

Health promotion strategies

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Editorial—promoting CALD and multi-faith health

Welcome to the second *Health Promotion Strategies* bulletin for 2007. This bulletin highlights the importance of health promotion in a culturally and linguistically diverse (CALD) and multi-faith society.

Australia is one of the most culturally and linguistically diverse nations in the world. Our unique history has been shaped and enriched by the diversity of our people, their cultures and lifestyles.

While English is the dominant language spoken in Australia and most people are Australian born, about three quarters of us identify with an ancestry other than Australian, and some 41 per cent of people living in Australia were born overseas or have a parent born overseas.¹ The Australian Bureau of Statistics 2001 Census of Population and Housing data indicate there were 880,407 people in Victoria who spoke a language other than English at home. This represents almost one in five Victorians (19.1 per cent). Of those people, 15.6 per cent (177,307 people) did not speak English well or at all.

Our multicultural society continues to grow. Immigration figures indicate that there were 32,297 new settler arrivals to Victoria in 2005–06. The countries of origin of these people (in decreasing order) were: India, United Kingdom, New Zealand, People’s Republic of China, Philippines, Sudan, Sri Lanka, Malaysia, Vietnam and Singapore.²

The Government’s vision for Victoria, *Growing Victoria Together*, includes the goal of a fairer society that reduces disadvantage and respects diversity. In April 2005, Premier Bracks (also the Minister for Multicultural Affairs) released *A Fairer Victoria—the Victorian Government Social Policy Action Plan*, a \$788 million investment aimed at improving access to services by reducing disadvantage and barriers to opportunities. In June 2006, a further \$848 million was invested, with one focus to address disadvantage within multicultural communities.

Cultural Diversity Week (17–23 March) provides an opportunity each year to celebrate our cultural, linguistic and religious diversity. This year’s theme was *‘Different but the same. All Victorian’* to acknowledge that while we speak many languages and observe different faiths and cultures, this diversity actually strengthens and unites us.

A key principle of quality health promotion practice is to ensure that diversity is considered and that consumer and community participation are encouraged.

This bulletin provides some examples of projects that have succeeded in developing health promotion in a CALD and multi-faith society. I hope that they encourage you to identify opportunities in your work.

DR JIM HYDE
Acting Director, Public Health

1 Department of Immigration and Citizenship, *Multicultural Australia: The Way Forward*, <http://www.immi.gov.au/media/publications/multicultural/>

2 Department of Immigration and Citizenship, *Population Flows: Immigration Aspects 2005–06*, <http://www.immi.gov.au/media/publications/statistics/popflows2005-6/index.htm>

Promoting physical activity—lessons learnt

Over the last few years, North Richmond Community Health Centre (NRCHC) has been promoting physical activity to culturally and linguistically diverse communities through a dancing group, an elderly gentle exercise group and a walking group. In addition to providing exercise opportunities, research has been undertaken into the factors that prevent or support people in undertaking physical activity.

Some of the major lessons learned have been:

- It is important to use bilingual workers who are from the communities or who have an established relationship with communities.
- A friendly and motivating style by group leaders has proved very supportive.
- Low cost is extremely important and this is often a sensitive issue. Participants will not raise this as a barrier, but will simply not attend due to cost concern. It has been established that \$2–\$3 is the maximum participants will pay for activities.

- Activities need to be within walking distance or transport needs to be provided.
- The social aspect of exercise is important. Many participants report, and workers observe, that the social aspect is a key motivator, in particular with the walking group.

Problems or barriers:

- Some people have not exercised in the past and are unused to even sitting on the floor.
- Most women do not feel comfortable doing exercises that involve lying on the floor. It seems to be an embarrassing position, particularly in public and with a male exercise leader.
- There is a lack of familiarity with recreation centres and gym equipment.
- Surveys may not work with some CALD communities. Even when there is a fantastic response rate, due to encouragement from bilingual workers,

the information received did not reflect practices in reality. This was reported by the bilingual workers with a knowledge of individuals and communities. Workers reported that many community members saw workers from the centre as a ‘health authority’ so would respond to questions from workers so that they ‘looked good’ rather than what they did in reality.

NRCHC has a strong history of working with CALD communities. The centre’s core constituency is people from CALD backgrounds. Two thirds of clients in 2005–06 were born outside Australia—41 per cent in Vietnam, China, East Timor and Turkey.

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Ready, Set, Stride trainers guide

Local surveys show that walking is a preferred form of physical activity for older people and particularly for those from culturally and linguistically diverse (CALD) backgrounds.

A Seniors ‘Go for your life’ project, under the leadership of North Central Metro Primary Care Partnership (NCMPCP), formed a working group with members from local government, community health centres and the Northern Migrant Resource Centre. The project aimed to develop a resource to train walking leaders for older CALD groups and support NCMPCP agencies in their work to improve access to physical activity and help reduce social isolation for people from CALD communities.

Consulting with health professionals, volunteers and members of cultural groups, the course content was developed. Participants were selected from the municipalities of Yarra, Darebin

and Whittlesea to attend the walking group leader training delivered by the Northern Migrant Resource Centre. Interpreters assisted where necessary and participant feedback helped refine the training.

The resulting manual, *Ready, Set, Stride trainers guide for walking groups*, contains information for organisations planning to set up walking groups. The manual explores the role of the coordinator, how to select walking group leaders and walking routes, how to set up leader training, and issues such as access and safety. Complete lesson plans are provided as well as a CD which includes a presentation for the training sessions and handout materials translated into Italian, Greek, Macedonian, Turkish, Chinese and Vietnamese.

As part of the project, 35 people have been trained to be walking group leaders. This includes people from community

cultural groups, volunteers and others working in community health or local government. About six new walking groups have been formed or old groups reformed. It is expected that some organisations will support new groups in the near future using project funds as a starter.

The *Ready, Set, Stride trainers guide for walking groups* manual is now available for the NCMPCP agencies to use to train leaders as future needs arise. An online version of the manual will be placed on the NCMPCP website (www.ncmpcp.org.au).

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Partnership tackles Vitamin D deficiency

A partnership project in Melbourne's inner west is working to reduce the incidence and risk of vitamin D deficiency in high-risk groups, including dark skinned and/or veiled women and their children.

Vitamin D is essential for musculoskeletal health. A deficiency causes a painful, deforming bone disease with muscle weakness such as rickets, osteoporosis and arthritis. In fair skinned people, exposure of the face, hands and arms to direct sunlight for 15 minutes three times a week allows sufficient Vitamin D to be synthesised in the body.

Many dark-skinned and veiled women and their children living in inner Melbourne have been diagnosed with vitamin D deficiency. The *Medical Journal of Australia* reports there are quite serious deficiencies of Vitamin D in this group. Dark skin, veiling and the built environment are the main factors predisposing to vitamin D deficiency.

The cities of Moonee Valley and Melbourne are home to many recent arrivals from the Horn of Africa countries. Moonee Valley City Council (MVCC) maternal and child health nurses initially reported an increased incidence of Vitamin D deficiency in women and young children, which prompted investigation by the council, the Doutta Galla Community Health Service (DGCHS) and the Moonee Valley Melbourne Primary Care Partnership (MVM PCP).

Supporting evidence of increased incidence was confirmed by the Royal Women's Hospital and the Royal Children's Hospital data on women and children presenting with Vitamin D deficiency. Of those tested, 80 per cent of women were found to have a Vitamin D deficiency below recommended levels, with 91 per cent below the safe level.

A local partnership began meeting in 2004, aiming to reduce the incidence of Vitamin D deficiency in high risk groups. The collaboration, supported through the MVM PCP, included MVCC, Melbourne Health, University of Melbourne, DGCHS, City of Melbourne, Flemington and North Melbourne Community Centres, and the

Office of Housing. Significant achievements have been made so far, including:

- A community research project, conducted with the Clinical Epidemiology and Health Service Evaluation Unit, Melbourne Health, to determine the knowledge of Vitamin D within Horn of African communities, and the barriers and enabling factors for uptake of interventions to reduce risk of, or treat, vitamin D deficiency. The results demonstrated the need for a comprehensive health promotion response and modification of the built environment to allow culturally-acceptable, healthy levels of sunlight exposure.
- A brochure launched in October 2006 to raise awareness of vitamin D deficiency amongst at-risk groups and direct them to their doctor or other health professional for investigation.

- Identification of vitamin D deficiency as a priority area in the MVM PCP Community Health Plan, the DGCHS Health Promotion Plan and the MVCC Municipal Public Health Plan.
- Certification of the Vitamin D supplement, Ostelin, as Halal by its manufacturer.

The partners will continue working with local communities to reduce the prevalence of Vitamin D Deficiency. A key action plan for the next two years will focus on raising awareness, promoting suitable built environments, and research to assist evidence-based interventions.

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Women's health education in your language

Imagine you are working with a client who has discovered she is pregnant with her first child. The woman is a recently arrived refugee who does not speak English, has never used the Internet and has no family close by. Money is tight and she does not drive. How do you help her access pregnancy and health information?

A good place to start is the Multicultural Centre for Women's Health (MCWH). MCWH offers a range of services designed to overcome employment, transport, financial and linguistic barriers. The centre could offer a one-to-one discussion with a bilingual health educator, supported by written, audio or video information to take home or view at the centre. The woman may be interested in discussing health issues with other women who speak her language, facilitated by an educator. This group session could be conducted in her workplace. All of these services could be provided in an outreach capacity, free of charge.

MCWH was established 30 years ago as a small volunteer program visiting migrant

women at work to provide family planning information. MCWH now covers a broad range of topics and visits women in their communities and at work.

Health education is available in 16 languages on topics including reproductive and sexual health, occupational health and safety, and mental and emotional wellbeing. The programs are supported by a multilingual library and resource collection of 11,000 items in more than 90 languages.

A professional development program offers seminars and training programs to health and welfare workers, to enhance their work with immigrant and refugee women.

Through training, information and education programs, MCWH makes around 3,000 contacts per year—and welcomes more.

Further information

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Building Bridges: addressing discrimination

The VicHealth program Building Bridges is addressing discrimination affecting culturally and linguistically diverse communities. Building Bridges was established as part of VicHealth's *Mental Health Promotion Plan: A Plan for Action 2005–2007* to focus on the mental health impacts of discrimination.

Through Building Bridges, VicHealth aims to work with others in the community and government to strengthen the skill, knowledge and evidence base to address discrimination. While focusing on interpersonal discrimination (that occurring in interactions between individuals), the program is also concerned with discrimination practised by institutions, for example, through the under-representation of minority groups in the media or unequal access to employment and education (referred to as institutional or systemic discrimination).

Studies provide strong evidence of the link between racial and cultural discrimination and physical and mental health¹. Victoria has a sound record of welcoming migrants and refugees. Surveys show a high level of support for cultural diversity and only a small proportion of Australians still believe that some races or cultures are inferior². Nevertheless, substantial numbers continue to hold views that may make people from culturally diverse backgrounds feel that they do not belong; that their culture is not accepted; or that their circumstances are not well

understood³. Studies also show that a large proportion of people from non-English speaking backgrounds report experiences of discrimination⁴.

A review conducted by VicHealth in 2002 found a need to improve understanding of effective interventions to address discrimination, and identified two promising areas for investigation—promoting intercultural contact and anti-discrimination, pro-diversity communications and marketing (such as the Victorian Government's 'Just Like You' advertising campaign).

Intercultural contact

The Building Bridges community grants program aims to tackle discrimination by promoting contact between people from different backgrounds. This approach is based on the understanding that prejudice and discrimination are due partly to misunderstanding that results from limited contact between groups. Provided under the right conditions, contact can help build relationships and break down negative attitudes.

Forty community-based projects have been funded for 12–18 months. They range from engaging young people to work together to share stories and develop digital media skills, to community gardens,

environmental initiatives, culturally inclusive playgroups and school-based multicultural exchanges. Five projects will be selected for expansion and evaluation over a three-year period.

Improving knowledge

Addressing the attitudes and beliefs that lead to discrimination is complex. To ensure that future activity is based on the lessons of the past, VicHealth has commissioned an international review of campaigns and the theories underpinning them.

A telephone survey of a cross-section of the Victorian population will gather information about people's attitudes toward others from different cultural backgrounds and their experiences of discrimination. The survey will improve understanding of the best strategies to use in particular geographic areas. It will identify key populations and settings to be targeted and provide a benchmark, enabling changes to be monitored over time.

The findings of the survey and review will be released later in 2007.

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Public Health grants for CALD-focused research

Victoria's research community was recently funded through the Public Health Branch's Research Working Group, for the following projects, which have a CALD focus:

- Promoting sexual health and sexual health literacy among refugee youth—Professor Sandra Gifford, La Trobe University, \$89,511.
- Making healthy choices for ourselves: Partnerships for healthy eating in Aboriginal communities—Jill Gallagher, Victorian Aboriginal Community-Controlled Health Organisation, \$99,960.
- Healthy bones and strong communities (Vitamin D and bone health among African refugee populations)—Dr Georgia Paxton, Murdoch Children's Research Institute, \$96,555.
- Parent-centred and culturally-responsive literacies for health promotion with newly arrived African communities—Dr Julie Green, Murdoch Children's Research Institute, \$98,207.

Local research that aims to support more effective health promotion initiatives in these groups is a key concern of the Public Health Branch, and will provide the Health Promotion and Chronic Disease Prevention Unit with valuable information.

1 For further information evidence of the link between discrimination and mental health outcomes refer to RESEARCH SUMMARY 3 *Discrimination and violence as determinants of mental health and wellbeing* www.vichealth.vic.gov.au

2 Dunn K. and Geeraert P. 2003, The geography of 'race' and racism. *GeoDate*, 16(3), 1–6.

3 Dunn K. Forrest J. Burnley I. and MacDonald A. 2004, Constructing racism in Australia. *Australian Journal of Social Issues*, 39(4), 409–430.

4 Ibid; Human Rights and Equal Opportunity Commission 1999, *New Countries, New Stories. Discrimination and Disadvantage Experienced by People in Small and Emerging Communities*, HREOC Sydney; Poynting S. and Noble G. 2004, *Living with Racism: The Experience and Reporting by Arab and Muslim Australians of Discrimination, Abuse and Violence Since September 11 2001* Human Rights and Equal Opportunity Commission.

Promoting peace in families

The three-year Promoting Peace in Families program aims to educate and strengthen the capacity of communities within the City of Casey to identify, prevent and respond to family violence.

Following community consultation and research, Cardinia Casey Community Health Service, the City of Casey and the Casey Pastor's Network formed a partnership to address this issue.

Of Casey's 217,000 residents, more than 40,000 regularly attend church. The local church network, or 'Pastor's Network', is one of the strongest in Victoria. As part of this network, churches representing diverse denominations work together for the good of the community.

Churches were chosen to implement Promoting Peace in Families because they provide an extensive network through which to work and are often a source of support to survivors of family violence.

Promoting Peace in Families is being rolled out in stages. On completion, the pilot is expected to provide a model of best practice. The program will reach across socioeconomic backgrounds, cultural and linguistic diversity, family structures and marginalised groups.

Strategies will include developing partnerships with community organisations; raising awareness and providing information, peer education, training and support; developing multilingual material and a website; and conducting special events. A 'no violence' message will be highlighted in church services and Sunday schools and family violence policy and procedures will be developed. Other activities include education and training of community volunteers, municipal and school-based initiatives, and rigorous evaluation.

Promoting Peace in Families is funded through the National Community Grants Program of the National Community Crime Prevention Program via the Federal Government's Attorney-General's Department.

The essence of the program is to engender a culture of family violence prevention and ensure sustainability long after program funding has ceased.

Further information

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What every man needs to know—in 12 different languages

In response to demand for information on male sexual and reproductive health from men with culturally and linguistically diverse (CALD) backgrounds, Andrology Australia has taken *A User's Guide: what every man needs to know*, and adapted, translated and tested it in 12 languages.

The User's Guide provides basic information on anatomy and health conditions. It has been translated into Arabic, Bosnian, Chinese, Dari (Afghanistan), Farsi (Iran), Greek, Italian, Khmer, Korean, Serbian, Turkish and Vietnamese. These languages were chosen due to the size of the CALD group in Australia, proficiency in English, residency status and general feedback from CALD associations.

Focus group discussions provided an informal way to gather information and discuss the views and perceptions of CALD men. They also engaged men in dialogue around men's health. Feedback from health workers is that the resource

translations are culturally appropriate, relevant to each language group and are accurate.

'Findings from the Men in Australia Telephone Survey (MATEs) clearly show that men from non-English speaking backgrounds are less likely to seek help for reproductive health problems,' said Dr Holden, CEO of Andrology Australia.

'By providing information in a culturally sensitive manner, this may break down some barriers and help men speak to a doctor or other health professional when a problem exists,' she said.

Multicultural Communication, in partnership with Family Planning NSW, organised the translation, with support of the project from Andrology Australia.

The User's Guide can be downloaded from the NSW Multicultural Health Communication (www.mhcs.health.nsw.gov.au) and Andrology Australia (www.andrologyaustralia.org). There are

also links to the User's guide fact sheets on Family Planning NSW website.

Health workers, friends and family members of CALD men who do not have access to the Internet can also request free print copies in English or any of the translations from Andrology Australia ph: 1300 303 878.

To date, more than 600 User's guides have been disseminated, with Greek, Chinese and Italian the most requested languages.

Further information

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Mental health first aid training

Mental Health First Aid (MHFA) is the help provided to a person who is developing a mental health problem or in a mental health crisis. The first aid is given until appropriate professional treatment is received or until the crisis resolves (www.mhfa.com.au).

There are only two accredited bilingual Vietnamese MHFA instructors in Victoria. These active and creative instructors work within the mental health sector, one in clinical services (Werribee Mercy Mental Health Program) and one in Psychiatric Disability Rehabilitation Support Services (Western Region Health Centre). Supported by their agencies, colleagues and other Vietnamese mental health

workers within the Western Metropolitan Region of Melbourne, these instructors have delivered MHFA training to nearly 200 people over the last two years.

Promoting and funding the delivery of MHFA training to the Vietnamese community required commitment and collaboration. The Mental Health Workers Network's group applied for funds from government, the Western Region Health Centre, charitable trusts (Vietnamese and mainstream), and The University of Melbourne.

The project targeted specific groups within the community—religious and spiritual leaders, as these are the people who

many go to for support, help and comfort; community workers; and tertiary students from human service fields.

The training gives these people the knowledge and skills to identify early signs and symptoms of mental health issues, refer people to services and assist in capacity building.

The training has been very well received and has had a snowball effect. It also captured the attention of Vietnamese SBS radio. Further training was advertised, with community groups volunteering to organise all practical aspects of the training. Currently, the Vietnamese MHFA training program is being evaluated by Centre of International Mental Health at Melbourne University.

This year, the Vietnamese community has been proactive in inviting the instructors to do the training, taking a real interest in promoting, funding and organising training.

The instructors have been invited to Sydney to deliver the course for the local Vietnamese community and they have been asked to provide the training for the next generation of Vietnamese MHFA instructors in Australia.

The achievements of the Vietnamese MHFA in the Western Metropolitan Region of Melbourne could not have been made without passion, determination, commitment and partnerships. It has positively confirmed the old Vietnamese saying: 'Một cây làm chang nên non, ba cây chum lai nên hòn núi cao'—One tree cannot form a hill, but together we can create a high mountain!

Together we are strong

An animated short film, DOAN KET LA SUC MANH (Together We are Strong), is promoting safer behaviour among Vietnamese Australian drug users at risk of Hepatitis C in prison, and upon release to the community.

Launched in April 2007, this unique animation is the third product of the Transmission project—a creative health promotion strategy initiated by the Blood Borne Virus/STI Section at the Department of Human Services. Transmission is an innovative model that engages communities in a creative process to produce effective, culturally specific health information. This is health information produced 'by the community for the community'.

The film is a collaboration between Vietnamese prisoners, professional artists, cultural workers and a Vietnamese drug and alcohol support worker. The message developed by the prisoners focuses on protecting the Vietnamese community from the Hepatitis C virus, that any prisoner who is injecting drugs is 'highly likely' to contract in prison.

Travelling from a remote Vietnamese village to the streets of Springvale, into prison and back again, the film acknowledges drug use in prison and the complex cultural issues around sharing injecting equipment. The subtitled Vietnamese voiceover uses the prisoners' voices and the action is drawn from real life experiences as told by the participants.

DOAN KET LA SUC MANH is a partnership project between Fulham Correctional Centre, North Richmond Community Health Centre; Arts and Culture Program, Multicultural Health and Support Service, Drug Safety Program, Hepatitis C Council Victoria, Department of Human Services and Corrections Victoria. The film will be distributed to all Victorian prisons and post release programs.

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Kit helps new migrants and refugees access healthy food

Newly arrived migrants and refugees were identified as a population group at great risk of food insecurity. They are known to experience difficulty accessing nutritious foods due to barriers such as a lack of familiarity with local food and with kitchen facilities, poor knowledge of food safety and poor English.

Brimbank City Council, one of nine local government areas across Victoria to receive funding from VicHealth's Food for All program, is working to improve access to nutritious, culturally acceptable and safe foods for newly arrived migrants and

refugees. Together with project partners ISIS Primary Care, WestNet and Migrant Resource Centre North West, Brimbank Council is developing a Welcome Kit that includes aims to improve cooking skills and food literacy.

The Welcome Kit, informed by consultation with refugee health workers, dietitians and Migrant Resource North West staff, uses photographs to highlight basic food purchasing, preparation and cooking skills. This is an effective way to communicate to



people who have limited reading capabilities in English and in their native language.

The kit is translated into Amharic, Arabic and Dinka and covers the topics of buying, preparing and cooking fruit and vegetables, and keeping food safe. A Brimbank city map indicates the location of fresh vegetable and fruit outlets across the municipality.

The Welcome Kit will be a useful teaching tool to support workers, dietitians and refugee health nurses in providing information. It is envisaged that the kit will also be used by Settlement Services when introducing new arrivals to Australian food purchasing and preparation practices.

The resource will be available in August 2007.

Further information

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Promoting healthy weight for Yarra's kids

The Yarra Healthy Weight Group (YHWG) is promoting healthy weight amongst children aged 0–12 in the City of Yarra, with a focus on children who live in public housing.

The partnership, involving North Yarra Community Health, the City of Yarra, North Richmond Community Health Centre, local primary schools, the Department of Human Services, the Brotherhood of St Laurence and a range of other agencies, is seeking to work with children from culturally and linguistically diverse (CALD) backgrounds.

As children face issues of overweight and underweight, the program promotes a positive notion of healthy weight rather than 'tackling obesity'.

The YHWG is taking a dual approach—promoting good nutrition and increased physical activity. Strategies include:

- interventions to influence awareness and choices made by parents, for example, through creating culturally appropriate and accessible health information resources
- interventions that create greater opportunities for physical activity, such as introducing physical activity programs at breakfast clubs

- interventions to influence organisational environments as they impact on children, such as the development of nutrition and physical activity policies for schools and preschools.

In seeking to influence the diet and physical activity patterns of children from CALD families, the YHWG realised that it was essential to take the impact of culture into account. One of the strategies underpinning the plan is to conduct focus groups with parents from five CALD communities. This will enable a better understanding of the cultural and social influences that shape the food choices that parents make for their children. The knowledge gained from the focus groups will inform the development of targeted, appropriate and accessible health information for these communities. It will also inform the development of training for workers and volunteers who deal with families from these communities, such as maternal and child health nurses, preschool teachers and family support workers.

Further information

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Cultural competency—is it good for our health?

More than 60 people from health, government, community, sports, youth and ageing, attended a Centre for Culture Ethnicity and Health (CEH) forum to discuss ‘cultural competency’.

Cultural competency was originally developed as a model in the United States in the 1980s. The most widely-used definition of cultural competency is:

A set of congruent behaviours, attitudes and policies that come

together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross cultural situations.

(Cross et al 1989)

The forum aimed to look at cultural competency in an Australian context. The speakers represented the views of government, health, ethnic communities, academia and the multicultural sector.

Many issues and viewpoints were raised and discussed and questions were posed, such as:

- What is culture?
- Is cultural competency about accommodating differences?
- Should the focus be on delivering a competent health system, which is therefore culturally competent?
- Is the inequality in our health system for CALD communities about their lack of linguistic proficiency or about their cultural diversity?
- Culture does play a role, but whose culture, and how do we measure, test and access this?
- How do we determine standards in delivering not only competent health care but also culturally competent services?

The forum was well received and CEH will continue to explore this issue by providing more forums during the year.

Engaging our diverse community

Diversity is important business for the Department of Human Services. The department endeavours to recognise diversity in policy, program development, service delivery and in recruiting and supporting its workforce. In line with the Government’s commitment to building *A Fairer Victoria*, the department seeks to address the link between cultural diversity and disadvantage.

To assist agencies in working towards the goal of equitable, high quality service provision, the department has produced three important resources on cultural diversity and language services:

- The **Cultural Diversity Guide** (2006) is a user-friendly policy designed to improve planning and delivery around culturally appropriate human services.
- The **Language Services Policy** (2005) outlines the requirements for departmental services and funded organisations to enable people with limited or no English, to access professional interpreting and translating services when making significant life

decisions and where essential information is being communicated.

- The **Refugee Health and Wellbeing Action Plan 2005–2008** provides a context to understand the health and support needs of refugees to ensure coordination in the health, housing and community services sector, and partnership between the three levels of government and community groups required to meet those needs.

The Action Plan provides an overview of existing services for refugee communities, and projects that are planned for implementation in the near future.

A training CD/DVD for staff in the human services sector, *Making the Connection*, contains scenarios that present an insight into how to best work with interpreters.

A supporting workbook encourages discussion of the main points raised.

The training resource and the three policy documents can be accessed at the following website:

www.dhs.vic.gov.au/multicultural

About this Publication

Editorial Committee

Health Promotion and Chronic Disease Prevention Section, Public Health Branch; Diversity Unit, Portfolio Services and Strategic Projects; Centre for Culture Ethnicity and Health.

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The **June 2007** edition will focus on gender appropriate health promotion. Contribution are most welcome. The deadline for articles is 25 May 2007.

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