Metro North Hospital and Health Service *Putting people first*

# Multicultural Action Plan (MAP)

## 2021–2023

Queensland Government

**Acknowledgment**

Metro North Hospital and Health Service would like to acknowledge the traditional owners and custodians of the land on which we walk, talk, work and live. We pay our respects to all Elders and Leaders of past, present and future and acknowledge Aboriginal and Torres Strait Islander peoples across the State.

We are dedicated to embracing and fostering our shared relationships with First Nations people to assure their rightful place in this shared journey for better health outcomes, and to exploring the opportunity for partnerships and collaborations to benefit all communities.

We would also like to express our gratitude to the following people who have kindly giving their time, knowledge and wisdom to the development of Metro North's first Multicultural Action Plan (MAP):

Community members, community leaders and other representatives of our culturally and linguistically diverse communities

Multicultural service providers and non-government organisations

Metro North CALD Health Equity Advisory and Liaison (HEAL) Group

Metro North Health staff.



For more information, contact: Cultural Diversity Coordinator, Metro North Hospital and Health Service, Block 7, Level 13, HERSTON 4027, email: MetroNorth-HealthEquity@health.qld.gov.au

Metro North Hospital and Health Service is committed to providing accessible services to the community from culturally and linguistically diverse backgrounds. If you have difficulty in understanding the Multicultural Action Plan, please contact us on 07 3646 8111 and we will arrange an interpreter to communicate the report to you effectively.

# Message from the Board Chair and Chief Executive

Brisbane North is one of the most populous and fastest-growing areas in Queensland. It is home to a large community of people from culturally and linguistically diverse backgrounds.

Metro North Hospital and Health Service is Australia's largest public health service, providing care to a community of over one million people. With a growing multicultural population, we recognise there is no 'one size fits all' approach when it comes to understanding the care needs or the requirements of those with different backgrounds in our community.

The Metro North Multicultural Action Plan will guide the way we deliver health services to those from culturally diverse backgrounds. It will create pathways for collaboration, joint action and shared agendas with our patients, partners and the broader community.

Over the next three years the plan will inform a coordinated approach to ensure that we deliver culturally appropriate, person-centred healthcare to CALD patients and their families.

**Jim McGowan AM**
**Chair**
**Metro North Hospital and Health Board**

**Shaun Drummond**
**Chief Executive**
**Metro North Hospital and Health Service**

# Contents



# Introduction

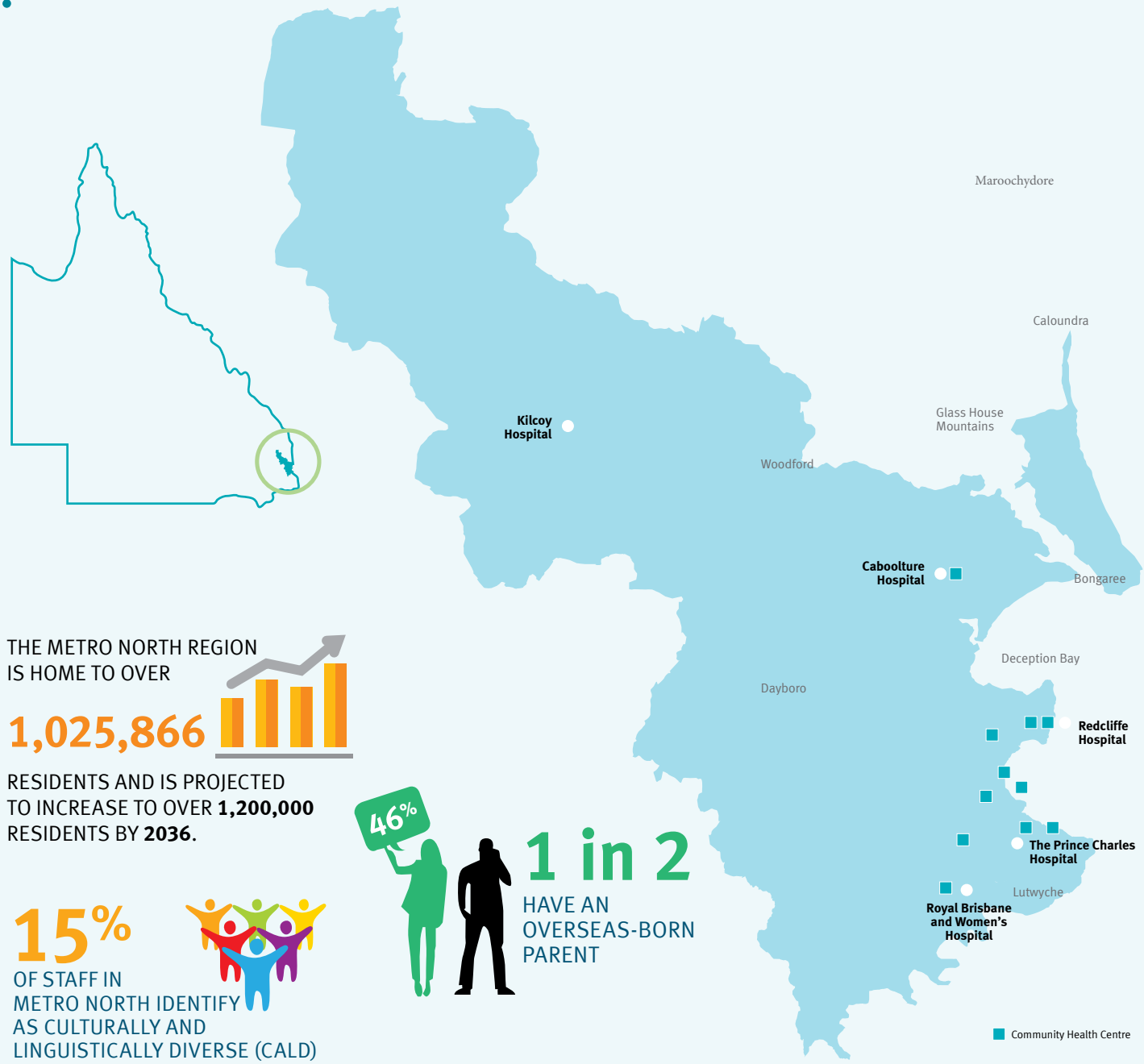
This is the first three-year Metro North Hospital and Health Service Multicultural Action Plan (MAP). The MAP consolidates work that has been occurring to date, and provides strategic direction, coordination and shared agendas to improve outcomes for culturally and linguistically diverse (CALD) individuals, families and communities in the Brisbane North region.

Culture is integral to individuals' identity and affects their health care practices, literacy, traditions, values, expectations, experiences and decision-making. It influences the way people engage with and navigate through health services, access information and care.

Metro North is committed to addressing barriers experienced by people from CALD backgrounds including access to health care and communication with providers around their beliefs, preferences and traditions.

The MAP provides a coordinated and tangible plan of action to strengthen the way we work with consumers, carers, families and communities. It sets out a vision for building organisational culture, leadership and partnerships, improved communication and engagement, and for the delivery of services that are appropriate and responsive to CALD community needs, experiences and voices.

# Metro North Hospital and Health Service




THE METRO NORTH REGION IS HOME TO OVER

**1,025,866**

RESIDENTS AND IS PROJECTED TO INCREASE TO OVER **1,200,000** RESIDENTS BY **2036**.

**15%**

OF STAFF IN METRO NORTH IDENTIFY AS CULTURALLY AND LINGUISTICALLY DIVERSE (CALD)

46%

**1 in 2**

HAVE AN OVERSEAS-BORN PARENT

## TOP 3 LANGUAGES

REQUESTED AT MNHHS – ARABIC, MANDARIN AND CANTONESE

2019-2020 INTERPRETER SERVICES DELIVERED **21,579** OCCASIONS OF SERVICE

2019-2020 INTERPRETER SERVICES SPEND WAS **$2,411,481**

## Brisbane north demographics

Cultural diversity among the Metro North population is expected to increase. From 2016 to 2031, Metro North's population is projected to increase by 1.4 per cent per annum (or 224,389 persons) to approximately 1,205,374 persons. The 2016 Census data shows that in Brisbane North, 30.6% of people were not born in Australia (6% of the population did not state country of birth) and 20.5% of people in the Brisbane North region spoke a language other than English at home. Of these, 1.5% either did not speak English at all or had a low level of English proficiency.

The most common countries of birth were New Zealand 3.9%, England 3.2%, India 3.1%, Philippines

1.6% and China (excludes SARs and Taiwan) 0.9%. The most common languages other than English (LOTE) spoken at home are Punjabi, Mandarin, Italian, Hindi and Tagalog. While New Zealand constitutes the largest group of overseas born Queenslanders making up 4.3% of the state's population, twenty-one per cent (21%) of migrants from New Zealand identify as either Maori or Polynesian. The Redcliffe and Caboolture region has the highest numbers of New Zealand-born people living in the Metro North catchment area representing 44% of this population (16,908 people) compared to TPCH with 12,691people (33%) and RBWH with 8,549 people (23%).

Not only is the population growing and increasingly diverse in Brisbane North, but there has been an increase in refugee and humanitarian entrant communities on the northside, some of the most vulnerable communities with complex social, mental and physical health needs.

**1 IN 3 PEOPLE**
WITHIN METRO NORTH ARE BORN OVERSEAS

**1 IN 5 PEOPLE**
SPEAK A LANGUAGE OTHER THAN ENGLISH

### Metro North also has a diverse workforce

With over 22,000 staff, Metro North is larger than some regional towns. Like a small town, the people who make up Metro North are diverse and bring a wide range of life experiences, knowledge and skills to help to fuel innovation and new ways of working.

Metro North is committed to building and maintaining an inclusive and diverse workforce that reflects the community we serve.

NSQHS STANDARDS

# Context

In 2016, the Queensland Government introduced a suite of legislative and policy directions for all Queensland government agencies: The *Multicultural Recognition Act 2016*, the Queensland Government's multicultural policy and action plan *(Our Story, Our Future)*, and the Multicultural Queensland Charter. The *Queensland Refugee Health and Wellbeing Policy and Action Plan 2017-20*, published in 2017, provides a more targeted focus on refugee health and wellbeing.

Under these legislative, policy and planning directions, three action areas were prioritised for culturally and linguistically diverse (CALD) communities:

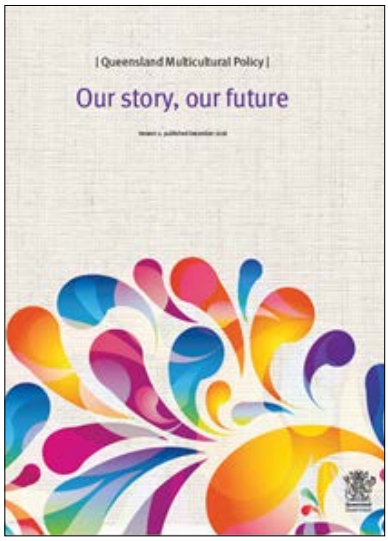
1. achieving culturally responsive government and services
2. supporting inclusive, harmonious and united communities
3. improving economic opportunities.

In addition, Queensland's new Human Rights Act 2019 came into effect on 1 January 2020.

The Act aims to:

- protect and promote human rights
- help build a culture in the Queensland public sector that respects and promotes human rights; and
- help promote a dialogue about the nature, meaning and scope of human rights.

Metro North is committed to a culture that places respect for human rights at the centre of everything we do.



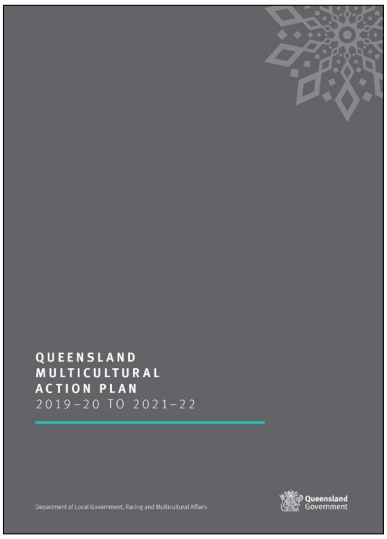
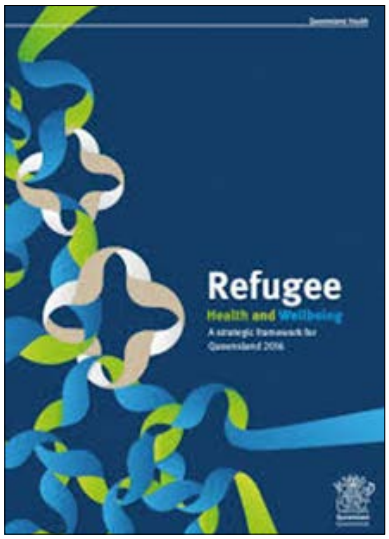




Figure 1: Queensland Government priorities – multicultural legislative and policy direction



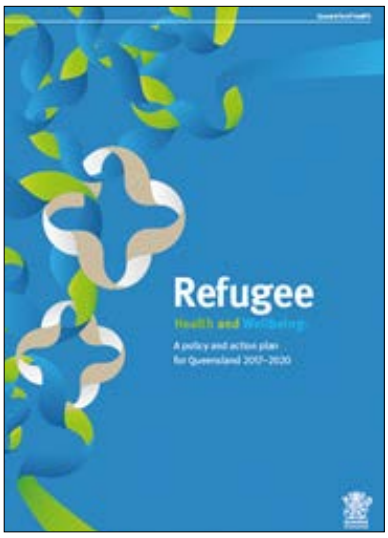



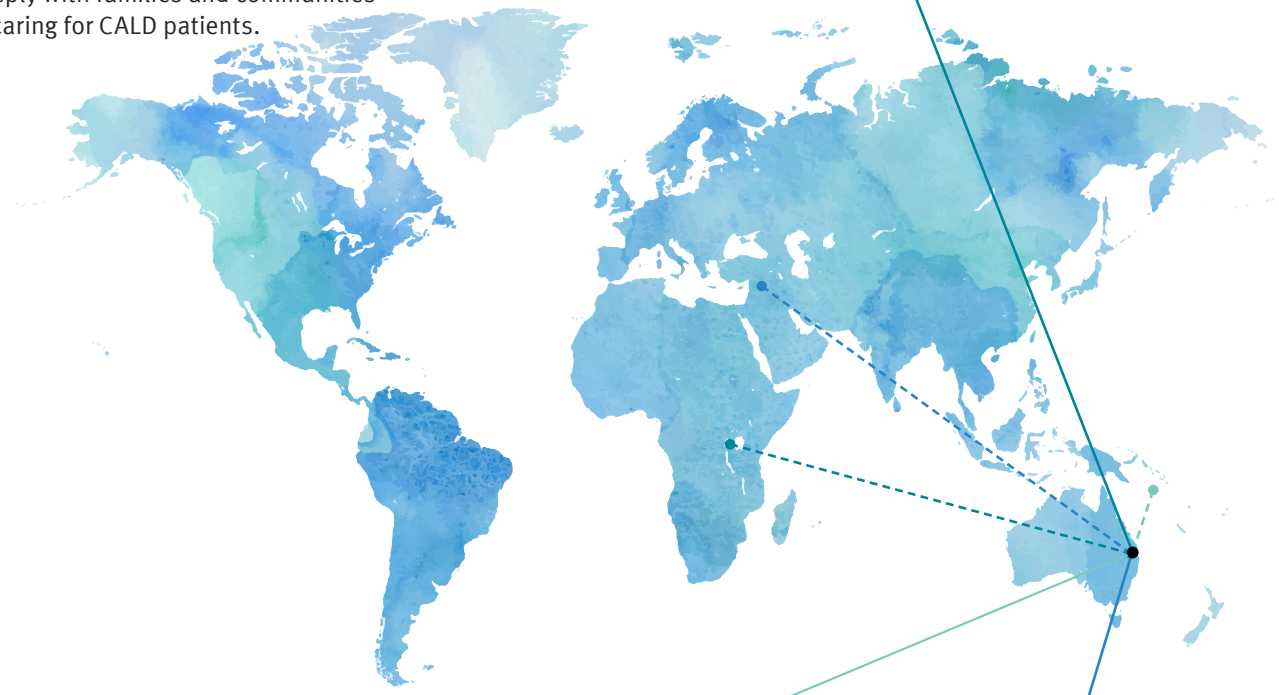

Figure 2: *Queensland Refugee Health and Wellbeing framework* (left) and *Queensland Refugee Health and Wellbeing Policy and Action Plan 2017-20* (right).

## Case studies:

The following case studies represent issues that have been raised by CALD consumers about their experiences receiving care in Metro North. The aim of the MAP is to take action to improve our responses when caring for CALD consumers and families, through seeking to better understand different cultural beliefs, overcome language barriers, and engage more deeply with families and communities in caring for CALD patients.

A refugee family is struggling to support their teenager with mental illness. They do not believe or understand the health service diagnosis and their belief about their child's mental health is based on cultural ideas which they have not shared with the clinicians.

They do not trust the health service and feel they only want to 'lock their child away'. They are now seeking to send their child back to their home country to a cultural healer.



A Pacific Islander family with a number of children in grandparental care have been receiving care for one of the granddaughters from an ophthalmologist. The grandmother, while proficient in English, did not fully grasp what the healthcare team were advising. Culturally, she did not feel comfortable asking questions of a doctor so continued to nod and communicate assent and understanding. She believed that they were being told her granddaughter was ok, they would monitor her, and surgery would not be required. However, the treating team was saying the opposite: that the girl would need surgery and sent a letter with appointment details which the grandmother could not read. The granddaughter felt ashamed and was hiding her inability to read or see well. After a number of attempts to connect with the family, the hospital engaged child protection services who visited the house with police. The family was traumatised and ashamed. Finally, the engagement of a Pacific Islander health worker resolved the situation and the misunderstanding, ensuring the girl got the surgery she needed.

An Arabic-speaking woman has been receiving cardiac care and in the initial phases did not request or receive an interpreter.

She did not know she could access one and she felt her English proficiency was ok. Now that her condition has worsened, and she is finding it increasingly difficult to understand the treatment options, she has asked for an interpreter to explain. The doctor did not follow up her request, as she did not need an interpreter in the past. The woman left the hospital feeling humiliated, confused and unsupported. She withdrew from care and was later readmitted requiring critical care.

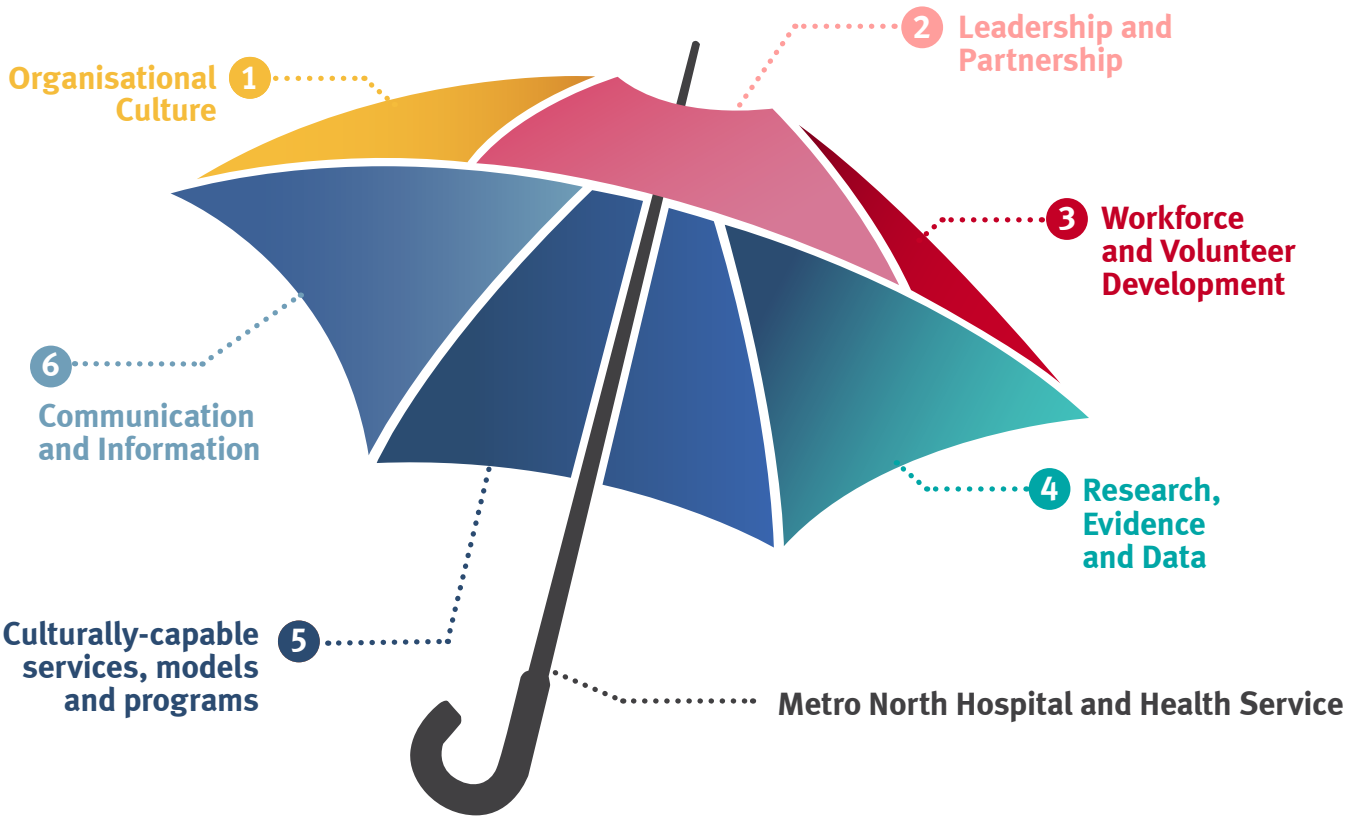
# Health equity

**Cultural differences may contribute to health inequities, consumer and carer experiences and suboptimal outcomes.**

**Health equity provides a frame for considering intersecting risks and factors and builds organisational sensitivity to these cultural elements which are integral to person-centred care.**

**For CALD consumers, carers and communities, it is important to consider aspects such as:**

- migration and visa status
- age, gender, and caring responsibilities
- employment and economic circumstances
- sense of belonging and connection
- experience of past trauma and exile / separation from family
- experience of discrimination and racism
- language proficiency and vulnerabilities (English, as well as general literacy)
- dissonance with Western health systems, values and models;
- spiritual, physical and/or cultural needs, preferences, beliefs, behaviours and traditions
- stigma relating to mental health, sexuality, and dying
- health literacy and education
- intergenerational differences and dynamics.




The MAP refers to health equity as the umbrella for action in multicultural health to allow for further joint action, shared agendas and collaboration across diverse areas and with diverse consumers, carers, families and communities.

# 1. Organisational culture

An organisational culture that accepts and shares responsibility for culturally safe services is important to achieving a strategic, values-based, and systematic approach to health equity.

The Organisational Culture objective is about laying the foundations and embedding shared responsibility for this agenda. It is about putting values into action.

## WHAT WE HAVE DONE:

- An Executive Sponsor and Directorate leads for Multicultural Health and a permanent Cultural Diversity Coordinator role have been established and links created with the Board Community Advisory Committee on health equity and multicultural health issues.
- Cultural diversity intranet and internet pages have been developed to build recognition of multicultural health commitment and prioritisation, and to provide information for CALD consumers and communities about Metro North services, to harness and share expertise, collaboration and activities across Metro North.
- Metro North's strategic planning documents reflect diversity objectives with clear accountabilities and actions. CALD and vulnerable populations are highlighted for action in our health service strategies.

| WHAT WE WILL DO IN THE FIRST 12 MONTHS (2021): | WHO IS RESPONSIBLE |
|---|---|
| • Make available health equity and cultural competency training, resources, practice tools, and orientation material for clinical and non-clinical roles. | Metro North |
| • Develop a monitoring and evaluation framework for the MAP. | Executive Sponsor Multicultural Health |

| WHAT WE WILL DO IN THE NEXT TWO YEARS (2022–2023): | WHO IS RESPONSIBLE |
|---|---|
| • Undertake an assessment of EEO diversity targets across Metro North to ensure diversity at all levels of the organisation. | Metro North |
| • Engage our bilingual and multilingual health professionals and volunteers to support improved service delivery and responsiveness to CALD patients and families across Metro North. | Executive Sponsor Multicultural Health, Metro North |

## WHAT SUCCESS LOOKS LIKE:

- All Metro North Directorates are engaged in delivering actions under this plan to improve services delivered to their CALD communities.

# 2. Leadership and partnership

To achieve an equitable health service, we need to cultivate leadership at all levels within our organisation, in partnership with consumers, carers, families, and communities.

We need leaders who consistently value working collectively, beyond silos and across institutional boundaries, in recognition of interdependencies and the impact we can have when we work together.

## WHAT WE HAVE DONE:

- Lead roles for multicultural health have been identified and embedded in Directorates across Metro North.
- The Health Equity Advisory and Liaison (HEAL) Group comprised of community partners and leaders was established to advise Metro North on our multicultural health direction.
- The Metro North Consumer and Community Engagement strategy specifies diversity inclusion as a priority.
- The Metro North Inclusive Engagement toolkit outlines CALD consumer and community engagement methods.

| WHAT WE WILL DO IN THE FIRST 12 MONTHS (2021): | WHO IS RESPONSIBLE |
|---|---|
| • Establish mechanisms to improve communication, joint action and information sharing about multicultural health. | Executive Sponsor Multicultural Health |
| • Participate in the partnership and governance to develop and evaluate the next statewide Refugee Health and Wellbeing policy and action plan. | Executive Sponsor Multicultural Health |
| • Develop a registry of consumers from CALD backgrounds or with expertise on CALD community health issues and needs. | MN Engagement |
| • Partner with CALD community leaders and organisations in a range of co-design, engagement and partnership activities. | Directorates |

| WHAT WE WILL DO IN THE NEXT TWO YEARS (2022–2023): | WHO IS RESPONSIBLE |
|---|---|
| • Partner with research institutions and researchers in the co-design of a multicultural health research agenda focusing on improving health outcomes for CALD consumers and communities. | Directorates, Executive Sponsor Multicultural Health |

## WHAT SUCCESS LOOKS LIKE:

- Cultural capability is core to leadership and partnership roles.
- CALD consumer and community engagement methods and activities are mature and integral to all engagement processes and activities and Metro North works with both community leaders and members on relevant issues.
- Metro North is a recognised leader in CALD co-design, community-led and community-centred engagement and care.
- Metro North actively engages with community groups to address gaps and improve continuity of care for CALD communities and refugees in the Brisbane North catchment.
- A sustainable, capable and flexible 'ecosystem' of multicultural health leaders, partners and workers operates within Metro North to improve health outcomes for CALD communities.

# 3. Workforce and volunteer development

This element focuses on building the knowledge, skills and behaviours our workforce needs to work equitably and with diverse groups, as well as better managing a diverse workforce.

Fundamental to this are:

- Health equity and cultural competency development in clinical and non-clinical roles to address access barriers, improve continuity of care and services for CALD consumers
- Recruitment, support and retention of a diverse workforce at all levels of the organisation
- Working in partnership to develop volunteer and career paths for people of CALD backgrounds.

## WHAT WE HAVE DONE:

- Multicultural nurse navigator and mental health coordinator positions have been established at RBWH and Mental Health Directorates.
- Relationships have been developed with the Ethnic Communities Council, Good Start Program, the G11 Community Advisory Group (Refugee Health), World Wellness Group, Multicultural Australia, QLD Program of Assistance to Survivors of Torture & Trauma, Refugee Health Network QLD, Mater Refugee Health Service and others to tap into, support and partner with existing community bilingual workers / multicultural health workers and capability.

| WHAT WE WILL DO IN THE FIRST 12 MONTHS (2021): | WHO IS RESPONSIBLE |
|---|---|
| • Learn from and build on other HHS initiatives to identify and match staffing requirements according to the health needs of Metro North CALD consumers. | Directorates |
| • Establish a Peer Support program to provide CALD employee peer networking and support. | Executive Sponsor Multicultural Health, MN Communications |
| • Investigate potential for CALD workforce and volunteer programs modelled on the Deadly Start program. | Executive Sponsor Multicultural Health |

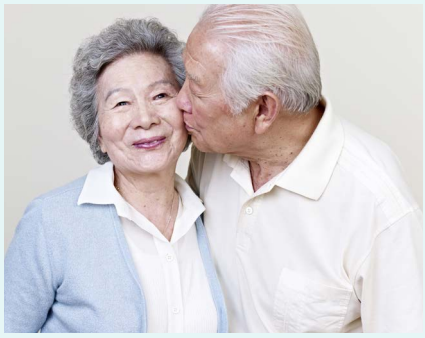
| WHAT WE WILL DO IN THE NEXT TWO YEARS (2022–2023): | WHO IS RESPONSIBLE |
|---|---|
| • Provide opportunities for consumer speakers and co-educators to present to health professionals at all Directorates in response to emerging population needs and service requirements. | Directorates |
| • Develop and provide training, resources and practice tools to support clinicians in the delivery of community and family-centred care that can best support CALD preferences and needs and ensure it includes awareness of the impact of CALD community-centredness on health outcomes. | Metro North |
| • Develop partnerships with Universities and TAFEs that support scholarship and practice placements for CALD students. | Directorates |

## WHAT SUCCESS LOOKS LIKE:

- Navigation systems and volunteer roles for CALD consumers, families and communities are established in all MN facilities and services.
- Metro North has a sustainable volunteer program that taps into the Queensland refugee settlement volunteer placement program.
- A CALD Employee Peer Support Program is established for overseas-trained health professionals to support families and staff in transition to a new country and organisation.
- Our workforce profile reflects the diversity of the Metro North community.
- Metro North staff, in clinical and non-clinical roles, are oriented to inequities and have access to tools and resources to support vulnerable CALD consumers and communities.

# 4. Evidence and data collection

The collection, analysis and use of data is important to developing evidence of effectiveness, impact and outcomes of care and services. It is important to build an understanding of our community to ensure Metro North is responsive to the diversity of consumers and community. Reliable, relevant and recent data and data collection methods – quantitative and qualitative – will inform community consultation, service design and action planning.



## WHAT WE HAVE DONE:

- Through the CALD Data Project, Metro North mapped, identified and reported on datasets and systems where CALD data is available, identifying gaps, quality and integrity issues.
- CALD data indicators have been embedded in consumer complaints systems.
- Metro North participated in the inter-HHS multicultural working group and the Queensland Health Round table on inclusive data collection.
- The Metro North "CaRE" patient experience survey was piloted in two non-English speaking languages (Arabic and Simplified Chinese).
- Developed a suite of materials to support collection of CALD data indicators as part of the standardised patient experience surveying system.

| WHAT WE WILL DO IN THE FIRST 12 MONTHS (2021): | WHO IS RESPONSIBLE |
|---|---|
| • Drive collaboration and consistency in data collection standards for multicultural populations. | Executive Sponsor Multicultural Health |
| • Continue to advocate for and embed CALD data indicators including cultural identity and ethnicity in all digital health systems. | Executive Sponsor Multicultural Health, Digital MN |
| • Refresh Directorate CALD Data Reports and facilitate partnerships across Metro North to respond to identified needs. | Executive Sponsor Multicultural Health |
| • Develop and implement education and training to improve the collection of CALD indicators in data systems. | Executive Sponsor Multicultural Health, Digital MN, Metro North |
| • Deliver content and resources to explain why we collect demographic information and provide outreach activities for consumers and communities, particularly newly arrived refugee and asylum-seeking populations. | Executive Sponsor Multicultural Health, Directorates |

| WHAT WE WILL DO IN THE NEXT TWO YEARS (2022–2023): | WHO IS RESPONSIBLE |
|---|---|
| • Develop and implement training, within a trauma-informed framework, to ensure staff are skilled, culturally-sensitive and confident in engaging CALD consumers in demographic data collection activities. | Metro North |
| • Investigate the introduction of flags/alerts for cultural and language requirements as part of CALD patient data collection, building on the Aboriginal and Torres Strait Islander Cultural Support Plans concept. | Digital MN |
| • Publish and present CALD data to the Senior Executive Team and Directorates and present research projects and innovations at leading conferences, nationally and internationally. | Directorates |

## WHAT SUCCESS LOOKS LIKE:

- CALD minimum data indicators embedded in relevant data collection systems.
- Systematic collection and use of additional ethnic, cultural and spiritual indicators.
- Our workforce is capable and confident in collecting CALD data indicators.
- Data is routinely captured, extracted, analysed and used to improve services, build the evidence base and implement best practice in caring for CALD consumers.
- Metro North is a leading contributor to the evidence base on CALD health.
- CALD patient reported outcomes and experience measures are integrated into our feedback and planning systems.
- A robust, needs-based and community-driven CALD health research agenda provides a continuous knowledge base for action, improved care and services.

# 5. Culturally-capable services, models and programs

To effectively tackle health inequities, our health systems need to consider and address the impact of cultural influences on consumer health decisions and work with culturally-based knowledges and traditions. To achieve this, services, engagement and programs will be co-designed and delivered with community partners to address gaps and meet the needs of patients from CALD and refugee backgrounds, including an understanding of traditional healers, cultural beliefs about health, its treatment and causes and complementary medicines. Culturally-specific and co-designed initiatives will focus on groups.

## WHAT WE HAVE DONE:

- The CALD Data Report collated outpatient and inpatient services data for CALD consumers and identified the largest population groups in terms of admissions and potentially preventable hospitalisations. It identified specific CALD communities within the Metro North catchment who may require targeted interventions to improve their health outcomes.
- A CALD mental health needs assessment was conducted by Metro North Mental Health, building on previous work done in Queensland Health and Metro North to map needs of Pacific Islander and other communities.
- Public Health Unit partnership with ECCQ, QUT and University of Southern Qld as collaborators on ARC funded national project to develop and implement an annual sexual health and risk behaviour survey of CALD communities focussing on sub-Saharan African and South East and East Asian communities.
- The CALD women's breast health program was designed and delivered with CALD women in Brisbane North.
- Metro North Oral Health participates in the Refugee Health Network and provides treatment for people from refugee backgrounds as part of their settlement process.
- Metro North Cancer Care "Rainy Days" project included CALD perspectives in a palliative care package designed to improve conversations and planning with patients and families.
- Metro North Mental Health has completed a co-design initiative identifying the needs of families and carers in the mental health, alcohol and drug service environments, inclusive of CALD consumers.

| WHAT WE WILL DO IN THE FIRST 12 MONTHS (2021): | WHO IS RESPONSIBLE |
|---|---|
| • Implement a maternity and paediatric referral path and model for Maori and Pacific Islander families at Caboolture, Redcliffe and Deception Bay. | Caboolture Hospital, Redcliffe Hospital |
| • Work with Maori and Pacific Islander communities to develop healthy lifestyle programs for children and families. | Community & Oral Health Directorate |
| • Explore a CALD Wellness in ED program at Caboolture Hospital and TPCH, focusing on CALD communities with high number of ED presentations. | Directorates |
| • Refer to the My Health for Life program for eligible CALD patients. | Directorates |
| • Work with Refugee Health Network QLD to provide antenatal care and address gaps for women from CALD and asylum seeker backgrounds who may not be receiving antenatal care and to ensure compliance with the waiver for asylum seekers is upheld in accordance with the Queensland Government Directive on services for refugees and asylum seekers. | Directorates |
| • Work with partners to identify high risk patients and improve cancer screening programs. | Cancer Care Services |
| • Deliver group and/or individual programs for CALD consumers and new immigrants focusing on acculturation processes and adjustment e.g. BRiTA Futures Program. | Metro North Mental Health |

| WHAT WE WILL DO IN THE NEXT TWO YEARS (2022–2023): | WHO IS RESPONSIBLE |
|---|---|
| • Establish partnerships with local CALD community-based service providers to deliver tailored, community supported services, to improve access, engagement and continuity of care with CALD communities. | Directorates |
| • Link with elderly CALD consumers, particularly Maori and Pacific Islander elders, and community aged care providers to facilitate healthy ageing information and navigation sessions. | Community & Oral Health Directorate |
| • Work with community services on co-design solutions for sexual health risks in identified CALD populations | MN Public Health Unit |
| • Investigate use of Health Equity Impact Assessment tools in service planning | MN Strategy and Planning, Directorates |

## WHAT SUCCESS LOOKS LIKE:

- Interpreter Services data is being used to improve access and reduce costs.
- We provide effective, appropriate, localised and clinically-specific responses to different populations and consumer needs and preferences.
- Metro North is working with partners and CALD communities to address stigma, improve education and information about health services.
- Metro North services know who their CALD communities are and tailor their programs accordingly.
- Systems are in place that ensure effective, safe communication and shared decision-making between clinicians and patients in all settings.
- Sustainable, dedicated CALD services are established and improving CALD consumer and community experiences and health outcomes.

# 6. Communication and information

Metro North aims to reflect the diversity of the community with resources designed to reach, inform and engage diverse community members and create a welcoming, caring and inclusive environment.

In addition, we will work to improve cross-cultural communication capability and develop innovative approaches, including digital innovations, that can enhance interpreter and translation services.

## WHAT WE HAVE DONE:

- Cultural Diversity intranet and internet pages have been designed and developed with a range of resources for staff and consumers.
- The CALD Data Report identified groups with highest number of missed interpreter appointments, highest usage and growing demand by language and clinical areas.
- An appointment reminder tool in translated languages is accessible to staff via the MN Cultural Diversity intranet page.

| WHAT WE WILL DO IN THE FIRST 12 MONTHS (2021): | WHO IS RESPONSIBLE |
|---|---|
| • Continue to build awareness of multicultural health across Metro North through launch of the MAP and promotion of online resources and training for staff. | Executive Sponsor Multicultural Health |
| • Work with AUSIT and Queensland Health Interpreter Services to investigate interpreter service training opportunities in a health context. | MN Interpreter Services |
| • Monitor usage of consumer-facing webpage to determine further information requirements. | Executive Sponsor Multicultural Health |
| • Convene an interpreter services working group to identify the most vulnerable language groups, their preferences and needs, to understand underlying system issues. | MN Interpreter Services |
| • Implement and monitor a process for missed appointments for interpreter services to trigger response and follow up. | MN Interpreter Services |

| WHAT WE WILL DO IN THE NEXT TWO YEARS (2022–2023): | WHO IS RESPONSIBLE |
|---|---|
| • Investigate a Metro North in-house based interpreter service model built on highest language requests. | MN Interpreter Services |
| • Develop processes to improve access to Metro North services for CALD people who face complex language barriers. | Directorates |
| • Deliver information sessions for CALD communities by health workers and community leaders to develop understanding of cultural support needs and emerging issues. | Executive Sponsor Multicultural Health, Directorates |

## WHAT SUCCESS LOOKS LIKE:

- Patients can access a range of innovative integrated digital communication tools to improve care, services and access.
- Metro North is improving communication and multi-channel resource development and distribution, including use of translated material, technology, and interpreter services for community groups experiencing language barriers.
- Information needs of CALD communities are regularly monitored and used to develop and distribute resources.
- Metro North has a system for monitoring development, distribution and evaluation of resources and provided information.

# Part B – Words into action

## Implementation

Successful implementation of the MAP will ensure that Metro North is prioritising a culturally appropriate and person-centred approach to the most vulnerable people of CALD backgrounds in our region. It is our goal that the MAP actions will become 'business as usual', thus embedding it into service design and delivery.

The MAP has shared responsibilities and shared agendas between Metro North and patients, carers, families, communities and community partners. The MAP will guide the way we deliver health services to improve health outcomes for people from CALD backgrounds.

## Metro North will achieve successful implementation of the MAP by:

- Developing a whole-of-organisation approach to multicultural health
- Building partnerships/ collaborations with government and non-government services, patients, carers, families and communities from CALD backgrounds

## Monitoring and evaluation

Progress against the MAP actions will be reported six monthly with Directorates supported to regularly evaluate actions against emerging issues within the CALD community.

An end of financial year progress report will be developed annually to document the status of all actions. This report will be presented to the Metro North Board and Metro North Board Community Advisory Committee.

# Glossary

**Carer** – an individual who provides, in a non-contractual and unpaid capacity, ongoing care or assistance to another person who, because of disability, frailty, chronic illness or pain, requires assistance with everyday tasks.

**Community** – groups of people with diverse characteristics who are connected through common location, attitudes, cultures and languages, ethnicities or interests. Individuals can be members of multiple communities at once. It describes the population of the area serviced by an organisation, a cultural group or a group of people who all experience a particular health condition.

**Cultural determinants of health** – Cultural factors that affect people's health include people's beliefs, their sense of having an identity, and their culturally based philosophies, practices, and values, including values that relate to rights and responsibilities within the family or extended family.

**Culturally and linguistically diverse (CALD)** – a person or persons who come from a home environment where a language other than English is spoken and whose cultural values and background may differ from the mainstream culture.

**Health disparity** - refers to a higher burden of illness, injury, disability, or mortality experienced by one group relative to another. A "health care disparity" typically refers to differences between groups in access to and use of care, and quality of care.

**Health equity** - the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification.

**Health inequities** - are health differences between population groups – defined in social, economic, demographic or geographic terms – that are unfair and avoidable.

**Health literacy** – enabling people to access and navigate health services, make well informed decisions and take action to manage their health and wellbeing. It includes helping people, find, understand and apply a range of information to be active participants in decisions about healthcare and treatment.

**Interpreter** – is a person whose occupation is to provide language services by converting spoken or signed messages and information from one language into another, who has also attained certification issued by the National Accreditation Authority for Translators and Interpreters (NAATI).

**Intersectionality** - promotes an understanding of human beings as shaped by the interaction of different social locations, e.g. race, ethnicity, indigeneity, gender, class, sexuality, geography, age, disability/ ability, migration status, religion. These interactions occur within a context of connected system and structures of power e.g. law, policies, governments, religious institutions, media. Through such processes, interdependent forms of privilege and oppression shaped by colonialism, imperialism, racism, homophobia, ableism and patriarchy are created.

**Multicultural** – the recognition, incorporation, respect and co-existence of all diverse racial, religious, or cultural groups. This is manifested in customary ideas, beliefs, values and behaviours. This encourages and enables continued contribution within an inclusive cultural context which empowers all.

**Patient** – a person who is accessing health services. The term "patient" can be interchanged with "client", "consumer" or "resident" depending upon the context.

**People from asylum seeker background** – a person who is seeking protection, but no country has 'determined' whether or not the person meets the definition of a refugee, and is awaiting a decision on their application.

**People from migrant background** – the term 'migrant'...[covers] all cases where the decision to migrate is taken freely by the individual concerned, for reasons of 'personal convenience' and without intervention of an external compelling factor.

**People from refugee backgrounds** – a person who has fled their country as a result of well-founded fear of persecution for reasons of race, religion, nationality, social group and political opinion.

**Person, family and community-centred care** – healthcare that is respectful of and responsive to individual choices, preferences, beliefs, values and needs of people who access or who need to access care.

**Social determinants of health** - the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.

**Translator** - is a person whose occupation is translating written text from one language to another.

**Vulnerable populations** (in Health care) - groups who are at increased risk of receiving a disparity in medical care on the basis of financial circumstances or social characteristics such as age, race, gender, ethnicity, sexual orientation, spirituality, disability, or socioeconomic status.

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