

Culturally and Linguistically Diverse Communities (CALD) Leaders' Forum

Thursday, 2 June 2016, 10.30am to 4pm

Multicultural Communities Council of SA, 113 Gilbert St, Adelaide

Output Report

Health Performance Council



Government
of South Australia

Health Performance Council

PURPOSE OF THE FORUM

- Presentation from guest speaker
- Feedback findings from the HPC Scoping study titled 'Issues in Health Care in South Australia for People from Culturally and Linguistically Diverse Backgrounds'
- Provide input into HPC research topics

PARTICIPANTS

Delegates:

- Makarim Abdalla, Cancer Council SA
- Mahjabeen Ahmad, Muslim Communities Partnership, ACH Group
- Kathy Ahwan, Intergovernmental relations, SA Health
- Marita Aldridge, Breastscreen SA
- Nota Avramidis, Central Adelaide Local Health Network
- Karren Christie, SA Dental Services
- Daniela Costa, Multicultural Communities Council SA
- Eleonora Dal Grande, Population Research Outcomes Studies School of Medicine, Faculty of Health Sciences, Adelaide University
- Priscilla DePree, Resthaven
- Katina D'Onise, Epidemiology SA Health
- Sue Dunford, Migrant Health Service Central Adelaide Local Health Network
- Deb Dutton, Dutch Aged Care - Netherlands Australian Aged Services Association Inc (NAASA)
- Maria Goodridge, Murraylands Filipino-Australian Association Inc
- Janet Grant, Population Research and Outcome Studies, School of Medicine, Faculty of Health Sciences, Adelaide University
- Adrian Grivell, SA Health
- René Grypma, Multicultural Communities Council of SA
- Silvio Iadarola, Coordinating Italian Committee
- David Jacquier, Volunteering SA&NT Inc
- Vicki Kanakaris, Multicultural Aged Care (MAC)
- Tina Karanastasis, Ethnic Link Services, Uniting Care Wesley/ Federation of Ethnic Communities Council of SA
- Con Katsambis, St Basils Homes SA
- Sophia Katari, Junction Community Centre
- Dorothy Keefe, Clinical Ambassador, Transforming Health, SA Health
- Ellen Kerrins, Health Consumers Alliance
- Ilianna Kiziridis, University of South Australia
- Megs Lamb, Multicultural Communities Council of SA
- Hailey Lawrence, Multicultural Youth SA
- Gillian Lewis, SA Health
- Ken Lodge, General Practice SA
- Stephanie Miller, Survivors of Torture and Trauma and Rehabilitation Service (STTARS)
- Rachel Newrick, SA Health
- Evelyn O'Loughlin, Volunteering SA NT
- Jenny Philip-Harbutt, Country SA Primary Health Network
- Pat Ranieri, Safety and Quality Department for Health and Ageing
- Patricia Rios, Seniors Information Service
- Michele Robinson, Country SA Primary Health Network



1. WELCOME AND INTRODUCTIONS

Welcome and acknowledgment that the CALD Communities Leaders' Forum meets on Kurna Land.

We would like to acknowledge this land that we meet on today is the traditional lands for the Kurna people and that we respect their spiritual journey with their country. We also acknowledge the Kurna people as the custodians of the greater Adelaide region and that their heritage beliefs are still as important to the living Kurna people today.

Helena Kyriazopoulos, from Multicultural Communities Council of SA and Mary Patetsos, Health Performance Council welcomed delegates to the forum. Helena offered congratulations to Steve Tully who was recently appointed as chair of HPC.

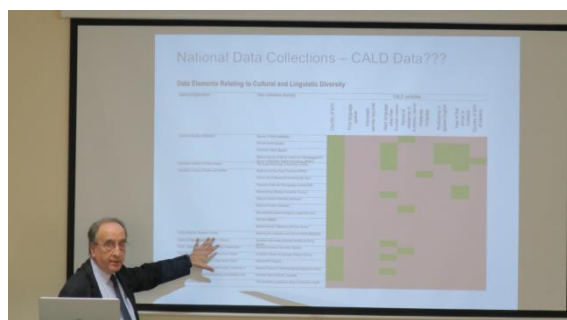


2. KEYNOTE SPEAKER – ASSOCIATE PROFESSOR HARRY MINAS

Assoc Prof Harry Minas, Head of the Global and Cultural Mental Health Unit, Melbourne School of Population and Global Health, University of Melbourne Office, presented on the topic of 'What works for CALD people: Dow we know the answer?'.

Key discussion points that emerged from Assoc Prof Minas' presentation:

- In mental health the primary treatment is communication, which is very problematic when there are cultural and language barriers to communication.
- There is a disjuncture between the policy statements and their implementation or action in the area of CALD Mental Health. Need to ensure that policy statements include an action plan and commitment of funding for implementation.
- Data systems continue to prohibit analysis at the sub-population level. Even National data collections such as ABS do not routinely collect their own identified minimum CALD data-set.
- Insufficient and fragmented data also prohibits effective planning towards equity outcomes for CALD population groups – e.g. Independent Hospitals Pricing Authority adjustment to costs of CALD patient care to accommodate interpreter costs, longer hospital stays etc
- Presentation and paper are attached.



3. PRESENTATION OF SCOPING STUDY: 'Issues in Health Care in South Australia for People from Culturally and Linguistically Diverse Backgrounds'

Dr Iolanda Principe (Consultant, IP Strategic Services) and Nick Cugley (HPC Secretariat) presented the findings from the scoping study and some recent CALD health workforce data from Australian Health Practitioner Regulation Agency (AHPRA).

Key points:

- A qualitative study of 'what's working and what's not in the health system for CALD people?' was undertaken by Dr Iolanda Principe, an independent contractor in 2015.
- There were several challenges identified – CALD communities are diverse and have complex health needs; there is an Ageing CALD population; there is increasing health system complexity and change; there are gaps in data which result in limits to what we do and don't know about health service access, use and health outcomes for CALD people.
- The findings showed inconsistencies in the provision of services for CALD people. The following are required for CALD services to work well: clear directives, effective community engagement, knowledge driven decision-making, diverse health workforce and culturally competency (workforce training and use of community support services). While there have been some gains in these areas, there remains work to be done to ensure improvements to health outcomes for CALD people.
- AHPRA data for SA (public and private sectors) was presented identifying cultural diversity across the registered public and private SA health workforce.
- Presentations are attached.



PANEL DISCUSSION 1 – SERVICE MODELS – RESPONSIVE SERVICES WITH CARE PLANS AND COORDINATION OF CARE

Panel Members:

- Mahjabeen Ahmad (Project Manager, Muslim Communities Partnerships, ACH Group)
- Associate Professor Harry Minas
- Professor Dorothy Keefe (Clinical Ambassador, Transforming Health)



Key discussion points:

- Mahjabeen Ahmad presented identifying that: CALD communities are a diverse group; need for the recognition that cultural traditions and religious beliefs are distinct but both important when considering patient needs; there is a need to value biculturalism and community advocacy.
- Dorothy Keefe discussed Transforming Health and the engagement processes with all staff as part of the development of models of care.
- In discussion on Transforming Health, delegates raised concerns about the impact of SA Health's implementation of the McCann Review (McCann, W 2012 A Review of Non-Hospital Based Services Office of Public Employment and Review <http://www.cpsu.asn.au/upload/Campaign/nonhospital-report-PHCS-20121203.pdf>) on the capacity and ability of SA primary health care services to respond to health inequity where budget cuts left services with fewer specialist workers. CALD people have additional social and health needs, which require specialist knowledge, skills and resources to ensure equitable access to and the provision of culturally sensitive health services. CALD consumers' needs must be reflected in the Transforming Health patient-centred care, service design and care models.

Actions:

- HPC to follow-up on the CALD indicators collected in EPAS and as part of population health surveys, ensure minimum CALD indicators (preferred language, country of birth, religion, interpreter needed).

PANEL DISCUSSION 2 - DATA – CURRENT ISSUES WITH CALD INDICATORS TO IMPROVE SAFETY AND QUALITY OF CALD PATIENT OUTCOMES AND INFORM HEALTH SERVICE PLANNING

Panel Members:

- Dr Katina D’Onise (Director Epidemiology, SA Health)
- Associate Professor Harry Minas
- Steve Tully (Health and Community Services Complaints Commissioner and Chair, Health Performance Council)



Key discussion points:

- Katina D’Onise provided an overview of the population health registries (Cancer and Pregnancy Outcomes) and data –sets (South Australian Monitoring and Surveillance System) and the CALD indicators collected. Country of birth is most routinely collected.
- The gaps in the data-sets are a wider issue than just at the registry level – these data-sets are created at the Service, State and National levels. The gaps in CALD indicators need to be addressed at all levels (from interviewing and data entry to the commissioning process).
- Steve Tully highlighted a number of ‘pockets of data’ and the value of the Australian Quality and Safety Commission as a source of data. Patient experience data is collected in SA but CALD people requiring interpreters are excluded from the phone survey.
- Concerns were raised about possible responder bias when CALD people are asked to complete surveys; health literacy was also identified as an issue.

4. PROPOSED AUDIT TOPICS FOR HPC TO CONSIDER

Delegates agreed on the following priority future directions on research topics from the CALD Communities Leader’s Forum for HPC to consider:

- Data and Research – What are the gaps in data collected across the SA Health (including patient experience survey)?; Is the ABS minimum CALD data-set collected?; How might Transforming Health provide an opportunity to collect the minimum CALD data-set? What is SA Health’s plan for analysis, interpretation and dissemination of this data?
- From policy to implementation: an analysis of the gaps in CALD policies, strategies and funding streams
- Communication – what are the systemic approaches to language management in SA Health? In SA CALD people have a ‘qualified’ right to access services in their preferred language ie subject to funding. Determine the extent of use of interpreter and translation services across SA Health (include an exploration of the complexity of the interpreter role, dependency on funding to access services, access to interpreter

services, measures of quality of interpreter services, level of specialist medical and legal training for interpreters).

- Best practice approaches - We need to learn from organisations that provide accessible and equitable services for CALD people including models which use bilingual and bicultural workers, peer education, community advocates.
- Patient Journey - What are the points or indicators in the patient pathway (access, initial consultation, treatment, exit – discharge plan, post hospital care) that signify equity in the provision of care for CALD populations?



5. AGREED NEXT STEPS

- Output report and presentations from this Forum to go to all participants including guest speakers.
- Working Planning Group to re-convene to discuss outcomes and plan next steps, including:
 - Working with SA Health to influence the CALD data-sets collected as part of monitoring Transforming Health and population health data-sets.
 - Future directions on research topics (item 6 above).

FORUM CLOSED AT 4:00PM.

Thank you to all participants for your valuable contributions.

ATTACHMENTS

Attachment 1: CALD Communities Leaders' Forum presentations

Attachments 2 A-D: Articles from Assoc Prof Harry Minas

Attachment 3: Review Card Summary Report

CALD Communities Leaders' Forum Planning Group:

- Helena Kyriazopoulos – Multicultural Communities Council of SA
- Tina Karanastasis – Ethnic Link Services, UnitingCare Wesley Port Adelaide / Federation of Ethnic Communities' Councils of Australia (FECCA)
- Evelyn O'Loughlin – Volunteering SA/NT
- Kathy Ahwan – SA Department for Health and Ageing
- Mary Patetsos and Steve Tully - Health Performance Council

Culturally and Linguistically Diverse (CALD) Communities Leaders' Forum

Summary of Review Card

Review cards were distributed to seek feedback on the value of forums to the participants and how HPC Secretariat might improve forums in the future. The findings from this report will be considered by the CALD Communities Leaders' Forum Working Planning Group.

Method

Review cards were distributed on the participant's seats during the lunch break. A limitation of this design was that those who left at or before the lunch break would not have completed a review card. We were unable to track the number of participants that left at lunch; however there was a natural attrition throughout the afternoon sessions. We would like to acknowledge idenk for the design of the review card.

Response rate

A total of 46 participants attended the forum (excluding 11 HPC members or secretariat or presenters). A total of 17 completed review cards were collected at the end of the forum with a response rate of 37%.

Outputs and outcomes

A total of 15 of 17 participants who completed the review card rated the event out of ten in terms of 'outcomes and outputs'. The average score was eight out of 10, with a range of 7-9.

Design and running

When rating the 'design and running' of the forum 15 of 17 participants responded. The average score was 8.1 and the range was 7-10.

What was best about the event?

There was overwhelming support from participants about the balance of high quality speakers together with the panel forums to engage and allow interactive and stimulating discussions. A participant reflected on the selection of the discussion topics and that they stimulated discussion. A comment was made about being with 'like-minded people', and another participant appreciated having 'a diverse groups of workers and services' in attendance.

What would you like to have been different?

The participants identified three key areas for improvement. Most responses were in relation to the process or practical running of the event, then the background of the participants and finally the type of information presented.

The most frequent response in relation to the practical running of the event was a request for healthier food, followed by comfier seats, a larger room for the number of attendees and more breaks.

In relation to the background of the participants; there were calls for more:

- community representatives;
- higher ranking Department of Health officials and
- Primary Care representatives.

In terms of the information presented one participant requested that next time it would be good to include more examples of service models that work well.

What will you tell others?

When asked what they would tell others about the forum several participants mentioned the data needs of CALD communities. One participant said: *'Data! We need to collect it for CALD groups so we can understand their access, experience and outcomes in the health system'*.

A couple of participants mentioned their organisation's need to engage with CALD sector and the primary care sector. Another participant was hopeful that *'systemic change'* may result and another highlighted a gap *'work [needs] to be done about what consumer centred care means to CALD people'*.

One participant reflected on the inaction within the CALD sector: *'I am also struck by the timeline of lack of action and therefore need to demonstrate real action to the communities; however I am concerned about success because we are in a period of financial constraint.'*

What should happen next?

In terms of what should happen next; the following suggestions were made:

- **Advocacy and action**

'Action - MCC should pick up some pending issues. HPC should feed outcomes to right bodies'

'Hopefully those who have influence/power will be able to speak to those who can make change and get things improved.'

'continued conversations, advocacy, enlightenment'

'Work with State and Federal ministers and departments to commit to an implementation plan with funding attached'

'HPC review of audit. HPC focus on available SA Health data & PHN data and develop future strategy for improvement of CALD representations.'

- **Another forum**

'there should be more of these sessions'; 'Follow-up meeting'

- **HPC to report back**

'hear from HPC, once they move on to their next stage'

- **More consumer, community and primary care involvement**

One word summarises how you feel now?

Participants were asked to identify one word that best summarises how they felt at the end of the forum. Words were entered into wordle.com. in the image below the size of word is representative of frequency of the word (n=15 – one participant used 2 words). Where a participant wrote a sentence, the first primary word was used. On two occasions 'more informed' and 'better informed' were truncated to 'informed'.

