

# Diversity Health Newsletter

July - September 2024



ABORIGINAL HEALTH

## NAIDOC Week 2024: *Keep The Fire Burning! Blak, Loud and Proud*

NAIDOC Week celebrates and recognises the history, culture, and achievements of Aboriginal and Torres Strait Islander peoples. It is an opportunity for all Australians to learn about the First Nations' culture and history and participate in the celebrations of the oldest, continuous living culture on earth.

SSEH annual NAIDOC Week celebrations took place on Tuesday, 9 July 2024. This year's NAIDOC Week theme is: *Keep the Fire Burning! Blak, Loud and Proud*, honouring the enduring strength and vitality of First Nations' culture, with fire, a symbol of connection to Country, to each other, and to the rich tapestry of traditions that define Aboriginal and Torres Strait Islander peoples.

The NAIDOC Week event commenced with Uncle Ray, an Aboriginal Elder from Gadigal land (where our hospital is located), giving a Welcome to Country, followed by a traditional Smoking Ceremony to cleanse the area. Eric led the hospital staff to the Worrall Lecture Theatre. In keeping with the theme *Blak, Loud and Proud*, Eric Brown, an Indigenous man from La Parouse, taught the staff traditional Aboriginal dances accompanied by an explanation.

**Aunty Linda (left) participating in the Smoking Ceremony, led by Eric Brown, Aboriginal community member (right).**



**SSEH staff da (left) participating in the Smoking Ceremony, led by Eric Brown, Aboriginal community member (right).**



## **A beautiful explanation of a Welcome to Country by Jude Barlow, a Ngunnawal Elder.**

*Being welcomed to Country means that you are talking to your spiritual ancestors and you're staying just let this person come through. We trust that they're not going to do any harm on this Country and so do not harm them'.*



### Multicultural Health Week 2024, 2 - 8 September

To celebrate Multicultural Health Week at our hospital the Diversity Health Coordinator attended ward and department huddles for clinical staff to participate in a short Multicultural Health Week-themed quiz and to win a prize. A total of 73 staff answered the quiz questions!

*If you did not have an opportunity to participate in the quiz and would like to give it a go, click on the image below to visit the SSEH Diversity Health page! The quiz is under 'What's New'. Or simply scan the QR code.*

### Using a Healthcare Interpreter for consent and essential communication in the wards

The Diversity Health Coordinator recently audited 100 inpatient files to gauge the use of Health Care Interpreters for signing a consent form and for essential communication between 1 January and 31 December 2023. The table below compares the results from the audit conducted in 2021 to the results from the 2023 audit.

Event	2021	2023
Use of Health Care Interpreter for signing a consent form	75%	84%
Use of Health Care Interpreter for essential communication	18%	10%

It is evident from these results that the use of Health Care Interpreters for essential communication has decreased. To read the full report, including an updated Action Plan, please click on the link below.



If you have not recently reviewed the NSW Ministry of Health (2017) Interpreters – Standard Procedure for Working with Health Care Interpreters, please click on the image below or scan the QR code.

**INTERPRETERS – STANDARD PROCEDURES FOR WORKING WITH  
HEALTH CARE INTERPRETERS**



### Some examples of when to use a Health Care Interpreter

**For the complete list, please refer to page 8 of the Standard Procedure for Working with Health Care Interpreters**

- |   |   |
|---|---|
| • Obtaining consent for a procedure or surgery                                | • Admission   |
| • Initial assessment  | • Discharge   |
| • Explanation of treatments and medications, including risks and side-effects | • Identifying the correct patient, correct procedure and correct site |

## Resources to help care for patients from Culturally and Linguistically Diverse (CALD) backgrounds at SSEH

When caring for patients who do not speak or have limited English, we have a few tools to assist our work. These tools play a significant role in ensuring effective communication and patient-centred care for CALD patients.

### CALD Assist App

The CALD Assist App is a simple and dynamic way for clinicians to communicate with patients from CALD backgrounds. The App features translated phrases commonly used during basic care interactions and screening assessments to support patient care. A dedicated CALD Assist App iPad is available in 2 West, 2 East, DPU/HVSS and the Emergency Department. For further information about the CALD Assist App, click on the image or scan the QR code below.



### Appointment translation tool

To make sure that your CALD patient knows when their next appointment is, you can input the appointment details into an online appointment tool and choose the selected language. Once you have done this, you can print out the information, or send it to them via email.

Click on the image below to access this tool or scan the QR code.



### Translated patient resources

Translated information for patients on a variety of topics is available online. Click on the images or scan the QR codes below to access translated resources. SSEH-specific translated resources can be found on the [SSEH Intranet](#) under 'quick links'.





### Urban Insights Walk

Each year, the SESLHD Homelessness Health Program Manager organises the Urban Insight Walk. This initiative provides a platform for staff from across the district to hear the stories of those who have experienced homelessness, such as Paul's story below.

#### Paul's story

Paul, an SESLHD community member who experienced homelessness for three years. Paul has suffered from severe mental health issues and has received medication since he was a teenager.

Paul's story started with a single traumatic event when he was four years old: his father left the family. His mother did not have enough money to support her five children, so she placed Paul into foster care. Paul feels the move into foster care only exacerbated his feelings of abandonment. At age 15, Paul reunited with his mother and would visit on the weekends. During these visits, however, he was exposed to and started using alcohol and other substances. By age 16, he was spending time in Kings Cross with friends, engaging in injecting drug use, and formed a substance use disorder, which lasted 30 years.

#### Paul's experience with the NSW mental health system

Paul has often felt his complex mental health history has been misunderstood by medical and other healthcare professionals, leading to poor experiences in the NSW mental health system. For example, he was once admitted to a mental health ward, only to be told he did not need to be there, which he felt minimised his experience.

#### Paul's experience in the hospital Emergency Department

Paul has had negative experiences when visiting the ED. He has felt stigmatised due to his substance use and potential Hepatitis C status. He also feels he has been undertreated at times, particularly concerning pain relief.

#### Paul's message

For individuals enduring the hardships of homelessness to maintain their connection with health services, it is imperative that staff treat them with dignity and respect. Understanding that these individuals carry the burden of past traumas, including within the healthcare system, is crucial. A trauma-informed approach is not just beneficial; it's essential for every patient.

#### Paul's main messages:

***To have empathy and compassion for people experiencing homelessness.***

***To be aware that, at first glance nothing is what it appears to be.***

### Resources to learn more about providing patient-centred care to patients experiencing homelessness

My Health Learning has two online modules for staff to learn more about providing patient-centred care for people experiencing homelessness. To find the resources, type in 'Homelessness' into the search bar.

Learning Path: Healthcare responses to homelessness

These seven videos explore early intervention actions that health workers can take to identify and assist people who may be experiencing homelessness, or at risk of homelessness.

Video title	Time required
Video 1. What is homelessness and who is at risk?	7.5 minutes
Metro, regional and rural experiences of homelessness	3.5 minutes
Identifying homelessness and those at risk	9 minutes
Care planning for people experiencing homelessness	7 minutes
Care considerations for Aboriginal people experiencing homelessness or at risk	6 minutes
Making referrals for accommodation supports	8.5 minutes
Working together: the power of shared goals	8 minutes

Health Equity and Social Determinants

A four-episode podcast which explores the way social determinants and the social gradient impact health equity and health outcomes. The podcast includes, but is not limited to, interviews with experts and consumer stories.

Duration: One hour



A TASTE OF HARMONY AT SSEH

Hand Therapist Achini Soysa submitted this recipe.

*I was born in Sri Lanka and grew up with Red Lentil Curry as a staple in our household. My mother, Amma, made it almost every night, and it became an integral part of our family dinners. The comforting aroma of the curry simmering on the stove, the rich, earthy flavours, and the vibrant colors of the dish were all deeply ingrained in my childhood experience. Red Lentil Curry is more than just a favourite dish for me; it represents the love and care Amma put into every meal. Even now, whenever I cook or eat Red Lentil Curry, it evokes a strong sense of nostalgia and brings back fond memories of my family.*

To access the recipe, click on the map, or scan the QR code below.



DO YOU NEED MORE INFORMATION, OR WOULD YOU LIKE TO MAKE A CONTRIBUTION TO THIS NEWSLETTER?

If you would like more information about any resources, contribute to the next newsletter or would like to book a training session, please contact the Diversity Health Coordinator via email at [yael.rottanburg@health.nsw.gov.au](mailto:yael.rottanburg@health.nsw.gov.au)