
Sydney Local Health District

Culturally and Linguistically Diverse Health Strategic Plan 2022–2026

Guiding excellence in healthcare
for our multicultural community



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Foreword

We are delighted to present Sydney Local Health District's first *Culturally and Linguistically Diverse Health Strategic Plan*. Sydney Local Health District's vision is for excellence in health and healthcare for all. The purpose of this Plan is to equitably improve the health and wellbeing of culturally and linguistically diverse people in the District by promoting good health, preventing ill-health and providing accessible and safe healthcare.

The District is rich in cultural and social diversity. Almost half our local residents were born overseas, and 46 percent speak a language other than English at home.

Our diversity is one of the great strengths of our community and provides opportunities for each of us to learn and to extend our worldview.

Our diversity also brings with it specific responsibilities – to partner with community leaders and organisations, to ensure our programs and services are culturally responsive, and to ensure we consider diverse needs in planning new facilities and new initiatives. These responsibilities are articulated in the National Safety and Quality Health Service Standards, which guide our work at both the facility and District-level.

We are proud of our District's long tradition of working with and for culturally and linguistically diverse communities. We have outstanding relationships

with communities across the area and have nation-leading programs and services. We have invested in building strategic leadership through the Diversity Programs and Strategy Hub as well as maintaining and growing the world-class interpreting and translation service. Many of our services are experienced in providing both culturally responsive care to individual patients and families, and working with local communities to address priority needs.

This Plan builds on those strengths and achievements and marks the beginning of a new era for our District. The Plan spells out our whole-of-District priorities and our commitment to collaboration and innovation to achieve those priorities. It will be used by all District facilities and services to develop strategies for improving the health of people from culturally and linguistically diverse backgrounds, so that our diverse community can indeed enjoy excellence in health and healthcare for all.

At this time, we are still seeing COVID-19 affect the communities of NSW and Australia. Our District has had a strong focus on reaching culturally and linguistically diverse communities, through consulting with community leaders and networks, and providing timely, accurate, in-language and culturally appropriate information and support. The impact of COVID-19 has been borne more heavily by some communities, and is a stark reminder of the need to ensure deep and ongoing engagement between our District and culturally and linguistically diverse communities. Building trust with our communities is achieved by remaining visible and connected.

We commend this Plan to you and look forward to working with you to support implementation across the District.



Dr Teresa Anderson AM
Chief Executive
Sydney Local Health District



Hon. John Ajaka
Chair
Sydney Local Health District



Contents

Foreword	3
Strategy at a glance	6
Vision and purpose	7
Principles	8
About the Plan	9
Infographic	11
Our strategic priorities	13
Our communities, partnerships and environment	14
Our patients, families, carers and consumers	16
Our services	18
Our facilities	21
Our staff	24
Our research	25
Our education	26
Implementing, monitoring and evaluating the Plan	27
References	28
Appendix	29

Strategy at a glance

Our communities, partnerships and environment

Strengthening and formalising **relationships with established, new and emerging communities.**

Consolidating and expanding mechanisms for community engagement, including with multicultural community leaders.

Partnering with **CALD community organisations and local councils** to develop and implement community-based and informed health and social care programs.

Delivering **in-language health information** to CALD communities through a range of mediums including print, radio, digital and social media.

Developing **partnerships with Central and Eastern Sydney Primary Health Network and primary care sites** with high caseloads of culturally and linguistically diverse populations.

Optimising **collaboration with local and state-wide culturally and linguistically diverse health organisations**, including the Refugee Health Service, Multicultural Health Communications Service and Transcultural Mental Health Centre.

Strengthening **collaboration between the Diversity Programs and Strategy Hub, Sydney Health Care Interpreter Service** and clinical and non-clinical services across the District.



Our patients, families, carers and consumers

Developing, co-designing and delivering **models of care** that improve equity, access and health outcomes for CALD people across prevention, acute, community-based and virtual care.

Developing and delivering innovative approaches to **health system navigation** including in-language digital patient journeys.

Supporting **digital literacy** in CALD patients to enable participation in new models of care.

Expanding **timely access to health information** through targeted, evidence-based community education to CALD communities, and translating key District resources and documents into community languages.

Working with **external partners**, including health providers and brokerage services, to ensure patients receive culturally competent care and care transition.

Improving **completeness and accuracy of patient data** regarding cultural and linguistic diversity in patient registration and eMR, for example, country of birth, language spoken at home, interpreter need and use.

Improving participation of patients from CALD backgrounds in **Patient Reported Measures.**

Our services

Expanding **CALD community and consumer input** in policy development, strategic planning, models of care, clinical service planning and capital works. This will be done through a range of mechanisms including consumer reference groups, patient feedback and community consultation.

Redevelop the District's **Equity Framework and Health Literacy Framework.**

Identifying and addressing gaps in systems and processes for collecting, analysing and utilising **key CALD population and patient data** to inform service planning, and to identify differences in health outcomes for CALD patients.

Addressing the **growing demand for interpreter services** through increasing the capacity and efficiency of District interpreting and translating services. This will include:

- Enhancing **innovation and new technology** including telehealth interpreting models and infrastructure, online booking system and LangManager capability.
- Establishing **high-quality data linkage** between interpreter service and clinical performance and outcome data.
- Workforce planning and **recruitment of interpreters** to address current and emerging need.
- Continuing to strengthen processes and increase resources available for the **translation of written materials.**

Further consolidation and growth of the **Cultural Support Program** to reflect changing community need.

Our facilities

Increasing our capacity to use **digital tools** such as online programs, websites, resources and CALD Assist, to provide information in key community languages.

Improving **wayfinding and physical navigation** of our facilities, through increasing the presence of priority-language bilingual first-contact staff at high-traffic locations, and through tools such as multilingual signage and navigation kiosks.

Reflecting our cultural diversity by increasing the **visibility** of relevant and appropriate culturally and linguistically diverse displays **in our facilities**, including multilingual welcome signs and cultural artworks.

Reviewing **policies and facilities** that may have unique implications for people from culturally and linguistically diverse backgrounds, such as availability of prayer rooms, family/visitor policies and diversity in food menu.

Increasing the **participation and feedback of CALD communities** in our capital assets planning and facility redevelopment.



Our staff

Developing mechanisms to **recognise and showcase excellence in cultural responsiveness**, such as a new Quality Award category.

Exploring **innovative approaches to leveraging the diversity of our workforce** into improved healthcare experience for patients, and support for carers and families.

Maturing and sustaining **workforce development** initiatives, including embedding cultural responsiveness in staff orientation program, graduate program training and junior medical officer training.

Supporting **career pathways** for people from new and emerging communities.

Providing District-wide access to **bilingual staff** to enhance service design and delivery in clinical services and the community, through the Cultural Support Program.

Our education

Conducting a **needs assessment** to identify current and future education needs for staff in cultural and linguistic diversity.

Diversifying our education strategies, including new modalities and bolder education pathways.

Ensuring **health care workers have access to adequate training** in working with interpreters, including video and telephone interpreting.

Our research

Increasing the **cultural and linguistic diversity of participants** in a range of research, including clinical trials, through establishing structures, processes and resources that support that involvement.

Developing models of **research design** that engage and include participants from culturally and linguistically diverse communities.

Addressing barriers to **participation in clinical trials** among CALD patients.

Providing **training on CALD consumer involvement in research** for both consumers and researchers.

Developing **information materials**, including an online resource and an awareness raising campaign on involving CALD consumers in research.

Identifying and exploring **key areas of research** specific to the health of culturally and linguistically diverse populations.

Deepening our educational offerings, through updated content and skill components, including content on cultural competency, equity and social determinants of health.

Embedding training around cultural and linguistic diversity into orientation, HETI online training and targeted in-service training.

Identifying training and education opportunities to **build skills in community consultation and co-design.**

Vision and purpose

Sydney Local Health District's **vision** is:
Excellence in health and healthcare for all.

The **purpose** of this Plan is to equitably improve the health and wellbeing of culturally and linguistically diverse people in the District by promoting good health, preventing ill-health and providing accessible, high quality and safe healthcare.

CORE values

Collaboration

We are committed to working collaboratively with communities, patients and families to achieve the best possible outcomes.

Openness

A commitment to openness in our communications builds confidence and greater cooperation. We are committed to encouraging our communities, patients and families and all people who work in the health system to provide feedback that will help us provide better services.

Respect

We have respect for the diverse knowledge, customs and life experiences of our communities, patients and families. We are committed to providing health services that acknowledge and respect the feelings, wishes and rights of our communities, patients and families.

Empowerment

In providing equitable and high quality health care services we aim to ensure our patients are enabled to participate in and make well informed, confident decisions about their care and treatment.



Principles

Cultural and linguistic diversity is core business for all services in the District.

As such, each clinical service and each program must develop strategies to address the needs of patients, families and communities from culturally and linguistically diverse backgrounds.

Sydney Local Health District is committed to improving equity for culturally and linguistically diverse communities, including reducing the health gap for new and emerging communities. Equity means that everyone has a fair opportunity to enjoy good health and to access the health services they need. Equity issues are addressed in our direct patient care, our prevention and health promotion and our research. We will continue to work collaboratively on the social determinants that contribute to health inequities.

Cultural and linguistic diversity is itself diverse and requires a multi-faceted and adaptive response. Variations include migration patterns, visa conditions, differences within and across cultural groups and generations in relation to belief systems, expression of culture and an individual's connection to culture. As such, our response includes both universal approaches to diversity including respect, listening and consultation; and tailored approaches based on cultural-specific data and cultural nuances.

Working in partnership with our culturally and linguistically diverse patients, families, carers and communities is an essential part of person-centred care and is central to achieving better outcomes. As such, we are committed to building relationships between communities, consumers and clinicians that are based on trust, mutual respect and sharing knowledge. Through these relationships we set the foundation for meaningful consultation and co-design with culturally and linguistically diverse consumers in everything we do.



About the Plan

This Plan has been informed by a range of sources, including:

- Consultation with community organisations and consumers
- Consultation with District staff
- Current NSW and national policy
- Demographic data and health research, including census data, patient demographics and social research.

The Plan articulates the Sydney Local Health District priorities for local implementation of the *NSW Health Plan for Healthy Culturally and Linguistically Diverse Communities 2019–2023*, and articulates how the District will meet its obligations under the *National Quality and Health Service Standards* and the *Multicultural Policies and Services Program*. The Plan is aligned with the *Sydney Local Health District Strategic Plan 2018–2023*.



Artwork: *Ngurang Dali Mana Burudi – a place to get better*, by Lee Hampton.

Acknowledgement of Country

Sydney Local Health District is located on the traditional lands of the Gadigal, Wangal and Bediagal clans of the Eora Nation. We pay our respects to Elders past, present and emerging.

This Plan sits alongside the District's *Aboriginal Health Strategic Plan 2018–2022*, which outlines specific strategies to improve the health and wellbeing of Aboriginal communities. We recognise that Aboriginal communities are part of the cultural diversity of our local community, and are diverse within themselves.



Sydney Local Health District is rich in cultural and linguistic diversity



40%
were born overseas
excluding New Zealand,
UK, Ireland and USA^{1,2}

Top 10 countries of birth
excluding New Zealand, UK, Ireland and USA

- 7.9% China
- 2.8% India
- 2.1% Nepal
- 2.1% Vietnam
- 1.7% Italy
- 1.7% Lebanon
- 1.6% Greece
- 1.5% South Korea
- 1.4% Philippines
- 1.1% Indonesia



46%
speak a language
other than English
at home

Top 10 languages spoken at home

- | | |
|----------------|-----------------|
| 8.3% Mandarin | 2.3% Vietnamese |
| 4.5% Arabic | 2.1% Nepali |
| 4.1% Cantonese | 1.6% Spanish |
| 3.5% Greek | 1.6% Korean |
| 2.5% Italian | 1.3% Bengali |

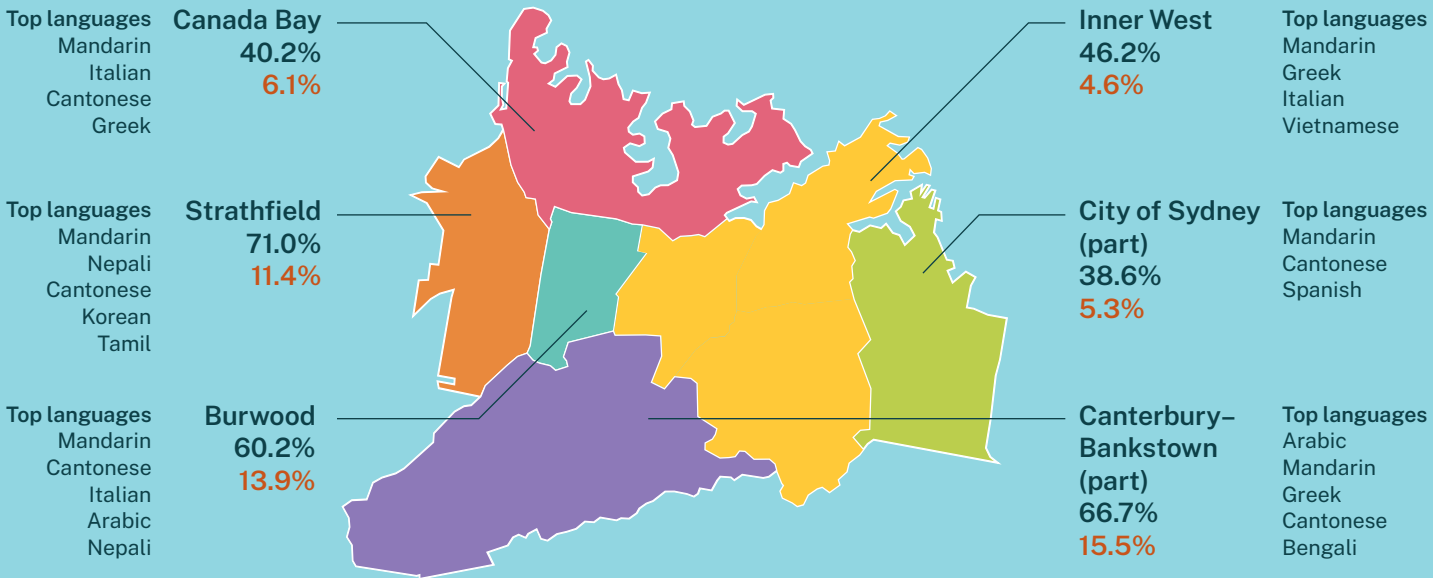


**Top new
and emerging
communities**

- Bangladeshi
- Mongolian
- Nepalese
- Rohingya

Local government areas vary in their cultural and linguistic diversity

People speaking a language other than English at home
Do not speak English well or at all



53%
of patients admitted
were born overseas³



Patients came from
205
different countries

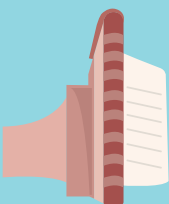


and spoke
165
different languages



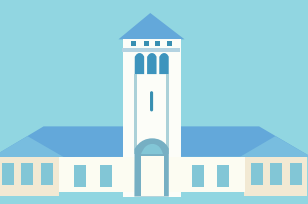
**Royal Prince
Alfred Hospital**
47%
born overseas

- 4.1% Greece
- 3.9% China
- 3.6% Italy
- 2.8% Lebanon
- 2.4% Tonga



**Concord
Hospital**
62%
born overseas

- 7.8% China
- 6.6% Italy
- 6.1% Lebanon
- 4.7% Greece
- 3.3% Korea



**Canterbury
Hospital**
56%
born overseas

- 7.9% Lebanon
- 6.0% Greece
- 5.4% China
- 3.2% Bangladesh
- 2.5% Italy

When compared to all
NSW residents, people
born in some countries
have higher rates of:⁴



Daily or occasional smoking
All NSW residents 15%,
Iraq 27%, Lebanon 27%



Overweight or obesity
All NSW residents 53%,
Lebanon 75%, Italy 72%, Iraq 66%



Inadequate physical activity
All NSW residents 42%,
Lebanon 60%, Italy 58%,
Vietnam 55%, Iraq 55%



Diabetes or high blood glucose
All NSW residents 9%,
Italy 23%, Lebanon 17%,
Vietnam 14%, United Kingdom 12%

**We also know that people from
CALD backgrounds have:**



**Reduced likelihood
of antenatal visit
within 20 weeks
of pregnancy**



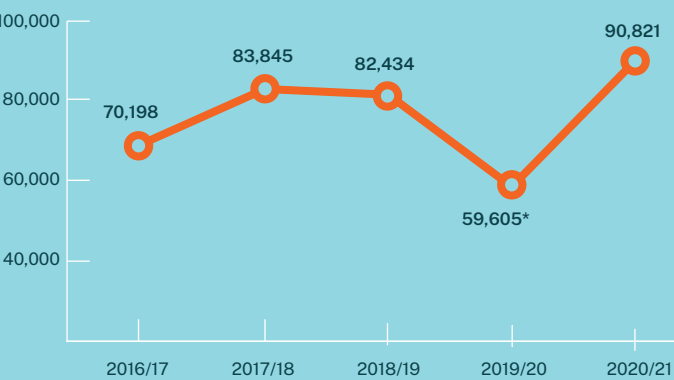
**Lower rates of
cancer screening**



**Lower rates
of participation
in clinical trials**

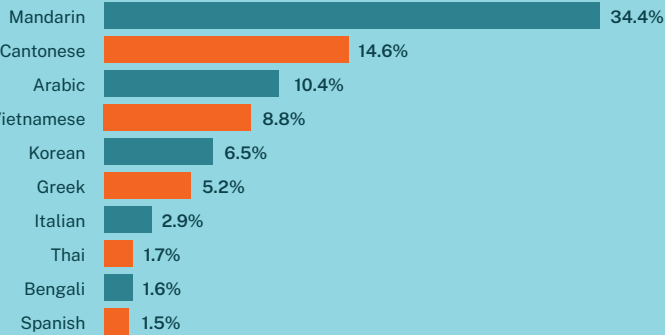
Our interpreting services are growing to meet changing needs

Occasions of service 2016–2022



* Temporary disruption due to COVID-19

Interpreting service types 2016–2021



The health and health care of people from culturally and linguistically diverse backgrounds is influenced by many factors



Migration and settlement

Migration and settlement can negatively affect the health status of both individuals and communities⁴. Factors include prioritising housing and employment, learning a new language and culture, absence of social and family networks as well as possible trauma and loss.

Socioeconomic status

Some segments of culturally and linguistically diverse communities experience lower socioeconomic status (for example, low income, low educational achievement, unemployment). These factors can impact health in many ways, for example, unable to attend appointments because they cannot afford childcare; cannot travel to services on time without a car; working in health-detrimental conditions (for example, extreme hours) to meet financial needs.



Access to health services

Some communities have lower rates of attending follow-up or referral appointments, less engagement with health information and access services later or less frequently. Access to health services can be affected by an individual's English proficiency and understanding of the health system as well as a health service's ability to provide culturally responsive care and language support (for example, interpreters).

Cultural beliefs and values

Culture influences the way people perceive and manage their health. For example, people may involve their family in health decision-making with reference to cultural values, wish to use traditional cultural healing practices, or resist seeking diagnosis or treatment of culturally stigmatised health conditions.



Consumer engagement

Health service access and delivery can be made more equitable by engaging people from CALD backgrounds in service design, research and evaluation. However, culturally and linguistically diverse consumers are less likely than other members of the community to participate in these initiatives⁴. Reasons include weak links with communities, limited opportunity for consumer input, inappropriate or unfamiliar engagement approaches, language barriers, financial barriers and cultural expectations or stigmas.

Our strategic priorities



Our communities, partnerships and environment

The District is committed to working collaboratively with communities and community organisations, and to creating environments that maximise health and access to health care for people from culturally and linguistically diverse backgrounds.



The District has a proud tradition of working with culturally and linguistically diverse communities and stakeholders. We listen, involve and partner with the diverse communities in our area in a number of ways including:

- The Multicultural Leaders Forum – an ongoing initiative to discuss the continually changing health landscape for CALD communities, consult with community leaders about key health issues in their communities, and collaboratively generate solutions.
- Can Get Health in Canterbury – a place-based initiative designed to improve the capacity of health services (including primary and allied health care) to meet the needs of CALD communities, improve individual and community health literacy and address the underlying social determinants of health.
- The Connecting Communities Challenge – this annual grants program, first launched in 2018, distributes funding to community organisations to design, implement and evaluate their own health programs. Examples of successful grant recipients include a program to teach young children to ride bikes in Rhodes, a mental health program for Arabic-speaking women in Canterbury-Bankstown and a social media initiative to increase health literacy in Chinese and Korean-speaking communities.

- Building and strengthening relationships with CALD community organisations and groups. Some of our relationships with established communities have been decades long; others are younger as new and emerging communities grow.
- Engaging and reaching communities through a range of in-language communication channels including more than 30 ethnic media groups across print, radio, digital and social media.

In addition to these specific initiatives, clinical services and population health initiatives across the District actively engage consumers and communities in service design and evaluation, to ensure service development is informed by the needs and lived experience of our diverse communities.

Strategic priorities

Strengthening and formalising **relationships with established, new and emerging communities**.

Consolidating and expanding mechanisms for community engagement, including with multicultural community leaders.

Partnering with **CALD community organisations and local councils** to develop and implement community-based and informed health and social care programs.

Delivering **in-language health information** to CALD communities through a range of mediums including print, radio, digital and social media.

Developing **partnerships with Central and Eastern Sydney Primary Health Network and primary care sites** with high caseloads of culturally and linguistically diverse populations.

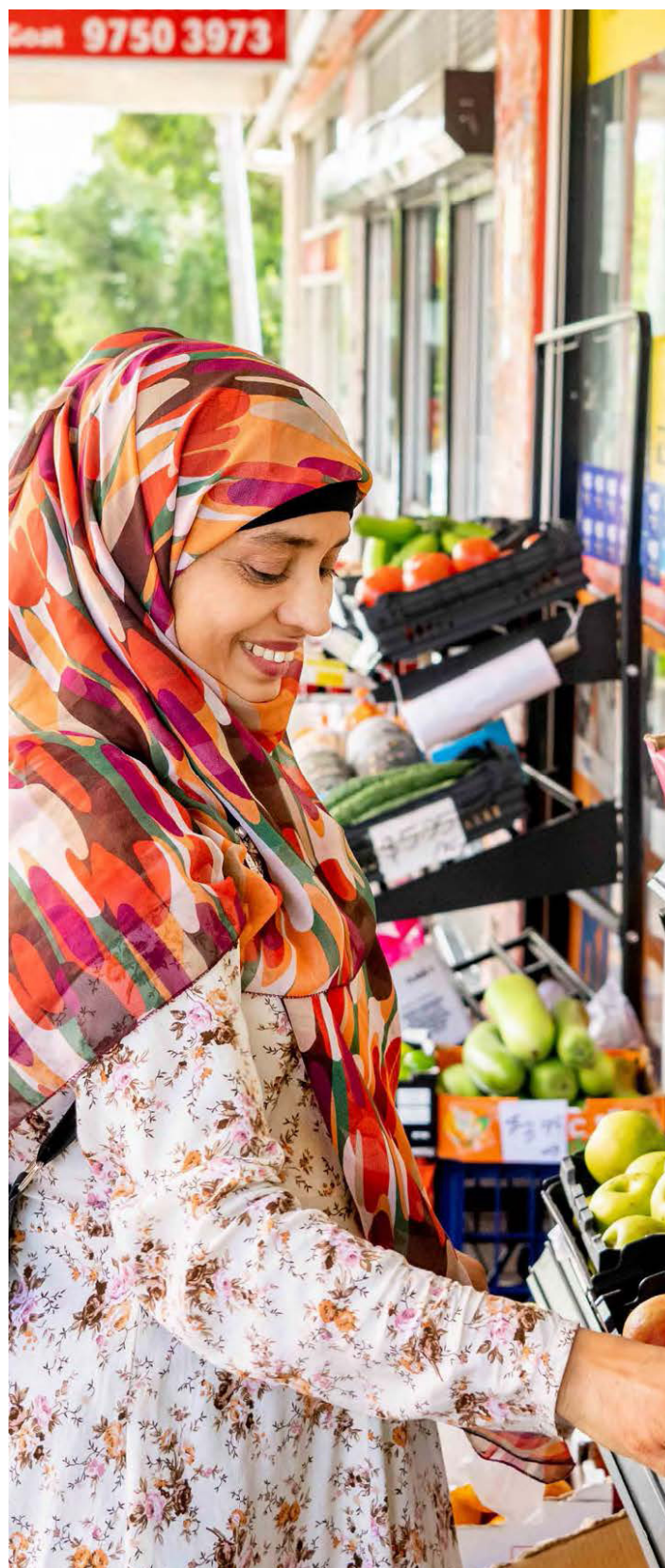
Optimising **collaboration with local and state-wide culturally and linguistically diverse health organisations**, including the Refugee Health Service, Multicultural Health Communications Service and Transcultural Mental Health Centre.

Strengthening **collaboration between the Diversity Programs and Strategy Hub, Sydney Health Care Interpreter Service** and clinical and non-clinical services across the District.

Links to National Safety and Quality Health Service Standards

Our organisation routinely considers the health of CALD consumers, their carers and their families in the development and review of strategic plans, clinical and non-clinical service plans and relevant policies. (NSQHS Actions 1.13 and 1.15)

Our organisation communicates effectively with consumers of culturally and linguistically diverse backgrounds using a range of appropriate formats, media and communication channels. (NSQHS Actions 2.8, 2.10 and 6.3)



Our patients, families, carers and consumers

The District is committed to improving the patient journey and experience, and health outcomes, for patients from culturally and linguistically diverse communities.



This requires continually adapting our ways of working and involving consumers in co-design to ensure we are maximising both linguistic and cultural accessibility and addressing any barriers to healthcare.

We have a long history of delivering health education sessions in-language with and for CALD communities. This is done in partnership with community organisations, local councils and health service providers. At times, these sessions have been conducted as stand-alone sessions, while others have been as an integrated component of community engagement initiatives that also include media campaigns, community development initiatives and workforce development.

Links to National Safety and Quality Health Service Standards

Our organisation routinely includes culturally and linguistically diverse consumers, their carers and their families when developing, implementing and evaluating programs, projects and resources. (NSQHS Actions 2.9 and 2.11)

Our organisation has systems and processes in place to support assessment, care planning, care delivery and transfer of care that meet the cultural and linguistic needs of consumers. (NSQHS Actions 1.15, 2.8, 6.3)

Strategic priorities

Developing, co-designing and delivering **models of care** that improve equity, access and health outcomes for CALD people across prevention, acute, community-based and virtual care.

Developing and delivering innovative approaches to **health system navigation** including in-language digital patient journeys.

Supporting **digital literacy** in CALD patients to enable participation in new models of care.

Expanding **timely access to health information** through targeted, evidence-based community education to CALD communities, and translating key District resources and documents into community languages.

Working with **external partners**, including health providers and brokerage services, to ensure patients receive culturally competent care and care transition.

Improving **completeness and accuracy of patient data** regarding cultural and linguistic diversity in patient registration and eMR, for example, country of birth, language spoken at home, interpreter need and use.

Improving participation of patients from CALD backgrounds in **Patient Reported Measures**.



Antenatal support for Chinese women

For just over 20 years, clinicians across the District have been providing tailored antenatal education to Chinese women. Over the years, these sessions have been offered in Cantonese and Mandarin, depending on community demand.

This initiative began as a collaboration between RPA Hospital and the Leichhardt Women's Health Centre, and included both in-language antenatal education and hospital tours. Antenatal education covered the core content provided in mainstream sessions, adapted to the community's cultural context.

This program has been very successful in reaching women and has been made possible through the skills and commitment of our bilingual staff and the support of other midwives.

Expanding key programs to other languages

The District recently adapted two established health programs into multiple languages. This included translating materials into community languages, promoting the program to communities, and training bilingual staff to deliver those programs.

Stepping On is an evidence-based, 6-weeks falls prevention program, which was adapted for Chinese, Italian, Greek and Vietnamese communities.

Brief Pain Self-Management is an evidence-based program developed by the Agency for Clinical Innovation. This program has been adapted for Chinese, Greek, Vietnamese and Arabic communities.



Our services

The District is committed to providing responsive, integrated, culturally safe and competent multidisciplinary services that improve health equity and access to healthcare for people from culturally and linguistically diverse background.



Quality communication between consumers and health care providers is central to effective health service delivery. It is the foundation for therapeutic rapport, patient-clinician collaboration, medical consent and the exchange of information that can determine and facilitate the best care possible. For our patients who need an interpreter, access to quality interpreting service is critical to their health and experience of health care.

We have a strong track record in providing culturally safe and responsive health care:

- In-language health education for a range of communities, developed and implemented in partnership with community organisations and local government.
- Targeted individual support (one to one, in-language) for people living with HIV, and community engagement projects with priority communities around HIV and viral hepatitis.

Strategic priorities

Expanding **CALD community and consumer input** in policy development, strategic planning, models of care, clinical service planning and capital works. This will be done through a range of mechanisms including consumer reference groups, patient feedback and community consultation.

Redevelop the District's **Equity Framework** and **Health Literacy Framework**.

Identifying and addressing gaps in systems and processes for collecting, analysing and utilising **key CALD population and patient data** to inform service planning, and to identify differences in health outcomes for CALD patients.

Addressing the **growing demand for interpreter services** through increasing the capacity and efficiency of District interpreting and translating services. This will include:

- Enhancing **innovation and new technology** including telehealth interpreting models and infrastructure, online booking system and LangManager capability.
- Establishing **high-quality data linkage** between interpreter service and clinical performance and outcome data.
- Workforce planning and **recruitment of interpreters** to address current and emerging need.
- Continuing to strengthen processes and increase resources available for the **translation of written materials**.

Further consolidation and growth of the **Cultural Support Program** to reflect changing community need.



Links to National Safety and Quality Health Service Standards

Our local health district uses clinical record systems to track and monitor professional interpreter need and use. (NSQHS Actions 1.8, 1.16 and 2.4)

Our organisation seeks to ensure that consumers, their carers and their families can access professional interpreters when required and that infrastructure is in place to support efficient provision of services. (NSQHS Action 2.10)

Our organisation collects accurate language, country-of-birth and need-for-interpreter data in our clinical record systems. (NSQHS Actions 1.16 and 6.11)

Our organisation and services can access clinical, population health, public health and demographic data on culturally and linguistically diverse consumers to:

- Develop our understanding of consumer service access and use, and patient journeys
- Identify priority health issues and groups of consumers who are higher risk of poorer health outcomes
- Respond to the needs of these consumers, including small and emerging communities.

(NSQHS Action 1.15)



Sydney Health Care Interpreter Service

The Sydney Health Care Interpreter Service provides world-class interpreting and translation services to patients and consumers across Sydney Local Health District, South Eastern Sydney Local Health District, St Vincent's Health Network, Justice Health and Forensics, Sydney Children's Hospital at Randwick and Chris O'Brien Lifehouse. This service enables patients, consumers, carers and families to access information in their preferred language.

In 2020/2021, the service provided more than 90,821 occasions of interpreting service in more than 93 languages. This represents a 30 percent increase since 2016/17.

Our workforce has 55FTE, including more than 250 sessional interpreters.

We are forerunners in embracing new systems and technology to improve health care interpreting systems. For example, our service recently expanded its service centre to 24/7 availability, introduced videoconference interpreting facilities, and moved its booking and management software (LangManager) to the cloud, which builds sustainability and increased integration capabilities. We have also upgraded our phone booking system to triage calls and improve the user experience.



Cultural Support Program

The Cultural Support Program was established in 2018 and has played a key role in empowering District services to meet the needs of culturally and linguistically diverse communities.

The program provides all District services with access to a pool of more than 160 bilingual Cultural Support Workers, covering 25 languages.

Cultural Support Workers have a flexible scope of practice, including community education, service consultation, resource development, community engagement, ethnic media, and research.

We have also strengthened strategic leadership and District-wide coordination of our work with culturally and linguistically diverse communities, through the establishment of the Diversity Programs and Strategy Hub. The Hub integrated three key multicultural services – the Multicultural Health Service, the Multicultural HIV and Hepatitis Service and the Cultural Support Program. Together with the Sydney Health Care Interpreter Service, the Hub is the District's primary mechanism for leadership, expertise, language-specific skills and systemic advocacy.

Our facilities

The physical environment in which we provide care as well as the tools and technology we use, are the ever-present backdrop supporting our District's approach to cultural and linguistic diversity.



We strive to make every patient, visitor and consumer feel welcome, respected and confident that we are equipped to provide them with best possible care regardless of their cultural and linguistic background.

Our initiatives in this area have been informed by patient feedback, staff input and emerging technologies, and have included:

- Installing dual handset telephones at Concord Hospital, which improves the ease and quality of telephone interpreting.
- Expanding interpreting by video-conferencing, a valuable tool for patients receiving virtual care and remote monitoring such as through RPA Virtual Hospital.
- Translated check-in kiosks (FLORENCE) at outpatient clinics.
- Participating in the state-wide roll-out of the CALD Assist translation app, which offers a simple and dynamic way for culturally and linguistically diverse patients to communicate with health professionals.
- Introducing multilingual welcome signs at each facility.
- Supporting local and state-wide initiatives during key annual dates such as Harmony Day and Multicultural Health Week.
- Multicultural Access Committees (MACs) for our main hospitals and facilities.

Strategic priorities

Increasing our capacity to use **digital tools** such as online programs, websites, resources and CALD Assist, to provide information in key community languages.

Improving **wayfinding and physical navigation** of our facilities, through increasing the presence of priority-language bilingual first-contact staff at high-traffic locations, and through tools such as multilingual signage and navigation kiosks.

Reflecting our cultural diversity by increasing the **visibility** of relevant and appropriate culturally and linguistically diverse displays **in our facilities**, including multilingual welcome signs and cultural artworks.

Reviewing **policies and facilities** that may have unique implications for people from culturally and linguistically diverse backgrounds, such as availability of prayer rooms, family/visitor policies and diversity in food menu.

Increasing the **participation and feedback of CALD communities** in our capital assets planning and facility redevelopment.



Links to National Safety and Quality Health Service Standards

Our facilities can be easily navigated by CALD consumers regardless of English literacy level. (NSQHS Action 1.31)

Our facilities are welcoming, respectful and considerate of CALD consumers. (NSQHS Action 1.15)

Our organisation has the technological capabilities to communicate effectively in multilingual formats. (NSQHS Action 2.08)

Balmain Hospital

Improving the patient journey for patients and families from culturally and linguistically diverse backgrounds has been a key focus for Balmain Hospital in recent years.

Key actions undertaken by Balmain Hospital include:

- Using technology-based solutions to facilitate 'face to face' 'Family Get Togethers' and to access Interpreter Services during COVID restrictions
- Providing Patient Information Brochures in a range of community languages
- Reviewing the cultural background of inpatients and outpatients over the past three years, to inform future planning
- Developing Pathways for community support post-discharge

We have also had great success with expanding access to some programs. For example, the STRONG Clinic has been highly successfully in engaging culturally and linguistically diverse patients. This clinic provides exercise-based medicine to treat disease in older people. Staff provide a range of visual prompts to overcome language barriers to participation.

To further support our work with CALD patients and communities, we are now actively recruiting people from culturally and linguistically diverse backgrounds to the Balmain Consumer Advisory Group.



rpavirtual

RPA Virtual Hospital (rpavirtual) provides in-person and virtual hospital level care to patients at home and in community clinics. rpavirtual includes the longstanding Sydney District Nursing service as well as a 24/7 multi-disciplinary Virtual Care Centre.

Between January 2020 and December 2021, the Virtual Care Centre provided care for 42,668 patients, of whom 13 percent spoke a language other than English at home. In the same period, Sydney District Nursing provided care for 8,394 patients, of whom 25.4 percent spoke a language other than English at home.

rpavirtual has introduced a number of initiatives to support CALD patients and their families, with interpreters attending clinical appointments conducted using a video conferencing platform, and key patient information resources (including welcome letters, COVID community care information and video consult instructions) translated into ten community languages. In June 2021, a Digital Patient Navigator was introduced to support patients and carers to access and participate in virtual care by providing digital set-up, education, training and support and ensuring patient facing materials are easy to understand and meet the needs of patients and carers. This includes the translation of new resources and working with the Sydney Health Care Interpreter Service to deliver patient education.

The rpavirtual Partnering with Consumers Action Plan has been developed in collaboration with the rpavirtual Consumer Network and includes a specific section on improving the way rpavirtual responds to the health needs of CALD patients and their families.

This includes the development of patient facing resources and ongoing review of literature. Patient feedback mechanisms are used to review disparities in access to, and experience of, virtual care. Any disparities identified will be addressed as a collaborative approach with the Diversity Program and consumers.

rpavirtual commissioned a literature review in 2021 to identify equity issues in access to and delivery of virtual care interventions. Key recommendations were informed by the literature and will assist in the ongoing work of rpavirtual to improve access to virtual care.

rpavirtual has been well-evaluated by patients and an important feature for this evaluation is analysing patient reported experience measures. Patient responses from these measures, which includes over 3,500 responses, indicates that over 23 percent of rpavirtual patients speak another language other than English at home. When asking patients who speak a language other than English at home about their overall experience received from rpavirtual 93 percent said it was either 'excellent' or 'very good', compared to 88 percent for those who do speak English at home. Additionally, 90 percent of patients who speak a language other than English at home reported the technologies used improved their access to care and treatment.

Our staff

Our staff are committed to providing the highest quality care for our patients and consumers, including culturally responsive care for culturally and linguistically diverse patients and communities.



Key enablers in place to achieve this include:

- The cultural diversity of our workforce, with 42 percent of our staff speaking a language other than English. This diversity enriches the District in many ways, including bringing a diversity of perspectives and growing our collective cultural knowledge and linguistic skills.
- Strong District culture of recognising and celebrating diversity.
- Workforce planning and recruitment to reflect changing community need.

Strategic priorities

Developing mechanisms to **recognise and showcase excellence in cultural responsiveness**, such as a new Quality Award category.

Exploring **innovative approaches to leveraging the diversity of our workforce** into improved healthcare experience for patients, and support for carers and families.

Maturing and sustaining **workforce development** initiatives, including embedding cultural responsiveness in staff orientation program, graduate program training and junior medical officer training.

Supporting **career pathways** for people from new and emerging communities.

Providing District-wide access to **bilingual staff** to enhance service design and delivery in clinical services and the community, through the Cultural Support Program.



Links to National Safety and Quality Health Service Standards

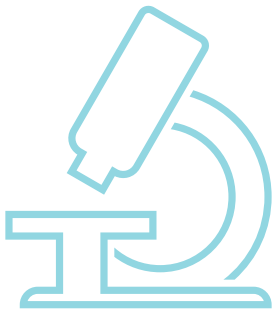
Our organisation's leaders promote and improve cultural responsiveness. (NSQHS Action 1.1)

Our organisation assesses the cultural responsiveness of our staff and addresses gaps. We embed cultural responsiveness into our wider training activities and our approach to providing services. (NSQHS Action 1.20 and 2.14)

Our organisation provides services and has designated clinical and non-clinical positions to work with and respond to the needs of priority culturally and linguistically diverse communities, including people from refugee backgrounds. (NSQHS Action 1.15)

Our research

Sydney Local Health District is committed to research as a central driver of quality and innovation in healthcare, and in policy and program design.



Our research agenda is underpinned by the principles of quality, integrity and equity, and supports the meaningful inclusion of culturally and linguistically diverse populations. This includes both individuals participating in research studies, and communities participating as partners in research design and implementation.

The District utilises research to inform our work with culturally and linguistically diverse populations, and of working towards greater inclusion of CALD communities in research:

- The Diversity Hub leads in-depth analysis and reporting of cultural and linguistic diversity in the district, using a range of socio-demographic data including the Australian Bureau of Statistics Census data.
- Collaborative research occurs with key culturally and linguistically diverse populations on key health issues, including HIV and viral hepatitis.
- The Patient and Family Centred Care Research Working Group has developed a strategic approach to addressing the barriers to accessing clinical trials for patients with low English proficiency.
- The Sydney Health Care Interpreter Service is regularly involved in research projects and training initiatives partnering with clinical streams and information technology industry partners.

Strategic priorities

Increasing the **cultural and linguistic diversity of participants** in a range of research, including clinical trials, through establishing structures, processes and resources that support that involvement.

Developing models of **research design** that engage and include participants from culturally and linguistically diverse communities.

Addressing barriers to **participation in clinical trials** among CALD patients.

Providing **training on CALD consumer involvement in research** for both consumers and researchers.

Developing **information materials**, including an online resource and an awareness raising campaign on involving CALD consumers in research.

Identifying and exploring **key areas of research** specific to the health of culturally and linguistically diverse populations.

Links to National Safety and Quality Health Service Standards

Initiate and encourage research projects to understand evidence gaps for culturally and linguistically diverse consumers and communities. (NSQHS Action 2.11)

Our education

The District is committed to ensuring our staff have the skills to provide culturally responsive care, and to providing staff with professional learning opportunities to develop/strengthen those skills.



By building the right capacity, knowledge and experience among our staff, we actively foster a health system that works ethically and effectively with people from all cultural and linguistic backgrounds.

At present, the District offers a suite of online training modules for improving cultural competency, including a series on working effectively with interpreters. These modules are tailored to health care in the local health district and provide theory, insights and practical tips for health care delivery to culturally and linguistically diverse patients and consumers.



Strategic priorities

Conducting a **needs assessment** to identify current and future education needs for staff in cultural and linguistic diversity.

Diversifying our education strategies, including new modalities and bolder education pathways.

Ensuring **health care workers have access to adequate training** in working with interpreters, including video and telephone interpreting.

Deepening our educational offerings, through updated content and skill components, including content on cultural competency, equity and social determinants of health.

Embedding training around cultural and linguistic diversity into orientation, HETI online training and targeted in-service training.

Identifying training and education opportunities to **build skills in community consultation and co-design**.

Links to National Safety and Quality Health Service Standards

Deliver education to employees that fosters and supports culturally responsive health care (NSQHS Action 1.20)

Implementing, monitoring and evaluating the Plan

A governance framework will be established to provide oversight of implementation and monitoring of this Plan.

- A District Cultural and Linguistic Diversity Health Committee chaired by a senior executive staff member with appropriate membership drawn from across the District. This committee will have primary responsibility for the plan's implementation.
- The committee will report progress on the Plan annually to the Clinical Quality Council as well as quarterly to the Patient and Family Centred Care 'Our Patients' Committee.
- Facility-level Multicultural Access Committees will report facility-level implementation to the District committee.
- The Diversity Programs and Strategy Hub and Sydney Health Care Interpreter Service, both within Population Health, will have responsibility for District reporting to Ministry of Health against the *NSW Plan for Healthy Culturally and Linguistically Diverse Communities* and the *Multicultural Policies and Services Program*.

A full evaluation will be conducted at the end of the life of the Plan.



References

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- 1 Australian Bureau of Statistics, 2016. *Census of Population and Housing*.
 - 2 Australian Bureau of Statistics, 2021. *Census of Population and Housing*.
 - 3 All episodes of admitted patient care for NSW residents by country of birth and diagnosis group from NSW Public Hospitals. Source: Health Information Exchange, extracted 2 August 2018.
 - 4 NSW Ministry of Health, 2019. *NSW Health Plan for Healthy Culturally and Linguistically Diverse Communities 2019–2023*. NSW Health, Sydney.

Appendix

All infographic statistics on pages 11 were derived from Census 2016 and 2021 DataPacks from the Australian Bureau of Statistics (ABS) website as of August 2022. See abs.gov.au for details.

Due to perturbation, undercounting and overcounting of Census data (details at abs.gov.au), any absolute numbers should be treated with caution and reported proportions are estimates only and are thus subject to error and bias. Some of these estimates will be adjusted for in future releases of the data.

The geographic boundary of Sydney Local Health District was defined as the total of all Statistical Area Level 2 (SA2) with at least 50% area within the District boundary.

The District boundary was defined by LHD Maps (health.nsw.gov.au/lhd/Pages/lhd-maps.aspx) as of 22 August 2022.

The SA2 are listed on pages 32–33.

Proportion of residents born overseas was calculated as the sum of all persons reporting a country of birth (including 'Elsewhere') except Australia, divided by the sum of all persons reporting a country of birth (ie, including Australia).

Proportion of residents using a language other than English at home was calculated as the sum of all persons reporting using a language other than English at home (including 'Other'), divided by the sum of all persons reporting their language spoken at home (ie, including those who speak English only at home).

Population growth percentage by country of birth was calculated as the difference in population from 2016 to 2021 as a proportion of the population in 2016. Only countries where data was currently available in both Census 2016 and Census 2021 were analysed.

Proportion of residents who do not speak English well or at all was calculated as the sum of all persons reporting this level of English proficiency, divided by the sum of all persons reporting their English proficiency (i.e., including those who speak English only and those who speak English very well or well).

In all calculations, 'Not stated' responses were excluded from the numerator and denominator.

Census 2016

SA2	Name
120031390	Ashfield
120021387	Balmain
119021362	Belmore – Belfield
120031391	Burwood – Croydon
120031392	Canterbury (North) – Ashbury
119021363	Canterbury (South) – Campsie
120011383	Concord – Mortlake – Cabarita
120011384	Concord West – North Strathfield
120031393	Croydon Park – Enfield
120011385	Drummoyne – Rodd Point
120031394	Dulwich Hill – Lewisham
117031330	Erskineville – Alexandria
120011386	Five Dock – Abbotsford
117031331	Glebe – Forest Lodge
120031395	Haberfield – Summer Hill
120031396	Homebush
119021364	Kingsgrove (North) – Earlwood
119021573	Lakemba
120021388	Leichhardt – Annandale
120021389	Lilyfield – Rozelle
117021326	Marrickville
117031332	Newtown – Camperdown – Darlington
117021327	Petersham – Stanmore
119021366	Punchbowl
117031334	Pymont – Ultimo

SA2	Name
117031335	Redfern – Chippendale
119031373	Riverwood
119021367	Roselands
120031575	Strathfield
120031576	Strathfield South
117021328	Sydenham – Tempe – St Peters
117301338	Waterloo – Beaconsfield
119021574	Wiley Park

Census 2021

SA2	Name
120021674	Annandale (NSW)
120031676	Ashfield – North
120031677	Ashfield – South
120021387	Balmain
119021362	Belmore – Belfield
120031678	Burwood (NSW)
117031638	Camperdown – Darlington
119021659	Campsie – North
119021660	Campsie – South
119021661	Canterbury – South
120031392	Canterbury (North) – Ashbury
117031639	Chippendale
120011383	Concord – Mortlake – Cabarita
120011672	Concord West – North Strathfield
120031679	Croydon
120031393	Croydon Park – Enfield
120011385	Drummoyne – Rodd Point
120031394	Dulwich Hill – Lewisham
119021662	Earlwood
117031330	Erskineville – Alexandria
120011386	Five Dock – Abbotsford
117031331	Glebe – Forest Lodge
120031395	Haberfield – Summer Hill
120031396	Homebush
119021663	Kingsgrove – North

SA2	Name
119021573	Lakemba
120021675	Leichhardt
120021389	Lilyfield – Rozelle
117021636	Marrickville – North
117021637	Marrickville – South
117031640	Newtown (NSW)
117021327	Petersham – Stanmore
119021366	Punchbowl
117031641	Pymont
117031642	Redfern
120011673	Rhodes
119031373	Riverwood
117031643	Rosebery – Beaconsfield
119021367	Roselands
120031680	Strathfield – East
120031681	Strathfield – West
120031576	Strathfield South
117021328	Sydenham – Tempe – St Peters
117031646	Ultimo
117031647	Waterloo
119021574	Wiley Park
117031648	Zetland

