



Government of **Western Australia**  
Department of **Health**

# **Multicultural Health Diversity Café 3**

## **Executive Summary and Key Points**

31 July 2014

## Executive Summary

**Miss Maud's Swedish restaurant buzzed** on the morning of 31 July 2014 when the Department of Health's Cultural Diversity Unit (CDU) hosted the Multicultural Health Diversity Café 3.

**The morning's forum addressed the topic**, 'Raising consumer and community literacy – how to effectively talk about sensitive health topics with people from culturally and linguistically diverse backgrounds (CaLD).'

**The Café was the third of its kind hosted by the CDU**, but the first to be held in an actual café. The CDU's vision of replicating a friendly café where delegates could meet to learn from each other, exchange new ideas and share stories was achieved with the host opening the meeting by challenging attendees to share, discuss, listen, ask and showcase current work with consumers and carers from culturally and linguistically diverse backgrounds. The Diversity Café was another learning opportunity for service providers on their ongoing journey to develop cultural competency in providing equitable access and safe and high quality health programs and services.

**Keynote speakers described** the strengths and opportunities offered by different approaches used when speaking with CaLD groups about sensitive issues that centred on:

- **HIV/AIDS** by Bethwyn Hodge, Community Development and Advocacy Officer , WA AIDS Council
- **Cancer and CaLD communities** – 'Speaking about the Unspeakable' by Kathleen O'Connor, Project Coordinator, Bowel Cancer Screening Implementation Team, WA Cancer & Palliative Care Network
- **Mental health** by Siobhan Burka, A/Manager; Nazik Osman, CaLD Community Mental Health Support Worker and Deb Parsons, Community Mental Health Worker, Ruah Inreach, Ruah Community Services
- **FGM, gender based violence and honour killings** by Carol Kaplanian, FGM and FDV CaLD Project Officer (Education and Training), Women's Health Clinical Support Program, Women and Newborn Health Service (KEMH)

The presentations were intermixed with "buzz sessions." Common buzz ideas for the day described embedding cultural considerations into every day work, allowing time to consider and address the needs of people from all backgrounds, establishing rapport with individuals, providing safe and culturally appropriate physical environments, and establishing collaborative relationships with individuals and other health professionals working with them.

The format of the day continued the café theme where the introductions were the "appetisers", the presentations were the "main meals", and the interactive buzz sessions were the "desserts."

A summary of the presentations, key points from the four buzzing sessions, list of attendees and pictures from the café are included in this report. For more information, contact CDU through Ruth Lopez, Senior Policy Officer or Kelli Monaghan, Policy Officer on [culturaldiversity@health.wa.gov.au](mailto:culturaldiversity@health.wa.gov.au).

**Denise Sullivan opened the Café with an acknowledgement of country**, a warm welcome to all participants and a brief background to the café series. She spoke about how each café has stimulated conversations among the participants.

**Ruth Lopez introduced the Diversity Café concept and mechanics** and invited everyone to actively participate and enjoy the morning's forum.

**Beth Hodge (WA AIDS Council) presented on the delicate subject of sexual health.** She stated that cultural diversity often creates additional complexities to the already difficult task of talking about sex and offering appropriate sexual health education and services. Creative arts like drama, song or dance are proving to be effective approaches towards achieving cultural sensitivity. She cited some useful resources as follows:

- Cultural Lens - online interactive and video based training resource in cross-cultural communication for sexual health and blood borne viruses. <http://www.mmrcwa.org.au/ycl/>
- Love Games- Zambia's version of Home&Away, with each episode addressing a sexual health topic <http://safelovezambia.org/category/love-games-zambia/>
- Powerful Women- A motivational short film calling African women in WA to speak up, get tested and use protection <https://www.youtube.com/watch?v=WeLJld9hLpo>

With regards community mobilisation: stepping up from vulnerability to opportunity, Beth highlighted that nothing can be achieved without consulting with and building up community champions for sexual health. A paradigm shift is needed from exclusion to inclusion. Organisations and professionals must commit to the community and respond in ways they find appropriate. Culture and language are not always barriers; traditions and religious leaders, for example, can act as positive enablers for sexual wellbeing. Additional tips mentioned were:

- Acknowledge the strong relationship between equity and health (we cannot talk to people about STI/HIV testing if they have no access to free and culturally competent testing services).
- Address stigma and discrimination
- Recognise, listen to and acknowledge cultural beliefs
- Introduce sex with family planning
- Employ critical thinking, attentive listening and sensitive speaking
- Ask permission to speak about a particular topic.

**Kathleen O'Connor presented on Cancer and CaLD communities** – 'Speaking about the Unspeakable' which is about the development of a single, low literacy and culturally appropriate resource. She started by providing a brief background information about cancer. Some languages do not have any equivalent word for cancer and for many indigenous groups such as Australian Aboriginal people and the Canadian Inuits, it is seen as "the disease for which there is no cure.' She cited cancer barriers in CaLD communities such as:

- Traditional family notions of genetic testing
- Fatalism

- Stigma – punishment/shame; promiscuity
- Contagious/evil not to be discussed
- Knowing will make it progress faster
- Religious beliefs
- Fear of medical tests, hospitals and doctors
- Low health literacy.

The National Bowel Cancer Screening Program mails out standard kits to all eligible recipients which makes tailoring information for diverse groups impossible. Kathleen's team has embarked on developing a single universal resource which would be inclusive and understood by all. Using the existing Aboriginal brochure as a template, they reviewed, redesigned and included new illustrations with the assistance of a reference group comprised of consumers, multicultural community agencies and WA Health staff. The resource will be evaluated to determine its impact on screening participation. The team follows a resource development model where they plan and consult with stakeholders which feeds into the change process being taken.

**Nazik Osman, Deborah Parsons and Siobhan Burka** focused their presentation on the importance of workers' developing relationships with clients from culturally and linguistically diverse backgrounds. This relationship would facilitate effective communication around sensitive health topics such as mental health and related issues.

Highlighted throughout the presentation was the importance of taking time to make a connection with the client to build trust and increase the likelihood of engagement. Conversations that support the client to normalize their experiences go a long way towards reducing the significant impact of stigma and shame associated with many sensitive health issues within culturally and linguistically diverse communities.

Irrespective of agency setting, presenters urged Café participants to reflect on how trauma informed care and providing welcoming, safe spaces and processes impact on people from culturally and linguistically diverse backgrounds, particularly, those fearful or unaware of how to navigate unfamiliar Australian systems. They posed questions such as: Are the services they offer culturally aware or sensitive? Are there private spaces for people to sit? Are interpreters engaged? Are clients able to understand what is going on? Are their needs understood? Presenters urged the audience to reflect on how they would feel if they were in a similar situation in a foreign land. And to ponder what little changes they could make to create culturally safer environments - for example, are they aware of their organisation's/agency's/services 'Language Policy'? Reflecting on all of the above can lead to the building of trust and engagement of clients from culturally and linguistically diverse backgrounds.

The presenters concluded by emphasizing the benefits of collaboration among all services, supporting a person towards recovery together and the benefits to all if workers take time to listen and communicate with each other. This can often save time and produce better outcomes for the client.

**Carol Kaplanian presented on family and domestic violence in CaLD communities**, specifically female genital mutilation (FGM), gender based violence and honour killings. Some literature refers to these as honour-based violence. They are differentiated from other forms of domestic violence as they occur within the framework of collective family structures, communities and societies. Carol emphasized that most women who have undergone FGM do not recognize themselves as mutilated and are offended by

the term, 'mutilation.' In July 2013, it was estimated by UNICEF that more than 125 million girls and women worldwide were affected by the practice.

Carol highlighted points to consider when providing support to women, as follows:

- Violence can escalate as a result of migration and because of cultural change and the shift of gender roles.
- CaLD women are less likely to leave a violent relationship as there is pressure to remain in a marriage because of their fear of bringing shame and dishonour to the family.
- Fear that the family in the home country will experience repercussions.
- Fear of isolation and lack of extended family support.
- Religious belief that marriage is a sacred vow and cannot be broken.
- Intra-familial issues.
- Be aware that suggesting a partner leave the room in order to speak to the client alone can result in further violence against the client at a later point.

She also stressed that as health care professionals are trained to understand family domestic violence through a Western lens, it is imperative to attempt to understand someone else's perspective of FDV. Practitioners working with refugee women affected by domestic violence need to be aware of the likelihood of such histories. Practitioners must be cognisant of how the mental and physical effects of refugees' pre-arrival experiences can impact on the wellbeing and opportunities for successful resettlement in a new country.

## Key Points from the Summary Wall

### **1. What is your understanding of consumer and community health literacy? Why do you need to consider it in your work?**

#### *Health literacy*

- Community health literacy is embedded in cultural values and community structures. It is important to tap into what is meaningful for particular cultures so interventions are effective.
- Health literacy varies within and across cultures and genders.
- Strength based approach – recognise existing community knowledge and skills.
- Improving health literacy empowers people to become proactive.
- Lower levels of health literacy lead to higher hospital presentations which are costly and ineffective.
- The challenge is how to pitch raising awareness of systems, what to expect, how to prepare individuals to avoid repeated presentations.
- Understanding consumer health literacy is the basis for making informed decisions.

#### *Respect and understanding*

- Provide introduction to services to facilitate transition from one culture to the next.
- Be trauma aware – gain situational awareness of individual's background and cultural influences.
- Understand the background and context of the client.
- Respect and understand Western and other culture's point of view in relation to what health is, how to deal with and communicate health issues and find treatment and support.
- Have a heart and look at the individual's race – do not lump people together.
- Do not assume that our services are familiar or accessible to our CaLD clients.
- Convey messages in ways that have meaning for the person.
- Keep it simple; don't overwhelm.
- Work empathetically and respectfully.
- Use culture and language as enablers.
- Provide safe environments and stress confidentiality to build trust.
- Approach people in the right manner and this will elicit a positive response.
- Be aware of far ranging sensitivities/cultural norms – what is sensitive for one person may not be for another.
- Consider how your norms /values influence how you relate with others.
- Develop an awareness of culturally appropriate values relevant to developing effective interventions.
- Raise awareness of the importance of funding for maintaining effective interventions.
- Prepare culturally appropriate materials that are easily accessible to both men and women.
- Develop health messages that are simple and clear. Be aware of mixed messages or messages lost in translation.
- Consider how norms within the department could conflict with cultural norms.

### *Community champions*

- Do not go into communities as the 'expert' with the facts but work with key community members.
- Work with 'champions' in the communities to promote sensitive topics, for example, sexual health (role/peer model).
- Engage with leaders/elders in communities to ensure services are known and messages are appropriate.
- Identify the right 'champions' for communities.
- Train the trainer – champions very effective!
  - Understanding health literacy is having a person who is respected and has leadership role within their community to be a 'champion.'
  - Train the person to have capacity to deliver training – don't just choose someone who has ability to speak the language or has some educational background.
  - Train respected persons from within the community.

### *Interpreting services*

- Promote interpreter engagement as it enables independence and builds professional capability.
- Understand the importance of using interpreters but also understand that the main language of the country of birth may not necessarily be the language the client understands. Preferably use face-to-face interpreting.

## 2. What are the key components/requirements of raising health literacy among people from CaLD backgrounds?

- Invest adequate time on ongoing consultation with CaLD groups.
  - Remember to evaluate effectiveness of interventions and ensure evaluation is part of planning.
  - Use interpreters and set aside funding for interpreters.
  - Consider practicality of initiatives and ability to follow up.
  - Use varied opportunities and face-to-face communication.
  - Understand your audience in order to raise health literacy.
  - Acknowledge and prioritise community needs.
- 
- Use visual resources, storytelling and sharing.
  - Illustrations. Sensitivity. Simple/easy.
  - Develop specific resources for CaLD communities.
  - Maintain key information focus, but incorporate group specifics.
  - Use less text and more visuals.
  - Make resources appropriate to diverse groups and communities.
- 
- Allow local community to lead information needs identification, avoid 'expert' mentality.
  - Consider stigma and fear of illness and diagnosis.
  - Raise awareness of screening tests (because while you might be well on the inside you may not be on the outside).
  - Awareness of barriers, for example, literacy levels and appropriate formats.
  - Focus on the issues of most interest.
  - Reduce jargon and define terms.
  - Ensure message does not get lost in translation.
  - Ensure community ownership from the beginning.
  - Recognise stigma and be prepared for resistance.
  - Develop cultural awareness and sensitivity.



### **3. How can busy workers quickly develop a connection with their consumer or patient to effectively talk about sensitive health topics with them? (Think about environment, stigma, quiet spaces and language).**

- Place importance on developing a collaborative relationship (as opposed to white coat) relationship.
- Establish rapport based on common interest through a general conversation and providing a safe and culturally appropriate environment.
- Be approachable. Build trust and be patient centred.
- Be environmentally aware and focus on non-clinical matters.
- First impressions are very important - show interest, understand the culture and accept hospitality.
- Family support, consistency of services and ensuring client's receptiveness are paramount elements for facilitating trust and connection with clients.
- Allocate extended time, particularly for the initial consultation.
- Provide a seating and waiting area where patients can feel safe.
- No quick way but using an interpreter is very important.
- Pre-brief the hospital from the start to facilitate appropriate response.
- Prepare the client for what to expect and why.
- Careful consideration of where to refer, for example, GP vs hospital ED.
- Refer and acknowledge the person the client came in with.
- Use simple language and normalise experiences.
- Take away the 'silo' mentality by connecting and collaborating with all supports.
- Provide important background information.
- Listen.
- Be realistic in committing about delivery of services – not over promising on what you can do.
- Ensure diversity within staff, especially among female staff.
- Learn some cultural norms and to help in building some rapport.
- See the patient as an individual.
- Work with services to accommodate individual client needs.
- Be transparent about limitations to developing a relationship.
- Focus on immediate presenting issues.
- Engage with and respect any existing workers and advocates.
- Listen to client, normalise issue as much as possible, observing body language.
- Connect person to their community and activities.
- Refer to other health care professionals and agencies from the person's culture.
- Plan ahead.
- Find out about the person.
- Connect around issues such as where they live, family members. Find out what is important to the person first.
- Normalise through cultural competency training.
- Break the 'ice' with humour.

#### **4. What strategies would you adopt to improve consumer and carer health literacy in your work? How would you move forward?**

*Raise awareness and knowledge about consumers and clients*

- Increase awareness and knowledge of other cultures and religions.
- Learn about culture and religion.
- Understand history of problem or how it came about.
- Know who your consumers are.
- Educate yourself.
- Understand the client and what may work for them.
- Broaden the foundation of knowledge on what we/I base our work.
- Empower clients – work with their strengths.

*Some strategies*

- Ask hard questions with respect and compassion and if no answer, keep persevering.
- Promote ongoing dialog and rapport building.
- Network with CaLD groups.
- Find cultural champions from communities and share your health message through them.
- Work around clients and not let clients work around services.
- Provide culturally sensitive health education and promotion activities with parents and children.
- Refer patients to CaLD agencies.
- Rethink and redefine what is meant by community.
- Be open to what we can each realistically do.
- Use client friendly language.
- Engage interpreters and make sure staff know how.
- Build relationships and rapport using client centred approach.
- Promote sharing of contacts and information between organisations and service providers.
- Conduct shared conversations, as opposed to forcing beliefs of right or wrong. Open conversations that are not value driven.
- Implement 'naïve inquirer.' Respect your client's world view.
- Establish trust with client and have an open, accepting relationship.
- Collaborate with other agencies/supports.
- Be aware of resources. Refer, if needed.
- Facilitate inter-agency work.
- Provide education for service providers, clients and consumers.
- Target specific CaLD audiences when designing service delivery and other aspects of community interactions provided by agencies and government departments.
- Bring cultural diversity and sensitivity to every aspect of service delivery and policy.
- Facilitate access to training and encourage change.
- Allow time to build trust and relationship with consumers in order to facilitate communication and understanding.

## Diversity Café participants:

The Diversity Café was attended by 65 participants from various government and non-government organisations. Those who gave permission have their names and contact details included below.

Last name	First Name	Agency/Program	Email
Anderson	Judith	Community Health Nursing	Judith.anderson2@health.wa.gov.au
Bedford	Amanda	Perth South Coastal Medicare Local	ABedford@pscml.com.au
Bower	Jessica	Ishar Multicultural Women's Health Centre	projecyofficer@ishar.org.au
Burka	Siobhan	Ruah Mental Health	SiobhanBurka@ruah.com.au
Christophers	Megan	Consumer	Megan.Christo@live.com
Cy	Gan	Bentley Aboriginal Health Team	Chiew.Gan@health.wa.gov.au
Clark	Ant	Opportunity International	aclark@opportunity.org.au
Connor	Sarah	Humanitarian Entrant Health Service	Sarah.Connor@health.wa.gov.au
Daly	Joanne	Child and Adolescent Health Service	Jo.Daly@health.wa.gov.au
David	Sara	Nursing and Midwifery Office	Sara.David@health.wa.gov.au
Diggins	Stuart	Office of Safety and Quality in Healthcare	Stuart.Diggins@health.wa.gov.au
Dyall	Dorothy	Fremantle Hospital	Dorothy.Dyall@health.wa.gov.au
Fisher	Sarah	WA Cancer & Palliative Care Network	Sarah.Fisher@health.wa.gov.au
Hodge	Bethwyn	WA AIDS Council	bhodge@waids.com
Illingworth	Deb	Child and Adolescent Community Health Network	Deb.Illingworth@health.wa.gov.au
Jacobson	Heather	Drug and Alcohol Office	Heather.Jacobson@health.wa.gov.au
Kewe	Marzena	Consumer	mmkewe@gmail.com
Lester	Matthew	Science and Policy Unit, DoH	Matthew.Lester@health.wa.gov.au
Libertino	Sam	Infectious Diseases Department	Sam.Libertino@health.wa.gov.au

Last name	First Name	Agency/Program	Email
Little	Narelle	Association of Services for Torture and Trauma Survivors	Narelle.Little@asetts.org.au
Mactiernan	Diana	Equal Opportunity Commission	Diana.MacTiernan@eoc.wa.gov.au
Mastura	Stewart	Consumer	ummraheil@gmail.com
Merema	Matt	Chronic Disease Prevention Directorate, DoH	Matt.Merema@health.wa.gov.au
Neagu	Daniela	Department for Child Protection	Daniela.Neagu@cpfs.wa.gov.au
Neervort	Megan	Office of Mental Health	Megan.Neervoort@health.wa.gov.au
Nieto	Ana Diaz	Fremantle Medicare Local	Ana.DiazNieto@FremantleML.com.au
Ngoga	Rose	Sussex Street Community Legal Centre	R.Ngoga@sscls.asn.au
O'Connor	Kathleen	WA Cancer & Palliative Care Network	Kathleen.O'Connor@health.wa.gov.au
Powell	Frances	Health Networks	Frances.Powell@health.wa.gov.au
Prokopyszyn	Stacey-mae	WA Cervical Cancer Prevention Program	Stacey-mae.Prokopyszyn@health.wa.gov.au
Raman	Latha	Centrecare Inc	lraman@centrecare.com.au
Rayson	Josie	Magenta	Josie.Rayson@magenta.org.au
Spendlove	Noura	Student	nourasp@gmail.com
Sprigg	Lyn	Child and Adolescent Community Health	Lyn.Sprigg@health.wa.gov.au
Sullivan	Judith	Child and Adolescent Community Health	Judith.Sullivan@health.wa.gov.au
Tanian	Dianna	Community and Adolescent Community Health	Dianna.Tanian@health.wa.gov.au
Tyndall	Elizabeth	Communications Branch DoH	Elizabeth.Tyndall@health.wa.gov.au
Wright	Bernadette	Transcultural Mental Health Service	Bernadette.Wright@health.wa.gov.au





**This document can be made available in alternative formats on request for a person with a disability.**

© Department of Health 2014

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.