NSW Multicultural Health Communication Service

Strategic Direction's Plan 2007-2010

Making health communication easier

Introduction

Strategic Directions for Multicultural Communication 2007-2010 sets out the way forward for the NSW Multicultural Health Communication Service (MHCS) over the next three years.

This Plan was developed in consultation with all MHCS staff, the Management Committee, Partners and Stakeholders.

The document is presented in two sections. The first section outlines key business principles of the MHCS, and the second describes the strategic directions MHCS will take over the next three years.

The document is intended primarily for the information of public health practitioners and health service managers within the Department of Health, Area Health Services and relevant non government organisations.

Who we are

The NSW Multicultural Health Communication Service is charged with the responsibility to improve and facilitate communication between the NSW health system and culturally and linguistically diverse (CALD) communities.

MHCS does this by providing multilingual resources in up to 35 languages through its website www.mhcs.health.nsw.gov.au and also through a network of distributors which are based in the Area Health Services. Further to this, the service undertakes research, communication campaigns, project management and translations, as well as providing advice on issues of access and cultural relevance. MHCS also represents CALD communities on a number of key committees and organisations. One of our key roles is to ensure culturally and linguistically diverse communities have equal access to health information as well as the capacity to access good medical care based on consent and partnership.

MHCS is located on the campus of Gladesville Hospital, but is auspiced by the now South Eastern Sydney & Illawarra Area Health Service. The Director is guided by a Management Committee and is responsible to the Chief Executive via the Area Director of Nursing and Midwifery.

The composition of the Management Committee reflects the state-wide focus of the Service and includes Central GP Division, Ethnic GP Medical Association, Migrant Resource Centres, Area Multicultural Coordinators, an Area Health Promotion Director, representatives from the Department of Health and the Area Director of Nursing and Midwifery (SESIAHS). The Service also takes advice from a subcommittee (Multilingual Information Committee) that has State-wide representation from staff working in multicultural health.

Our specialist skills

Information and communication, together with professionalism and quality are the words that sum up the work of our Service.

Besides producing translated health resources, we are continuously developing our capability to communicate effectively with CALD communities.

Our advantage is our broad knowledge of CALD communities, including their media and demographics.

We have developed and implemented a number of highly successful multilingual social marketing/communication campaigns , the latest of which has been awarded the 2006 Community Relations Commission's National Multicultural Marketing Awards (Best Advertising Campaign for the National Breast Cancer Centre).

Successful campaigns that we have developed are a result of:

- our ability to develop sound multicultural marketing communication research
- sound knowledge and understanding of multicultural marketing including niche marketing
- Close partnerships and relationships with CALD broadcasters, community workers, interpreters and translators

We organise health promotion, education and information services, audio and video production and development of print resources as strategies to communicate issues, outlined in each campaign, to the targeted communities.

Our sound knowledge of distribution networks means we can blitz the ethnic media with press releases to spread a message within 24 hours, if necessary.

Why are we here

The rationale for the establishment of the NSW Multicultural Health Communication Service was based on recommendations from the 1991 NSW Health Plan for a Culturally Diverse Society. That plan identified the need for the development of a co-ordinated State-wide approach to reach people who speak languages other than English, particularly those living in rural areas. MHCS commenced its operations in December 1996 with a charter to ensure that non English speakers would receive quality information that would allow them to make informed choices and changes for better health, as well as proper access to existing health facilities and services. The role of MHCS today is reaffirmed by *Principles for the Provision of Health Services to a Culturally Diverse Community* (Department of Health: in production 2002), which states that "People from culturally diverse backgrounds have the right to access appropriate information about their health and acceptable, quality health services which respect and recognise their linguistic, cultural and religious needs."

Given that English is the language of mainstream service provision, those individuals with limited proficiency in English are not able to attain optimal health literacy without additional support. By providing multilingual resources,

MHCS contributes towards improved health literacy for CALD communities through the enhancement of communication between health providers and their clients. Clients who prefer to speak English will have a valuable reference in their own language, and will be able to share the information with carers and/or family members, those who are not proficient in English can take the resource away for reinforcement after the consultation.

According to the 2001 Census[1] almost 30% of the population of NSW was born overseas and over a quarter of those are from non-English speaking countries. Chinese speakers are the largest CALD community group followed by the Vietnamese and Italian communities.

A language other than English is spoken at home by 24.12% of people over the age of 5, but many of these people have limited English language proficiency (ELP) with 15% reporting that they spoke English 'not well' or 'not at all' The top three CALD groups with limited ELP are Chinese, Vietnamese and Arabic.

Social determinants of health, such as household income, are lower for some people of CALD background than the Australian born. For example, people speaking Vietnamese, Korean and Turkish languages at home were more than twice as likely as English speakers to have a household income of less than $400 per week.[2]

Patterns of some health conditions and health risk factors vary with country of birth. In comparison to those born in Australia, people born in some non-English speaking countries:

- are more likely to have premature babies (mothers born in Fiji);
- are less likely to have their first antenatal visit before 20 weeks gestation (mothers born in Lebanon, Korea, Fiji, New Zealand, Indonesia, and the Philippines);
- have high rates of hospitalisation for diabetes or its complications (males and females born in Lebanon, Fiji, Italy, India, and Greece; females born in the Philippines; males born in South Africa);
- have high rates of hospitalisation for coronary heart disease (Lebanon, Fiji, and India) and cardiac revascularization procedures (Lebanon, Fiji, India, and Greece);
- have high rates of tuberculosis (Vietnam, the Philippines, India, Indonesia, China, Hong Kong, Korea, Fiji, Malaysia, and the Former Yugoslavia)[3];
- have high rates of smoking: male respondents speaking Croatian (51.0%) Vietnamese (47.7%) and Arabic (36.5%) languages at home.[4]

[1] ABS NSW Census 2001 Census Statistics 'the People of NSW' CRC (website)

[2] Public Health Division, *The Health of the people of New South Wales - Report of the Chief Health Officer*. Sydney: NSW Department of Health 2004

[3] Public Health Division, *The Health of the people of New South Wales - Report of the Chief Health Officer*. Sydney: NSW Department of Health 2004

[4] Public Health Division, *Report on the 1997 and 1998 NSW Health Surveys*. NSW Health Department, Sydney, 2001.

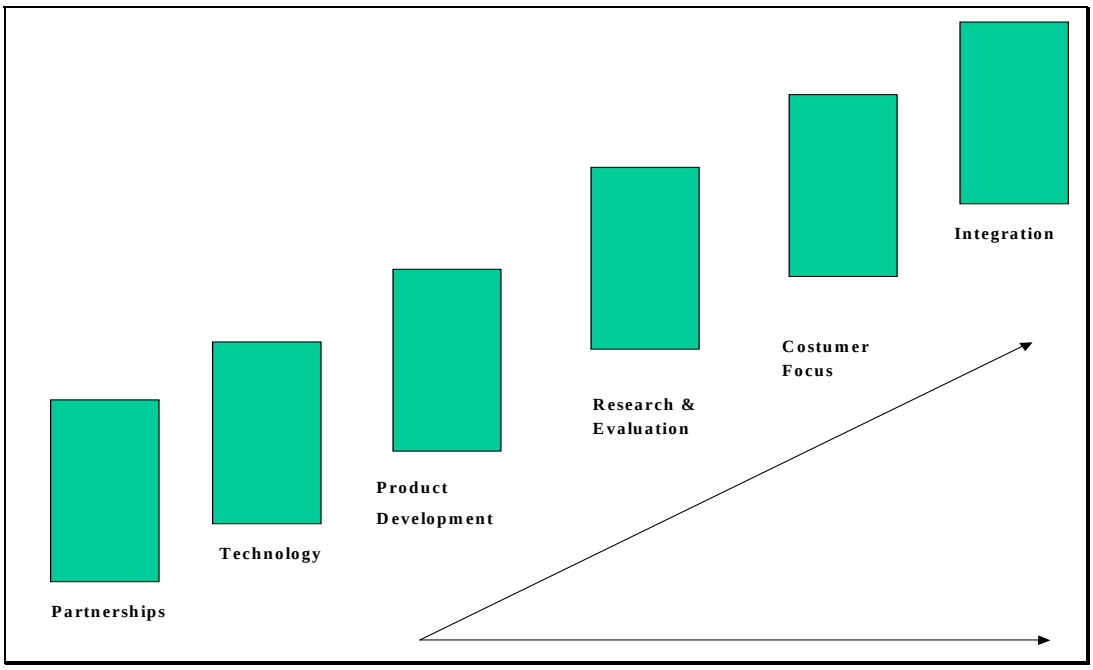
NSW accepts around 40% of Australia's refugee intake each year; approximately 7,000 refugees settled in NSW in the two-year period 2002-2003. Thirty-six per cent of refugees arriving in this period were under the age of 16 years. Half of this total was born in either Iraq (29.2%) or Sudan (19.6%) and the languages spoken included Dinka and Sudanese Arabic. The proportion of settlers from African nations is increasing. Refugees also migrated from Afghanistan, Serbia, Kurdish, Assyrian, and Iran.[5]

Persons of refugee background are recognised as one of the most vulnerable groups in NSW society. Experiences of persecution, psychological trauma, disrupted access to health care and other adverse effects of conflict contribute to their health needs. Health issues commonly identified in resettlement countries include psychological problems, injuries due to hostilities or torture, poor oral health, infectious diseases, under-immunisation, conditions related to under-nutrition, and developmental issues among children. Refugees are also known to face significant barriers when accessing appropriate health care.[6]

[5] Offshore Refugee & Humanitarian Entrants to NSW from 1/07/2003 to 30/06/2004 DIMIA Settlement Database

[6] Public Health Division, *The Health of the people of New South Wales - Report of the Chief Health Officer*. Sydney: NSW Department of Health 2004

Section 1: Key Business Principles



➢ Partnerships

MHCS believes that working in strong partnerships with communities and service providers is the way forward. Currently the Service is successfully working in partnership with a large number of organisations. We will continue to invest in those partnerships as well as endeavouring to seek new and significant partners. For instance, we are currently working on building relationships with the Australian Medical Association NSW Branch, Multicultural Medical Associations, GP Divisions and key departments in Area Health Services.

➢ Technology

New developments in technology have improved the way we communicate on a local and global level. MHCS will keep an open mind to the variety of new products being developed with a view to utilising these, should it become necessary or appropriate. We will ensure multicultural communities have ready access to health information and the health system.

➢ Product Development

With the advent of new technologies and strategies that can enhance the effectiveness of communication, we will work with organisations and services to develop new products that will assist communication among communities and the health system.

Conducting research with consumers and services to identify needs and strategies to meet those demands will aid the development of new products.

➢ Research and Evaluation

Research and evaluation will be at the core of the Service. We will continue to undertake, and be involved in, research activities with a view to informing the health and other relevant sectors of increasing cultural capacity and alerting services and organisations on the challenges faced by CALD communities.

We will evaluate all our work and activities with the aim of constantly improving the way we undertake our work.

We will expand/extend and tailor our communication strategies in order to increase relevance and effectiveness.

➢ Customer Focus

We endeavour to provide the best possible service to our clients. We will do this by consulting and including consumers in the way we form and shape the services we provide. In our planning and service development activities we will keep in mind future CALD communities coming to Australia.

We will be an organisation that participates at all levels and is at the centre of activities providing a unique value to departments, partners and consumers.

We will ensure that all relevant services, organisations and consumers know our charter. Our communication strategies will be inclusive, direct and will have the well being of our target communities/groups at the centre of all activities.

➢ Integration

We believe that health communication is integral to most of the health services provided. Communication cuts across all sections of service provision, be it clinical or educational. Our aim is to continue to integrate with key partners, organisations and all relevant areas of the NSW Health Department.

Section 2: Strategic Direction

Our Mission

Improving the health of culturally and linguistically diverse communities through good multilingual health information and communication.

Key Action Areas

Focus of the Service.

Over the past two years the Service has undertaken a number of population campaigns in the areas of Quitting smoking, Breast Cancer, Men's health and so on.

While we will continue to work at a population level, we aim to shift some of our attention and energy to on the ground projects and services.

Models of communication.

We will undertake, evaluate and write up our communication projects.

Develop and evaluate models of communication and education for nursing staff working at key hospitals. For instance, promoting and using the web site to provide information to CALD patients.

Using a key hospital for the trial, develop a sign and symbols project to assist CALD patients and visitors to move around and to find their way around hospitals.

Communication

We will work towards bringing together the Area Health Services Communication Officers and putting forward the development of a state communication structure as a strategy to disseminate information across the Areas as well as ensure that State initiatives and campaigns are supported at this level.

Build on the Local Council's Multilingual Communication Award by working to increase the number of Councils undertaking multilingual and multicultural projects.

Create a committee to explore and develop new and creative ways to communicate with CALD communities.

Undertake communication campaigns with CALD communities.

Partner with Areas and NSW Health and continue to impart knowledge and skills on working and accessing CALD communities.

Social Marketing

Continue to seek and undertake statewide social marketing campaigns.

Work towards documenting models of good practice in social marketing through our experience.

Work towards the integration of CALD issues in mainstream campaigns.

Hold forums to increase the capacity of NSW Health staff to include CALD communities as a core group.

Research

Develop a map of existing knowledge of Health and CALD communities, available mortality and morbidity data, social research, and other experience. Make this information available online.

Partner with key Research Institutions and Universities to ensure CALD issues and populations are included in data collection practices and relevant research areas.

Co-jointly with partners, seek research funds to undertake research in CALD communities.

Translation

Re-organise the translation service to include a panel of specifically selected agencies, and formalize a community feedback system to check cultural relevance and correctness.

Employing a Graphic Designer to increase work done in-house.

Develop a marketing plan for MCHS and ensure it is better known for it's quality service.

Appoint a translation coordinator

Integration

Partner with key Areas/Departments and Services to work towards the integration of the CALD access and equity issues.

Seek funding to undertake projects which work towards increasing the presence of CALD services within existing structures and systems.

Increase equity within key services and departments.

Ensure staff is given the necessary tools to fulfill this task.

Organisations we have worked with

cancerinstitute NSW

DADHC
Department of Ageing, Disability & Home Care

NATIONAL BREAST CANCER CENTRE
incorporating the Ovarian Cancer Program

Local Government and Shire Associations of NSW

ANDROLOGY AUSTRALIA

osteoporosis australia

FPA health
FAMILY PLANNING NSW