- To translate policy into practice
  - a number of international and national standards and policy frameworks include provisions for cultural sensitivity or awareness [eg. Australian Council on Healthcare Standards (ACHS) EQuIP 4 criteria, National Health and Medical Research Council (NHMRC) Cultural Competency in Health: A guide for policy, partnerships and participation, Aged Care Standards and Accreditation]. However, evidence suggests that these policies have not been effectively implemented in health systems, in some cases resulting in professional uncertainty in relation to cultural competency. In some cases, staff uncertainty about how to respond appropriately and sensitively has led to inertia, anxiety, disempowerment, and dissatisfaction. Some evidence suggests that in the absence of clear and practical methods, directives for culturally-sensitive care may have had the unintended effect of lowering the standard of patient-centred care for CALD consumers. While health practitioners may understand the need for cultural sensitivity they may not be adequately empowered or supported to practice it.

In response to the need to build the cultural competency of staff, Queensland Health reviewed the evidence on cultural competency and clearly defined the knowledge and skills required by health staff to enable and support the delivery of culturally competent services. Five cross-cultural capabilities

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1 Refer Background Paper to the Queensland Health Cross Cultural Capabilities, 2009 for referenced information.
were defined for both clinical and non-clinical staff, with varying application of the capabilities across clinical and non-clinical staff. This work is groundbreaking and sought after by other Australian health jurisdictions and supported by key experts in the field. The final Cross-Cultural Capabilities were endorsed by the Productive Diversity Steering Committee.

The **evidence supporting** the key achievement is the strong support of stakeholders for the Cross-Cultural Capabilities, from both internal and external stakeholders. The Cross Cultural Capabilities for clinical and non-clinical staff are consistent with both the findings of systematic reviews into cultural competency and with expert opinion and are the first set of capabilities articulated for health workers (ie. across disciplines).

**Future directions** are to work with the Aboriginal and Torres Strait Islander Health Unit to develop a core set of capabilities for cultural competency, to be applied in different ways in relation to Aboriginal and Torres Strait Islanders and multicultural communities. Implementation of the Cross Cultural Capabilities will occur through the Cross Cultural Learning and Development Strategy (below).

**Key achievement 9: Cross Cultural Learning and Development Strategy**

*(Whole of government objective: Strengthening multiculturalism in the public sector)*

The simplest way of providing Queensland Health staff with access to cultural competency knowledge and skills would be to conduct specific training courses for clinical and non-clinical staff and managers and leaders. However, the consultation conducted to inform the development of the Cross Cultural Learning and Development Strategy indicated that this is not a viable option. A number of common themes were identified across stakeholders, as follows:

- there is a large range of learning and development programs and courses available to staff in a variety of delivery modes
- there are barriers for staff to access training
  - staff are busy and it is particularly difficult to release clinical staff to attend training (backfill arrangements are problematic due to budget constraints and workforce shortages)
  - clinical staff have difficulty access mandatory training
- internal stakeholders recognise the absence of cultural competency components in existing Queensland Health training and education and the importance of addressing this gap
- there is support for integrating cultural competency knowledge and skills into existing learning and development programs (eg Workplace Culture and Leadership Centre, Skills Development Centre)
- trainers need to be credible and training needs to be tailored to particular staffing groups and include practical examples of how to apply cultural competent knowledge and skills
- links to patient safety and clinical relevance needs to be clear
- all staff require information on cultural competency at orientation
- Health Service Districts outsource the development of district-specific training courses and do not include any cultural competency information in those courses
- there is a need to monitor implementation of cultural competency knowledge and skills in learning and development programs
there is an adhoc approach to cultural competency training in the tertiary sector, resulting in many new graduates entering Queensland Health without cultural competency knowledge and skills.

The development of the Cross Cultural Learning and Development Strategy considered the results of the literature review and stakeholder consultation\(^8\). It also considered the learning and development principles, standards and strategic initiatives of the Queensland Heath Learning and Development Strategic Framework 2007-2012.

The evidence supporting the key achievement is the broad support for the draft Strategy, particularly for its focus on integrating the cross cultural capabilities into existing Queensland Health training rather than conducting stand alone cultural competency training.

Future directions are to seek endorsement of the strategy and to implement the Strategy, including developing systems to monitor staff attendance at training programs which incorporate the cross cultural capabilities.

**Key achievement 10: Data collection and analysis**

*(Whole of government objective: Strengthening multiculturalism in the public sector)*

A multicultural data working party was established to inform the collection, extraction, analysis and reporting of the CALD minimum dataset, and to advocate for improvements in these areas. Membership of the working party is comprised of representatives from the Health Statistics Centre, Population Health Queensland, the Ethnic Communities Council of Queensland and Queensland Health Multicultural Program.

With the support of the working party, data has been analysed on the health status of the Italian, Indian, Vietnamese, Fijian, Samoan, Tongan, Papua New Guinean and Cook Islander communities. Examination has been made of datasets including the Queensland Hospital Admitted Patient Data Collection, the Cancer Registry (Queensland) and the Australian Bureau of Statistics, to elicit hospital separation and mortality data including: coronary heart disease (CHD), stroke, chronic obstructive pulmonary disease (COPD), asthma, diabetes, all cancers excluding non-melanocytic skin cancer, external causes (including accident and injury), musculoskeletal disease, mortality ratios for ‘all causes’ and ‘total avoidable conditions’. Extraction and examination has been made of the National Drug Strategy Household Survey dataset, relating to smoking behaviour, alcohol consumption and illicit drug use. The Queensland Health perinatal statistics database has been examined to provide infant mortality, pre-term birth and breastfeeding data. Fact sheets are under development to present comprehensive health profiles of the Italian, Indian and Vietnamese communities and will be made available on the Multicultural Health website.

The evidence supporting the key achievement is the provision of analysed data relating to the health status of eight multicultural communities, highlighting a number of health inequalities.

\(^8\) Refer to the Background Paper to this Strategy for detailed report on the outcomes of the literature review and stakeholder consultation.
**Future directions** are to utilise the information obtained from the data analysis conducted in 08/09 identifying areas of health inequality, to inform health service planning and delivery responses in collaboration with appropriate internal and external partners.

**Key achievement 11: Multicultural websites for staff and the community**

*(Whole of government objective: Strengthening multiculturalism in the public sector)*

In 2006-07, the multicultural health websites were developed – an internet site for the community and an intranet site for staff. During 2007-08, both sites were maintained and broadened to include information on the Queensland Health Interpreter Service, the Multicultural Clinical Support Resource and a series of fact sheets on the Queensland health system. In 2008-09 further information was added to the websites including links to patient consent and newly translated information. All links to information on other websites were checked and an evaluation was undertaken of the both websites.

The **evidence supporting** the key achievement is the ongoing increased use of the websites. Use of the website by external users has increased significantly in 2008-09 (more than 250%), with approximately 100,000 hits in March 2009 alone. The external website was ranked 5th out of 188 Qld Health websites. The Queensland Health staff internet usage increased by 29% overall, while the QH staff QHEPS site usage increased by 173%, which is attributed primarily to the interpreter service.

**Future directions** are to continue to develop the websites and to periodically evaluate the websites from the staff, community organisation and consumer perspectives.

**Key achievement 12: Culturally Responsive Mental Health Services**

*(Whole of government objective: Strengthening multiculturalism in the public sector)*

The Queensland Transcultural Mental Health Centre continues to work with mental health services across Queensland in improving the responsiveness to people from CALD backgrounds through clinical consultation services, education and training and promotion and prevention activities at the community level. Thirteen Multicultural mental health coordinators (MMHCs) now exist in seven District Mental Health Services. The role of the MMHCs is to build capacity locally to ensure culturally responsive mental health care through consultation and liaison, training and development, and linkages and liaison with local multicultural networks.

The **evidence supporting** the key achievement is increased clinical consultations that have occurred in relation to individual CALD mental health consumers and the endorsement and dissemination of the *CALD Mental Health Referral Guide* which guides clinicians through steps to ensure access for CALD consumers to appropriate assessment and treatment. The Queensland Transcultural Mental Health Centre won the *Queensland Mental Health Achievement Award* in the public sector category in 2008.
**Future directions** – The *Queensland Plan for Mental Health 2007 – 2017* recommends a target of 0.5 FTE MMHC position per 100,000 of the total population. It is envisaged that future MMHC positions will be population focused rather than geographically focused ie. child and youth mental health, older person’s mental health, forensic/prison mental health.

**SECTION 2. KEY LEARNINGS**

The Queensland Health Multicultural Program commenced as a temporary project in 2006 to implement the Healthier Multicultural Communities Initiative. In the past three years, the Program prioritised activity on the development of the two statewide services (Queensland Health Interpreter Service, Refugee Health Queensland) and on the development of resources for both staff and consumers. As is evident from Section 1, this activity has been very successful. During 2007-08, the Program submitted proposals to Queensland Health’s People Plan funding to develop a sustainable approach to building the cultural competency of Queensland Health’s staff. The funding proposals were accepted and the Program therefore took on a further strategic initiative in the area of cultural competency. As is evident from Section 1, this work has resulted in the first set of Cross Cultural Capabilities for health staff in any Australian health organisation and a longer-term strategic approach to a very complex area, that of building the cultural competency of a workforce of over 68,000 staff and which comprises a range of work disciplines. Queensland Health is one of the largest organisations in Australia and a simple training approach is not suitable in this context. This has been a key learning and in response, the draft Strategy takes the approach of providing stand-alone cross cultural training where possible and of integrating the Cross Cultural Capabilities into existing training programs that are accessed by staff. The challenge will be how to develop this integration approach. This will require partnership and collaboration with key learning and development areas. The Queensland Health Multicultural Program has established two positions to lead this partnership and collaboration, with work commencing in 2009-10.

Another learning for the Program has been the need to resource support for increasingly inclusive policies and plans. As other areas of the Department seek advice on the development of inclusive processes, the Program has been stretched to provide this support. An officer has been recruited to fulfil this important support and capacity building role and a greater level of support will therefore be available in 2009-10.
While Queensland Health translates health information for people who are not proficient in English, it is important to note that its translation strategy is to use existing resources where possible. If health information is available from other credible sources, links to this information is provided on the Queensland Health multicultural website rather than re-producing the information. The following table lists only the translated Queensland Health information.

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<th>Title</th>
<th>Description</th>
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<tr>
<td>Depression is never really black &amp; white</td>
<td>Fact sheet</td>
<td>Arabic, Bosnian, Cambodian, Chinese, Greek, Italian, Polish, Russian, Serbian, Spanish, Tagalog, Vietnamese</td>
<td><a href="http://www.health.qld.gov.au/pahospital/qttmhc/multilingual_resources.asp">www.health.qld.gov.au/pahospital/qttmhc/multilingual_resources.asp</a></td>
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<tr>
<td>Coping with mental illness in the family</td>
<td>Fact sheet</td>
<td>Arabic, Bosnian, Chinese, Croatian, Greek, Italian, Serbian, Spanish, Turkish, Vietnamese</td>
<td><a href="http://www.health.qld.gov.au/pahospital/qttmhc/multilingual_resources.asp">www.health.qld.gov.au/pahospital/qttmhc/multilingual_resources.asp</a></td>
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<td>stress</td>
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<tr>
<td>Breastfeeding when you are working or away from your baby</td>
<td>Fact sheet</td>
<td>Arabic, Chinese, Serbian, Spanish, Vietnamese</td>
<td><a href="http://www.health.qld.gov.au/child&amp;youth/factsheets/">www.health.qld.gov.au/child&amp;youth/factsheets/</a></td>
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<tr>
<td>Falls Prevention in Older People</td>
<td>Poster/Flyer</td>
<td>Arabic, Bosnian, Chinese, Dutch, Filipino, French, German, Greek, Hungarian, Italian, Polish, Samoan, Serbian, Spanish, Turkish, Vietnamese</td>
<td><a href="http://www.health.qld.gov.au/hacc/HACCMulti_fallsprev.asp">http://www.health.qld.gov.au/hacc/HACCMulti_fallsprev.asp</a></td>
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<td>Title</td>
<td>Description</td>
<td>Languages other than English</td>
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SECTION 4 – QUEENSLAND HEALTH FUNDING FOR MULTICULTURAL AND ETHNO-SPECIFIC PROGRAMS AND PROJECTS 2008-09

<table>
<thead>
<tr>
<th>Organisation name</th>
<th>Type (ie. grant, sponsorship, core funding, part of existing budget)</th>
<th>Purpose (brief description of what the funding was provided for ie. event, festival or project)</th>
<th>Funding Amount (amount allocated for the project in 2008-09)</th>
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<tbody>
<tr>
<td>Family Planning Queensland</td>
<td>State Government as funder of service delivery. Queensland Health funding is a contribution towards operational costs for this project*.</td>
<td>Multicultural Women's Health (FGM) Education Project</td>
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</tr>
<tr>
<td>Ethnic Communities Council of Queensland Ltd</td>
<td>State Government as funder of service delivery. Queensland Health funding is a contribution towards operational costs for this project*.</td>
<td>HIV/AIDS, Hepatitis C and Sexual Health Program for people from culturally and linguistically diverse backgrounds</td>
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</tr>
<tr>
<td>Ethnic Communities Council of Queensland Ltd</td>
<td>State Government as funder of service delivery. One-off for developing resources*.</td>
<td>Development of training package for volunteers</td>
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<tr>
<td>Ethnic Communities Council of Queensland Ltd</td>
<td>State Government as funder of service delivery. One-off for developing resources*.</td>
<td>Development of resource materials for HIV/AIDS, Hepatitis C and Sexual Health Programs for people from culturally and linguistically diverse backgrounds</td>
<td></td>
</tr>
<tr>
<td>Ethnic Communities Council of Queensland Ltd</td>
<td>State Government as funder of service delivery. Queensland Health funding is a contribution towards operational costs for this project*.</td>
<td>Non-government Chronic Disease Coordinator for culturally and linguistically diverse communities, to support the Queensland Chronic Disease Strategy and for the analysis of Chronic Disease data in Queensland's culturally and linguistically diverse communities (research on hospital avoidable admission and National Health survey data for CALD population)</td>
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<tr>
<td>Ethnic Communities Council of Queensland Ltd</td>
<td>State Government as funder of</td>
<td>Community Education Project – targeting</td>
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<tr>
<td>Organisation name</td>
<td>Type</td>
<td>Purpose</td>
<td>Funding Amount</td>
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<tr>
<td>Queensland Ltd</td>
<td>service delivery. One-off funds for developing resources*.</td>
<td>communities at risk of blood borne virus infections and sexually transmitted infections</td>
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<tr>
<td>Ethnic Communities Council of Queensland Ltd</td>
<td>State Government as funder of service delivery. One-off for developing resources*.</td>
<td>Measure Up Campaign for NESB Queenslanders (pilot)</td>
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<tr>
<td>Ethnic Communities Council of Queensland Ltd</td>
<td>State Government as funder of service delivery. One-off for developing resources*.</td>
<td>Measure Up Campaign for Bosnian Queenslanders (pilot)</td>
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<tr>
<td>Ethnic Communities Council of Queensland Ltd</td>
<td>State Government as funder of service delivery. One-off for developing resources*.</td>
<td>Qualitative research/desktop study on CALD population and chronic disease issues with Bond University</td>
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<tr>
<td>Ethnic Communities Council of Queensland Ltd</td>
<td>Australian Better Health Initiative funding</td>
<td>Conduct literature review on effectiveness of a multicultural health worker model and chronic disease self-management approach for CALD communities.</td>
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<tr>
<td>Migrant Women's Emergency Support Service Inc – Immigrant Women's Support Service</td>
<td>State Government as funder of service delivery. Queensland Health funding is a contribution towards operational costs for this project.</td>
<td>Sexual Assault Support and Prevention</td>
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<tr>
<td>Queensland University of Technology</td>
<td>Grant</td>
<td>The Healthy Babies Program aims to increase exclusive breastfeeding rates and decrease the inappropriate introduction of solids in accordance with the Australian Dietary Guidelines and the World health Organisation Targets in refugee communities.</td>
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<tr>
<td>Ethnic Communities Council of Queensland</td>
<td>Grant</td>
<td>Chronic Disease Prevention and Self Management program for CALD</td>
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<tr>
<td>Organisation name</td>
<td>Type (ie. grant, sponsorship, core funding, part of existing budget)</td>
<td>Purpose (brief description of what the funding was provided for ie. event, festival or project)</td>
<td>Funding Amount (amount allocated for the project in 2008-09)</td>
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<tr>
<td>Ethnic Communities Council of Queensland Ltd</td>
<td>Gold Coast Primary Care Partnership Council funding</td>
<td>Community Consultation Maori population Gold Coast regarding chronic disease, health education, physical activity and healthy eating. Recruitment and training Multi Cultural Health Worker Maori community GC</td>
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<tr>
<td>Ethnic Communities Council of Queensland Ltd; Brisbane South Division of General Practice; Healthy Lifestyle Management Team, Metro South Health Service District</td>
<td>Metro South Health Service District, Connecting Health Care in Communities funding</td>
<td>Partnership Project between Healthy Lifestyle Management Team Southside and South Brisbane Division of General Practice to pilot new model linking GP with Multi Cultural Community Health Worker and Allied Health Professionals to support CALD patients with chronic disease conditions</td>
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<tr>
<td>Extension of Refugee Health Screening Clinic – Northside Health Service District</td>
<td>Grant</td>
<td>This project will expand the existing service, increase access for refugee families and improve linkage between the screening service and other services to which refugees are referred. The project will develop and trial a model of refugee health screening that will be complementary to other similar services being established in other sites around the State.</td>
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<tr>
<td>Griffith University</td>
<td>Grant</td>
<td>Bi-lingual Health Promoter Project addresses the lack of access to services among CALD communities. It uses a collaborative community based approach to consultation to recruit local bi-lingual community members who will be trained and supported as health promoters.</td>
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* Definition under “Funding Type” is from the Queensland Government framework for investment in human services - 2007.

### Core outcome area – Queensland Health Interpreter Service

|-------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------|--------------------------|
| Implement a high quality and accessible interpreter service | • provide easy access to copies of Queensland Health’s policy and procedures for using interpreting services  
• continue to provide information and training to staff so that they understand the importance of effective language services and are trained to recognise when they are required and know how to access them. | • Qld Health Multicultural Program (Interpreter Quality Officers) | Easy access is provided to the Queensland Health Multicultural website which has a section on policies and plans. The webpage includes the Queensland Health Language Services Policy and the Guidelines to Working with Interpreters.  
A training version of ISIS was developed and hosted for new users to log on to ISIS (training) and practise requesting or booking interpreters.  
A communication strategy for ISIS was developed and implemented.  
Comprehensive training programs / packages were developed for Coordinators, Requesters and Train the Trainer.  
50 Health Service District Interpreter Coordinators were trained in a series of five three-day courses in Central and Southern and five one-day courses across Northern Health Service Districts.  
9 ONCALL staff (External Provider) were trained in Brisbane and Melbourne in three half-day and one full-day short courses.  
35 contract interpreters (Internal Providers) directly contracted by two Health Service Districts were trained in ISIS.  
All District Interpreter Service Coordinators were trained in the ISIS coordinator role.  
116 ISIS Requester training sessions provided to staff across Cairns, Townsville, Mackay, Mt Isa & Cooktown catering for over 430 staff.  
276 ISIS Requester training sessions provided to staff across Southern and Central Health Service Districts catering for over 2197 staff. |
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<td>• Queensland Transcultural Mental Health Centre</td>
<td>ISIS for requesters training is ongoing.</td>
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<td>• District Multicultural Coordinators (Darling Downs West Moreton, Southside)</td>
<td>Over 3800 users were registered to use ISIS.</td>
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<td>• Health Service Districts</td>
<td>Awareness raising sessions were provided at every opportunity.</td>
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<td>• Qld Health Multicultural Program (Interpreter Quality Officers)</td>
<td>The Queensland Health Multicultural Program’s Interpreter Quality Officers worked with District based Interpreter Service Coordinators, Multicultural Health Coordinators and Multicultural Mental Health Coordinators (the latter located in Cairns &amp; Hinterland; Townsville; Metro North; Mater; Metro South; Gold Coast; and Darling Downs-West Moreton) to disseminate copies of the above policy and guideline, as well as promotional material and fact sheets on the Queensland Health Interpreter Service and the Interpreter Service Information System.</td>
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<td>• maintain and enhance the Interpreter Service Information System (ISIS)</td>
<td>Health Service Districts actively implemented strategies to ensure staff know about the Queensland Health Interpreter Service, have access to posters (e.g. emergency posters) and are trained in how to request an interpreter in ISIS. Attachment 1 details the specific Health Service Districts activities. Some of the activities were including interpreter information in orientation (eg. Darling Downs West Moreton) regular internet broadcasts (eg. Central Queensland), district internet links (eg. Princess Alexandra Hospital), targeting previous requesters for training (eg. Gold Coast), ongoing education sessions (eg. Mackay).</td>
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<td>• Qld Health Multicultural Program (Interpreter Quality Officers)</td>
<td>Development and testing of ISIS was completed. ISIS fact sheets were developed and distributed statewide. User manuals were completed for requesters, coordinators, providers and system administrators. Further ISIS testing for immediate warranty fixes and enhancements was completed. Feedback for coordinators and staff on improvements to ISIS was collected and included in the enhancement plan.</td>
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<td>• maintain the Internet and intranet multicultural websites for detailed and up to date information on the interpreter service including for intranet forms and procedures</td>
<td>Website was reviewed and updated.</td>
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<tr>
<td>• implement the <em>Queensland Health Interpreting in a Health Context</em> training programs</td>
<td>• Qld Health Multicultural Program (Interpreter Quality Officers)</td>
<td>The <em>Queensland Health Interpreting in a Health Context</em> short courses were rolled out for ongoing implementation. In the first stage over 50 interpreters were trained. Training delivery was supported by comprehensive training materials.</td>
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<tr>
<td>• manage the contract for the Standing Offer Arrangement (SOA) for the provision of statewide interpreter services</td>
<td>• Queensland Health Multicultural Program</td>
<td>Completed and ongoing.</td>
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</table>
| • liaise with interpreter industry to facilitate and support sustainability | • Queensland Health Multicultural Program | Continued to participate in the NAATI Regional Advisory Committee and led the development of a Strategic Plan for that Committee.  
Sponsored and presented on the Queensland interpreter industry issues at the Australian Institute for Interpreters and Translators national conference.  
Participated in the annual University of Queensland Interpreter and Translator Forum.  
Supported the NAATI New Interpreter Training program in conducted in Cairns. 19 new interpreters attended the two day program. |
| • participate on working groups addressing access to interpreting | • Queensland Health Multicultural Program | Ongoing.  
Reconvened the Queensland Health Interpreter Service working group  
 Participated in various mater Health Services Interpreter Services advisory group.  
 Participated in various Metro South working groups including PAH Multicultural Steering Committee, Southside Multicultural Advisory Group and Northside Transcultural Mental Health Working Group.  
 Participated in the Child and Youth Mental Health Service stakeholder meeting and The Princess Alexandra Hospital Health Service District Magnet accreditation process focussing on a range of patient care outcomes including access to interpreters. |
| • promote the availability of interpreters to the target groups (i.e. people from diverse cultural and linguistic backgrounds and those with hearing) | • Qld Health Multicultural Program (Interpreter Quality Officers) | The Queensland Health Multicultural website promotes the availability of interpreters to the community. Translated fact sheets (16 languages + English) on the Queensland health system (series of 10 fact sheets) each include a statement about patient’s rights to an interpreter.  
The Principal Interpreter Service Quality Officer (Northern Health Service Districts) |
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<td>impairments)</td>
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<td>promoted the service at Deaf community events, (five community consultation meetings were provided across northern and Gold Coast Districts engaging approx 100 deaf community representatives), local government (LAMP program), ASLIA Conference and delivered papers at the National Refugee Health Conference 2008 and Unity in Diversity Conference 2008.</td>
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<td>Multicultural Health Coordinators (Darling Downs West Moreton, Southside)</td>
<td>Multicultural Mental Health Coordinators across the Health Service Districts of: Cairns &amp; Hinterland; Townsville; Metro North; Mater; Metro South; Gold Coast; and Darling Downs-West Moreton have all promoted the availability of interpreters to members of ethnic communities through their multicultural working groups, mental health week activities, posters throughout Q Health facilities, and networking activities.</td>
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<td>Health Service Districts</td>
<td>Health Service Districts actively promoted the Queensland Health Interpreter Services to target groups. For example, Darling Downs West Moreton, Metro North and Gold Coast provides information to community meetings, Central Queensland encourages local interpreters to inform their community, Princess Alexandra Hospital involves community groups in their Multicultural Steering Committee and Deaf and Hearing Impaired working party, Townsville displays posters, Mackay and Cairns and Hinterland involve deaf and hearing impaired in interpreting video conference pilots.</td>
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<td>trial the use of videoconference equipment for the provision sign language interpreting</td>
<td>A trial videoconference pilot was conducted in Far North Queensland and on the Gold Coast. The use of videoconference equipment for provision of sign language and spoken language interpreters was successfully trialled between Cairns, Townsville, Mackay and Gold Coast facilities. VC interpreting is now a viable option for the provision of interpreters across Q-Health. Five community consultation meetings were conducted with the deaf communities in the above locations. Sign Language interpreters and service providers have also participated in the trial. Training and business rules will now be finalised and provided to staff, community and interpreters in VC interpreting.</td>
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<td>investigate the need for Statewide Advisory Group to provide input into needs of deaf and hard of hearing consumers visiting Q-</td>
<td>The need to established a Statewide Advisory Group (to provide input into needs of deaf and hard of hearing consumers visiting Queensland Health facilities) was agreed. A Working party consisting of (PAH, PISQO – Northern and PAH Audiology Department) meet on quarterly basis. The Statewide Advisory Group is currently being promoted and invitations to participate circulated.</td>
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| Health facilities.   | • monitor growth in demand, expenditure and usage patterns for service planning | • Qld Health Multicultural Program (Interpreter Quality Officers)  
• Multicultural Health Coordinators (Darling Downs West Moreton, Southside) | In recognition of this outstanding level of improvement in interpreter service provision, the Queensland Health Multicultural Program was awarded a Highly Commended Queensland Multicultural Award 2008.  
The Queensland Health Interpreter Service was also awarded the inaugural Queensland Health Award for Excellence in the *Improving the health and well-being of Queenslanders* category in April 2009.  
After 18 months of operation, the Queensland Health Interpreter Service had resulted in an increase in interpreter bookings over 90% statewide. |
|                      | • monitor and evaluate the infrastructure required at Health Service Districts for coordinated service delivery | • Qld Health Multicultural Program (Interpreter Quality Officers)  
• Multicultural Health Coordinators (Darling Downs West Moreton, Southside) | A videoconferencing pilot was endorsed and the Principal Quality Officer presented the concept to deaf communities in the North. The pilot was conducted in March – June 2009:  
• Stage 1 - pilot Sign Language Interpreting across Northern Facilities: Mackay, Townsville, Cairns and extended scope to include Gold Coast. completed  
• Stage 2 - Pilot completed - feedback and evaluation report completed.  
Work Instructions/new procedures were drafted and are ready to be tested in live environment.  
A videoconference training program for interpreters is in development. Information packages to be disseminated to consumers and interpreters. |
|                      | • monitor the quality of interpreter services, including the strategy of individual contracts with interpreters (as in place at the Princess Alexandra Hospital Health Service District and the Mater Health Services) | • Qld Health Multicultural Program (Interpreter Quality Officers)  
• Health Service Districts | The Principal Interpreter Service Quality Officers (Southern, Central and Northern Health Service Districts) regularly measure Key Performance Indicators for the service and liaise with District Interpreter Coordinators on the quality of interpreter services from both clinician and patient perspectives.  
Multicultural Mental Health Coordinators across the Health Service Districts of: Cairns & Hinterland; Townsville; Metro North; Mater; Metro South; Gold Coast; and Darling Downs-West Moreton regularly discuss the quality of interpreter services and advise clinicians to provide feedback to Interpreter Coordinators, as well as provide feedback themselves.  
At the district level, a range of strategies are used. For example, Darling Downs West Moreton seeks feedback from staff regularly, the Children’s Health Service District use the departmental complaints database (PRIME) to record issues with interpreters, the Prince Charles Hospital conducted a staff survey (mental health), |
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<td>The Princess Alexandra Hospital continued to use individual contracted interpreters and the Gold Coast commenced planning to investigate this strategy.</td>
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## Core outcome area - Special Needs Populations

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<tr>
<td>Continue the recognition of and commitment to specific disadvantaged groups</td>
<td>• commence the Queensland Refugee Health Service in July 2008</td>
<td>• Mater Health Services</td>
<td>Refugee Health Queensland (statewide service) commenced at spoke sites (Toowoomba, Logan, Zillmere, Cairns, Townsville). Note that at Logan this was an enhanced service as the Logan Refugee Health Clinic had already been operational. (refer Attachment 2 for more detail on the Logan Refugee Clinic). Premises leased and fitted-out for the statewide function and South Brisbane clinic. South Brisbane clinic become operational in February 2009.</td>
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<td>• launch the Queensland Refugee Health Service</td>
<td>• Southside, Toowoomba &amp; Darling Downs, Royal Children’s Hospital, Health Service Districts</td>
<td>The report from the Mater Health Services on activity up to June 09 is due in mid July 2009.</td>
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<td>• Hub and spokes report on outcomes and deliverables</td>
<td>• Cairns Division of General Practice</td>
<td>PISQO-North chairs the Cairns Refugee Health Reference Group, the Cairns &amp; Hinterland Multicultural Mental Health Coordinator is a member of this group and provided significant support to the Refugee Health Nurse employed by the Cairns Division of General Practice. Townsville hub is linked to Cairns RHRG and is investigating options to reform a Townsville RHRG.</td>
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<td>• James Cook University</td>
<td>The Cairns &amp; Hinterland Multicultural Mental Health Coordinator is a member of the Cairns Refugee Health Reference Group and provided support to the Refugee Health Nurse employed by the Cairns Division of General Practice. Mater CYMHS participated on the Reference Group. Southside and Royal Children’s Hospital Multicultural Mental Health Coordinator's provide ongoing support to their respective ‘spokes’. It is anticipated that a Toowoomba &amp; Darling Downs Multicultural Mental Health Coordinator will provide assistance to that ‘spoke’ once appointed.</td>
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<td>The Metro South HSD (Logan Refugee Health Clinic) celebrated the 1000th refugee to attend the clinic since it opened.</td>
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<td>The Metro North HSD has conducted training programs on newly-arrived refugee groups settled on the north side (e.g. Karen and Rohlinsyan) of Brisbane. A significant section of the staff is aware of the refugee groups on the northside of Brisbane including an understanding of their experiences and culture.</td>
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<td>• monitor the outcomes and deliverables</td>
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<tr>
<td>deliverables of the Statewide Refugee Health Service</td>
<td>Multicultural Program</td>
<td>Policy Branch in conjunction with the Queensland Health Multicultural Program</td>
<td>Policy Branch coordinated policy advice and responses to national, cross-jurisdictional and whole of government queries regarding refugee health issues as they arose, for example a response to DoHA regarding access to non-PBS medicines for refugees living in Queensland. Policy Branch has supported other areas of Queensland Health to engage in policy analysis and development. For example, support was given to the Chief Dental Officer to prepare a policy position on the provision of oral health care to asylum seekers. Support was also provided to the Communicable Diseases Unit to advocate with the Commonwealth Government regarding the inclusion of catch-up vaccinations for newly arrived refugees in the National Immunisation Strategy. Queensland has agreed to a new KPI for the Aged Care Assessment Program (ACAP) which includes targets for special needs groups, including people from a Culturally and Linguistically Diverse (CALD) background, with the aim of improving access for CALD people to assessment and aged care services. When developing new clinical policies, guidelines or legislation, the Clinical Policy team included CALD communities as part of their consultation strategy.</td>
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<td>• continue to participate in the AHMC Multi-jurisdictional Working Group on Refugee and Humanitarian Health</td>
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<td>• disseminate <em>New Futures: the Queensland Government’s engagement with African refugees</em>, to support the development of local initiatives to address the needs of African refugee communities</td>
<td>Queensland Health Multicultural Program</td>
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<td>There was no progress on this action due to competing priorities.</td>
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<td>• conduct a needs assessment on the health issues for Pacific Islander communities</td>
<td>Queensland Health Multicultural Program</td>
<td>Needs assessment being implemented and is on track. Refer to Key Achievements section for detail.</td>
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<td>Health Service Districts</td>
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<td>The Metro South HSD’s will make links with the Pacific Islander Communities through the Natural Helper program. The purpose of the program is to improve</td>
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<tr>
<td><strong>• continue to implement and report on the Australian South Sea Islander Action Plan</strong></td>
<td><strong>• Health Service Districts</strong></td>
<td></td>
<td>access to health services, health literacy and good health and wellbeing using a grass roots approach. Traditional song, dance, music, food and ‘ways of knowing’ will be incorporated into the program. The Lifestyle Management Team, at Metro South, in partnership with Mission Aust, has ongoing links with Pacific Islander communities. A Healthy Lifestyle Group was run in 2008 and planning commenced for group in 2009. Healthy Heart Education session being run in May 2009 multicultural group including high proportion of Pacific Islander. Through Partnership Council funding, the Darling Downs West Moreton Health Service District established a Pacific Islander health worker position which will focus on Chronic Disease.</td>
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<td>The whole of government Australian South Sea Islander Action Plan is out of date and reporting to Government is now only required through the annual reporting process on the Multicultural Action Plan. District feedback in 2008 (based on community consultation) was that the Australian South Sea Islander communities’ health issues were being addressed and there was no longer the need for a specific health plan. Central Queensland HSD reported that general awareness of Australian South Sea Islander community health needs is provided to the HSD, though there is no ASSI-specific component in the District Orientation &amp; Induction Program. Specific health issues (eg diabetes) are highlighted to incoming and current health professionals who work in targeted health services or with the ASSI community generally. Consultation is proposed with the epidemiology team of Population Health Services on how ASSI health data can be routinely recorded and reported. The Australian South Sea Islanders United Council Rockhampton &amp; District Branch is the key community organisation for consultation on ASSI health issues and health service requirements. The Mackay HSD will consult with key stakeholders to develop a local ‘Australian South Sea Islander Implementation Plan’. Time frame for this activity December 2009.</td>
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<td><strong>• increase the bilingual mental health promoters pool to 21 workers with 16 focusing on stigma</strong></td>
<td><strong>• Queensland Transcultural Mental Health Centre</strong></td>
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<td>Bilingual mental health promoters pool has been increased covering the following language and cultural groups: Greek, Italian, Spanish, Croatian, Serbian, Farsi speaking, Vietnamese, Samoan, Maori, Burundi, Chinese, Turkish, Indian, Filipino, Arabic, Sudanese and Japanese</td>
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<td>reduction and five on promoting the transcultural depression self management program</td>
<td>Establish CALD specific strategies in North Lakes and surrounds.</td>
<td>Population Health Queensland (Brisbane North Population Health Unit)</td>
<td>Eat Well Be Active Community Partnership Program application successful with $45,700 budget to help develop and roll out Pacific Islander focused physical activity and healthy eating project.</td>
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<td>Population Health Queensland (Central and Southern Population Health Services – Nutrition; Chronic Disease Strategy Unit)</td>
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<td>The activities listed below have been conducted in partnership with Ethnic Communities Council Queensland (ECCQ) who have been funded by Qld Health and who led the activities:</td>
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<td>• developed collaborative partnerships between key stakeholders interested in the prevention and management of chronic disease in CALD communities;</td>
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<td>• developed and conducted training for program facilitators from targeted communities to become Multicultural Community Health Workers in the delivery of the pilot lifestyle management program</td>
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<td>• conducted needs assessment by in-depth community consultation of the relevant CALD communities on health education, healthy eating and physical activity</td>
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<td>• developed innovative culturally tailored chronic disease self-management and risk modification facilitator training package called “Living Well” with health education, healthy eating, and physical activity education modules for 9 target groups: Sudanese, Vietnamese, Pacific Islanders, Filipino, Spanish speaking, Arabic speaking, Greek, Indian and Bosnian</td>
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<td>• conducted a literature review on the multicultural health worker model and chronic disease self-management approach for CALD communities</td>
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<td>• contributed to needs assessment on the health issues for Maori communities. The Gold Coast Partnership Council funded this work.</td>
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<td>• implemented research on Chronic Disease in CALD populations in Queensland, determining:</td>
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<td>2005/6, 2006/7, 2007/8)</td>
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<td>o prevalence of co-morbid depression in Queensland’s CALD populations</td>
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<td>o prevalence of in-scope chronic conditions among Queensland’s CALD populations</td>
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<td>o general health status of Queensland’s CALD populations</td>
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## Core outcome area - Workforce strategies - Recruitment and Retention, Dedicated workforce

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<td>Participate in whole of government initiatives to provide employment opportunities to people from culturally diverse backgrounds</td>
<td>• raise awareness of, and continue to participate in, the Queensland Government Migrant Work Experience Program and other programs with similar intents (eg HEAT program)</td>
<td>• Human Resources Branch</td>
<td>Continued participation in programs designed to provide employment opportunities for people from culturally diverse backgrounds.</td>
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<td>• Health Service Districts</td>
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| Implement workforce diversity strategies that aim to achieve a workforce that reflects the diversity in the general population, at all staffing levels | • improve the data collection of the Queensland Health workforce (as per the *Queensland Health Equity and Diversity Plan 2007-2010*):  
  – conduct an annual EEO awareness week and target non-respondents of the EEO questionnaire on a quarterly basis  
  – analyse workforce profiles to identify levels and professions of staff from non-English speaking backgrounds  
  – provide information to inform workforce strategies to address findings of the above analysis | • Human Resources Branch | Facilitated EEO Awareness in May 2008 with correspondence sent to all EEO form non – respondents (staff who have no EEO data in payroll system = approximately 28,000) requesting completion and return of EEO survey.  
Information was updated into the Information Systems that can provide data on NESB staff working for Queensland Health  
As a result of this exercise, an additional 13,000 responses have been able to be included in the MOHRI data for reporting purposes. |
| • monitor implementation of the actions in the *Queensland Health Equity and Diversity Plan 2007-2010* relevant to culturally and linguistically diverse workers.  
• collate and analyse District EEO Operational plans and provide a report | • Human Resources Branch | Following amendments to *Public Service Ac* there is no longer a requirement to have an Equity & Diversity Strategic Plan. Reporting arrangements will continue through the MOHRI data. |
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<td>to Health Service Districts to share good practice</td>
<td>• Implement recruitment strategies that are culturally inclusive and provide support for individuals from culturally diverse communities</td>
<td>Human Resources Branch, in consultation with the Queensland Health Multicultural Program</td>
<td>This body of work was completed by the Equity &amp; Diversity funded project 07/08 ‘Untapped Labour Market’. 08/09 People Plan funded project ‘Workforce Partnerships’ is a follow on project from the above 07/08 project. This project has developed strong linkages with external private agencies. The HR Branch has developed an applicant’s information package. This is attached to every job advertised, and can be accessed by applicant’s to assist with applying for QH positions. The information is available on the Queensland Health website.</td>
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| • develop an Information Package for people from culturally diverse backgrounds on applying for a job in Queensland Health. The package to include fact sheets in plain English on the following:  
  - the steps in the process of applying for a position (application, short-listing, interview or other, feedback)  
  - how to complete key skill requirements with examples of good responses  
  - what to expect in an interview  
  - the feedback available, including that feedback can be sought at any time in the process and that this is encouraged. | | |
<p>| • audits conducted on the implementation of the recruitment policy to include the measurement of the policy requirement | Human Resources Branch in consultation with the Queensland Health Multicultural Program | The HR Branch has included the need to have cultural representation on selection panels in: the Recruitment and Selection Policy (HR Policy B1), information in the Recruitment and Selection Guide, the Queensland Health approved training package for selection panels. |
|---------------------|-----------------|---------------------------------------|-------------------------|
| for culturally and linguistically diverse panel representation when there are significant numbers of applicants with culturally diverse backgrounds | | The Recruitment &amp; Selection policy is regularly reviewed to ensure the content remains appropriate. | |
| | | The Darling Downs West Moreton Health Service District’s Multicultural Employment Project ‘The Untapped Labour Market’ received the HR PRAISE Project Award, which confirms the significant contribution made by this project to the Quality Human Resource Services delivery in Queensland Health. | |
| Support existing Queensland Health staff from culturally diverse backgrounds to increase retention of these workers | ● identify and research retention initiatives | ● Human Resources Branch in consultation with the Queensland Health Multicultural Program Two new training modules “Managing a Diverse Team” and “Working in a Diverse Team” were piloted across four sites (PAH, RBWH, Gold Coast, Mt Isa). The CALD retention research project commenced in December 2008 with an initial consultation with Queensland Health stakeholders. A report was provided on Queensland Health EEO data and a literature review on retention issues with CALD staff in health care settings. | |
| | ● provide results of staff satisfaction surveys to the Human Resources Branch (non clinical) and Workforce Planning and Coordination Branch (clinical) to guide the | ● Centre for Healthcare Improvement (Workplace Culture and Leadership Centre) | |</p>
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<th>● Human Resources Branch</th>
<th>Staff survey results for NESB respondents for April and September 2008 completed.</th>
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<td>development of workforce strategies</td>
<td>• Workforce Planning and Coordination Branch</td>
<td>Centre for International Medical Graduates (CIMG) has most recently conducted a trial Multiple Choice Questions (MCQ) workshop in April 09 with 41 attendees, another is scheduled for June. The Australian Medical Council clinical preparation program continues and is being held over 36 sites. Three CIMG educators continue to offer video-conferencing support for role plays and practice sessions for the Australian Medical Council clinical. In addition one-to-one communication sessions are being facilitated for staff as required.</td>
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<td>through the Centre for International Medical Graduates (CIMG), continue to support International Medical Graduates (IMGs) to integrate to professional practice in the Queensland health system and thereby encourage their continued participation in the Queensland public health system</td>
<td>• Workforce Planning and Coordination Branch</td>
<td>Health Service Districts actively implement local retention strategies. For example, Metro South implements a Higher education Scheme and Return to work program for allied health workers, The Princess Alexandra Hospital employs a Candidate Care Officer (provides initial support to English and NESB background overseas trained employees), South West trains staff and supports overseas trained professionals to navigate the health system and immigration requirements, Mackay conducts weekly study sessions for IMGs and Central Queensland works to support ongoing professional development of CALD health professionals. Metro North has established a buddy system to support newly arrived overseas trained nurses to support them in the initial settlement period. A Multicultural Nurse’s Page has been included in the Nursing Gazette which includes information about future cultural events as well as information about settling in Australia. The page also includes articles written by members from diverse backgrounds on their experiences. An overseas information kit is in development stage which will incorporate general information as well as developing culture specific information.</td>
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<td>at the local level, continue retention strategies of overseas trained professionals and other staff from non-English speaking backgrounds</td>
<td>• Health Service Districts</td>
<td>Two staff within the RAPTS program have now undertaken web publisher training. The content and format of workforus page is continuously being reviewed and updated with contemporary information from the medical board, nursing</td>
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<td>health training to obtain recognition of this training in Queensland where appropriate.</td>
<td>backgrounds can obtain recognition of health-related training in Queensland where appropriate, and publish this information on the multicultural internet site provide this information to key community organisations for dissemination</td>
<td>Workforce Planning &amp; Coordination Branch</td>
<td>council and the allied health professional bodies with respect to training and qualifications.</td>
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<td>• continue to work with the Medical Board of Queensland to provide clear online articulation of requirements and processes associated with the new national medical registration requirements for International Medical Graduates</td>
<td>• Workforce Planning and Coordination Branch</td>
<td>Regular meetings between the Medical Board of Queensland and the RAPTS (Registration, Assessment, Placement, Training and Support) Program, Queensland Health to ensure contemporary, clear, consistent and succinct information is available on Medical Board website and Queensland Health Registration Team intranet site</td>
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<td>• continue to contribute to the COAG Implementation Committee for the new national medical registration requirements for International Medical Graduates to ensure high quality assessment processes</td>
<td>• Workforce Planning and Coordination Branch</td>
<td>Clinical Workforce Solutions (CWS) continuing to contribute to these requirements through representation on the implementation committee.</td>
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<td>Identify the workforce that needs to be in place to provide services to</td>
<td>• consider the findings of the Community Health Action Group report on</td>
<td>Queensland Health Multicultural Program</td>
<td>Ethnic Communities Council of Queensland (ECCQ) in partnership with Population Health Queensland and the Queensland Health Multicultural Program led the completion of a lifetime review on the effectiveness of the bilingual,</td>
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<td>culturally diverse communities, including the workforce which should be dedicated to multicultural health (eg liaison officers, bilingual workers, resource/support workers)</td>
<td>bilingual workers</td>
<td>bicultural workforce model in the prevention and management of chronic disease.</td>
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<td>• liaise with Queensland Health funded projects which are trialling bilingual worker roles eg. community health workers (Ethnic Communities Council of Queensland, CHIC project – Southside Partnership Council)</td>
<td>• Queensland Health Multicultural Program</td>
<td>Metro South has ongoing co ordination meetings with ECCQ and Brisbane South Division of GPs bilingual workers engaged by ECCQ. Nutrition Promotion Unit and Lifestyle Management Team provided education session on Measure Up to Bilingual workers.</td>
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<td>Continue to draw on the diversity of the mental health workforce by utilising the language and cultural skills of mental health professionals to assist in providing services to mental health consumers from culturally diverse backgrounds.</td>
<td>• continue to identify and engage mental health clinicians in Queensland Health who are bilingual and bicultural in the service delivery of the Queensland Transcultural Mental Health Centre and expand this engagement to include mental health promotion activities</td>
<td>• Queensland Transcultural Mental Health Centre</td>
<td>Recruited 32 new bilingual mental health consultants, cultural consultants and bilingual mental health promoters including in high demand languages of newly emerging groups such as Karen, Burmese, Khmer, Dinka, Farsi, Burundi, Samoan and Mandarin</td>
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<td>Develop strategies for individuals from culturally diverse communities to access</td>
<td>• disseminate information on pathways to work roles in health settings to</td>
<td>• Queensland Health Multicultural Program in consultation with the</td>
<td>Content and format of workforus page is continuously being reviewed and updated with contemporary information from the medical board, nursing council and the allied health professional bodies with respect to career opportunities and pathways.</td>
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<tr>
<td>pathways to work roles in health settings</td>
<td>culturally diverse communities through established communication channels</td>
<td>Workforce Planning and Coordination Branch</td>
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<td><strong>Develop a communication strategy between Workforce Planning and Coordination Branch and the Queensland Health Multicultural Program to facilitate ongoing communication and consultation on current workforce strategies</strong></td>
<td>• Workforce Planning and Coordination Branch and the Queensland Health Multicultural Program to met on an “as required” basis.</td>
<td>• Workforce Planning and Coordination Branch • Queensland Health Multicultural Program</td>
<td>Workforce Planning and Coordination represented on Multicultural Steering committee.</td>
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## Core outcome area - Culturally Competent Staff

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<td>Implement cultural diversity staff training</td>
<td>Implement the <em>Safe Services, Diverse Communities</em> orientation program as a part of the Queensland Health Orientation and Induction policy (IRM 3.7-12)</td>
<td>Human Resources Branch</td>
<td>Standard Cross Cultural Competency Orientations program developed (piloted 2007). The Learning and Development Unit, HR Branch, included basic Cultural Diversity (two pages) information in the QH Orientation and Induction on-line modules</td>
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| | Develop a training implementation plan for the *Safe Services, Diverse Communities* training packages for: | Queensland Health Multicultural Program (including Interpreter Quality Officers) | The Queensland Health Multicultural Program completed two major projects:  
  - the development of Cross Cultural Capabilities through consultation with experts and stakeholders including other health departments, the knowledge and skills required by staff to be culturally competent were identified and the evidence based documented. Five Cross Cultural Capabilities were defined with their application varying across clinical and non-clinical staff. Work was also commenced on defining cross cultural capabilities for managers and leaders.  
  - the development of a departmental-wide strategy on how to provide staff with access to the knowledge and skills required to be culturally competent. The *Queensland Health Cross Cultural Competency Learning and Development Strategy* is being finalised. |
| |  
  - administration/reception staff  
  - patient liaison officers/clinical service managers  
  - the implementation plan to consider (dependent on funding)  
  - a train the trainer program for Health Service District training officers  
  - establishment of a mentoring relationship between training officers and Interpreter Quality Officers and Multicultural Health Coordinators | | |
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<td>(Darling Downs West Moreton, Southside), - development of an audit tool for measuring cultural competent health service delivery</td>
<td>- Multicultural Health Coordinators (Darling Downs West Moreton, Southside)</td>
<td>Metro South HSD conducted cross cultural training for particular cultures, including refugees, are available on request, monthly “working with interpreter” sessions with Administration staff, monthly section on cultural diversity in District Orientation, managing Cultural Diversity in Mental Health and Trans-cultural sessions with Logan Division of General Practice available on request. Whenever possible, training is provided in partnership with the local multicultural services or leaders of targeted individual CALD communities. The Darling Downs West Moreton district proposed the development of a training program to deliver a 4 hours monthly training sessions across the district. The training will be provided as ‘Cross Culture Training’, targeting predominant local cultures. The training will also incorporate training on ‘Working with Interpreters’ and ‘Trans-cultural Mental Health’ training. The aim of this training will be to bring awareness and produce greater understanding of Multicultural Health within staff members of WMHSD.</td>
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<td>- facilitate use of the Safe Services, Diverse Communities training packages by publishing the packages on the Queensland Health multicultural intranet site</td>
<td>Queensland Health Multicultural Program</td>
<td>Availability of the packages included on website along with contact officer details.</td>
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<td>- continue to implement the Multicultural Clinical Support Officer pilots at the Gold Coast Health Service District and the Royal Brisbane and</td>
<td>Queensland Health Multicultural Program</td>
<td>The Pilot was successfully implemented in the Metro North (RBWH) and Gold Coast Health Service Districts and was externally evaluated. The evaluation found that it was a highly successful model in providing a flexible and responsive approach to developing cultural competency, particularly for nurses.</td>
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<td>Women’s’ Hospital Health Service District and evaluate the effectiveness of the pilots as a strategy to improve the cultural competency of nurses and allied health staff</td>
<td>Women’s’ Hospital Health Service District</td>
<td>Queensland Transcultural Mental Health Centre has delivered 72 training sessions reaching 1527 participants</td>
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<td><strong>Safe Services, Diverse Communities</strong> training programs, Queensland Transcultural Mental Health Centre training and other relevant cross cultural training, conducted by Health Service Districts</td>
<td>Queensland Transcultural Mental Health Centre <strong>Multicultural Health Coordinators (Darling Downs West Moreton, Southside)</strong></td>
<td>Multicultural Mental Health Coordinators delivered 103 training sessions involving 520 mental health services staff. This includes Multicultural Mental Health Coordinators across the Health Service Districts of: Cairns &amp; Hinterland; Townsville; Metro North; RCH; Mater; Metro South; Gold Coast; and Darling Downs-West Moreton provided short in-services, orientation sessions, and staff development workshops to District mental health service staff and coordinated access for District Mental Health Staff to attend Queensland Transcultural Mental Health Centre training. This is a continual and ongoing activity.</td>
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<td><strong>Health Service Districts</strong></td>
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<td>The Princess Alexandra Hospital has piloted the Safe Services, Diverse Communities Orientation package at monthly district orientation since January 2009. 4 x Multi-Cultural Awareness in-services were delivered as part of Intensive Care Unit Nursing Education days in Feb/Mar 09. The material presented was a condensed version of one of the SSDC packages.</td>
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<td>Metro North (TPCH) developed a guide for referral processes for consumers from CALD backgrounds to ensure access to culturally appropriate assessment and treatment as recommended by the Achieving Balance Report.</td>
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<td>Metro North (RBWH) conducted 26 cross-cultural awareness training sessions in the nursing orientation of interns. In total, 120 cultural awareness sessions were delivered with a participation of approximately 1,400 nurses, doctors and allied health professionals and administration managers. These sessions were delivered through the Multicultural Clinical Support Officer pilot. The RBWH is not continuing this pilot.</td>
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| Build the cultural competence of the potential Queensland Health workforce | • progress the inclusion of culturally safe service provision in communication training provided to staff | • Workforce Planning and Coordination Branch  
• Queensland Health Multicultural Program  
• Queensland Transcultural Mental Health Centre,  
• Multicultural Health Coordinators (Darling Downs West Moreton, Southside) | Continue Centre for International Medical Graduates (CIMG) training in clinical communication and education sessions for Australian Medical Council examination preparation provide aspects of cultural awareness and safety for International Medical Graduates. |
| Improve cultural responsiveness of mental health services | • continue to coordinate, train and develop the multicultural mental health coordinator district positions.  
• Fund an additional three positions, with one each to be based at mental health services in Toowoomba and Redcliffe Caboolture, and an additional one for Princess Alexandra Hospital. | • Queensland Transcultural Mental Health Centre with Health Service Districts | Coordination, training and development of all District Multicultural Mental Health Coordinators continues through bi-monthly supervision, and informally by email and telephone contact; a 3-day PD meeting of all Multicultural Mental Health Coordinators occurred in November 08 and May 09; a shared electronic folder accessible to all Multicultural Mental Health Coordinators was developed in October.  
New Multicultural Mental Health Coordinator positions have been appointed for Metro North - North Sector (Redcliffe-Caboolture); and Metro South (PAH) and a Darling Downs-West Moreton (Toowoomba) position is being recruited.  
Multicultural Mental Health Coordinators across the following Health Service Districts: Cairns & Hinterland; Townsville; Metro North; RCH; Mater; Metro South; Gold Coast; and Darling Downs-West Moreton which continue to improve cultural responsiveness of mental health services at an organisational level by implementing Standards 1, 2, and 5 of the ‘Cultural Competency Standards and Self-Assessment Guide’ with the aim to complete this activity by June 09. |
## Core outcome area - Resource Development and Translation

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| Coordinate the development and accessibility of resources for Queensland Health staff and consumers from culturally and linguistically diverse communities | • implement a communication strategy for the multicultural websites (internet, intranet)  
• evaluate the multicultural websites  
• maintain the multicultural websites  
• maintain and promote Health Service District’s multicultural websites | • Queensland Health Multicultural Program  
• Health Service Districts | Promoted website and consumer fact sheets at Queensland Multicultural Festival and Gold Coast Multicultural Festival.  
Commenced evaluation of website. Usage by external users has increased very significantly over the past 12 months (more than 250%), with approximately 100,000 hits in March 2009 alone. The external website was ranked 5th out of 188 Queensland Health websites. The Queensland Health staff internet usage has increased by 29% overall, while the Queensland Health staff QHEPS site usage has increased by 173%, which is attributed primarily to the interpreter service.  
HSDs maintained, developed and promoted multicultural websites. For example, a number of websites linked to the QHMP’s multicultural website (e.g. Metro North, Mt. Isa, PAH, Townsville, Gold Coast, Mackay.) Northside Mental Health Service (Metro North HSD) developed and incorporated a “Multicultural Mental Health Coordinators” webpage into their website on QHEPS. Other MMHCs across Queensland are planning to develop similar pages to put on the websites of their respective District MHS’s. Work on this activity commenced in May 09 and will continue into 09/10.  
Children’s Health Service HSD promoted the Refugee Health Service to other professionals via the internet link [http://www.health.qld.gov.au/rch/professionals/cchs_rhac.asp](http://www.health.qld.gov.au/rch/professionals/cchs_rhac.asp) and staff from Deadly Ears were trained to improve the cultural appropriateness of its web site, which will be updated in late 2009.  
The Metro South HSD multicultural website will be revised to be in line with the Metro South HSD structure. Both the internet and intranet will be updated.  
The Metro North HSD also promoted the multicultural website in nursing orientation and other cultural awareness training programs. Nurses and allied health professionals have been supported individually to access the site. |
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<td>• continue to identify statewide priority resource needs for multicultural communities and Queensland Health staff for future resource development planning</td>
<td>• Queensland Health Multicultural Program</td>
<td>Cairns has a dedicated website which provides additional local information on training and local arrangements. Currently renegotiating where this site is hosted. The MCSR folder was updated for 2009 by the development of a 2009 religious calendar. The Ward Communication Tool was expanded to another six languages including Auslan. Work commenced on developing a new chapter on the cultural dimensions of ‘pregnancy, birth and postnatal care’.</td>
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<td>• develop and implement a dissemination strategy for the Queensland Health Translation Guide</td>
<td>• Queensland Transcultural Mental Health Centre</td>
<td>New resources developed include a community stigma reduction program called “Stepping Out of the Shadows” in collaboration with Multicultural Mental Health Australia, BRITA Futures Program, and a Multicultural Depression program including participant handouts in 10 community languages</td>
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<td>• Health Service Districts</td>
<td>MMHCs across the HSDs of: Cairns &amp; Hinterland; Townsville; Metro North; RCH; Mater; Metro South; Gold Coast; and Darling Downs-West Moreton established transcultural interest groups as a forum to identify resource needs. All District MMHCs have conducted surveys to identify priority resource needs and this was followed up with responses to fill these needs. This is an ongoing activity. In the DDWM HSD, bi-monthly presentation by staff members of different ethic background to improve knowledge and understanding amongst staff from diverse backgrounds were held by the Home and Community Care (HACC) Team. It is planned to extend to more teams in the Ipswich Health Plaza. The recent influx of international workers to Central Queensland, particularly for jobs in the mining and metalworking industries, has raised awareness of their health care needs for CQHSD personnel. This is particularly relevant in rural communities where community support mechanisms and resource availability were limited if existent. Contact with CQHSD personnel has promoted consultation on health care needs and culturally-appropriate health service delivery. This is improving staff understanding and discussions are taking place in a number of facilities/areas on how service provision can be improved.</td>
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<td>The Metro South HSD identified priority resources in the Southside Health Services Plan. The Nutrition Promotion Unit in collaboration with QUT developed a series of nutrition promotion materials for the Sudanese, Congolese and Burundian communities (with CHIC funding). The resources will be used in TAFEs across Queensland in Adult Migrant English Program. In addition, resources will also be available in child health clinics, division of general practice and within settlement agencies working with refugees.</td>
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<td>The Nutrition Promotion Unit is currently developing an Ethnic Profile tool for use by Dieticians/Nutritionists to improve capacity to deliver services to multicultural communities</td>
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<td>The Gold Coast HSD consulted multicultural communities on their information and health needs at the “Meeting the Needs of the Gold Coast Multicultural Community” consultation held 8/10/2008. Attended by 48 participants largely from CALD communities and with representation from multicultural non-government organisations.</td>
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<td>In addition, the Multicultural Clinical Support Resource Folder was provided to staff at orientation. Translated information was promoted to staff.</td>
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<td>Translate frequently used information sources into languages spoken by culturally and linguistically diverse communities</td>
<td>• monitor the translation and dissemination of materials for major Queensland Health initiatives</td>
<td>• Queensland Health Multicultural Program</td>
<td>The translation guide continued to be accessed on the website and QHEPS site.</td>
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<td>• at the local level, translate key information about services and health issues</td>
<td>• Queensland Health Multicultural Program</td>
<td>Due to competing priorities, progress was minimal. However, advice on doing translations was provided to a number of business units. Dengue information translated into 15 languages as part of the emergency response program in Cairns and Townsville.</td>
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<td>• update information on the multicultural websites (internet, intranet) and in the Multicultural Clinical</td>
<td>• Health Service Districts</td>
<td>MMHCs across the HSDs of: Cairns &amp; Hinterland; Townsville; Metro North; RCH; Mater; Metro South; Gold Coast; and Darling Downs-West Moreton facilitated access to translated material through QTMHC and MMHA. This is a continual and ongoing activity. RBWH (Metro North HSD) Mental Health Service</td>
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<td>Support Resource</td>
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<td>translated information about RBWH MH services into the eight most frequently used languages.</td>
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<td>In the Metro South HSD, resources produced via the local application of the Eat Well Be Active project will be disseminated and promoted broadly. Key information to be translated will be identified. Three nutrition information resource materials were translated into French and Dinka respectively for the Congolese and Sudanese communities.</td>
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<td>Individual Departments/Divisions within PAH frequently request assistance with translating written material. A translation service is coordinated by the Multicultural &amp; Interpreter Service. Recent examples of requests for translations include: Catheter Lab Discharge Information Physiotherapy Exercise Sheets Rehabilitation Reports Business Cards The Queensland Health Translation Guide is hyperlinked from the PAH Multicultural Homepage.</td>
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<td>In Metro North, Pharmacy and Maternity at RBWH have been support in process of translation of materials.</td>
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<td>In the Gold Coast HSD, the Translation Guide is used by District Community Nutritionist to develop Nutrition Education and Measure Up marketing for the Japanese Community. This is a Gold Coast initiative and Australian Better Health Initiative (ABHI) – has placed Japanese translation developed by the GCHSD – National Measure Up website.</td>
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<td>Patient Information – Translation Requests- Log Book is in the process to be developed. Currently, there are two (2) items that are being translated in six (6) languages. These are: Food Choices while admitted to Hospital Patient ID <em>Why do we ask these questions</em> Translated information on the topic of <em>Speech Pathology and Communication</em> was also developed. It is now available on QHealth Multicultural Health website,</td>
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</table>
**2007-2012 Strategies**  | **2008-09 Actions** | **Lead responsibility for 2008-09 actions** | **Progress Jul 08 – June 09**
---|---|---|---
Provide information to staff about what information has already been translated and is freely available and about how to access and use it | • at the local level, facilitate staff access to sources of translated information | • Queensland Health Multicultural Program | The website underwent a major review, with many new resources added and old ones reviewed and deleted.

| | | | MMHCs across the following HSDs: Cairns & Hinterland; Townsville; Metro North; RCH; Mater; Metro South; Gold Coast; and Darling Downs-West Moreton which promoted staff access to a range of sources of translated information by providing a list of translated material and assisting in obtaining such resources. For e.g. RCH CYMHS promotes translated information and resources via email, the electronic newsletter ‘Multicultural Moments’ and through the working group. This is an ongoing activity.

An increasing number of HSDs link to the QHMP’s multicultural website and its links to translated information.

QTMHC received 326,757 visits on its website and disseminated around 6,000 multilingual information resources in response to requests received. |
## Core outcome area - Data Collection and Analysis

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<td>Improve data collection and analysis of the health of culturally diverse communities,</td>
<td>• liaise with departmental contact officers for Outpatient Data Collection and other statewide datasets (eg. Oral health) on the regular central</td>
<td>• Queensland Health Multicultural Program</td>
<td>This action was not proposed due to competing. However, at local level, the MSCOIs were</td>
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<td>families and individuals</td>
<td>extraction and analysis of the multicultural minimum data set items</td>
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<td>instructed to progress this action.</td>
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<td>Metro North (RBWH) conducted data identification and extraction from HBCIS</td>
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<td>presented to the Multicultural Working Party. Processes in relation to completion</td>
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<td>of forms to collect and analyse data will continue to be investigated.</td>
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<td>At the Gold Coast HSD, the Multicultural Action Group had representatives from</td>
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<td>Patient Records, IT, Administrative Services and Decision Support to address MMDS</td>
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<td>requirements. A Patient Identification Working Party was established at the</td>
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<td>District level to address, monitor and report on patient data collection and data</td>
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<td>integrity.</td>
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<td>Multicultural Awareness Education/Training addressing MMDS at:</td>
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<td>• Ward clerks and admin staff in-service education</td>
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<td></td>
<td>• Ongoing District It/HBCIS training</td>
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<td>Audit on Country of Birth (COB) run on HBSC indicated for the period of 2006/07 that 1.8%</td>
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<td>% of patients admitted had the field of COB indicate as “not stated” or “unknown”.</td>
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<td>A report will be generated for the period of 1 July 2008- 30 Jun 2009 to monitor</td>
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<td>compliance.</td>
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<td>Ongoing provision of statistics and advice by HSC to support multicultural health.</td>
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<td>The Data Working Party (DWP) membership was established in December 2008.</td>
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<td>Representation includes the Health Statistics Centre, Population Health</td>
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<td>(epidemiology), the Ethnic Communities Council of Queensland (ECCQ) and QHMP. The first</td>
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<td>meeting was held in February 2009, with meetings held on a monthly basis.</td>
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<td>Commitment has been gained for the ongoing support of QHMP in its address of</td>
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<td>health inequalities faced by CALD communities, through the provision of expert advice and</td>
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<td>advocacy relating to the collection, extraction, analysis and reporting of</td>
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<td>programs.</td>
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<td>identify and report on multicultural health data available and develop a broader data collection and analysis plan on the health of culturally diverse communities</td>
<td>Queensland Health Multicultural Program</td>
<td>the multicultural minimum dataset. Representatives from the DWP (Health Statistics Centre) are currently advocating for the inclusion of CALD health indicators in the indicators to be used by the Australian Institute of Health and Welfare, and in their recommendations of national reporting indicators to be utilised by the Council of Australian Governments.</td>
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<td>complete the planning for the inclusion of clients from culturally and linguistically diverse backgrounds in a Queensland Health Satisfaction Survey 2009-10</td>
<td>Centre for Healthcare Improvement in consultation with QHMP</td>
<td>The Health Statistics Centre conducted analysis of the Queensland Hospital Admitted Patient Data Collection and National Health Survey data, to inform the reporting of the health status of CALD communities. Population Health Qld assisted and supported the work of QHMP in reporting National Health Survey and National Drug Strategy Household Survey data. Based on this collaboration, community health profiles were drafted for Italian, Indian and Vietnamese communities.</td>
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<td>BN Population Health Unit</td>
<td>Planning undertaken for focus groups with Pacific Islanders to enhance knowledge of the barriers and enablers to physical activity and healthy eating.</td>
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<td>Provide leadership and commitment to the value of cultural diversity</td>
<td>• multicultural health is sponsored by a senior executive within Queensland Health</td>
<td>• Director General</td>
<td>The GM, SAHS was the sponsor for the MH until the departmental restructure in 2008. The Chief Health Officer nominated by Director General to be the new Queensland Health sponsor for multicultural health in December 2009.</td>
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<td>Work in partnership with Queensland Government departments, other state governments, local government and the Commonwealth government</td>
<td>• continue to participate in the Inter-departmental committee convened by Multicultural Affairs Queensland and encourage the sharing of information on core strategies across department’s Multicultural Action Plans</td>
<td>• Policy Branch, Queensland Health Multicultural Program</td>
<td>Completed and ongoing. The Inter-departmental committee is considering the Queensland Health Interpreter Service model for statewide applicability. Policy Branch is a member of IDC in conjunction with QMHP and provides input, as required.</td>
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<td>• continue to participate in the Joint Officers Group (cross-jurisdictional meeting with Mental Health Branch representation) through Multicultural Mental Health Australia. (QTMHC is a consortium member involved in national policy development on issues that are common across the states that are driven in partnership with the Commonwealth government.)</td>
<td>• Queensland Transcultural Mental Health Centre</td>
<td>Multicultural Mental Health Australia consortium was disbanded in November 2008. Qld Health to provide input via the joint officers group with representation from each jurisdiction’s mental health branch.</td>
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| • participate in policy processes on multicultural health issues at the national level and advocate for the consideration of multicultural health issues in national health agendas | • Policy Branch  
• Queensland Health Multicultural Program | Policy Branch has provided an interface and coordinating role between national and state policy agendas on multicultural health, including contributing advice and attendance at relevant meetings. Policy Branch attended the QH Multicultural Health Steering Committee meetings and coordinated policy input into the Standing Committee on Immigration and Multicultural Affairs (SCIMA) and the Ministerial Council on Immigration and Multicultural Affairs (MCIMA) agendas, the Community and Disability Services Ministers' Conference (CDSMC), the Ministerial Advisory Council on Ageing (MACA), the Ministerial Conference on Ageing (MCA), the National FGM Coordinators agenda, AHMAC and AHMC agendas.  
Policy Branch continued to coordinate and provide policy advice to the Department of Health and Ageing and the Department of Immigration and Citizenship, as required.  
An officer from the Policy Branch participated on the Commonwealth Department of Health and Ageing’s Queensland Aged Care Planning Advisory Committee which provides advice on the distribution and targeting of aged care places. This committee considers a range of matters including improving access for people from a CALD background.  
The Office for Older People’s Health has mechanisms in place with HACC Branch and the Office for Seniors, Disability Services Queensland (DSQ), to support a collaborative approach to information sharing and addressing interface issues between DSQ and QH services. QH, DSQ and other state/territory jurisdictions are working with the Commonwealth to improve access to community based services for older people through trial of single access points. The HACC target group is frail older people but includes recognition of special needs groups, including CALD people who usually experience greater difficulty accessing support and health services. OOPH and the HACC Branch will use the outcomes of the evaluation of the Access Demonstration Projects to inform future approaches. | |
| | • Queensland Transcultural Mental Health Centre | The Manager of the QTMHC was invited to be the multicultural adviser to the national practice standards for the mental health workforce implementation project by the RANZCP.  
The QTMHC provided Transcultural input in the development and guidelines of the national framework for the implementation of the national practice standards for the mental health workforce and input into a consultation on the development of the 4th National Mental Health Plan | |
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<td>• participate in the Multicultural Sub-committees of the Regional Managers Networks where these sub-committees exist</td>
<td>• Health Service Districts</td>
<td>The Metro South Sub-committee is currently on hold. Negotiations are in place to provide input re: multicultural issues via the Health Coalition to the RMCN.</td>
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<td>Work in partnership with multicultural and community organisations</td>
<td>• continue the Queensland Health Multicultural Steering Committee to provide advice and direction on the implementation of the Queensland Health Strategic Plan for Multicultural Health 2007-2012.</td>
<td>• Queensland Health Multicultural Program</td>
<td>Worked with local government to establish a partnership to work collaboratively towards CALD physical activity and healthy eating issues. Moreton Bay Regional Council have provided input to focus groups questions.</td>
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<td>• at the local level, continue the fostering of partnerships and engagement with multicultural communities</td>
<td>• Health Service Districts</td>
<td>The Principal Interpreter Service Quality Officer (Northern Districts) continues to foster partnerships with Deaf Services Queensland, Migrant Settlement Services, Townsville Multicultural Support group and Deaf communities in Cairns &amp; Townsville. The broader Queensland Health Multicultural Program continues to participate in community networks.</td>
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<td>MMHCs across the following HSDs: Cairns &amp; Hinterland; Townsville; Metro North; RCH; Mater; Metro South; Gold Coast; and Darling Downs-West Moreton which have established partnerships and engagement with their local multicultural communities in regard to mental health. E.g. RCH CYMHS organised Sudanese and Burmese cultural presentations to their teams while the District MMHC has gone out to various multicultural communities. MMHCs in all the above Districts have done similar activities in this reporting period. This is an ongoing activity.</td>
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<td>The Australian South Sea Islander United Council Rockhampton and District Branch is the key community organisation for consultation on Australian South Sea Islander health issues and health services requirements for the Central Qld HSD.</td>
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<td>The Qld Children’s HSD participated in refugee meetings and initiatives with Brisbane City Council Refugee Network; GP Partners; School Based Youth Health Nurse supporting refugee access to age appropriate health services</td>
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<td>The Metro South and Darling Downs West Moreton Health Service Districts participate in/ lead a range of engagement/ partnership and capacity building activities (refer Attachment 3 for detail).</td>
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<td>Southern Population Health Services activity is at Attachment 4.</td>
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<td>The PAH continues to facilitate the Multicultural Steering Committee (est. 2001). The membership of the group consists of ethnic community and community based services representatives. The Steering Committee meets six-monthly. The PAH also continues to facilitate the Working Party for Deaf and Hearing Impaired. The Working Party meets six-monthly.</td>
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<td>The Prince Charles Hospital Health Community Council provides a forum for enhancing partnerships with CALD communities.</td>
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<td>The Metro North’s (RBWH) engagement with Karen community leaders provided an opportunity to hear the issues that the community face when interacting with the health system. The issues included:</td>
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<td>• Hospital appointments conducted without interpreters</td>
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<td>• Inappropriate interpreters (Burmese not Karen)</td>
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<td>• Appointments with the hospital which conflict with English classes</td>
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<td>• Appointment letters in English which individuals are unable to read in English</td>
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<td>• Transport issues and finding way to hospital</td>
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<td>It also provided an opportunity to share information on their rights to interpreters, the importance of filling out the required data and information on the health system.</td>
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<td>BN Population Health Unit</td>
<td>Project funded. Action Plan being developed and modules being developed.</td>
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<td>• Working alongside ECCQ on a project funded by CHIC (connecting health in communities) to get multicultural health workers working with GP’s who have identified multi-cultural cliental</td>
<td>BN Population Health Unit</td>
<td>Project funded. Action Plan being developed and modules being developed.</td>
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<td>• Working with ECCQ to develop and pilot multicultural health modules (health education, physical activity, healthy eating)</td>
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<td>• update Queensland Health’s multicultural policies</td>
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<td>• Policy Branch in consultation with the Queensland Health Multicultural Program</td>
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<td>Implement inclusive strategic and service planning processes that are responsive to community feedback, at all levels within the department (strategic, divisional, District, local)</td>
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<td>Policy Branch participated in the QH Multicultural Health Program’s Productive Diversity Working Group and provided feedback on the Cultural Competency framework. Policy Branch will conduct a substantive review of the Queensland Health Multicultural Policy Statement (2000) and the Queensland Health Language Services Policy (2000) in 2009-10. Preliminary scoping work has been undertaken and a project plan developed. This review will be done in consultation with the QHMP, the QH Multicultural Health Steering Committee and MAQ.</td>
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<td>– People Plan</td>
<td>• Performance and Accountability Division</td>
<td>Strategic Plan refreshed. Implementation of the QH Strategic Plan for multicultural health 2007-2012 is an initiative of the supporting working document.</td>
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<td>– Strategic Plan</td>
<td>• Planning &amp; Coordination Branch</td>
<td>Development and review of Queensland statewide health services plans continued and considered the service needs of CALD communities.</td>
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<td>• Statewide Health Services Plans</td>
<td>• Health Service Districts, Multicultural Health Coordinators (Darling Downs West Moreton, Southside)</td>
<td>MMHCs across the following HSDs: Cairns &amp; Hinterland; Townsville; Metro North; RCH; Mater; Metro South; Gold Coast; and Darling Downs-West Moreton which have all commenced development of a Policy on ‘Mental Health Access for CALD Consumers Policy’ in line with EQuIP Standards ‘Continuum of Care’. The Mater CYMHS reviewed their policy and procedures to incorporate the 2007-12 Plan and commenced work on attaining the standards outlined in the “Cultural Competency Standards and Self-Assessment Tool”. Southside MHS (Metro South HSD) MMHC provided input into the Southside Mental Health Services Plan and the Southside Multicultural Health Services Plan. RBWH MHS (Metro North HSD) MMHC provided input into the RBWH Mental Health Plan 2008-09. Gold Coast MMHC presented 2007-12 Plan to Multicultural Mental health reference Group. Cairns &amp; Hinterland MHS commenced development of a Strategic Plan which will incorporate multicultural service needs as indicated in the 2007-12 Plan and identified by the multicultural MH Reference Group. Central Queensland HSD has assigned a multicultural portfolio to a senior staff member as a result of the influx of international workers to industries operating in the Banana Health Service. The Children’s HSD plan includes the Refugee Clinic. The Metro South Multicultural Health Services Plan was developed and finalised.</td>
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<td>Monitor and evaluate the implementation of the Queensland Health Strategic Plan for Multicultural Health</td>
<td>• implement the 2008-09 component of the evaluation plan for the Queensland Health Strategic Plan for Multicultural Health 2007-2012</td>
<td>• Queensland Health Multicultural Program</td>
<td>The measures in the evaluation plan are used to evaluate major initiatives.</td>
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<td>• six monthly report on implementation of the Queensland Health Strategic Plan for Multicultural Health 2007-2012</td>
<td>• Divisions • Health Service Districts • Multicultural Health Coordinators (Darling Downs West Moreton, Southside)</td>
<td>Completed.</td>
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### 2007-2012 Strategies
Provide information to health consumers from culturally diverse communities on their rights and responsibilities, including information on the Queensland Health complaints process.

### 2008-09 Actions
- Disseminate information on rights and responsibilities, including information on complaints processes.

### Lead responsibility for 2008-09 actions
- Queensland Health Multicultural Program
- Centre for Healthcare Improvement
- Queensland Transcultural Mental Health Centre
- Health Service Districts

### Progress Jul 08 – June 09
The Centre for Healthcare Improvement developed resource material supporting the new Australian Charter of Healthcare Rights, translated into 17 community languages. Dissemination of these resource materials will take place upon the ratification of the Queensland Health Policy and Implementation Standard adopting the Australian Charter of Healthcare Rights.

MMHCs across the following HSDs: Cairns & Hinterland; Townsville; Metro North; RCH; Mater; Metro South; Gold Coast; and Darling Downs-West Moreton which have disseminated information on rights and responsibilities, including information on complaints processes, the Mental Health Act 2000 in 14 languages. This is done systematically as well as with individual CALD consumers directly. This is an ongoing activity.

Continued dissemination of multilingual resources relating to Mental Health Act 2000 and patient rights information via the clinical services program of the QTMHC.

The Qld Children’s HSD Zillmere Refugee Health ensures consent issues are discussed and they are provided with a health care book.

The Metro South Health Service District provides a range of translated information about services and health issues. Translated information is available from the internet, intranet, information stalls at 4EB radio station, on request from staff, and as part of clinical consultation eg diabetes services.

At the Prince Charles Hospital, complaints are received via the interpreter services co-ordinator and are followed up and investigated by the Queensland Health Multicultural Program in accordance to complaints process.

At the Metro North (RBWH) HSD, a meeting was held with the leaders of the Karen community and information was delivered on patient's rights and responsibilities within the hospital system as well information on the complaints processes. The Karen leaders were also given information including audio files on the Queensland Health System.
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<td>Queensland Health Multicultural Program</td>
<td>Not completed due to other priorities.</td>
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<td>Develop sustainable infrastructure for ongoing community engagement and dialogue including a culturally relevant consultation model and an evaluation framework</td>
<td>review and disseminate the Queensland Health Guide To Engaging Multicultural Communities &amp; Consumers</td>
<td>Not competed due to other priorities.</td>
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<td>review and update documented linkages between existing community engagement mechanisms</td>
<td>Queensland Health Multicultural Program</td>
<td>Not completed due to other priorities.</td>
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An event was organised to celebrate Harmony Day 2009 at which information on consumers’ rights and responsibilities and the complaint process were available in various languages.

In the Gold Coast HSD, Patients’ Rights and Responsibilities in translated format has been promoted through multicultural health promotion, displays and other activities in the community, including the following events:
- Filipino National Day July 08
- Baltic Community Music Concert - Nov 08
- Robina Hospital Expansion, Nov 08
- Gold Coast Multicultural Festival, Nov 08
- Waitangi Day 2009 – Gold Coast
- Carrara Open Day, Nov 08
- Four sessions at Gold Coast College of TAFE Access Adult Education in July 2008 to June 2009 terms.
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<tr>
<td><strong>Increase the capacity of culturally diverse communities to work with, engage and advise Queensland Health</strong></td>
<td>• continue to involve culturally diverse community representatives in advising on the implementation of the Queensland Health Strategic Plan for Multicultural Health 2007-2012</td>
<td>• Queensland Health Multicultural Program • Chronic Disease Strategy Unit (CHO)</td>
<td>Chronic Disease Coordinators are placed within Non-Government Organisations with one FTE Chronic Disease Coordinator position at Ethnic Communities Council of Queensland (ECCQ). This position was funded to support the implementation of the <em>Queensland Strategy for Chronic Disease 2005-2015</em> in the non-government sector and to work in partnership to establish a Non-Government Chronic Disease Leadership Team. The Team works closely with Queensland Health, Queensland Self Management Alliance (QSMA) and other relevant organisations. The Gold Coast HSD held “Meeting the Health Needs of the Gold Coast Multicultural Communities” Consultation. Consultation Report is available on request. The Multicultural Health Forum was also held showcasing the two health promotion partnership projects that the District facilitated to the CALD communities, Multicultural NGOs, General Practitioners and mainstream health organisations. This event provided opportunities for participants to network, disseminate health information in community languages and to promote also QH Multicultural Health website, and Interpreter services.</td>
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<td><strong>at the local level, continue community engagement activities</strong></td>
<td>• Health Service Districts</td>
<td>MMHCs across the following HSDs: Cairns &amp; Hinterland; Townsville; Metro North; RCH; Mater; Metro South; Gold Coast; and Darling Downs-West Moreton which continued to engage with multicultural communities as part of their work plans. These District Mental Health Services average around 100 engagements with multicultural communities over this 12 month reporting period. This is an ongoing activity. In the Central Queensland HSD, Gladstone Health Service actively liaises and consults with ‘Gladstone Communities for Children’ to increase the inclusiveness of children aged 0 - 5 years from diverse cultural backgrounds in children’s services and programs. Refer to Attachment 3 for detail on Metro South and Darling Downs West Moreton Health Service District’s engagement, partnership and capacity-building activities. The PAH Multicultural Steering Committee and the Working Party for Deaf &amp; Hearing Impaired continue to engage members of the local community</td>
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<td>• continue to engage with culturally and linguistically diverse mental health consumers and carers though the consumer and carer participation coordinator at the Queensland Transcultural Mental Health Centre</td>
<td>• Queensland Transcultural Mental Health Centre</td>
<td>A consumer training module has been developed by CALD consumers as part of the &quot;stigma reduction project.&quot;</td>
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<tr>
<td>• at the local level, continue community capacity building activities</td>
<td>• Health Service Districts</td>
<td>MMHCs across following HSDs: Cairns &amp; Hinterland; Townsville; Metro North; RCH; Mater; Metro South; Gold Coast; and Darling Downs-West Moreton which have all employed a range of community capacity building activities which are continual and ongoing activities. For example: Cairns &amp; Hinterland mental health service collaborated with a NGO to obtain Beyond Blue funding and undertake a CALD carer support program with 15 CALD carer participants. The District MMHC liaised with leaders of the Italian and Hmong communities in regard to building community capacity in mental health. Mater CYMHS have CALD consumers as participants in the Mater CYMHS consumer groups. Metro North (RBWH) mental health service includes a CALD consumer on their Multicultural Network Committee. The RCH CYMHS support a CALD consumer who is part of the RCH CYMHS consumer network, and also support young CALD consumers to present at local training events to highlight cultural issues. In Central Qld HSD, the Gladstone Community Child &amp; Family Health Services initiated community capacity activities eg Mothers’ Groups, Protective Behaviours Program, where women and families of multicultural backgrounds were encouraged and supported to attend. The Qld Children’s HSD’s Primary Care Program in conjunction with GP Partners has employed a Multicultural Liaison Officer to assist the processes between settlement agencies and local GPs. The PAH Volunteer Manager and Multicultural Services Manager are collaboratively working on a recruitment and retention strategy to increase the number of NESB volunteers to reflect the cultural/language diversity of the current</td>
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| Orient culturally diverse communities to the Queensland health system by developing a communication strategy on the health system which includes multicultural media, information sessions and open days | • disseminate the series of ten Queensland Health System consumer fact sheets (translated into 16 languages) to key community organisations and community workers  
• implement a communication strategy for the Queensland Health System consumer fact sheets series  
• at the local level, continue strategies to familiarise culturally diverse communities with available health services | • Queensland Health Multicultural Program  
• Health Service Districts | Fact sheets and audio-files were distributed to all relevant community organisations in Queensland listed in the Multicultural Services Directory. Fact sheets were loaded onto multicultural health website and each month received more than 35,000 hits. |
<p>|  |  |  | MMHCs across the following HSDs: Cairns &amp; Hinterland; Townsville; Metro North; RCH; Mater; Metro South; Gold Coast; and Darling Downs-West Moreton which distributed the series of ten Q Health System consumer fact sheets (translated into 16 languages) to consumers and community agencies; and all provided information to CALD communities during mental health week. MMHCs from the above District MHS’s regularly meet with ethnic associations and communities to discuss how their respective services operate and how they can be accessed. RCH CYMHS and Mater CYMHS MMHC liaised with educational facilities and interagency networks connected with children and young people. | MMHCs across the following HSDs: Cairns &amp; Hinterland; Townsville; Metro North; RCH; Mater; Metro South; Gold Coast; and Darling Downs-West Moreton which distributed the series of ten Q Health System consumer fact sheets (translated into 16 languages) to consumers and community agencies; and all provided information to CALD communities during mental health week. MMHCs from the above District MHS’s regularly meet with ethnic associations and communities to discuss how their respective services operate and how they can be accessed. RCH CYMHS and Mater CYMHS MMHC liaised with educational facilities and interagency networks connected with children and young people. |
|  |  |  | Darling Downs-West Moreton District continued close networking with local community and multicultural organisations. The District Multicultural Health Coordinator advocates Multicultural Health Services provided by Queensland Health to provide support and advice to other Non-Government Multicultural Health Services Providers. | Darling Downs-West Moreton District continued close networking with local community and multicultural organisations. The District Multicultural Health Coordinator advocates Multicultural Health Services provided by Queensland Health to provide support and advice to other Non-Government Multicultural Health Services Providers. |
|  |  |  | At the Children’s HSD, Primary Care Program has developed refugee-specific pathways for oral health, audiology, sexual health, optometry and child health. | At the Children’s HSD, Primary Care Program has developed refugee-specific pathways for oral health, audiology, sexual health, optometry and child health. |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Develop an evidence-based strategy on effective information dissemination to culturally diverse individuals and communities | • research effective dissemination strategies through implementing communication strategies (eg. Queensland Health System fact sheet dissemination, promoting the multicultural website) | • Queensland Health Multicultural Program                                | This is built into the methodology of the Pacific Islander Health Needs Assessment.                                  |
|                                                                                     | • Focus group questions to include questions to find out effective ways to promote health messages and activities | • BN Population Health Unit                                               | Questions developed and toolkit being piloted.                                                                      |
|                                                                                     | • Consistent messages toolkit developed and being implemented. If found successful will be use to promote health messages to the CALD community. |                                                                                           |                                                                                                                     |</p>
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<tr>
<th>Include specific and evidence-based strategies for culturally diverse communities in major Queensland Health campaigns</th>
<th>• continue to include multicultural aspects in key advertising and marketing initiatives where possible</th>
<th>• Public Affairs&lt;br&gt;• Chronic Disease Strategy Unit (CHO)</th>
<th>A total of 12 Health Service Prevention Coordinators positions were funded to provide regional prevention coordination. These positions were located in Brisbane (Central and Southern Area), Toowoomba (Southern Area) and Cairns (Northern Area). Eight of the positions focused on coordination of activities relating to nutrition and physical activity, and the remaining four were focused on alcohol and drug coordination. The nutrition and physical activity coordination positions included Nutritionists, Healthy Lifestyle Coordinators, and Physical Activity Project Officers. Major functions of the nutrition and physical activity positions during 2007/2008 included collaboration with ECCQ to develop healthy lifestyle Culturally and Linguistically Diverse (CALD) modules (Living Strong, Living Long) for a range of different ethnic groups.</th>
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<td></td>
<td>• attend the Buddha Birthday Festival and promote key health messages around the Tai chi events</td>
<td>• Public Affairs</td>
<td>Ongoing</td>
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<td></td>
<td>• continue to look at translation options for printed and web marketing material</td>
<td>• Public Affairs</td>
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<td></td>
<td>• continue to actively support, promote and participate in multicultural activities</td>
<td>• Public Affairs</td>
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<td></td>
<td>• Encourage Queensland Health participation in community events that lend themselves to broader community involvement or celebration</td>
<td>• Queensland Health Multicultural Program</td>
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<td>• at the local level, continue to promote participation in community events as well as organise specific Queensland Health multicultural events</td>
<td>• Queensland Transcultural Mental Health Centre • Health Service Districts</td>
<td>Ongoing. Activities are listed in Attachment 5.</td>
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| Include positive portrayals of the diversity of Queensland’s population in Departmental publications and promotional activities. | • positive diversity portrayals in Departmental publications | • Queensland Health Multicultural Program  
• Health Service Districts | The Qld Children’s HSD Zillmere Refugee Health Clinic portrayed in RCH Staff News and Health Matters  
The Metro South held a celebration of the 100th refugee to attend the Logan Refugee Clinic  
At the PAH Staff Interpreter Yen Nguyen was nominated and won hospital ‘Staff of the Month’ award. Regular articles and promotions placed in departmental communications including: Admin observer, PA People, WisPAH.  
At the Gold Coast HSD, there were four articles prepared and published. These were:  
• Healthwave  
• Promoting MCRF,  
• MLO & Interpreter Service Coordinator’s profiles;  
• District Community Engagement Award 2008 recipient as multicultural staff. |
| Continue to build the capacity of multicultural non-government organizations to work with Queensland Health | • at the local level, continue capacity building activities with multicultural non-government organisations | • Queensland Transcultural Mental Health Centre  
• Health Service Districts | QTMHC continued its capacity building focus through its Promotion Prevention and Early Intervention program:  
• trained over 60 BRiTA Futures Program facilitators across the state  
• conducted stigma reduction program sessions with over 26 different multicultural sector groups and organisations.  
• increased reach of stigma reduction program by employing bilingual workers based in Cairns and Hinterland areas working with 8 multicultural groups and organisations  
• conducted 2nd bi-annual forum focusing on the mental health needs of students from refugee backgrounds attracting over 70 participants from the health and education sectors  
• delivered three Mental Health First Aid Courses to multicultural sector agencies and groups each of 12 hours duration. |

MMHCs across the following HSDs: Cairns & Hinterland; Townsville; Metro North; RCH; Mater; Metro South; Gold Coast; and Darling Downs-West Moreton which have continued to build the capacity of multicultural non-government organizations to work with their local service as part of their work plans. For example: Mater CYMHS provides monthly collaborative mental health support to the Child and Youth teams at QPASTT. Mater CYMHS has established school
|----------------------|----------------|----------------------------------------|--------------------------|

liaison with various schools who have a high number of CALD students eg Milperra High School and Yeronga High School. Engagement with agencies working with Pacific Islander communities in the Inala clinic catchment. Metro South (Southside) mental health service continued networking activities with MultiLink and ACCESS Inc. Cairns & Hinterland MMHC is a member of three multicultural networks across the District and in this period completed a care participation project in collaboration with multicultural NGO.

The Australian South Sea Islanders United Council Rockhampton and District Branch is the key community organisation for consultation on Australian South Sea Islander health issues and health service requirements.

The Qld Children’s HSD’s Primary Care Program worked with NGOs who provide services to refugees such as Spiritus to engage with refugees around health promotion. Community Child Health partnership was established with the Health Community Council Refugee Engagement Strategy.

The Prince Charles Hospital Multicultural Working Group (MWG) for mental health services was established in April 2008 in order to foster strategic partnerships with the various multicultural groups and organisations. The MWG consists of government and community representatives. Community members have been nominated by the two interagency networks including The Nundah Interagency and Caboolture and Redcliffe Multicultural Forum. In August 2008 the Multicultural Working Group was enhanced with the senior mental health staff/Team Leaders and Nurse Unit Managers. There have been six MWG meetings to date including a number of consultations, discussions and presentations on multicultural mental health topic.

Metro North (RBWH) participated in regular network meetings in the NGO multicultural sector e.g.

- Multicultural Health Network
- Northside Refugee Network
- Nundah Interagency Meeting
- Brisbane North HACC Network

at which presentations of RBWH services and information were delivered. A Hospital Community forum with a CALD focus convened by RBWH has been organised for June. Representatives from various community services will be
|---------------------|----------------|--------------------------------------|-----------------------------|

invited.

The Gold Coast HSD has developed partnerships with CALD communities, Gold Coast government, NGO and multicultural organisations resulting in the establishment of the District Multicultural Health Advisory Group (MHAG). The MHAG has the following stakeholders.

- Multicultural Communities Council – Gold Coast (MCCGC)
- Multicultural Family Organisation (MFO)
- The Migrant Centre (TMC)
- Adult Migrant Access Education – GCIT
- Refugee Settlement /Access Inc.
- Gold Coast City Council,
- Division of General Practice.

District MLO and Multicultural Mental Health Coordinator regularly participated in the Gold Coast Migrant Services Network (MSN) bi-monthly meetings. (see stakeholder list 4.2). The District facilitated the engagement and partnered with Multicultural Communities Council – Gold Coast, Ethnic Communities Council – Queensland and Gold Coast CALD communities to develop two health promotion projects: ABHI Measure Up – targeting Gold Coast CALD communities and Health Needs Assessment in the Gold Coast Maori community. Both these partnership projects entailed the District’s direct support and were delivered by the District Community Nutritionist and the Multicultural Liaison Officer. These partnership projects involved the recruitment and training of 11 Multicultural Community Health Workers (MCHW) to roll out community health education on nutrition and physical activities to their own CALD communities and health needs assessment in the Maori community.
|----------------------|-----------------|---------------------------------------|--------------------------|
| Build community capacity to address targeted health needs | • continue to support community based agencies to provide services to consumers from culturally and linguistically diverse backgrounds on health and community care needs  
• improve the responsiveness and accessibility of services delivered by Queensland government-funded non-government organisations by reviewing the scope of service delivery of funded non government organisations to ensure that interpreter services are available when needed by clients | • Community Services Unit, Corporate Services | Queensland Health funding to non-government organisations (NGOs) is linked to a specific health issue or program intervention as identified by state policy directives. Non-government organisations funded to deliver community-based, direct and indirect services, specifically to address the health needs of migrants and other non-English speaking people are detailed in Section 3 of this Report.  
In addition to the targeted funding to address the health needs of migrants and other non-English speaking people, the Queensland Health service agreement for non-government organisations has standard clauses that require all funded organisations to develop strategies to ensure that its services are culturally appropriate and non-discriminatory to the target group and manage issues of consumer access by monitoring and addressing any unintended structural or communication barriers that consumers may perceive in accessing services.  
Many mainstream NGOs respond to the needs of migrants and other non-English speaking communities in their business planning and incorporate strategies such as ensuring staff attend cultural awareness training, printing resources in various languages or funding interpreter services as required.  
The Community Services Unit’s strategic procurement planning process intends to include in all future procurement processes the costs associated with accessing external interpreting services. Services for translators or interpreters for new projects would therefore need to be considered and costs factored into the specific project or program area budget. |
| • at the local level, continue community capacity activities | • Health Service Districts | See Response to “continue to build the capacity of NGOs to work with Queensland Health.” |
|----------------------|----------------|--------------------------------------|--------------------------|
|                      | • Working with the Pacific Islander community to develop activities which will be run and owned by them..<br>• Working with ECCQ and Pacific Islander to tailor health modules to their culture. | • BN Population Health Unit | Focus groups planned. Findings will guide what activities are developed. Pacific Islander Health worker preparing health modules. |
Attachment 1. Health Service District interpreter service promotional activity

DDWM
On going training and support is provided to all staff in the district.
The District Interpreter Coordinator holds ISIS training once a month. There is also introductory training provided in orientation to all new employees in the district.
All new staff members are provided with ISIS registration form and a copy of the emergency interpreter poster.

CENTRAL QLD
Banana Health Service has 3 Queensland Health-accredited interpreters are living in the local communities who are utilised by Health Service District personnel when contacting CALD employees & families of the meatworks.
Rockhampton Aboriginal & Torres Strait Island Health Services support the local Vietnamese community with childhood immunisations and women’s health advice, regularly utilising a community-based interpreter to assist in delivering antenatal and postnatal health care information.
All CQHSD personnel are regularly reminded via intranet broadcasts about Interpreter Service policy, procedures and accessibility. The request form is available on the CQHSD home page at http://qheps.health.qld.gov.au/cqld/forms/interpreter_request.pdf
A Resource Officer has been identified and is available to train supervisors and staff or assist them with any queries.
Queensland Health’s policy and procedures are available at all facilities and services and accessible by key staff.

METRO SOUTH
Continue to provide training and support to staff.
Consult with PAH regarding optimal use of available interpreter resources/ support staff and co-ordination across Metro South HSD

PAH
The new state-wide Interpreter service has been heavily promoted across clinical, professional and administrative streams.
Working with Interpreters training and ISIS training has been advertised in a diverse range of media across our facilities. 250+ staff have attended ISIS training since September 2008.
The PAH Intranet page has been updated with links to: QHEPS Multicultural Program homepage, Multicultural Clinical Resource Folder and ISIS homepage.
A retention/placement audit of the hardcopy Multicultural Clinical Resource Folder has been conducted.
New local PAH Interpreter Services posters have been developed (in-line with State-wide program branding) for front-line staff and placed near phones and reception counters in all areas that use Interpreters.

MOUNT ISA
To ensure training and development of all staff on how to access and the usage of interpreters
Create awareness and access to Healthcare rights and responsibilities of Qld Health policies and procedures

TPCH
Training is provided to District staff on a continual basis and it is expected to be ongoing due to staff turn over.
QH policies and procedures are accessible to all QH staff on QHEPS.
Training on ISIS also provides staff awareness regarding QH policies on the use of interpreters.

METRO NORTH (RBWH)
Information and training on how to access/request and work effectively with interpreters was delivered through 14 training sessions with an attendance of 389 staff.
ISIS has successfully been implemented in RBWH. 15 pre-launch ISIS training sessions were delivered with an attendance of 206 staff. 400 post launch requests for information has ensured on-going support for staff to effectively use the system.

SOUTHWEST
Learning Services Staff to attend the 45 minute training program and then undertake a broader information and awareness program of the Interpreter service. A link to the interpreter service will be incorporated into the SWHSD intra net site for easy access.

TOWNSVILLE
District Support Staff have been trained in the Interpreter Service roll-out and provision. Folders of the service where distributed when the service commenced. Support Staff continue to provide information regarding the service to QH staff and send out reminders regarding our obligations to use the service and how to access the Interpreter Service.
Effectiveness of the program can be assessed by the number of services used. Since the new service has been in use customers per month has risen from 19 to 35 Interpreter Services in the Townsville District.
All District staff have been advised of the Queensland Health Interpreter Service and availability on the QHEPS system. Posters regarding the service are displayed throughout the Hospital. District staff are available should there be any additional training, assistance, complaint or feedback regarding the service. Any updates or advice received is also notified to all staff within the District.
This is covered in the district orientation program for new staff and as a topic for discussion when a patient is presented on the ward. On the patients arrival to the ward – the NUM has a in-service with the staff to remind them of the procedures of obtaining interpreter services and where to find the multicultural QH Folder.


GOLD COAST
Information and training has been provided by the ISC to the District since the New Queensland Health Interpreter Service commenced – 26th November, 2007.
Staff have been advised how to access information and how to work with interpreters through the following methods:
- ‘New QH Interpreter Service’ staff awareness sessions
- ‘How to work with Interpreter’ sessions
- ‘ISIS (Interpreter Service Information System) sessions
Awareness raising of ISIS was conducted by district broadcast, district and departmental newsletters, direct contact with past requesters, poster and flyer distribution and display.
ISIS Training & Awareness Sessions were published inviting all district staff to attend if they had requested an interpreter in the past or would request an interpreter in the future.
As @ 20/5/2009 approx 300 staff have been trained in how to use ISIS. Future ISIS training sessions are scheduled and have been publicised up until Sept, 09, sessions are particularly focusing on new district employees and will also be advertised at district orientation.

MACKAY
All staff attending District Orientation Program are familiarised with the Queensland Health on-line interpreter service
Colourful posters advertising the on-line services and how to access are in all clinical areas and training areas.
Interpreter Service education sessions held via SDU, with Libby Sterling, PPO Interpreter Services for northern Queensland.
Interpreter on-line services, district coordinators and other related information easily accessible via QHEPS at all District computer terminals
Attachment 2. Metro South Health Service District– Logan Refugee Clinic

In March 2005 the (previous) Logan-Beaudesert Health Service District launched a Refugee Health Service. The Logan Refugee Health Clinic is a partnership project between Logan-Beaudesert Health Service District, ACCES Services Incorporated, GPLAN, and other local organisations. The program conducts health assessments for all refugees, humanitarian entrants, temporary protection visa holders and refugee claimants and operates at the Logan Central Community Health Centre one to three days a week. In 2008, as a result of the Statewide Refugee model, the Logan clinic received additional funding to ensure sustainability of the clinic. As part of the Statewide model a clinic will also be formed in the Brisbane South area, as part of the Statewide Refugee hub and spoke model. The Brisbane South clinic is still in its establishment phase and not yet operational.

Statistics for Logan clinic the period 01/07/08 – 31/12/08 are below:

- Referrals to the clinic – 130 Individuals from 36 families.
- The nationality of these individuals was Congolese, Burundian, Sudanese, Somali, Ethiopian, Myanmarese, Iranian and Pakistani.
- Major issues identified during this period were visual problems, dental problems, hypertension, testicular pain/swelling, leg pain and breast pain.
- Dental clinic project was available on selected days during this period and had 22 individuals referred on the Thursdays following our assessments.
- Torture and trauma issues identified at assessment and referred to ACCES Inc for urgent follow up – 19 individuals.
- Mental Health – 2 direct referrals.
Attachment 3. Metro South and Darling Downs West Moreton Health Service District’s engagement/ partnership and capacity building activities

Metro South Health Service District
- Logan-Beaudesert Multicultural Health Program
- Bi-annual Multicultural Health Festival
- Volunteers morning tea
- Multicultural Advisory group
- Refugee Health Network
- Informal meetings with community leaders and members
- Health Community Councils
- Refugee Health Clinic
- Development of Southside Health Service Plan, Metro South
- Waitangi Day
- Kaleidoscope
- Attendance at NGO’s AGM’s and community functions/ celebrations

Joint projects with other agencies:
- Bi-lingual Health Promoters – Logan
- Community Health Worker Project – Brisbane South
- Community Food Garden
- Eat Well Be Active (African and Pacific Islanders)
- Support groups for refugees
- HYPE
- Coming in out of the CALD
- Effort program for refugee women

The Multicultural Health Co-ordinator is also available for community members seeking specific information.

Capacity Building activities with QPASST, QIRCH and MDA continue through development of nutrition education resources; promotion of health through provision of workshops and the support to medical staff with nutrition concerns.
LMT in partnership with ECCQ to train and support community health workers
  o   Evaluation package being developed
  o   equipment purchased for training & education sessions – in process
Collaborative with QUT and QH utilising Div GP funding to promote breastfeeding and appropriate introduction of solids to infants among African communities.

**Darling Downs West Moreton Health Service District**

WMSBHSD continues to engage with CALD communities and key agencies in the multicultural sector. For example, the Multicultural Employment Project utilised a range of strategies to initiate and maintain engagement with overseas qualified health professionals including:

- Via email (the Multicultural Health Employment Email Group)
- Face to face consultations with potential employees
- Groupwork – including workshops with potential employees as well as
- Maintaining individual phone and email contact.

The District is represented on a number of Reference and Advisory Groups including:

- Inala to Ipswich Multicultural Network
- Multicultural Health Network
- Equity and Diversity Working Group
- NAATI RAC

And engages with key stakeholders in the local area and in the sector including:

- Multicultural Support Links
- Ipswich Multicultural Projects
- Multicultural Development Association
- Access Inc
- Ipswich City Council
- NAATI
- St Vincent de Paul
- Spiritus
- Bluecare Multicultural Health Liaison Officer

The District continues to work in partnership with key agencies and community groups. For example, the Harmony Arts Day (Oct 08) was developed by the Multicultural Mental Health Coordinator in partnership with:
• Buddhist education services for Brisbane region,
• Community Aid,
• Ipswich City Council,
• Ipswich Multicultural Project Inc,
• TOFA Mamao Samoan Community Association
• Sudanese association for Ipswich region,
• Fijian Association for Ipswich region,
• Chinese Association for Ipswich region.

Outcomes from the day included the establishment of networks with over 15 NG organisation s/agencies with interest in supporting CALD clients plus interest in initiating a Mental Health Forum and Panel for WMSB in 2009

The Multicultural Mental Health Coordinator has also recently initiated an application in partnership with Ipswich Multicultural Projects, ECCQ and Support Links ESL volunteers for an ‘Eat well and Be active program’ for CALD Mental Health Services clients. This initiative has required strong engagement of Samoan, Sudanese, Chinese and Fijian Communities.

The Multicultural Employment Project has worked in Partnership with a number of key agencies in the Multicultural Sector. In particular, this has included:
• Multicultural Development Association
• Access Inc and
• Skills Recognition
Attachment 4. Southern Population Health Services engagement/partnership and capacity building activities

Logan HYPE program – after school physical activity
• The HYPE dance fitness program is a community partnership providing more than 300 teenagers from nine Logan schools and more than 15 cultural backgrounds with a fun and safe, after-school environment in which to express their artistic talents and participate in positive physical activity.
  Cultures represented included Aboriginal and Torres Strait Islanders, Anglo-Australian, New Zealand, Cook Islander, Samoan, Tongan, Papua New Guinean, Pacific Islander, African, Filipino, Vietnamese, Irish, Italian, Yugoslavian, Filipino, Spanish, Chinese and French.
  Logan CALD Immunisation Research project - Barriers and enablers for parents/carers accessing age-appropriate, funded immunisations for their children from Samoan, Tongan, Cook Island and Maori cultural backgrounds.

Promotion of physical activity options for older Logan residents
• Logan’s Multilink Community Services has been hosting ‘come and try sessions’ to encourage older people to experiment with Country and Western line dancing, Tai Chi and Cook Island dancing as longer-term physical activity options to help reduce their risk of falls. Multilink now offers regular weekly cultural dance and exercise sessions at its Woodridge centre.

The effect of the 10-week Steady Steps program on indices of falls risk, physical activity and sense of community in a Gold Coast multicultural group.
• The research project involved taking baseline measurements from participants who access services through the Multicultural Communities Council Gold Coast. Strength, balance and dynamic stability were assessed using standard tests and information pertaining to physical activity, perception of falls risk, knowledge of falls risk and sense of community was obtained. A 10-week falls prevention program was then delivered (Steady Steps) which covered gentle exercise and education around reducing your risk of falling. Post testing was then completed to assess change.

Queensland Strategy for Chronic Disease 2005-2015, chronic disease prevention program for CALD communities
• Conducting community consultations and based on these develop, trial and evaluate a group-based healthy lifestyle behaviour change program and supporting culturally appropriate resources with individuals from nine CALD target communities
• Working group literature review of the effectiveness of healthy lifestyle interventions delivered using a multicultural health worker model for health and access outcomes for CALD populations; and effectiveness of a chronic disease self-management approach for health and access outcomes for CALD populations.

ABHI Measure-Up campaign local activities for CALD communities
• to pilot a strategy for raising awareness of link between chronic disease and lifestyle related risk factors and an appreciation of why lifestyle change is needed among targeted CALD communities.
### Attachment 5. Support, promotion and participation in multicultural activities

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<th>District /Work area</th>
<th>Project</th>
<th>Date</th>
<th>Activity</th>
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<tbody>
<tr>
<td>QTMHC</td>
<td>Community engagement</td>
<td>Ongoing</td>
<td>QTMHC participated in the following community events:</td>
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<td>- Eidfest</td>
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<td>- Vaka Pacifica Sports and Cultural Day organised by Pacific Youth Association</td>
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<td>- Gold Coast Multicultural Festival</td>
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<td></td>
<td>- Launch of Mental Health Week 2008 organised by Mental Health Branch</td>
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<td>- Multicultural Festival 2008</td>
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<tr>
<td>Multicultural Mental Health Coordinators</td>
<td>Community engagement</td>
<td>Ongoing</td>
<td>Multicultural Mental Health Coordinators across the HSDs of: Cairns &amp; Hinterland; Townsville; Metro North; Mater; Metro South; Gold Coast; and Darling Downs-West Moreton all promoted and supported multicultural events such as World Refugee Day, Mental Health Week, and local Multicultural Festivals; e.g. Metro South (Southside) MMHC had information stalls at Southside Multicultural Health festival and community ‘Spark it Up’ cultural festival.</td>
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<tr>
<td>Metro South</td>
<td>Community engagement</td>
<td>Ongoing</td>
<td>Bi-annual Metro South Multicultural Festival</td>
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<td>The bi-annual Metro South Multicultural Health Festival was held at QEII Hospital in August 2008. The Health Minister opened the event. . The Festival aimed to:</td>
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<td>• engage the local multi-cultural community;</td>
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<td></td>
<td>• provide health information to people from culturally and linguistically diverse communities; and</td>
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<td>• enhance cultural competence</td>
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<td>A total of approximately 80 community and government volunteers, 40 performers, 25 information stalls, children’s activities, three cross cultural training sessions, and free food ensured the Festival was a success. In total about 600 community members attended.</td>
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<td>Multicultural Volunteers afternoon tea</td>
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<td>A morning tea was held on the 12th September 2008 at QEII Hospital, for all volunteers assisting with the Metro South Bi-annual Multicultural Health Festival. The Health Minister opened the event and presented certificates of appreciation to all 80 volunteers.</td>
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<td>Other events the District participate in include:</td>
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<td>• Waitangi Day</td>
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<td>• Kaleidoscope</td>
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<td>• Attendance at NGO’s AGM’s and community functions/ celebrations</td>
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<td>The PAH is collaborating with key stakeholders in the Metro-South HSD to hold a District Multicultural Festival in 2010. The first meeting was held in May 2009 at PAH.</td>
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<td>District /Work area</td>
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<td>Gold Coast</td>
<td>Multicultural Liaison</td>
<td>Ongoing</td>
<td>GCHSD participation in the First Gold Coast Multicultural Festival – 16/11/2008</td>
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<td>African Festival – Nerang</td>
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<td>Filipino National Day – Parkland</td>
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<td>Japan &amp; Friends Day – GCCC Arts Centre</td>
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<td>Baltic Society Concert – Albert Waterways</td>
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<td>Croatian Seniors – Carrara Sports Centre</td>
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<td>Multicultural Community Consultation: “Meeting the needs of the Gold Coast multicultural community” – Robina</td>
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<td>Multicultural Festival – Carrara</td>
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<td>Gold Coast College of TAFE (GCIT) Adult English education (2x)</td>
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<td>Division of General Practice (GPs education evening) – Jupiter Casino</td>
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<td>Commonwealth Carelink &amp; Commonwealth National Respite for Carers – Radison Resort</td>
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<td>Robina Hospital Expansion – Robina</td>
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<td>Carrara Open Day – Carrara</td>
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</tbody>
</table>

The Gold Coast HSD participated in the African Festival and displayed translated health information and met key community members.

The District participated in the Gold African Festival with promoting health and well being and provided information in refugee languages on the following topics:

- “How the Qld Health System Works”
- “I need an Interpreter”
- “10 tips for Better Health”

At the recent Harmony Day event in RBWH, eight multicultural organisations were recruited to participate and provide information stalls on the services they offer.

CQHSD participates in community events such as the Rockhampton Multicultural Fair

The District celebrated Harmony Day on 20 March 2009 with theme of “Celebrating Diversity – Everyone Belongs” The following activities have taken place:

- Admin & Catering Staff dressed in colour of orange and wear badges;
- Wards were decorated with orange balloons etc.
- Cultural food was shared by staff at morning tea, lunch and afternoon teas
- Staff registered involvement
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<tr>
<th>District /Work area</th>
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<th>Date</th>
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<tbody>
<tr>
<td>QEII Hospital</td>
<td>Multicultural Health Festival Run by QEII Multicultural Health coordinator</td>
<td>Each August</td>
<td>Stalls from various community groups with a health focus Includes food and entertainment</td>
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<td>Several Broadcasts taken place to draw attention to the significance of the day</td>
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<td>Media release was organised</td>
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<td>Multilingual Information booths were set up at the Hospital foyers and</td>
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<td>Multicultural Health Quiz with prizes to win.</td>
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<td>Darling Downs-West Moreton HSD</td>
<td>• Co-supported, with Ipswich City Council ‘Harmony Arts Day’</td>
<td></td>
<td>Supported through staff participation in organising and designing-promotional material, invitations, etc.</td>
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<tr>
<td></td>
<td>• Goodna Jacaranda Festival</td>
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<td>Hosted a display and provided the community with information on child, young and adult health</td>
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<td>Tropical Population Health Services</td>
<td>• Healthier Great Green Way - Innisfail Community Health</td>
<td>Current</td>
<td>5 week ‘Men’s Health on Track’ – monetary support</td>
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<td></td>
<td>• Mount Isa Health Promotion</td>
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<td>‘Safety for Piccaninny’ booklet as a flip chart for Health workers</td>
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<td>• Collaboration with Doomadgee council and community organisations</td>
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<td>Establish a safety promotion, injury prevention project for the community</td>
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<td></td>
<td>• Implementation and evaluation of healthy home party information sessions</td>
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<td>Liaise with peers educators from a number of ethnic groups</td>
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<td></td>
<td>• Ongoing partnership with Townsville Multicultural Support group</td>
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<td>Development of child injury prevention flip charts in a number of languages</td>
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<tr>
<td>Bundaberg Hospital</td>
<td>Health Day in the Park</td>
<td>Mar-08</td>
<td>Provide health information and free Influenza vaccinations. A variety of QH staff were also present to discuss health issues, access to services and address individual concerns.</td>
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<td>Joint program with Queensland Health and Oz Care</td>
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<td>Toowoomba Hospital</td>
<td>• Hospital organised for a Sudanese consumer to be part of the ‘Hospital in the home’ consumer group.</td>
<td>Late 2008</td>
<td>Child health nurse weighs babies and discusses child health needs with mothers. The psychologist provides counselling for those attending the support group.</td>
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<td></td>
<td>• A child health nurse and a psychologist attend a weekly multicultural mothers group at a community centre in Toowoomba.</td>
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<td>Provide information evenings for multicultural groups. Topics include sexual health, HIV awareness and fertility issues</td>
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<td></td>
<td>• Hospital Sexual health services have been liaising with the Ethnic Communities Council of Queensland</td>
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<tr>
<td>Darling Downs West Moreton</td>
<td>Community engagement</td>
<td>Ongoing</td>
<td>WMSBHSD has undertaken a range of health promotion events at a number of Multicultural and Ethno-specific forums including:</td>
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<td>• QE11 Multicultural Health Festival (Aug 08)</td>
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<td>• The Festival of Respect and Gratitude (Aug 08)</td>
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<td></td>
<td>• The Jacaranda Festival (Oct 2008)</td>
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<td></td>
<td>• Harmony Arts Day (Oct 08)</td>
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<td>The Multicultural Mental Health Coordinator worked in partnership with local multicultural community groups and NGOs to organise two of these key local events in the latter part of 2008. This included:</td>
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<td>• The festival of respect and gratitude (Seniors Week Aug 08)</td>
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<td></td>
<td></td>
<td>• Harmony Arts Day (Oct 08)</td>
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