

Culturally and Linguistically Diverse Communities and HITH

In 1997 North Western Health (NWH) gained a Service Development grant from the Department of Human Services (DHS) to: "Improve Access and Responsiveness of Hospital in the Home (HITH) to patients from culturally and Linguistically Diverse (CALD) Communities". The final report was handed into the DHS in May 1999.

The patients treated by North Western Health are an extremely diverse group and it was our intention that to make HITH more accessible in order to serve them better. Many English speaking people (and hospital staff) have had problems grasping the concept of HITH and was felt that education and publicity should be directed towards CALD communities.

The project was resourced from Western Hospital but involved all HITH programs in NWH. These were Williamstown, Werribee Mercy, Williamstown, RMH, Northern Hospital (Epping) and Western Hospital.

For Stage One of the project we employed the Centre for Culture, Ethnicity and Health, (CEH) to undertake a Service Review of HITH in NWH. Their advice was to concentrate on three key language groups, which were Greek, Vietnamese and Italian. These groups were most highly represented in both our catchment area and patients treated. CEH interviewed our staff, our patients and relatives and ran focus group discussions in the three relevant communities. The outcomes of this stage were a number of recommendations, which formed the basis of Stage Two. This was also undertaken by CEH.

Stage Two was divided into four distinct categories:

1. Service Development which involved

- The development of comprehensive cultural diversity policy document for each HITH service in the Network,
- The development of protocols for use of interpreter services for adaptation by each HITH program, and
- Provision of a framework for measuring client satisfaction on an ongoing basis, including development of instruments for patient satisfaction in relevant languages.

2. Staff Development which included

- Implementation of 2 two-day training sessions,
- Development of crosscultural resource/reference guide aimed at staff and management, and
- Design of a training program targeting all relevant staff and management covering themes such as crosscultural awareness, cultural perceptions of health and illness, communication and working with interpreters.

3. Information provision and Development including

- Development of a protocol for information provision to patients and carers from the targeted communities throughout NWH,
- Development of culturally and linguistically appropriate information materials in the 3 targeted languages, e.g. leaflets on patient and carer rights and responsibilities,
- Development of culturally and linguistically appropriate internal documents in the 3 targeted languages, e.g. consent forms, and

- Compilation of existing and newly developed materials into information packages that could be reproduced as required by each service within the Network.

4. Program Promotion

- Conduct a localised radio and print media campaign targeting the 3 key languages,
- Conduct direct community promotion activities targeting existing ethnic community groups within the network catchment area, and
- Undertake public relations activities with key people from the 3 targeted community groups.

There have been many positive outcomes from the project. All staff have reported the value of the training in how to use interpreters correctly. This has been of particular use to Ann Bentley for HITH at The Northern Hospital, who has spent considerable time with Kosovar refugees at Puckapunyal in the last few weeks. Ann reported that she had cause to call on the training she received in stereotyping and in other cultures approaches to health and disease.

Another offshoot is the cooperation and contact between all HITH programs in NWH, which has led to sharing of ideas and support. The documentation we will now share will hopefully lead to more in this vein and the development of a seamless operation amongst ourselves.

NWH is very committed to providing healthcare of a high standard to everybody in the community it serves and it recognises that the use of family members, children or staff members to act as interpreters is not appropriate and means that patients are not being treated equally. It is both unfair to the patient, their families and the person used as interpreter. It may also mean that healthcare staff do not give or receive the necessary information.

We now have a clear policy for the use of Professional Language Services and patients of HITH are given instructions to use Telephone Interpreting Service (TIS) whenever they wish to call us, with the cost borne by the hospital.

I would like to acknowledge the excellent work undertaken by CEH and the support and guidance of Dr Denise Ruth at RMH.

Copies of the Final report can be obtained by contacting me via email on:

Elwyn.Davies@nwhcn.org.au or by faxing a request to 9319 6584. Cost is \$10.00 to cover postage and handling.