Acknowledgements

Metro South Health acknowledges that the land and waters where we work is, and always will, belong to the traditional custodians. We understand that the connection between the land and the first inhabitants has a special and spiritual significance that is the foundation for traditional and contemporary social and emotional wellbeing.

We pay our respect to the elders and leaders past, present and future of this ancient land and recognise that creating healthy communities requires that we understand, appreciate and show our respect for both Aboriginal and Torres Strait Islander peoples. We commit to growing and nurturing our relationship with First Nations people, to assure their rightful place in the shared journey for better health outcomes, and to exploring the opportunity for partnerships and collaborations to benefit all.

We would also like to thank the following people for generously giving their time, thoughts and feedback to the development of this plan:

- Community members, community leaders and other representatives of our culturally and linguistically diverse communities
- Multicultural service providers and non-government organisations
- Metro South Multicultural Advisory Committee
- Metro South Multicultural Action Committee
- Metro South Health staff
- Consultants who supported and advised throughout the process

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Vision of the future

“Health and wellbeing for all in the community”

Metro South Health
Strategic Plan 2019-2021

Metro South Health’s community is one of the most culturally and linguistically diverse populations in Queensland. This is both our strength and our opportunity. Culturally responsive health care recognises the unique needs of each individual and connects every person with care that's appropriate, safe and of greatest benefit to their ongoing wellbeing. We are also building a workforce that reflects our diversity and recognises that consumers and their families are part of the healthcare team. With our partners and the community we can deliver culturally responsive care that is integrated, smart and accessible.

The Multicultural Health Strategic Plan 2019-2021 outlines Metro South’s strategic approach to working with people from culturally and linguistically diverse backgrounds for the next three years. It affirms our respect for people from all cultures and our commitment to understanding what really matters to people. This drives the changes in the way we provide healthcare.
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<table>
<thead>
<tr>
<th>Key Terms</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>Communities</td>
<td>Groups of people with diverse characteristics who are connected through common location, cultures, languages and ethnicities.</td>
</tr>
<tr>
<td>Consumers</td>
<td>People who use or are potential users of health organisations including their family and carers. Consumers may participate as individuals, groups, organisations of consumers, consumer representatives or communities (1).</td>
</tr>
<tr>
<td>Culture</td>
<td>The customary beliefs, social norms and material traits of a racial, religious or social group.</td>
</tr>
<tr>
<td>Culturally and linguistically diverse</td>
<td>A term to describe members of the Australian population who identify as having cultural or linguistic connections with their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home (2). Multicultural is also often used to describe this population.</td>
</tr>
<tr>
<td>Cultural responsiveness</td>
<td>The ability to respond to the healthcare issues of diverse communities (2). It is an ongoing process requiring health professionals to continuously self-reflect and proactively respond to the consumer, their carer or the family.</td>
</tr>
<tr>
<td>Health equity</td>
<td>The absence of unfair and avoidable or remediable differences in health among populations or groups defined socially, economically, demographically or geographically (3).</td>
</tr>
<tr>
<td>Health inequities</td>
<td>Unjust and avoidable differences in health that stem from some form of discrimination or lack of access to certain resources and are therefore socially produced and mainly preventable (4). Ethnicity is one the most frequent sources of health inequity.</td>
</tr>
<tr>
<td>Health literacy</td>
<td>Individual health literacy is about how people understand information about health and health care, and how they apply that information to their lives, use it to make decisions and act on it.</td>
</tr>
<tr>
<td>Health literacy environment</td>
<td>The health literacy environment is the infrastructure, policies, processes, materials, people and relationships that make up the health system and have an impact on the way that people access, understand, appraise and apply health-related information and services. (5)</td>
</tr>
<tr>
<td>Interpreter</td>
<td>A practitioner conveying spoken or signed information from one language into another, who has attained certification issued by the National Accreditation Authority for Translators and Interpreters. (6)</td>
</tr>
<tr>
<td>New and emerging communities</td>
<td>Communities of migrants and refugees that have recently arrived in Australia and who may need additional support in the settlement process, (7)</td>
</tr>
<tr>
<td>Pacific communities</td>
<td>Refers to the peoples of Melanesia, Micronesia and Polynesia. Pasifika includes Maori people who are the indigenous Polynesian people of New Zealand (8).</td>
</tr>
<tr>
<td>People from migrant backgrounds</td>
<td>People who voluntarily choose to leave their country and make a new life in another country. This includes permanent migrants (first- and second-generation Australians), as well as temporary migrants. (9)</td>
</tr>
<tr>
<td>People from refugee backgrounds</td>
<td>People who have fled their country and are unable or unwilling to return because of a well-founded fear of being persecuted because of their race, religion, nationality, membership of a particular social group or political opinion. People who apply for protection in another country are referred to as asylum seekers until their claim has been assessed. (9)</td>
</tr>
<tr>
<td>Professional with bicultural skills</td>
<td>A professional employed in a range of positions in an organisation and able and willing to use their cultural skills and knowledge to facilitate communication between the organisation and communities with whom they share similar cultural experiences and understandings. Some bicultural professionals also have bilingual skills. (6)</td>
</tr>
<tr>
<td>Teach-back method</td>
<td>A way to confirm that you have explained to the person what they need to know, in a way that they understand, by asking them to teach back directions. (6)</td>
</tr>
</tbody>
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[1] Source: Name and date
[2] Source: Name and date
[3] Source: Name and date
[4] Source: Name and date
[5] Source: Name and date
[6] Source: Name and date
[7] Source: Name and date
[8] Source: Name and date
[9] Source: Name and date
The Health of Culturally and Linguistically Diverse Communities in Metro South Health

Population trends

Metro South Health serves one of the largest populations in Queensland, an estimated 1.1 million residents, equal to 23 per cent of Queensland’s population. By 2036, the population of Metro South will likely grow to 1.4 million residents. In 2016, 324,892 people or almost 30 per cent of the total population were born overseas (compared to 22% in the rest of Queensland) and 1,318 humanitarian entrants settled in MSH (47% of all humanitarian entrants to Queensland) (10). The largest group of Pacific communities in Australia live in Queensland in the Greater Brisbane area and include Maori, Samoan, Tongan, Fijian and Cook Islanders. This population group is young with 41.4 percent aged 0-19 years (8). Health service planning requires a thorough understanding of population data.

People are living longer, healthier lives than previous generations. By 2036, the number of people aged 65 years and over is likely to grow by 85 percent or 127,003 residents. Older people are seeking independent living rather than aged care, with over 60 percent strongly preferring to “age in place” in their own homes (11). The demand for palliative care services is increasing along with a desire for more choices at end-of-life. Families with a cultural emphasis on filial obligation are more likely to care for older relatives at home (12). Metro South will need to respond to this increasing need for in-home supports.

People are experiencing higher rates of chronic disease and disability, requiring more complex care. In Australia, people with a migrant or refugee background usually arrive in good health though due to their ethnicity, pre-migration health status and their migration process, however there are many differences within these groups (12,13). A policy change in 2012 has increased the number of people with a disability amongst new arrivals. Settlement programs are not designed to cater for these needs. Priority access to supports including interpreters and the National Disability Insurance Scheme is required (14).
Healthcare Structures and Settings

To meet demand, Metro South is making better use of existing healthcare infrastructure as well as investing in new facilities. Community partners with diverse cultural experiences are being actively involved in the re-design of current services and the co-design of new healthcare facilities. This is an opportunity to create more welcoming, accessible and culturally responsive environments for protecting and maintaining health as well as improving healing and recovery.

More healthcare is being delivered in non-hospital care settings with the help of new technology. Demand is growing for online services, alternative models of care such as user-friendly telehealth, and new devices you can wear or use to monitor your health at home. These settings and models may be more accessible and culturally appropriate to meet the health needs of people from diverse backgrounds. Communities have different levels of access to devices as well as varied levels of digital literacy.

Access to Health Care

The amount of health information is overwhelming and conflicting messages can be found in research, social media, social networks and marketing. Some people from migrant and refugee backgrounds arrive with lower education and levels of health literacy. Low individual and health system literacy are associated with higher levels of chronic disease, higher rates of hospitalisation and emergency care, and poorer health status generally (14).

Language is a significant barrier to access and participation in health care. Of Metro South residents born overseas, 21% speak a language other than English at home and 4 per cent do not speak English well, if at all. Over 200 languages are spoken in Metro South and multiple dialects (15). The government funds the provision of professional interpreters in healthcare settings free of charge however difficulties with supply mean that they are not always available. Professional interpreters in healthcare settings assist in clear and effective communication, reduce errors and can significantly improve consumer satisfaction and health outcomes (16). In the 2018/19 financial year, interpreters provide language support to consumers in Metro South Health facilities on more than 63,000 occasions, and demand continues to increase by approximately10% each year.

Health data collection and reporting for culturally and linguistically diverse groups are not always complete or accurate (17). Core datasets are not systematically collected, making it difficult to measure the health status of people from different cultural backgrounds. Data is not easily linked between sectors or agencies. Electronic medical records promote transparency, consumer control, safety, sharing, and research; however, privacy and cyber security are of concern. Complex systems thinking helps to make sense of the health system, the wider complex social system and how they interact to change health behaviours.

Currently only 7% of ‘people-focused’ research is allocated towards research among migrant groups (13), who make up almost 30% of Metro South’s population.

Healthcare costs are rising rapidly making it difficult to finance our health system with public resources. People with permanent visas are able to access the public health system but those with temporary visas in Australia are usually not eligible for Medicare and are billed for public health services or required to hold private health insurance.
Health workforce and models of care

Health clinicians who adopt culturally responsive practices are able to communicate and work effectively with people from migrant and refugee backgrounds. It requires more than practicing tolerance. Each health worker must identify and challenge their own cultural assumptions, values and beliefs as well as practice with a high level of empathy. Care that respects and is sensitive to different cultures is essential to the implementation of person-centred care (16).

Staff from non-English speaking backgrounds make up 19.37% of the more than 14,000 staff employed by Metro South Health. However this diversity is not inclusive of all cultural groups and is more visible in entry, mid-level and technical specialities rather than senior management or executive roles. There are also only a small number of identified roles outside of the Aboriginal and Torres Strait Islander workforce. Diversity in the workforce has many benefits for an organisation such as improved financial performance, innovation and employee retention. However this depends on people feeling included and valued. Inclusion unlocks the power of diversity and changes organisational cultures (18).

Cultural understandings influence the way people look after their health. Health workers need to consider how culture and the migration experience impacts on patient’s health-care decisions. This can affect their preventative health actions such as immunisation, cancer screening and health assessments. Traditional and complementary medicines can be integrated with local models of care.

Empowered executive teams are required to lead and influence change. When organisational leaders are accountable for diversity and inclusion-related outcomes, they actively champion initiatives and drive cultural change (18).

“We have people in our community who experienced poor health outcomes and were advised to take some preventative actions to achieve or maintain good health, however there is not much opportunity in the community to support people to act on recommendations by health professionals ” Metro South Staff Member

Law and policy

Australia’s vision for the future is a strong and successful multicultural nation. Queensland aims to be a united, harmonious and inclusive community where all people have opportunities to participate. We recognise our diverse cultural heritage and make sure that government services are responsive to the needs of our multicultural communities. Plans describe the actions we take to improve health and wellbeing for all people from culturally and linguistically diverse backgrounds and a focus on refugees and people with disability. Queensland Government is committed to using interpreters and culturally appropriate written information, including translated information to improve access to the full range of government services for people with difficulty communicating in English.

Table 2 Laws, policies and plans

| Multicultural Australia: United, Strong, Successful 2017 |
| Multicultural Recognition Act 2016 |
| The Multicultural Queensland Charter 2017 |
| Queensland Multicultural Policy: Our story, our future Version 2 2018 |
| Queensland Multicultural Action Plan 2019-20 to 2021-22 |
| Queensland Language Services Policy 2016 |
| My health, Queensland’s future: Advancing health 2026 |
| Refugee Health and Wellbeing: a policy and action plan for Queensland 2017-2020 |
| National Disability Insurance Agency: Cultural and linguistic diversity strategy 2018 |
| Framework for Mental Health in Multicultural Australia |
How the plan was developed

A human centred design approach was used to develop the Metro South Health Multicultural Strategic Plan. This means the plan is informed by what we have learned about the health experiences of people from culturally and linguistically diverse backgrounds. We believe their voices and experiences should be heard on issues that impact their health. Over a period of four months we engaged with 183 people at 28 events; with consumers, community leaders, and community groups as well as health organisations, staff and interpreters.

We have been guided by the key documents of law, data and policy in this area. We worked closely with our advisory committees and a group of content experts to refine the plan.

We heard from people who have come from all around the world...

...who now live all around Metro South

“Administration staff across the service play a crucial role in creating a welcoming environment; therefore it is essential to have culturally diverse staff at our services front desk and beyond. There is nothing more comforting than to see someone who you can relate to in what could be a very stressful situation.”

Metro South Staff Member
Our personas

Personas are helpful tools to stay connected with the people we are planning for and remind us what is important to them. These are not real people but they are based on a range of conversations with community members. It is important that their views and wishes are genuinely considered when decisions are being made about their health.

Mario 78 years

Mario has lived in Australia for 50 years and has a close supportive family. He loves to garden but this is harder now that he has developed some chronic health conditions. He gets confused about all the appointments. His limited health literacy means he doesn’t understand what he needs to do to manage his health.

Asha 35 years

Asha recently arrived in Australia as an asylum seeker. She is an engineer but unable to work at the moment due to visa restrictions. This makes it difficult to afford her own apartment and her medications. She has recently left an unhealthy relationship and is living on her own. She receives a lot of support from her community but wants a decision to be made about her visa so she can really start her new life in Australia.

Afa 65 years

Afa is a semi-retired pastor and an active member in his community. A recent stroke has affected Afa’s communication and mobility. He is frustrated about being in hospital so long and wants to go home where his wife can care for him. His daughter and grandchildren visit every day and bring him in some home cooking.

Faiza 45 years

Faiza is from a refugee background and is a teacher and mother to four children. She has always been healthy but screening recently found a lump in her breast. She doesn’t want people to know about it. She is worried about the decisions she needs to make about treatment. Cancer is rare where she has come from and there are few words in her language to explain or understand it.
What matters to people: insights from conversations with our communities

We value an organisation that welcomes and embraces diversity

A welcoming environment makes me feel that I belong and that I am in a safe place.

How we will do this

1. A culturally and linguistically diverse workforce
   a. The cultural and ethnic backgrounds of the Metro South community will be reflected in the workforce.
   b. Diversity will be visible at all levels of the organisation and within all occupational groups.
   c. Opportunities will be sought to increase the number of dedicated cultural roles.
   d. Recruitment and procurement practices will encourage all culturally and linguistically diverse applicants and target groups that are not well-represented.
   e. Staff with additional cultural and language skills will be appropriately recognised.

2. Welcoming and culturally inclusive spaces
   a. Our facilities will be easy to access, provide excellent customer service and contain cultural elements in the architecture, outdoor spaces, design, artwork, lighting, signage, furnishings and foods.
   b. Our staff will feel included, their different perspectives will be valued and appreciated, and they will have opportunities to engage and contribute, including in leadership roles.

What we will need

- A Workforce Diversity Plan for Metro South Health that addresses identified gaps in diversity and creates an inclusive organisational culture through strategies such as:
  - partnerships with industry and the education sector to create pathways for training and employment of culturally and linguistically diverse students and graduates.
  - clinical placements for culturally and linguistically diverse nursing, medical and allied health students.
  - secure funding for Multicultural as well as dedicated cultural roles in facilities including Liaison Officers, Resource Officers, Interpreters, Nurse Navigators, Cultural Ambassadors and Volunteers.
  - Regular environmental audits to identify opportunities to improve access to our facilities and ensure they are welcoming and inclusive. All new structures will be codesigned with culturally and linguistically diverse consumers.

What success could look like...

Michael is from Myanmar and arrived in Australia in 2012 and completed his Year 12 in 2015. After school, he completed a Certificate III in Health Services Assistance and was able to do his vocational placement at a MSH facility. After this placement he applied for an Assistant in Nursing (AIN) position and was successful. Michael also speaks another two languages (Burmese and Karen) and has been able to provide some basic support to people from his community on occasions. MSH supports Michael to further his career at MSH and is working on strategies to ensure more people from his community understand the health system.

“I want to feel like this is my place.”
Community leader
We value an organisation where language and communication support are available for everyone

It is critical for mental and physical health to understand the health professionals, ask questions and feel safe with the interpreter.

How we will do this

1. **A culturally responsive workforce**
   a. All staff recognise when language and communication support is needed. They use non-verbal communication to show empathy and appropriate communication support tools.
   b. Metro South’s leaders promote and improve cultural responsiveness.

2. **High quality interpreter services**
   a. Language support will be provided by credentialed, health trained interpreters in the consumer’s preferred language.
   b. Infrastructure will be in place to support efficient provision of interpreter services and interpreters will be considered when scheduling and allocating time for appointments.

3. **Culturally tailored health information**
   a. Health information will be communicated in ways that reach the people who need it, including strengthened connections with grassroots organisations, trusted leaders within community networks and by making good use of social media.
   b. Consumers will receive health information that is relevant to them and in understandable and accessible formats.
   c. The level of health literacy of each consumer will be measured and considered when providing information and healthcare. All episodes of care will be an opportunity to improve the health literacy of consumers, their carers and families.

“**I didn’t understand. Some parts I understand but not enough.”** Consumer

**What we will need**

- Learning opportunities available for all staff in communicating with people from culturally and linguistically diverse backgrounds including, use of visual and written tools, translated resources, teach-back techniques, cultural awareness, how to book and work with interpreters and medico-legal responsibilities.

- Expansion of the Language Badge Project to all facilities to recognise staff who speak languages other than English, contribute to a welcoming environment and improve communication with consumers.

- Use of web-based language translation applications and other technologies to support communication in low risk situations and as a short-term measure. Implementation is to be informed by evidence and local trials.

- Health information that is accessible and in written, spoken and digital formats. Resources are developed in consultation with culturally and linguistically diverse consumers and translated into key languages or written in easy English with simple graphics and illustrations.

- Health information that is provided beyond our services through mainstream media, ethnic media channels, places of worship, conferences, service providers, English language programs, community hubs, community gatherings and events, advisory councils and committees.

- Access to certified, health trained interpreters for all consultations, with an urgent focus on the following situations: assessing the person’s ability to make decisions, informed consent, safe use of medicines and handover of care. Videoconferencing, telephone and video-interpreting options will be available.

- An Interpreter Management System with the ability to book interpreters and provide detailed reports on interpreter usage. These reports will inform planning and improvement projects.

**Success for Faiza is when...**

Faiza receives an appointment letter that is written in her own language. She goes to the hospital at the right time, knowing why she is going and who she will see. Signs and a friendly volunteer help her to find her way to the outpatient department. An interpreter is waiting, greets her in the waiting room and provides language support during her tests and consultation. She understands what is happening to her and makes decisions about her care. Her clinician uses the Teach-back method to check her understanding and encourages her to ask questions. She takes home information in her own language that she can read and discuss with her family.
We value an organisation that listens and learns from people’s experiences to make the system better for everyone

The health system here is very different

How we will do this

1. Engagement with culturally and linguistically diverse consumers about their health experiences
   a. We will invest in community engagement structures that increase the skills and capacity of community members, their leaders and advocacy organisations to articulate the health needs and views of the community.
   b. Feedback will be sought actively and regularly using a variety of methods that consider the impact that past experiences may have on their willingness to participate.
   c. Health experiences of culturally and linguistically diverse consumers will be recorded and reported in organisational systems and respond in a timely and sensitive manner.

2. Partnerships with culturally and linguistically diverse consumers
   b. Consumers will have opportunities to participate at different levels of the organisation and in different ways including committees, working groups and environmental audits.
   c. Consumer participation will be supported, respectfully acknowledged and appropriately remunerated.
   d. New service and infrastructure plans will be co-designed with culturally and linguistically diverse consumers.

“*There is a gap between the community’s expectations and what happens.*” Community Leader

What we will need

- Engagement methods and tools that reduce barriers to participation for culturally and linguistically diverse consumers. In addition to surveys, methods will include focus groups, in-depth interviews, complaints, compliments, research, social media forms and conversations.
- Review of the current feedback systems to ensure culture and language identifiers are captured. Regular reports will identify our strengths, opportunities for change and results of service and safety improvements.
- Improved support for Multicultural Committees.
- A health literacy strategy for Metro South that addresses both individual health literacy and the health literacy environment.

“I never really complain because they do their best.” Consumer

Success for Mario is when…

Mario receives a visit from the Multicultural Liaison Officer while he is in hospital. She assesses Mario’s social supports and cultural needs and talks to the care team and his family about how they can make Mario more comfortable while he is in hospital. A Communication Tool is provided so Mario can communicate his basic needs. An interpreter is booked for meetings with Mario and his family to explain his condition and help him to make decisions about his care. The clinicians use the Teach-back method to check his understanding and encourage him to ask questions. The Multicultural Liaison Officer works with the social worker to organise meals, social supports and transport for Mario when he goes home. Mario feels confident that his family understand what is happening to him and that he has help when he goes home so he can remain independent.
We value an organisation that understands and responds to all health needs; physical, emotional, social and spiritual

Being healthy means different things to different people

How we will do this

1. Improved capability of the health workforce to provide culturally responsive care
   a. The cultural responsiveness of our staff will be assessed and strengths and gaps will be identified.
   b. Cultural responsiveness will be embedded in training activities and our approach to providing services.

2. Equitable access to health services
   a. Barriers to accessing health services will be addressed by providing additional supports to meet the individual needs of consumers.
   b. Prevention, screening and health promotion programs will be promoted to the community and provided in accessible community locations. Opportunities will be explored to link with the newly established Health and Wellbeing Queensland to deliver programs.

3. Culturally responsive, person-centred and family-focused models of care
   a. Models will be aligned with the identified priority health needs of the community and inclusive of traditional medicines and alternative and integrated therapies.
   b. Consumers will engage to co-design models that address significant barriers to people accessing health services including cultural stigma and shame, community exclusion, cultural beliefs about illness, fear of racism and discrimination and lack of trust in authorities.

Success for Afa is when...
Afa’s therapy team works with interpreters to explain their roles to Afa and his family, explain his health condition in a way that he can understand and develop a plan for his care that meets his goals. He receives regular visits from family, friends and a bilingual staff member. His pastor comes in every week to pray with him in the hospital garden or multi-faith chapel. His wife Irene brings him food from home and the dietitian works with her to adapt their traditional foods and recipes to manage his diabetes and weight. A Nurse Navigator helps the family to access My Aged Care and the home modifications and supports they need for Afa to go home. Afa is more confident that he can manage his health and is looking forward to being with his family.

What we will need

- Training for staff in health equity, cultural awareness and cultural competencies
- Culturally-tailored clinical models and health services to meet the health needs of new and emerging communities such as the Refugee Health Clinic, Healthy New Communities Project
- Culturally responsive visiting policies and practices to be implemented in all Metro South facilities
- Multi-faith pastoral care to be delivered by established roles and visiting service providers
- Financial advice and support for people seeking asylum and on temporary visas including support to access oral health and pharmaceuticals.

“In my culture, the bigger you are the more chiefly you are.” Consumer
How we will do this

1. **Partnerships with other sectors** will deliver strategies that address the social, economic and community-level determinants of health.

2. **Infrastructure and technologies** will allow high quality care to be delivered where it is needed.

3. **Data collection systems** will embed cultural and language identifiers.
   a. Improved collection, use and availability of data about consumers with culturally and linguistically diverse backgrounds will inform and improve service planning and design.
   b. Data will be used to uncover factors that are harder to identify and measure such as level of disadvantage and unmet health needs.

4. **A research agenda will explore health equity and gaps in the evidence for culturally and linguistically diverse communities.**

5. **Local community-led solutions** will be sought with priority given to the largest of our communities and those experiencing the most health inequity.

**Success for Asha is when...**
A Multicultural Nurse Navigator links Asha with affordable services and accommodation. She is invited to participate in a consumer working group to design a new outpatient facility at the hospital and feels she can contribute with her practical engineering knowledge. She meets another consumer in the group and they become friends, meeting in the park to walk or join in with the free council provided activities. Asha’s health improves and she agrees to tell her story. She wants health staff to understand how to help other patients who might be in a similar situation. While Asha is still concerned about her future, she feels she now has a purpose and can contribute her knowledge and experiences.

What we will need

- Collaborative partnerships to address the complex health needs of specific groups including:
  - newly arrived refugees with disability
  - antenatal and postnatal care for Maori and Pasifika women
  - families of older people seeking support to remain in their homes
  - people seeking more choices at end of life including improved access to palliative care.

- Technologies connect patients to clinicians in person, by telehealth and through virtual clinics. These will provide in-home supports for older people, address social isolation and support families with their health care.

- A minimum core set of variables will be standardised for collection across all data systems including the iEMR; country of birth, preferred language and interpreter required. The collection of ethnicity/ancestry data will be trialled for refugee status, Australian-born South Sea Islander people and New Zealand born Pacific Islander and Maori people.

- A Health Equity Centre for Research to improve understanding of health equity issues. Health solutions for culturally and linguistically diverse populations will be trialled using participatory research methods. Research will also explore best practice in cultural competence, cultural resources and workforce diversity.

- Strengths based programs developed through real information and power sharing with communities. Culturally dedicated health services will target priority health issues such as obesity, chronic disease and mental health and be delivered in accessible community locations. We will support the implementation of the Maori and Pasifika Health Strategy that is overseen by Maori and Pasifika leaders and aims to establish health services to deliver culturally dedicated programs.
Implementing the plan

To fulfil our commitment to people from culturally and linguistically diverse backgrounds this plan must become part of the everyday practice of Metro South Health.

The outcomes we will achieve through this plan have been clearly identified by our consumers; what is most important to them and what will make a real difference to their health. The foundations are already in place for us to set our aim far beyond standard practice towards exceptional culturally responsive healthcare.

The priority areas for investment and development will challenge us to confirm our role as leaders in culturally responsive healthcare. We will need to optimise our existing resources, unlock the potential in our diverse community, and transform healthcare through research, innovation and prevention.

The actions we take will be inspired by the insights shared with us by our consumers. Our visions for success will be inspired by their stories, and the exemplars discovered internationally, nationally and in our own local Metro South area.

The practical tools, skills and resources required will be made available and the Health Equity and Access Unit is responsible for leadership, advice and support.

Getting started

- Embed elements of this plan into facility-level operational plans, service-level plans, local strategies and projects.
- Nominate a person who will be responsible for leading the implementation and reporting.
- Build strong relationships with your consumers so that you can better understand their specific experiences and needs and partner with them to co-design and implement strategies.
- Establish inclusive systems and processes for feedback and evaluation of your actions.

Tracking our progress

- The Metro South Multicultural Strategic Plan will be jointly overseen by the Metro South Multicultural Advisory and Action Committees.
- The Committees function under the authority of the Metro South Executive and provide strategic and operational advice as required.
- The Committees are supported by the Health Equity and Access Unit and work closely with local governance structures in Metro South facilities and services.
- The Health Equity and Access Unit also provides strategic leadership, direction and advice about the plan across the health service. The HEAU will lead an annual review of the Multicultural Strategic Plan as part of the Integrated Planning Framework and report progress to the Metro South Executive and Board.
References


