2009-10 Multicultural Health Achievements

An implementation report on the *Queensland Health Strategic Plan for Multicultural Health 2007-2012*
Queensland is a culturally diverse state. Data from the 2006 Census indicate that, on average:

- 1 in every 3 Queensland Health patients was born overseas or has a parent who was
- 1 in every 10 patients speaks a language other than English at home, with a significant proportion that do not speak English well
- 1 in 10 Queensland Health staff have a non English speaking background.

This diversity is predicted to increase significantly in the next 10 years. The latest population growth data available (2008-9) indicates that overseas migration was, for the first time, the largest contributor to Queensland’s population increase, making up one half of the State’s total growth.\(^1\) This trend is predicted to continue.

Culture and language have both been identified as barriers to safe and quality health care\(^2\) and it is therefore vital that services respond to the increasing cultural diversity in the Queensland population. One Australian study has estimated that the patient safety risk of an adverse event is twice as high if a language barrier exists.\(^3\) Workforce strategies will also need to consider the increasing diversity among staff and implement strategies to support effective diverse team functioning.

The health status of culturally and linguistically diverse (CALD) populations is unclear as significant data limitations exist in data collections and national surveys. There are however, indications that health inequities exist for some CALD populations across health issues, with health risk factors and chronic diseases such as diabetes and obesity being more prevalent in some CALD populations compared to Australian born individuals.\(^4\) For example, obesity rates are four to five times higher for youth from Pacific Islander or Middle Eastern Arabic backgrounds.\(^5\)

There is also emerging evidence that mainstream prevention and better health management approaches do not reach CALD populations.\(^6\) Compounding this, some CALD populations are less likely to access health services and may present later and with conditions that may have been preventable with more timely access to health services. It is therefore important that health services are planned and delivered in culturally appropriate and inclusive ways.

**Policy context for multicultural health strategies**

The Queensland Government’s 2004 Multicultural Policy *Making a world of difference* requires all government departments to develop and implement multicultural action plans and to report to government on key achievements. In 2007, Queensland Health developed a five year plan with annual implementation plans developed against the five year strategies. This is the third year of implementation of the *Queensland Health Strategic Plan for Multicultural Health 2007-2012*. This report fulfils the Queensland Government requirement for a report on implementation for 2009-10.

**Report format**

The report is required to include the following elements:

- performance against mandatory whole of government performance indicators introduced in 2009
- key achievements, with specific reference to:

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- the whole of government priorities: refugees (particularly African refugees), Pacific Islander communities, Australian South Sea Islanders, responsiveness of Queensland government funded non-government organisations
- the Queensland Government’s 2004 multicultural policy objectives, including core outcome areas defined in 2009 (Interpreter Services, Culturally Competent Staff, Recruitment and Retention, Resource Development and Translation, Community Engagement)
- the evidence supporting the achievements, including that they build on previous activity, and future directions
- progress on each strategy within the department’s multicultural plan
  • the impact of these key achievements
  • key learnings
  • funding provided to multicultural and ethno-specific programs and projects.

This report addresses each of the required elements listed above, using the structure of the *Queensland Health Organisational Cultural Competency Framework*. This framework was developed and endorsed in 2009. It was recently incorporated into the *Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033* and is the organising framework for implementation of specific strategies for Aboriginal and Torres Strait Islander and multicultural communities.
Queensland Health is a very large organisation. To adequately represent the 2009-10 activity on multicultural health, activity is reported by the two core functions of the department:

- policy, planning and service coordination (Corporate Office Divisions)
- service delivery (Health Service Districts [HSDs]).

This is the third year of implementation of the Strategic Plan for Multicultural Health 2007-2012. Key achievements made in the past three years reflect a strategic approach to implementation, with significant achievements made at the policy, planning and service coordination level, to establish guidelines, procedures and processes, and in some cases build the systems, to support HSD activity. Overall, there continues to be an unprecedented level of activity across Queensland Health on multicultural health. Section 1 shows that Queensland Health is meeting the mandatory whole-of-government and departmental measures and targets. This section also gives a good ‘snapshot’ of the level of activity in the HSDs with the highest CALD populations. As Section 2 shows, engagement of Divisions continues to increase along with a corresponding increase in the level of activity on policy, planning and service coordination. Section 3 shows activity across HSDs, highlighting key achievements and a greater level of activity in some HSDs with significant multicultural populations (Gold Coast, Metro South, Metro North and Children’s HSDs).

There remains much to be done to ensure that people from a culturally or linguistically diverse background are able to equitably access health services and achieve equitable health outcomes. However, the past three years of implementation provides a good springboard for future action.

The report comprises the following sections:

**Section 1** – 2009-10 performance against Key Performance Indicators (KPIs)

This section provides a one page report of performance against the suite of KPIs endorsed in 2009. The KPIs include both mandatory whole of government KPIs and Queensland Health specific KPIs.

**Section 2** – Policy, planning and service coordination activity and key achievements

This section reports on Divisional activity, highlighting key achievements, against each of the eight core outcome areas of the *Queensland Health Organisational Cultural Competency Framework*, with cross reference to the multicultural policy objectives and whole of government priorities. It presents the evidence supporting the achievements and future directions.

**Section 3** – Service delivery activity and key achievements

This section reports on HSD activity using similar structure as Section 2.

**Section 4** – The impact of the key achievements

**Section 5** – Key learnings

**Section 6** – Queensland Health funding for multicultural and ethno-specific programs and projects 2009-10
## SECTION 1. 2009-10 PERFORMANCE AGAINST KEY PERFORMANCE INDICATORS (KPIs)

<table>
<thead>
<tr>
<th>Key Performance Indicators</th>
<th>Mandatory or QH KPI</th>
<th>Statewide</th>
<th>Health Service Districts considered as having a high CALD population¹</th>
<th>Other Health Service Districts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gold Coast (CALD 24.0%)</td>
<td>Metro South (CALD 18.9%; Southside; 17.9% PAH)</td>
<td>Metro North (CALD 14.6% Fraser Coast; 10.5 Wide Bay)</td>
<td>Sunshine Coast - Wide Bay (CALD 17.2%; Sun City; 13.2% Fraser Coast; 10.5 Wide Bay)</td>
<td>Cairns and Hinterland (CALD 16.4%)</td>
</tr>
<tr>
<td>Number of times an interpreter was used (Target: 40,000)</td>
<td>Mandatory</td>
<td>Target achieved. 51,197 2,678 2,390 8,600 1,092 455 934 1,976 567 215 23 254 1 0 9 1</td>
<td>(Nil target)</td>
<td>(Nil target)</td>
</tr>
<tr>
<td>Number of times an interpreter was used (Target: 40,000)</td>
<td>Mandatory</td>
<td>Target achieved. 72672 3,638 33,965 10,755 1,507 542 1082 2546 609 247 21 365 4 0 41 3</td>
<td>(Nil target)</td>
<td>(Nil target)</td>
</tr>
<tr>
<td>Implementation of Refugees Health Queensland (data available Jul - Dec 09) (Target: Refugees receive an initial health assessment within six months of arrival and are linked to a GP)</td>
<td>Mandatory</td>
<td>Target achieved. Statewide coordination hub and six 'spoke' clinics provided an initial health assessment within 6 months of arrival to 761 entrants (% of humanitarians arrivals) - 90% linked to a GP</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Health needs of Pacific Islander communities (PI) are identified and strategies developed to address needs (Target: needs identified and implementation planning commenced)</td>
<td>Mandatory</td>
<td>Target achieved. PI communities identified and response planning initiated</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Number of staff who received standard Cultural Diversity in Health Care module at orientation (Target: establish system to measure)</td>
<td>Mandatory</td>
<td>Target achieved. 69 sessions for 1,160 staff</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Number of specific Cross Cultural Training programs provided: non-mental health (Target: establish system to measure)</td>
<td>Mandatory</td>
<td>Target achieved. 60 sessions for 667 staff</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Number of staff from non-English speaking background (June 2010)² (Nil target)</td>
<td>Mandatory</td>
<td>Total QH staff surveyed identifying as NESB in June 2010: total staff 9,173 (12%); 6,713 (14%) clinical (C); 2,459 (8.6%) non-clinical (NC) 9.6% total: 403 (10.7% C; 6.8% NC)³</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Number of publications / materials translated (Target: Number increases)</td>
<td>Mandatory</td>
<td>Target achieved. New target established as 2009-10 level of activity. 20 documents translated into 21 languages on core health services (eg. maternity services) 4 documents translated into 10 languages 4 documents translated into 6 languages 0 documents translated into 1 language</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Number of agencies / stakeholder consulted on the dev't of the Plan for multicultural health (Target: Three community representatives and Multicultural Affairs Queensland represented on Steering Committee for Multicultural Health)</td>
<td>Mandatory</td>
<td>Target achieved. Three non-government community sector agencies are represented on the Multicultural Health Steering Committee as well as Multicultural Affairs Qld</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

¹ CALD = Culturally and Linguistically Diverse

² NESB = Non-English Speaking Background

³ NC = Non-clinical
<table>
<thead>
<tr>
<th>Category</th>
<th>Target achieved</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community engagement is embedded in the major projects and programs of QHMS (Target: consultation with CALD communities in planning of major service initiatives)</td>
<td>QH</td>
<td>Data collected and reported at the statewide level</td>
</tr>
<tr>
<td>Qualified interpreters used (Target: For languages with Level 2 &amp; 3 testing available, majority of interpreters used classified as “Level 3” and then “Level 2”. For languages with only recognition available, majority of interpreters used classified as “recognised” interpreters).</td>
<td>QH</td>
<td>not available 09-10</td>
</tr>
<tr>
<td>Number of specific Cross Cultural Training programs provided: mental health specific (Target: establish system to measure)</td>
<td>Mandatory</td>
<td>Data not requested at District level</td>
</tr>
<tr>
<td>Number of training programs that incorporate Cross Cultural Capabilities (Target: establish system to measure).</td>
<td>Mandatory</td>
<td>n/a as activity was the inclusion of Cross Cultural Capabilities into training programs</td>
</tr>
<tr>
<td>Number of staff who participated in training programs that incorporate Cross Cultural Capabilities (as a % of total staff) (Target: establish system to measure)</td>
<td>Mandatory</td>
<td>Data collected and reported at the statewide level</td>
</tr>
<tr>
<td>Number of and themes of complaints raised of racial discrimination to the department (No target set).</td>
<td>Mandatory</td>
<td>Data collected and reported at the statewide level</td>
</tr>
<tr>
<td>Results of employee satisfaction surveys (No target set).</td>
<td>Mandatory</td>
<td>Data collected and reported at the statewide level</td>
</tr>
<tr>
<td>Number of unique hits on languages other than English on dept's website (Target: Establish benchmark)</td>
<td>Mandatory</td>
<td>Data collected and reported at the statewide level</td>
</tr>
<tr>
<td>Data is extracted and analysed to provide info on the health status of CALD communities (Target: Data is available on PI &amp; 6 other CALD communities)</td>
<td>QH</td>
<td>Data collected and reported at the statewide level in 2009-10</td>
</tr>
</tbody>
</table>

1. Significant CALD population defined as 1 in 10 CALD in population. This definition is consistent with Mental Health Branch’s definition to identify districts with high CALD for Multicultural Mental Health positions.
2. CALD is defined as overseas born, using Census 2006 data. Note that temporary skilled migrants are not included. For Districts that provide a statewide service, the Queensland CALD population percentage is used, as per QHEPS published HSD data.
3. Total number of staff are not available for all districts (total, clinical, non-clinical). Percentages are available and reported.
4. Total number of hits on language pages better reflects the true usage and demand for particular information.
### SECTION 2. POLICY, PLANNING AND SERVICE COORDINATION (DIVISIONAL) ACTIVITY AND KEY ACHIEVEMENTS

**Core outcome area – Interpreter Services**
*(Whole of government objective: Strengthening multiculturalism in the public sector)*

<table>
<thead>
<tr>
<th>2007-2012 Strategies</th>
<th>2009-10 Key activities completed</th>
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</table>
| Implement a high quality and accessible interpreter service | • Monitored interpreter service quality, growth in demand, expenditure and usage patterns for service planning and identified that interpreter service provision doubled statewide since the commencement of the Queensland Health Interpreter Service **Lead:** QHMS  
• Implemented quality improvements, including a review of the Standing Offer Arrangement against Key Performance Indicators, and a review of the HSD coordinator roles and putting a three year implementation standard in place across HSDs **Lead:** QHMS  
• Provided development and support for HSD Interpreter Service Coordinators through quarterly or bi-annual forums **Lead:** QHMS  
• Successfully completed the trial of video remote interpreting, developed procedures and training programs for working with a video-remote interpreter, and updated existing interpreter service training programs to include this information **Lead:** QHMS  
• Implemented a project plan to facilitate access by Queensland Health funded non-government organisations to interpreters through the Queensland Health Interpreter Service **Lead:** Community Services Unit  
• Initiated an advisory group, which met quarterly, to address the special needs of deaf and hard of hearing consumers **Lead:** QHMS  
• Improved the accessibility of information on language services policy and procedures via the multicultural website, and delivered updated training to health and mental health workforce, as well as to interpreters working in Queensland Health (Interpreting in a Health Context; Working with Interpreters and Working with mental health interpreters) **Leads:** Queensland Health Multicultural Services (QHMS); Queensland Transcultural Mental Health Centre (QTMHC)  
• Continued to improve the online statewide booking system (ISIS) and increased usage through user training **Lead:** QHMS  
• Updated the interpreter service website content to ensure people from diverse cultural and linguistic backgrounds and those with hearing impairments are aware of their rights to an interpreter and what they can expect from the Queensland Health Interpreter Service **Lead:** QHMS |
Key achievements – Queensland Health Interpreter Service
The Queensland Health Interpreter Service (QHIS) is based on statewide responsibility for the implementation, monitoring and evaluation of the quality of interpreter services and HSD responsibility for local coordination and monitoring of interpreter services.

The statewide service arrangement comprises two tiers:
- preferential use of HSD 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 and extended in 2009.

Under the Queensland Health Interpreter Service:
- three dedicated Interpreter Service Quality Officers support and develop HSD Interpreter Service Coordinators, monitor service outcomes and quality, and drive service improvements
- HSD Interpreter Service Coordinators are responsible for coordinating bookings for interpreter services, confirming the interpreter service was provided, verifying interpreter charges, monitoring and evaluating HSD interpreter services, raising awareness of the new service and facilitating staff training on working with interpreters. HSDs with low demand for interpreter services have established Interpreter Service Coordinator roles as a part of an existing position while HSDs with medium to high demand for interpreter services have dedicated Interpreter Service Coordinator roles (Gold Coast, Metro South - Princess Alexandra Hospital; Southside, Metro North - Royal Brisbane and Women’s Hospital; Northside, Children’s Health Services, Darling Downs West Moreton, and Cairns and Hinterland for all northern HSDs). Statewide forums are conducted to provide ongoing training and information to these staff.

Ongoing awareness training of the QHIS is conducted, along with training on how use the Interpreter Service Information System (ISIS) and how to work with interpreters.

The evidence supporting the effectiveness of the QHIS is continued positive feedback from the community sector, Interpreter Service Quality Officers and HSD 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 doubling in this time. Over 5150 requesters were registered to use ISIS and over 75 awareness raising and training sessions were conducted across the State. The Video Remote Interpreting pilot was completed and a number of resources were developed in preparation for statewide rollout of this new strategy for increasing the accessibility of interpreter services.

The Queensland Health Interpreter Service received an award of excellence from the peak external industry body of interpreters and translators (AUSIT) for its system-level service model and in particular, its training strategy to improve the quality of health interpreting. Approximately 150 interpreters were trained in the Interpreting in a health context training program in 2009-10.

Future directions are to continue quality improvements based on evaluation of the service and stakeholder feedback. An example of a quality improvement is the phased statewide roll-out of Video Remote Interpreting to address the shortage of interpreters in regional areas particularly for AUSLAN where the telephone option is not viable.

Relevant whole-of-government priority and outcome areas – Access to interpreters for consumers; Increasing the accessibility of Queensland Government funded non-government organisations to CALD communities.
### Core outcome area – Resource Development and Translation
*(Whole of government objective: Strengthening multiculturalism in the public sector)*

<table>
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<tr>
<th>2007-2012 Strategies</th>
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| Coordinate the development and accessibility of resources for Queensland Health staff and consumers from CALD communities | • Recommendations of the website evaluation were implemented and multicultural websites were monitored and maintained, with more than 20 new pages of content added, resulting in a continuation of the same high level of hits to the website homepage as the previous year  
  **Lead:** QHMS  
• The Resource Development Advisory Committee prioritised a review and update of the *Healthcare providers Handbook on Muslim Patients* and the Queensland Health system fact sheet distribution strategy - *The Healthcare providers Handbook on Muslim Patients Second Edition* was finalised in June 2010, with the distribution strategy being postponed to 2010-11  
  **Lead:** QHMS  
• The *Multicultural Clinical Support Resource* was maintained and promoted, resulting in over 8800 hits on the resource page  
  **Lead:** QHMS  
  The *Multicultural Clinical Support Resource* was updated to include a new chapter, *The cultural dimensions of pregnancy, birth and post-natal care; an Auslan ward communication tool*; and a 2010 Religious calendar. These updates were promoted, resulting in over 10,000 hits on the pregnancy chapter and more than 2,600 hits on the religious calendar  
  **Lead:** QHMS  
• The QTMHC website averaged 31,000 hits per month, with common downloads being multilingual resources and information relating to promotion, prevention and early intervention  
  **Lead:** QHMS |
| Translate frequently used information sources into languages spoken by CALD communities | • The Queensland Health Translation Guide was promoted internally to staff and external organisations, resulting in approximately 2,100 hits on webpage for the guide from staff and community groups  
  **Lead:** QHMS  
• Provided advice and monitored translations for Statewide Health Emergency Coordination Centre Swine Flu vaccination project, with 10 documents translated into 13 key languages as part of the communication strategy  
  **Lead:** QHMS  
• Monitored translations across the department, which included:  
  – a New welcome Maternity book, and dengue fever fact sheets in Cairns  
  – Food choices information sheet  
  – Child health information fact sheets  
  – Advanced care planning brochure  
  – Victim support promotional materials  
  **Lead:** QHMS |
| Provide information to staff about what information has already been translated and is freely available and about how to access and use it | • Communication strategies were developed and implemented to promote all new resources and information developed for *The Multicultural Clinical Support Resource*  
  **Lead:** QHMS  
• Identified gaps in multilingual information for mental health, resulting in production of new brochures and fact sheets on *Multicultural depression* and *Chronic diseases self-management program* in eight languages  
  **Lead:** QTMHC |
Key achievements – Development of key resources for staff

Two important resources were developed to support Queensland Health clinicians in providing culturally appropriate care. The Cultural Dimensions of Pregnancy, Birth and Post-natal Care resource was developed in conjunction with Monash University as a further chapter for the Multicultural Clinical Support Resource folder, which is available in 2,500 service points across Queensland Health facilities. The Health Care Providers’ Handbook on Muslim Patients was originally developed in 1996 by Queensland Health and the Islamic Council of Queensland. Since its publication, it has consistently been one of the most popular Queensland Health staff resources and was downloaded more than 13,000 times in 2008-09. Since 1996, the social and cultural landscape of Queensland has changed significantly and the information in the handbook had become dated. The Health Care Providers’ Handbook on Muslim Patients second edition was developed in collaboration with key community and clinical stakeholders.

The evidence supporting this achievement is the extent of interest shown by internal staff. Following the implementation of a statewide communication strategy, with a particular target on maternity wards, the Cultural Dimensions of Pregnancy, Birth and Post-natal Care resource was downloaded more than 10,000 times since its release in October 2009 and is now one of the most popular resources on the Queensland Health Multicultural website.

Future directions are to publish the Health Care Providers’ Handbook on Muslim Patients second edition and promote the resource statewide.

Relevant whole-of-government priority and outcome areas – Cultural competence of staff; Communication and engagement with CALD communities and/or organisations
Core outcome area – Inclusive Recruitment and Retention (including dedicated multicultural workforce)
(Whole of government objective: Productive diversity)

<table>
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<th>2007-2012 Strategies</th>
<th>2009-10 Key activities completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participate in whole of government initiatives to provide employment opportunities to people from culturally diverse backgrounds</td>
<td>• Developed a visa and immigration policy, and provided training to staff administering visa and immigration processes on their obligations in relation to overseas-recruited employees and skilled migration visa holders <strong>Lead:</strong> People and Culture Strategic Services</td>
</tr>
</tbody>
</table>
| Implement workforce diversity strategies that aim to achieve a workforce that reflects the diversity in the general population at all staffing levels | • Launched the *Queensland Health People and Culture Plan 2009-12*, which included Diversity as one of eight principles. **Lead:** People and Culture Strategic Services  
• A re-established Equity and Diversity Reference Group (EDRG) identified equity and diversity initiatives across Queensland Health and gaps for future planning, and conducted a department-wide Equity and Diversity Awareness Week in June 2010 **Lead:** People and Culture Strategic Services |
| Implement recruitment strategies that are culturally inclusive and provide support for individuals from culturally diverse communities | • Updated and released the Recruitment and Selection policy and training package in 2010 to reflect a new directive issued by the Public Service Commission in February 2010, and to include improvements suggested as an outcome of the recruitment and selection audit **Lead:** People and Culture Strategic Services |
| Support existing Queensland Health staff from culturally diverse backgrounds to increase retention of these workers | • Provided reports on surveys conducted in April and October 2009 to the relevant Human Resources and Workforce Planning areas and these were reviewed for any identified issues that may guide the development of workforce strategies **Leads:** People and Culture Strategic Services; Healthcare Culture and Leadership Service; Clinical Workforce Planning and Development  
• Conducted four written examination workshops, five trial clinical examinations and three trial examinations across Queensland **Lead:** Clinical Workforce Planning and Development  
• Conducted cultural communication training and workshops for staff recruited internationally at several statewide forums **Lead:** Clinical Workforce Planning and Development |
| Support individuals from culturally diverse communities who have health training to obtain recognition of this training in Queensland where appropriate | • Published the Multicultural Employment Handbook on the Queensland Health multicultural website **Leads:** QHMS; Clinical Workforce Planning and Development  
• Worked with Medical Board Queensland and the proposed MBA regarding the implementation of national registration requirements for international medical graduates **Lead:** Clinical Workforce Planning and Development  
• Implemented the pre-employment structured clinical interview process as a requirement for employment for international medical graduates on a standard pathway to medical registration **Lead:** Clinical Workforce Planning and Development |
<p>| Identify the workforce that needs to be in place to provide services to culturally diverse communities, including the workforce that should be dedicated to multicultural health (eg liaison officers, bilingual) | • Successfully used a multicultural health workforce in the development and delivery of phase two of the national Measure Up campaign and the Swine Flu campaign <strong>Lead:</strong> QHMS |</p>
<table>
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<th>2007-2012 Strategies</th>
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</tr>
</thead>
<tbody>
<tr>
<td>workers, resource/support workers)</td>
<td>• Conducted clinical mental health services in 79 languages using QTMHC’s bilingual clinician and cultural consultant workforce <strong>Lead:</strong> QTMHC</td>
</tr>
<tr>
<td></td>
<td>• Continued recruitment and training of over 30 new bilingual workers, to ensure responsiveness to newly emerging ethnic communities <strong>Lead:</strong> QTMHC</td>
</tr>
<tr>
<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>• No action on this strategy due to competing work priorities <strong>Leads:</strong> QHMS; Clinical Workforce Planning and Development</td>
</tr>
<tr>
<td>Develop strategies for individuals from culturally diverse communities to access pathways to work roles in health settings</td>
<td>• Participated on the Queensland Health Multicultural Steering Committee <strong>Leads:</strong> Clinical Workforce Planning and Development; QHMS</td>
</tr>
<tr>
<td>Develop a communication strategy between Workforce Planning and Coordination Branch and QHMS to facilitate ongoing communication and consultation on current workforce strategies</td>
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**Key achievements – Development of a multicultural health workforce**

The development and training of a multicultural health workforce is increasingly being recognised as an effective strategy in delivering, in particular, social marketing campaigns and health education to culturally diverse communities. These workers were used to deliver the national “Measure Up” campaign in Queensland, an approach that has been evaluated and adopted nationally. In addition, Queensland Health used multicultural health workers to deliver information on Swine Flu, working with Pacific Islander communities who had been identified as vulnerable. The success of these one-off projects has led to greater recognition of the need for an accredited multicultural health workforce and a sustainable recognised career path.

Another key achievement was the launch of the *Queensland Health People and Culture Plan 2009-12*, which comprises eight principles, one of which is Diversity. Objectives in the plan for this principle are to seek to understand how cultural differences can impact how things are done and to employ people with diverse backgrounds and perspectives. A strategy under these objectives is that Queensland Health will ensure that staff are able to interact effectively with people across different cultures.

The **evidence supporting** these achievements is the Queensland Health funding in 2010 for Ethnic Communities Council of Queensland (ECCQ) to employ five full-time equivalent Multicultural Health Workers and to develop Certificate IV for Multicultural Health Workers, the re-establishment of the Equity and Diversity Reference Group following the launch of the *Queensland Health People and Culture Plan 2009-12*, and subsequent activities undertaken by People and Culture Strategic Services.

**Future directions** are to continue the use of Multicultural Health Workers, particularly in the chronic disease area, and to continue to evaluate outcomes achieved.

**Relevant whole-of-government priority and outcome areas** – Recruitment and retention strategies for staff from CALD backgrounds
### Core outcome area – Leadership and Partnership

*(Whole of government objectives: Strengthening multiculturalism in the public sector and Supporting communities)*

<table>
<thead>
<tr>
<th>2007-2012 Strategies</th>
<th>2009-10 Key activities completed</th>
</tr>
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<tbody>
<tr>
<td>Provide leadership and commitment to the value of cultural diversity</td>
<td>• Continued sponsorship of multicultural health by the Chief Health Officer, Queensland Health <em>Lead</em>: Director General</td>
</tr>
</tbody>
</table>
| Work in partnership with Queensland Government departments, other state governments, local government and the Commonwealth Government | • Participated on the inter-departmental committee (IDC) on multicultural affairs convened by Multicultural Affairs Queensland, and played a lead role in the IDC interpreter services working group; participated in the Multicultural Mental Health Australia Joint Officers Group *Leads*: QHMS; Strategic Policy, Funding and Intergovernmental Relations Branch; QTMHC
• Established and chaired a number of advisory committees, steering groups, and working parties comprising members from across state government departments, the university sector and community sector, including:
  - a resource development and translation working group
  - a multicultural data working group
  - a cross-cultural trainers network
  - a cross-cultural community of practice, involving university sector partners
  - a cross-cultural steering committee to guide integration of the cross-cultural capabilities
  - a CALD physical activity reference group, comprising members from across government and a peak community group *Lead*: QHMS
• Worked in partnership with the Aboriginal and Torres Strait Islander Health Branch to contribute to the development of the *Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033* and consultation process, achieving agreement on one organisational cultural competency framework for Queensland Health *Lead*: QHMS
• Presented conference papers at the national biennial Diversity in Health 2010 Conference, and at the Queensland Chronic Disease forum 2010 *Lead*: QHMS
• Liaised with the Office of the Chief Dental Officer on the development of a policy for provision of oral health services to refugees and asylum seekers, and with the Department of Communities on CALD issues related to Access Demonstration projects *Lead*: Strategic Policy, Funding and Intergovernmental Relations Branch
• Established links with local council to integrate culturally appropriate physical activity programs into council physical activity strategies, with culturally appropriate physical activities established in January 2010 *Lead*: Central Regional Services |
| Work in partnership with multicultural and community organisations | • Continued regular meetings of the Multicultural Steering Committee and partnership development with the community sector *Lead*: QHMS
• Developed and piloted the *Culturally tailored healthy eating* and *Physical activity* components of the *Living Well* program. Delivered learning workshops in Brisbane North for GP practice staff and multicultural health workers from each of the nine targeted communities, which covered referral pathways and the content of the *Living Well* program, resulting in multicultural workers receiving 29 referrals and delivering 34 Living Well sessions to CALD communities. *Leads*: Southern and Central Regional Services, in partnership with ECCQ and Gold Coast HSD Community Nutrition Unit |
<p>| Implement inclusive strategic and service planning processes that are responsive to community feedback, at all levels within the department | • Coordinated and produced a Queensland Health submission to the Multicultural Affairs Queensland review of the whole-of-government multicultural policy <em>Leads</em>: QHMS; Strategic Policy, Funding and Intergovernmental Relations Branch; QTMHC |</p>
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<tr>
<th><strong>2007-2012 Strategies</strong></th>
<th><strong>2009-10 Key activities completed</strong></th>
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</table>
| • Developed and implemented major plans that were inclusive of multicultural communities, including:  
  – *People and Culture Plan 2009-12*, which has been endorsed, launched and promoted across divisions and HSDs, includes eight key principles, one of which is diversity  
  – *Queensland Health Strategic Plan* working documents include a proposed new objective and key strategies relating to multicultural health  
  – *Queensland Health Services Plan 2011-26* will consider inclusion of multicultural health issues **Leads:** People and Culture Strategic Services; Performance and Accountability Division; Health Planning and Infrastructure Division  
• Temporary position recruited to work on the development of a new *Queensland Plan for Multicultural Mental Health*, and commenced statewide consultations, led by QTMHC **Lead:** Mental Health Branch |

**Monitor and evaluate the implementation of the *Queensland Health Strategic Plan for Multicultural Health 2007-12***

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<tr>
<th><strong>2009-10 Key activities completed</strong></th>
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| • Completed annual reporting, including performance against mandatory and Queensland Health KPIs **Lead:** QHMS  
• Conducted evaluations and reviews for: 1) Phases I and II of the CALD Measure Up Campaign; 2) Interpreter services Standing Offer Arrangement; 3) Swine Flu CALD communication project **Lead:** QHMS  
• Developed an evaluation tool for cross-cultural training **Lead:** QHMS |

**Key achievements – Partnerships - The *Living Well* Program**

The *Living Well* program is an innovative culturally-tailored chronic disease self-management facilitator training package with modules on health education, healthy eating, and physical activity education for nine CALD communities. The *Living Well* program results from a partnership between ECCQ, Central and Regional Services and QHMS. In 2009-10 the focus was on developing the healthy eating and physical activity modules of the program and the development of supporting resources. The healthy eating module was piloted and finalised for three communities and piloted in the other six communities, while the physical activity module was piloted and finalised for three communities and piloted in two of the remaining six communities. In addition to these modules, initial scoping was conducted for the development of a mental health module to incorporate into the *Living Well* program.

While the *Living Well* physical activity module will educate targeted communities on the need to be physically active, there was little information available about the programs to which CALD community members could be referred. To address this gap, a *CALD Physical Activity Mapping Project* was led by QHMS in partnership with ECCQ and the Health Promotion Branch in 2009-10. The project mapped physical activity programs available to the general community and those that specifically targeted CALD communities. The mapping process involved service provider surveys and interviews, interviews with CALD community associations and consultation with targeted CALD communities to assess those communities’ awareness of and access to services, programs and facilities. Five regional forums were held to workshop the final report and recommendations for service improvement.

The evidence supporting the work completed in the development of the *Living Well* program and the conduct of the CALD Physical Activity Mapping Project is stakeholder interest in the further development of *Living Well* and in participating in the CALD Physical Activity regional forums. Outcomes of the project to date include the submission of the *Living Well* program for accreditation as a Lifestyle Modification Program, as well as creating better links between CALD community members, services providers, and local and state government policy makers and planners. In supporting better engagement with CALD populations, some of which are at higher risk of chronic disease, these initiatives will assist Queensland Health to reach the “Q2” target for healthier Queenslanders. In recognition of this work both projects were short-listed for the Director-General’s Healthcare Service Improvement Awards in 2010.

**Future directions** are to continue the development of the *Living Well* program with a focus on broader implementation and, working in partnership with Regional Services and the Health Promotion Branch, to promote the findings of the CALD Physical Activity Mapping Project.
Core outcome area – Culturally competent staff  
(Whole of government objective: Strengthening multiculturalism in the public sector)

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<tr>
<th>2007-2012 Strategies</th>
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| Implement cultural diversity staff training | • Gained endorsement of *the Queensland Health Cross Cultural Learning and Development Strategy 2009-12* and commenced implementation **Lead:** QHMS  
• As a part of the integration strategy, culturally diverse situations requiring interpreters were considered in the development of scenarios for Queensland Health clinical training **Lead:** Clinical Skills Development Service  
• Reviewed and redeveloped the *Managing Cultural Diversity in Mental Health* training program, and 15 workshops were conducted, reaching 282 clinicians for this program **Lead:** QTMHC |
| Build the cultural competence of the potential Queensland Health workforce | • Redesigned the Transcultural mental health training position to Transcultural Mental Health Clinical Educator, and refocussed the training program towards the cultural competence of the clinical workforce in mental health, and provided a range of training via workshops, education sessions, presentations and guest lectures, reaching over 1700 participants in all. Also participated on a panel on refugee health for 200 medical students **Lead:** QTMHC  
• Contributed a chapter to a new medical text-book for medical students on communication with CALD patients **Lead:** QTMHC |
| Improve cultural responsiveness of mental health services | • Continued to manage the 13 multicultural mental health coordinator positions, established a new service level agreements with HSDs that received funding for these positions, and created a peer leader position to focus on the professional development and support of the positions **Lead:** QTMHC |

**Key achievements – Learning and Development Strategy**  
The statewide *Queensland Health Cross Cultural Learning and Development Strategy 2009-12* was endorsed in 2009 and two permanent positions were recruited to implement the strategy. Cross Cultural Training packages were developed, based on the five defined Cross Cultural Capabilities (i.e. the knowledge, skills and behaviours required by staff to be culturally competent). A cross-cultural trainers’ network was established and the training packages progressively delivered across the state. Importantly, introduction to cultural capability is now included in Queensland Health’s mandatory orientation training, with sessions implemented in 13 HSDs. The orientation training introduces new staff to Queensland Health’s expectations on cultural competency, the role of culture in health care, relevant multicultural policies, workforce responsibilities, and resources available to assist staff.  

Through funding from the *People and Culture Plan*, three temporary project officers were recruited to implement some sections of the strategy. This work included:  
• the integration of Cross Cultural Capabilities into Queensland Health’s high volume training programs  
• the production of a DVD with case studies to support integration of Cross Cultural Capabilities into training programs  
• the establishment of a “community of practice” across university nursing faculties to progress integration of the Cross Cultural Capabilities into nursing curricula  

The evidence supporting these achievements is the continuing rollout of cross cultural training across the state. The development and implementation of the *Queensland Health Cross Cultural Learning and Development Strategy 2009-12* was recognised in 2010 in the Health and Community Services Council’s Workforce Innovation Awards, with QHMS a finalist in the Cultural Inclusion in the Workforce category.  

**Future directions** are to monitor and evaluate training provision, uptake and impact on improving the cultural capability of the Queensland Health workforce.  

**Relevant whole-of-government priority and outcome areas** – Cultural competence of staff
## Core outcome area – Data Collection and Analysis

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

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| Improve data collection and analysis of the health of culturally diverse communities, families and individuals | • Continued the Multicultural Data Working Party and, based on advice provided by Health Statistics Centre, worked on production of three health status reports (Indian, Italian and Vietnamese). These will be completed in 2010-11 **Leads:** QHMS; Health Statistics Centre  
• Scoped and costed the migration of Queensland Health’s multicultural minimum data set to the Australian national standard index on language classification and collection **Leads:** QHMS; Health Statistics Centre  
• Conducted implementation planning on identified health issues for specific communities, which included a review of national and international literature, and data collection and analysis **Lead:** QHMS  
• Included culturally targeted consultation processes for the *Maternity Patient Satisfaction survey 2009/10* **Lead:** Centre for Healthcare Improvement  
• Completed focus groups with Pacific Islanders in Brisbane North on barriers and enablers to physical activity and healthy eating **Lead:** Central Regional Services (in partnership with ECCQ) |

### Key achievements – CALD community data reporting

The data collected from the physical activity focus groups conducted by Central Regional Services, in partnership with ECCQ, was key information that informed the development of the physical activity *Living Well* modules. This data, and the subsequent development of the modules, led to the development and implementation of culturally appropriate physical activities for these communities in 2010.

The continued and strengthening working relationship between QHMS and the Health Statistics Centre is another key achievement that will enable the development of improved data collection standards and strategies to identify and analyse data related to CALD communities in the future.

The **evidence supporting** these achievements is the adoption of a culturally targeted approach to a departmental patient satisfaction survey by the Centre for Healthcare Improvement, and the commitment by Health Statistics Centre to continue to work with QHMS to complete a suite of CALD community health status reports, and to work on standardisation mechanisms and processes for departmental data collection related to culturally diverse communities in Queensland.

### Future directions

Future directions are to monitor and evaluate regular central extraction and analysis of data from statewide datasets.
## Core outcome area – Community Engagement
(Whole of government objective: Supporting communities)

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| Provide information to health consumers from CALD communities on their rights and responsibilities, including information on the Queensland Health complaints process | • Launched the Australian Charter of Healthcare Rights in March 2010, with all charter materials translated and available in 17 languages  
  **Lead:** Centre for Healthcare Improvement  
  • Reviewed the Informed Consent policy, in collaboration with the Legal Unit, in relation to the role of the health practitioner and interpreter for consumers who are not proficient in English **Lead:** Centre for Healthcare Improvement  
  • Continued to provide multilingual mental health resources to CALD consumers and carers, with 31,000 hits per month in the QTMHC website – most common downloads being multilingual resources, the glossary of mental health terms in 14 languages, and information relating to initiatives in promotion, prevention and early intervention **Lead:** QTMHC |
| Develop sustainable systems for ongoing community engagement and dialogue including a culturally relevant consultation model and an evaluation framework  | • Stipulated CALD community engagement in the Queensland Health Strategic Planning Framework **Lead:** QHMS  
  • Reviewed and updated the *Queensland Health Guide to Engaging Multicultural Communities and Consumers* **Lead:** QHMS |
| Increase the capacity of culturally diverse communities to work with, engage and advise Queensland Health | • Continued to include community sector representatives as members on the Queensland Health Multicultural Steering Committee **Lead:** QHMS  
  • Continued to support the Multicultural Mental Health Consumer and Carer Network, including provision of assistance to find an auspice organisation, access grants through applications and conduct information sessions on governance and incorporation **Lead:** QTMHC  
  • Conducted a performance review of the Chronic Disease Coordinator position in ECCQ, identifying positive outcomes from the position, including the development and/or evaluation of:  
    – health education facilitator manuals  
    – healthy eating manuals for seven ethnic communities  
    – physical activity and Measure Up culturally tailored facilitator manuals and fact sheets for participants  
    – staff development in the ECCQ Chronic Disease Program to deliver chronic disease health education, early detection, prevention and management information workshops and resources to their communities  
    – a partnership approach with 10 partner organisations including Queensland Health, GP divisions and QSMA  
    – ongoing research into chronic disease in Queensland’s CALD communities **Lead:** Chronic Disease Strategy Unit |
| Orient culturally diverse communities to the Queensland health system by developing a communication strategy on the health system which included multicultural media, information sessions and open days | • Monitored downloads of the Queensland Health translated consumer fact sheets, with access identified at 1905 times from July 2009 to May 2010, from 720 unique users (signifying that the users have accessed the same site multiple times) – the three most popular languages apart from English were Burmese, Arabic and French **Lead:** QHMS  
  • Refugee Health Queensland progressed the development work for printing fact sheets in Swahili, Amharic, Dinka, Dari, Burmese, Arabic and French **Lead:** QHMS |
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| Develop and evidence-based strategy on effective information dissemination to culturally diverse individuals and communities | • Conducted a CALD communication project in partnership with Communicable Diseases Branch, which included translated information dissemination of swine flu and vaccination information through GPs, Home and Community Care agencies, as well as the use of bilingual/bicultural workers for face to face information dissemination **Lead:** QHMS  
• Developed, piloted and evaluated a consistent messages toolkit for promoting key messages and activities to Pacific Islander communities in Brisbane North, which led to the development and delivery of a professional development package for internal staff **Lead:** Central Regional Services |
| Include specific and evidence-based strategies for culturally diverse communities in major Queensland Health campaigns | • Through ECCQ, the CALD Measure Up program was delivered to seven communities in South-east Queensland (Arabic speaking, Croatian, Greek, Spanish speaking, Sudanese, Vietnamese and Samoan) and to three communities in Cairns and Townsville (Spanish speaking, Italian and Greek) **Leads:** QHMS; Health Promotion Branch |
| Encourage Queensland Health participation in community events that lend themselves to broader community involvement or celebration | • Participated in the 2009 Queensland Multicultural Festival and Harmony Day events, and promoted a range of cultural events and religious celebrations via the Queensland Health multicultural website **Lead:** QHMS  
• Ran information stalls and activities with members of the public at 10 community events, including school mental health events, refugee and other community festivals, and forums for refugees and older people **Lead:** QTMHC |
| Include positive portrayals of the diversity of Queensland’s population in departmental publications and promotional activities | • Included positive portrayals of diversity in the QHMS newsletters, which are produced quarterly and contain a staff profile feature of a Queensland Health staff member from a CALD background **Lead:** QHMS |
| Continue to build the capacity of multicultural non-government organisations (NGO) to work with Queensland Health | • Delivered the Mental Health First Aid Course to 32 workers from the NGO sector and 21 community leaders, delivered the Understanding Mental Health and Wellbeing module to eight workers in the NGO sector and six community leaders, completed the development and piloting of a mental health literacy module titled Building on cultural strengths for better settlement and wellbeing, and commenced the development of the BRiTA futures for adults in families program **Lead:** QTMHC |
| Build capacity to address targeted health needs | • Established a partnership with ECCQ and provided funding to develop and deliver sexual health and blood-borne virus education programs targeting high risk CALD groups. This resulted in over 200 workshops, presentations and training sessions being delivered by ECCQ bilingual workers to 2348 people, the distribution of over 10,000 translated resources in 14 languages, and approximately 70 referrals being made to GPs, sexual health clinics and the Logan Women’s Health Centre **Lead:** Communicable Diseases Branch  
• ECCQ delivered culture-specific information sessions to sexual health clinical staff and training to School Based Youth Health Nurses in Brisbane South **Lead:** Communicable Diseases Branch  
• Completed a survey and report on Hepatitis B in Brisbane’s Chinese and Vietnamese communities and distributed the report to stakeholders, with available data suggesting that Hepatitis B is a major health issue in CALD communities, especially in Asian and African communities **Lead:** Communicable Diseases Branch  
• Finalised a project plan to identify pathways to enhance access to interpreter services for Queensland Health funded NGOs that are administered through the Community Services Unit, to improve the responsiveness and accessibility of services delivered by these NGOs |
Key achievements – QTMHC

In 2009, QTMHC responded to 1440 referrals via the transcultural clinical consultation services and multicultural mental health coordinators and delivered clinical services in 76 languages including a multicultural depression self-management program in five languages. It reached an audience of 112,000 people in ethnic communities with stigma reduction activities and messages including 83 stigma reduction workshops in 17 communities. Over 140 “Building Resilience in Transcultural Australians” (BRiTA) Futures Program Facilitators across Queensland have been trained and over 500 CALD children and young people have received the BRiTA Futures Group intervention. Over 90 ethnic leaders and multicultural sector workers have received Mental Health Literacy training. In total, QTMHC delivered 224 education and training sessions reaching 2,727 participants (1,982 of which were clinicians) and has commenced a statewide consultation process for the development of a new Queensland Plan for Multicultural Mental Health.

The evidence supporting this achievement is the continuing capacity building being conducted with the NGO sector and culturally diverse communities across the state, with the BRiTA Futures for Adults in Families program now being developed and the continued implementation of mental health education and literacy programs for NGO workers and community leaders.

Future directions are to monitor and evaluate education programs, and improve the capacity of Queensland’s community sector and communities to respond effectively to build mental health and well-being.

Relevant whole-of-government priority and outcome areas – Communication and engagement with CALD communities and/or organisations; Responsiveness of Queensland Government funded non-government organisations
### Core outcome area – Special needs populations
*(Whole of government objectives: Strengthening multiculturalism in the public sector and Community relations and anti-racism)*

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| Continue the recognition and commitment to specific disadvantaged groups | • Continued to manage the contract for Refugee Health Queensland (RHQ), which included monitoring the outcomes and outputs of RHQ and overseeing the development of a standard data collection tool to improve consistency of reporting **Lead:** QHMS  
• Development and implementation of a policy on oral health services for refugees and asylum seekers, and the subsequent development of guidelines by the Chief Dental Officer on provision of oral health services, including:  
  - information on dental health needs of refugees and asylum seekers  
  - protocols for service provision  
  - eligibility guidelines and referral processes **Leads:** Strategic Policy, Funding and Intergovernmental Relations Branch; QHMS  
• Completed the Pacific Islander and Maori health needs assessment and draft reports, from which significant health inequalities among Pacific Islander communities were identified, particularly for chronic disease **Lead:** QHMS  
• Participated in the Steering Committee for Women’s Health FGM Project, funded by Queensland Health and led by Family Planning Queensland, and provided policy input to Community Services Unit regarding an extension of funding for the project to 2014 **Lead:** Strategic Policy, Funding and Intergovernmental Relations Branch  
• Participated in consultation processes for refugees, including the Department of Immigration and Citizenship (DIAC) Brisbane Community Reference Group for refugees in detention in Brisbane Immigration Transit Accommodation and the Refugee Council of Australia’s community consultation to inform its submission to the Australian government on its refugee and special humanitarian entrant program **Leads:** QHMS; Strategic Policy, Funding and Intergovernmental Relations Branch  
• Provided access to an on-line training package, via the Queensland Health intranet site, to assist staff to provide appropriate health care to Australian South Sea Islanders **Lead:** QHMS  
• Created a 0.8 Bilingual Mental Health Promoter Coordinator position to support, train and coordinate bilingual mental health promoters, and employed 16 promoters across the state, including two in Cairns one in Gold Coast and one in Caboolture, for communities at higher risk of developing mental health problems **Lead:** QTMHC  
• Delivered 51 community mental health promotion education sessions to communities at higher risk of developing mental health problems, and facilitated 112 referrals of CALD individuals requiring additional mental health input and access to services **Lead:** QTMHC |

### Key achievements – 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.
Queensland Health funds Mater Health Services to conduct this service, which is based on 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 HSD, working with an existing Medical Officer
- **Cairns** — a refugee health nurse was based at the Community Health Centre, Cairns and Hinterland HSD 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 2009 (latest data available as at time of report writing), 1666 humanitarian entrants had received an assessment by Refugee Health Queensland, with 99% of these new arrivals referred to a community general practitioner for ongoing care.

**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 Health Services to facilitate optimal health assessment and referral to community general practitioners.

**Key achievements – Pacific Islander Health Needs Assessment Project**

This project aimed 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 ECCQ, the needs in the Tongan and Cook Islands communities were also assessed. The project focussed on South East Queensland (Gold Coast, Logan, Brisbane, Ipswich, Deception Bay and Caboolture) and Cairns. The major strategies used were a literature review, focus groups with community leaders and community members, a telephone survey of randomly selected health service providers, an analysis of findings and report writing and the conduct of forums to share and disseminate information in Cairns and Brisbane. The project utilised 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 leaders. 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 analysis of the health needs assessment and to work with the advisory group and relevant Queensland Health areas on strategies to address priority health needs. Once the report is finalised, QHMS will share the findings with Pacific Islander communities, key internal stakeholders and with other government departments who play a role in addressing the social determinants of health.

**Relevant whole of government priority and outcome areas:** Refugees, particularly African refugees; Pacific Islander communities; Communication and engagement with CALD communities and/or organizations.
SECTION 3. SERVICE DELIVERY (HEALTH SERVICE DISTRICT) ACTIVITY AND KEY ACHIEVEMENTS

Core outcome area – Interpreter Services
(Whole of government objective: Strengthening multiculturalism in the public sector)

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<tr>
<th>2007-2012 Strategies</th>
<th>Key HSD activities completed 2009-10</th>
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<tbody>
<tr>
<td>• Implement a high quality and accessible interpreter service</td>
<td>• Provided information and training to staff to increase understanding of the importance of effective language services and are able to recognise when interpreters are required and how to work with interpreters</td>
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<td>• Employed various strategies to ensure Queensland Health staff have access to, and are compliant with, Queensland Health’s policy and procedures for using interpreting services</td>
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<td>• Trained staff to use the online booking system (Interpreter Services Information System – ISIS)</td>
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<td>• Reviewed website content and links to ensure people from diverse cultural and linguistic backgrounds and those with hearing impairments are aware of their rights to an interpreter and what the Queensland Health Interpreter Service provides</td>
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<td></td>
<td>• Monitored growth in demand, expenditure, and usage patterns for service planning purposes</td>
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<td>• Monitored quality and implemented improvements implemented through a variety of strategies</td>
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Key achievements

• Metro South, Gold Coast, Cairns and Hinterland HSDs delivered the highest number of training and information sessions relating to working with interpreters, using the online information and booking system (ISIS), and orientation sessions covering interpreting services with approximately 36 sessions provided at Metro South, 34 on the Gold Coast and 19 in Cairns and Hinterland HSD.

• HSDs developed or revitalised initiatives to ensure existing and new staff are compliant with policies and processes for using interpreters. The Princess Alexandra Hospital (PAH) (Metro South) Communication Policy was updated to reflect the Queensland Health policy and procedures for engaging interpreters. A procedure flowchart and poster “How to Request an Interpreter” was developed and distributed on the Gold Coast HSD. The Children’s HSD developed an Interpreter Services Marketing and Communication Plan 2010 which reinforces access to interpreting services and procedures.

• A number of service delivery initiatives were undertaken to monitor and improve quality. In Cairns HSD, random audits of interpreter usage were undertaken and where lack of interpreters was identified, refresher training and sessions organised for staff not yet trained. A project officer on the Gold Coast HSD was employed to investigate regional and local options for more cost-effective provision of interpreter services. An advisory group involving PAH Audiology department and QHMS (QHMS) developed a Communication Kit for patients who are who are deaf or hard of hearing for trial at the PAH and Cairns Base Hospital. Full-time Vietnamese and Spanish staff interpreters in Metro South provided reminder calls to patients to reduce the number of no-shows and missed appointments at Out Patient Departments (OPD).
Core outcome area – Resource Development and Translation
(Whole of government objective: Strengthening multiculturalism in the public sector)

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<tr>
<td>• Coordinate the development and accessibility of resources for Queensland Health staff and consumers from CALD communities</td>
<td>• HSDs identified and responded to priority resource needs, at varying levels</td>
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<tr>
<td>• Translate frequently used information sources into languages spoken by CALD communities</td>
<td>• Key information about health services and health issues were translated across HSDs</td>
</tr>
<tr>
<td>• Provide information to staff about what information has already been translated and is freely available and about how to access and use it</td>
<td>• Dedicated activities to facilitate consumer and staff access to translated resources were undertaken in some HSDs</td>
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**Key achievements**
- The Gold Coast HSD identified community information needs and developed the following: a Japanese Community Healthy Eating resource, a Maori Community Health Promotion material, Food Service Leaflet in 10 languages informing patients of the availability of food choices (heart friendly, diabetic, gluten free, vegetarian, halal and kosher), Patient Identification in 10 languages, and Social Work Service Pamphlet in six languages. To better inform CALD consumers and staff of translated resources, *Patients Rights and Responsibilities* and *How to Complain* posters in community languages were displayed at conspicuous places at admission points.
- PAH (Metro South) organised translations of five brochures from the Acute Pain Service in six languages. Service lists were translated for community groups accessing Brown Plains Community Health Centre and Redland Hospital.
- Children’s HSD delivered community information sessions on children’s health services to five multicultural communities (Burmese, Sudanese, Indian, Papua New Guinean and Samoan) and undertook a community consultation to identify needs of community, including resource needs.
- Cairns and Hinterland HSD translated the Maternity Services Welcome Booklet and information on the “I need an interpreter” card into Japanese to meet that population group needs and a Dengue Fever information fact sheet was translated into Japanese, Korean and Punjabi.
- The Sexual Health and Sexual Assault Unit in Mackay HSD commenced the development of patient education and information brochures in all high demand languages.
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<tr>
<td>Participate in whole of government initiatives to provide employment opportunities to people from culturally diverse backgrounds</td>
<td>Two HSDs participated in whole of government initiatives to provide employment opportunities to migrants and people from culturally diverse background</td>
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<tr>
<td>Support existing Queensland Health staff from culturally diverse backgrounds to increase retention of these workers</td>
<td>Various strategies employed at HSD level to support and retain overseas trained professionals and other staff from non-English speaking backgrounds</td>
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<tr>
<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>Engaged bilingual and bicultural clinicians in the mental health workforce to deliver culturally responsive services to CALD consumers and carers</td>
</tr>
<tr>
<td>Two HSDs participated in whole of government initiatives to provide employment opportunities to migrants and people from culturally diverse background</td>
<td>Initiatives to build a dedicated multicultural workforce were undertaken in two HSDs</td>
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</table>

**Key achievements**

- “Candidate Support” programs and dedicated positions are in place in HSDs to support the transition of overseas-trained clinicians to Queensland Health. The Candidate Support Officer at the PAH (Metro South) supports international recruits by assistance with relocation, facilitating social and community contact, and orientation to local facilities (e.g. real estate and schools.) The PAH established a dedicated Visa Management Officer position that is responsible for all visa nominations and is available to all staff on a supported visa to discuss their obligations and concerns. Support is provided to all applications for Permanent Residency through the Employer Nominated Scheme to ensure all requirements are met in a timely manner. In Townsville HSD, a “buddy system” was established for newly-appointed internationally recruited nursing professionals. The Nursing Clinical Support Unit provides information in relation to cost of living, schools, community activities, cultural groups, religious services, etc to assist candidates with pre-arrival planning. Candidates are put in contact with a current employee of the HSD of the same cultural background (usually someone who has been employed for longer than 12 months) and an Overseas Peer Nursing Group for additional support. A Candidate Care Officer is also employed at Cairns and Hinterland HSD to support placement and transition of new employees into the Cairns Base Hospital and local region. A Staff Specialist and VMO Liaison Officer provide services and professional development opportunities for staff specialists and visiting medical officers in the HSD.

- The Royal Brisbane and Women’s Hospital (RBWH) participated in the Queensland Government Migrant Work Experience Program and placed two migrants in the organisational development stream and two within the Centre for Clinical Research. A six-week work experience placement for one worker was also offered at Logan-Beaudesert, Metro South HSD. In Townsville, the Occupational Health and Safety Unit provides work placements for PNG employees to increase their knowledge and awareness of OH&S procedures and practices of a large public service organisation. The PNG employees received specialist training from Safety Advisors in areas such as ergonomics, rehabilitation and aggressive behaviour management.

- In Metro South HSD, the “WELL Program” is designed to help employees communicate more effectively with their colleagues, supervisors and patients and is aimed at non-English speaking background employees. Training needs may include one-on-one or group sessions, covering communicating effectively with colleagues and supervisors, participating in meetings, taking part in performance reviews, interviewing for new positions and written skills such as report-writing. The program is facilitated by a language teacher. Eighteen employees had their needs assessed and participated in the one-on-one coaching program, on a regular basis or as the need arose. All coaching is job-specific (e.g. speaking on the phone; giving a ward handover; writing progress notes etc) and includes communication in a multicultural ward, study skills, and pronunciation workshops.

- QTMHC delivered clinical services in 79 languages via its bilingual clinician and cultural consultant workforce. In 2009-10, QTMHC recruited and provided orientation training to over 30 new bilingual workers in its clinical services program to respond to new communities and emerging needs. The Gold Coast HSD and Metro South HSD initiated activities to build the capacity of a dedicated multicultural workforce. Through its partnership with ECCQ, the Gold Coast HSD recruited and trained a Maori Health Worker to deliver Maori community education and health needs consultation activities. Metro South Logan-Beaudesert Health Coalition Health Promotion Scholarship program provided funding for seven community members to undertake a TAFE Community Development course to support their work as “Natural Helpers” (navigators) for refugee and Pacific Islander communities.
**Core outcome area – Leadership and Partnership**  
*(Whole of government objectives: Strengthening multiculturalism in the public sector and Supporting communities)*

<table>
<thead>
<tr>
<th>2007-2012 Strategies</th>
<th>Key HSD activities completed 2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Work in partnership with multicultural and community organisations</td>
<td>• HSDs varied in their level of partnership and engagement with multicultural communities, with HSDs having dedicated multicultural positions reporting significant activity and well-established partnerships</td>
</tr>
<tr>
<td>• Implement inclusive strategic and service planning processes that are responsive to community feedback, at all levels within the department (strategic, divisional, HSD, local)</td>
<td>• One HSD participated in a Multicultural Sub-committees of the Regional Managers Networks</td>
</tr>
<tr>
<td>• Monitor and evaluate the implementation of the Queensland Health Strategic Plan for Multicultural Health</td>
<td>• Four HSDs with significant CALD populations developed local multicultural action plans, in line with the <em>Queensland Health Strategic Plan for Multicultural Health 2007-2012</em></td>
</tr>
<tr>
<td>• Work in partnership with Queensland Government departments, other state governments, local government and the Commonwealth government</td>
<td>• HSDs reported to QHMS annually (there was no mid-term report in 2009-10).</td>
</tr>
</tbody>
</table>

**Key achievements**

- The Metro South (Southside), Metro North (RBWH), Gold Coast and Children’s HSD have developed specific multicultural action plans.
- The Chief Operating Officer, Gold Coast HSD attended the Regional Managers Network meeting and addressed the need for cross-governmental capacity building to increase the number of Gold Coast-based accredited interpreters. Leadership and commitment to cultural diversity was also demonstrated by the Gold Coast HSD with executive-level sponsorship of the 2010 Multicultural Festival and chairing of the Gold Coast Multicultural Health Advisory Group. This group includes a range of multicultural and non-government sector representatives, including African community association representation, key migrant and refugee settlement services representatives as well as relevant Queensland Health positions. In addition, the Gold Coast Multicultural Action Group (MAG) met bi-monthly to drive the implementation of the Gold Coast Multicultural Action Plan 2009-10 with stakeholders from all levels of HSD and service areas.
- Townsville HSD established an “Eat Well Be Active” funded partnership project between the HSD and the Townsville Multicultural Support Group (TMSG) to provide humanitarian entrants, newly arrived and longer-term migrants with the opportunity to increase their knowledge and skills on nutrition and lifestyle practices within a culturally-sensitive setting. Six sessions involving 41 participants were conducted. In partnership with the Townsville Multicultural Support Group, a “World Food Day” event was developed, implemented and evaluated to promote the message “Healthy food is affordable and traditional cooking is often very healthy.” 55 CALD community members participated in the event. A Bowel Cancer screening and prevention presentation was delivered at Ethnic Community Links, Ingham, to 20 participants.
- The Metro South HSD implemented a formal governance structure to guide its engagement with its multicultural communities. These include the Brisbane South Logan-Beaudesert Multicultural Health Advisory Group, an advisory committee formed in November 2009, the PAH Multicultural Steering Committee, and the Logan Refugee Health Network. Metro South HSD facilitated and supported the planning committee for a “QEII Multicultural Health Forum” which was held in May 2009 and attended by the Metro South HSD CEO and staff.
# Core outcome area – Culturally competent staff
*(Whole of government objective: Strengthening multiculturalism in the public sector)*

<table>
<thead>
<tr>
<th>2007-2012 Strategies</th>
<th>2009-10 Key HSD activities completed 2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Implement cultural diversity staff training</td>
<td>• The Cultural Diversity orientation module is being implemented as part of the Queensland Health Orientation and Induction policy in most HSDs</td>
</tr>
<tr>
<td>• Build the cultural competence of the potential Queensland Health workforce</td>
<td>• The <em>Queensland Health Cross Cultural Learning and Development Strategy</em> was implemented in HSDs with relatively high CALD populations, at varying levels</td>
</tr>
<tr>
<td></td>
<td>• A high level of cross cultural training was provided to mental health workforce in the HSDs</td>
</tr>
</tbody>
</table>

## Key achievements
- At the end of May 2010, all HSD presenters were trained to deliver the Cultural Diversity component of orientation. 13 of 15 HSDs subsequently presented the Cultural Diversity component with 69 sessions held for 3160 new starters. Training programs on “Managing Culturally Diverse Teams”, “Working in Culturally Diverse Teams”, “Cross Cultural training for Administration and Front Line Staff” and “Safe Services, Diverse Teams” were delivered in Metro South, RBWH (Metro North), Sunshine Coast-Wide Bay and CHSD. Cairns and Hinterland HSD appointed a part-time trainer to deliver these packages and provided sessions in Mt Isa, Mackay and Townsville HSDs. In all, 60 specific cross cultural (non-mental health) training programs were provided for 667 HSD staff members.
- The Gold Coast HSD was outstanding, delivering 20 sessions for 229 staff through its Multicultural Liaison Officer (MLO). The MLO developed additional tailored programs and delivered them in small group workshops and in-services, to assist staff in the clinical setting; these included “Culture and Care needs of Asian patients,” “Cross Cultural Assessment, Care Planning, Case management and Discharge” and “Providing Health care to people from diverse cultures and religions”.
- Integration of the Queensland Health “Cross Cultural Capabilities” commenced in statewide and HSD training packages. The RBWH launched and promoted the “Cross Cultural Capabilities” at its opening Equity and Diversity Awareness Week event (7-11 June), under the theme “Multidisciplinary teams and multicultural teams provide better health outcomes”.
- Multicultural Mental Health Coordinators in Cairns and Hinterland, Townsville, Metro North, Metro South, Children’s, Gold Coast and Darling Downs-West Moreton HSDs provided in-services and/or staff development workshops based on the “Managing Cultural Diversity in Mental Health” program to mental health service staff and coordinated access for HSD staff to attend QTMHC training programs. In all, 1,700 existing and future mental health clinicians received training through the QTMHC and HSD Multicultural Mental Health Coordinators delivered a further 15 workshops to HSD mental health services reaching 282 clinicians.
### 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
- Develop sustainable systems for ongoing community engagement and dialogue including a culturally relevant consultation model and an evaluation framework
- Increase the capacity of culturally diverse communities to work with, engage and advise Queensland Health
- 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
- Include specific and evidence-based strategies for culturally diverse communities in major Queensland Health campaigns
- Encourage Queensland Health participation in community events that lend themselves to broader community involvement or celebration
- Include positive portrayals of the diversity of Queensland’s population in Departmental publications and promotional activities
- Continue to build the capacity of multicultural non-government organisations to work with Queensland Health

### 2009-10 Key HSD activities completed 2009-10

- Continued to promote the consumer fact sheets and monitor website downloads (fact sheet 10)
- Continued community engagement and capacity building activities with multicultural non-government organisations
- Continued strategies to familiarise CALD patients and communities to Queensland Health services and systems, including capacity building to address targeted health needs
- Continued to actively support, promote and participate in multicultural activities as well as organise specific Queensland Health multicultural events
- Continued to include positive diversity portrayals in Departmental publications

### Key achievements

- Multicultural Mental Health Coordinators across Cairns and Hinterland, Townsville, Metro North, Metro South, CHSD, Gold Coast and Darling Downs-West Moreton HSDs promoted the consumer fact sheets, and disseminated information on rights and responsibilities including complaints processes and the *Mental Health Act* in 14 languages.
- CHSD Health Community Council held a multicultural consultation forum in June 2009 with 80 community members to identify issues and services required in children’s health.
- A range of multicultural activities were support, planned, promoted and participated across HSDs. Gold Coast HSD staff participated in the planning and sponsorship of the Gold Coast Multicultural Festival as well as Waitangi Day activities. The Gold Coast MLO facilitated the establishment of a Harmony Day 2010 Working Party resulting in a range of promotion activities and staff participation. The Metro South Logan-Beaudesert Coalition supported and provided funding for the Afghani New Year Celebration. A Harmony Day event was run at the RBWH and included stall holders and promotion from peak bodies and key multicultural NGOs (including Queensland Program of Assistance to Survivors of Torture and Trauma, Immigrant Women’s Support Services, Refugee and Immigration Legal Service, Multicultural Development Association, ECCQ) as well as QTMHC and QHMS. The RBWH ran a diverse team photo competition which received 23 entries and highlighted diverse working teams. The winning diverse team from the Sterilisation Unit (RBWH) was featured in the Queensland Health Equity Week promotion.
- HSD staff attended a number of community and ethno-specific events to deliver health promotion messages and familiarise communities with Queensland Health services. Cancer Screening Program promotional activities were conducted on the Gold Coast and in Townsville HSD. Townsville HSD provided resources and training to the Townsville Multicultural Support Group to deliver the Eat Well Be Active Program. Cairns and Hinterland HSD have assisted in the organisation of Diverse Cultures Aging Forum and Multicultural Expo and have distributed multilingual information on men’s health, HACC services and refugee health services through a range of forums and events.
Core outcome area – Special Needs populations (Australian South Sea Islander, refugee, particularly African refugees, and Pacific Islander communities)
(Whole of government objectives: Strengthening multiculturalism in the public sector and Community relations and anti-racism)

<table>
<thead>
<tr>
<th>2007-2012 Strategies</th>
<th>Key HSD activities completed 2009-10</th>
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</thead>
</table>
| • Continue the recognition of and commitment to specific disadvantaged groups | • Activities were implemented in the HSD with the most significant Australian South Sea Islander population (Mackay)  
• A number of activities targeting special needs populations undertaken in relevant HSDs identifying and responding to the needs of specific disadvantaged groups, particularly Queensland Government priority populations, Pacific Islander and refugee communities, particularly African refugee communities. |

Key achievements

• Metro South, in collaboration with Connecting Health in Communities (CHIC), funded and evaluated the Logan Natural Helpers (Navigators) pilot. The pilot targeted refugee (Karen and African) and Pacific Islander communities and provided intensive support to members of these communities in navigating the clinical setting and the health system in order to improve access, build community capacity and improve health outcomes. This program will be continued in 2010-11. In addition, Metro South funded 11 community groups and agencies to provide health promotion and community education programs, which included three Pacific Islander and six refugee communities. The University of Queensland was funded to conduct a research project on abdominal pain experienced by African refugees after arriving in Queensland.

• The Gold Coast HSD initiated strategies to target Pacific Islander communities, particularly the Maori community including conducting a Maori Community Health Needs Assessment, with a focus on chronic disease prevention and management in partnership with ECCQ. A Gold Coast community nutritionist has been recruited to develop implement and evaluate a culturally-appropriate “Go for 2 & 5” resource and health promotion activity for the Maori community.

• Darling Downs-West Moreton HSD appointed a part-time Diabetes Educator to work with Pacific Islander communities at Goodna.

• The Mackay HSD continued to employ the only full-time Australian South Sea Islander Home and Community Care (HACC) Liaison officer position in Australia. The officer provided information, education and training services to Government and non-government agencies and Australian South Sea Islander HACC eligible clients statewide. Since the establishment of the position, there has been an overall increase in the number of Australian South Sea Islanders accessing Mackay Community Health Services and healthy lifestyle programs. In partnership with other mainstream services, programs are delivered using culturally safe strategies to ensure access barriers are reduced. The Australian South Sea Islander HACC Liaison officer facilitated the annual Health Information Day where clients interacted with service providers, to raise awareness and improve access. A number of consultations with the Australian South Sea Islander community and associations were undertaken on issues such as the Mackay Hospital redevelopment, the Lighten up and Pit stop (men’s health) programs and recruitment activities. The latter resulted in the recruitment of Australian South Sea Islanders in clinical, administrative and operational roles.

• The Sunshine-Coast Wide Bay HSD consulted with the Australian South Sea Islander Association in the northern sector of the HSD on matters pertaining to the development of health services which meet the community needs.

• The CHSD delivered community information sessions to five communities including Pacific Islander and refugee communities (Burmese, Sudanese, Indian, Papua New Guinean and Samoan). The CHSD also funded a multicultural liaison officer at Zillmere refugee service to build general practice capacity and to develop links between agencies. As a result, refugee client attendance at participating GPs increased from 42 to 74% attendance rate.
SECTION 4. IMPACT OF KEY ACHIEVEMENTS

The impact of the following key achievements for people from CALD 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
- health education is increasingly being provided by Multicultural Health Workers.

The impact of the following key achievements for Queensland Health staff is:

- they have systems and supports in place to deliver equitable and safe services to diverse clients, patients, and consumers
- they are able to work with and manage productive and diverse teams
- they have better data to understand the specific health needs of CALD communities
- they have a range of skills to overcome cultural biases and address barriers found in the health system and in a range of situations
- they are better equipped to respond in emergency circumstances such as the outbreak of H1N1 Pandemic to ensure that vital information reaches vulnerable non-English speaking background community members in a sensitive manner
- they are able to develop culturally inclusive plans and policies

SECTION 5. KEY LEARNINGS

QHMS recognises the need to support sustainable integration of multicultural activities across the department and build other areas’ capacity to develop and implement culturally inclusive plans, services and responses. Short term projects have presented opportunities for QHMS to partner with key areas of the department, and often with the Ethic Communities Council of Queensland to achieve this. Although time limited, they have provided greater short-term capacity to build relationships and partnership, gain valuable data and progress initial work. These short-term focussed efforts have led to sustainable integration in areas such as chronic disease, nutrition services, and health promotion. An example is that of the national Measure UP campaign progressed in partnership with the Health Promotion Branch and ECCQ. A CALD Measure UP project developed and implemented a culturally tailored Measure UP health education session for targeted CALD communities with very positive outcomes. During 2009-10, the resources developed and model used was adopted nationally for the next phase of the Measure Up national program and the Health Promotion Branch are considering the results of this project in future Queensland plans.
<table>
<thead>
<tr>
<th>Organisation name</th>
<th>Type^2 (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 2009-10) GST Exclusive</th>
</tr>
</thead>
<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>
<td>$121,706</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>HIV/AIDS, Hepatitis C and Sexual Health Program for people from CALD backgrounds</td>
<td>$337,266</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>HIV/AIDS, Hepatitis C and Sexual Health Program. One-off funding for resources</td>
<td>$7,000</td>
</tr>
<tr>
<td>Ethnic Communities Council of Queensland Ltd</td>
<td>State Government as funder of service delivery. One-Off funding</td>
<td>Walk for Your Heart and Multicultural Food Festival. To promote healthy living and raise awareness of Chronic Disease in Queensland.</td>
<td>$20,000</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 CALD (CALD)communities, to support the Queensland Chronic Disease Strategy and for the analysis of chronic disease data in Queensland’s CALD communities (research on hospital avoidable admission. and National Health survey data for CALD population).</td>
<td>$141,196</td>
</tr>
<tr>
<td>Ethnic Communities Council of Queensland Ltd</td>
<td>Queensland Health Multicultural Services and Health Promotion Branch</td>
<td>Measure Up Campaign for NESB Queenslanders (phase 2).</td>
<td>$23,948</td>
</tr>
<tr>
<td>Migrant Women's Emergency Support Service Inc – Immigrant Women's Support Service</td>
<td>State Government as funder of service delivery. Funding is a contribution towards operational costs.</td>
<td>Sexual Assault Support and Prevention.</td>
<td>$201,219</td>
</tr>
</tbody>
</table>

^2 Definition under “Funding Type” is from the Queensland Government framework for investment in human services - 2007
<table>
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<th>Funding Amount (amount allocated for the project in 2009-10) GST Exclusive</th>
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</thead>
<tbody>
<tr>
<td>Ethnic Communities Council of Queensland</td>
<td>State Government as funder of service delivery. Queensland Health funding is a contribution towards operational costs for this project.</td>
<td>Chronic Disease Prevention and Self Management program for CALD - Enhancement of Multicultural Workforce.</td>
<td>$157,398</td>
</tr>
<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 Multicultural Health Worker for Maori community Gold Coast.</td>
<td>$25,000</td>
</tr>
<tr>
<td>Ethnic Communities Council of Queensland Ltd; Brisbane South Division of General Practice; Healthy Lifestyle Management Team, Metro South Health Service HSD</td>
<td>Metro South Health Service HSD, 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>
<td>$115,685</td>
</tr>
<tr>
<td>Griffith University (in partnership with Multilink and Access Services)</td>
<td>Grant CHIC - Connecting Health Care in Communities funding – Previous Southern Area Health Service directly funded for three years.</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>
<td>$47,299</td>
</tr>
<tr>
<td>Multilink and Access Community Services</td>
<td>Grant – Logan Beaudesert Health Coalition, Metro South HSD</td>
<td>Contribution towards the establishment of the bilingual health promoter project into a service and towards the employment of navigator natural helper positions.</td>
<td>$324,475</td>
</tr>
<tr>
<td>Multilink Access Inc, Islamic Women’s Association of Queensland, Virgin Mary’s Coptic Church, Queensland Maori Society In, Jimboomba Community Care Association Inc., Voice of Samoan People (VOSP), Te Korawa Aroha Inc, University of Queensland</td>
<td>Grant - Logan Beaudesert Health Coalition, Metro South HSD</td>
<td>Health promotion, community education and research targeting 11 communities in the Logan area.</td>
<td>$10,000</td>
</tr>
</tbody>
</table>