



Health
South Eastern Sydney
Local Health District

SESLHD Implementation Plan for Healthy Culturally Diverse Communities and Refugee Health Plan **2021-2023**



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1. Introduction

The *SESLHD Implementation Plan for Healthy Culturally Diverse Communities and Refugee Health Plan* (the Implementation Plan) outlines the actions of South Eastern Sydney Local Health District (SESLHD) to implement the *NSW Health Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023* and the *NSW Refugee Health Plan 2020-2025*. The Implementation Plan identifies six key focus areas and is informed by a broad policy context (see Appendix 1).

1. **Leadership, policy and planning** - embedding cultural responsiveness into leadership, policy development and planning to improve access, experience of care and health outcomes for culturally and linguistically diverse communities.
2. **Quality and safety of care** - improving the quality and safety of care provided to people from culturally and linguistically diverse backgrounds.
3. **Health literacy and health promotion** - supporting people from culturally and linguistically diverse backgrounds to build their health literacy and be actively involved in decisions about their health; and improving uptake of health promotion programs and behaviours.
4. **Workforce capability** - increasing the capability of SESLHD staff to deliver culturally responsive services and programs and to be responsive to people's individual needs, language and culture.
5. **Research and innovation** - understanding the needs, experiences and identities of culturally and linguistically diverse communities by the improved use of data, research and innovation to improve access, experience of care and health outcomes for culturally and linguistically diverse communities.
6. **Refugees and asylum seekers** – ensuring that the health needs of refugees and asylum seekers are integrated into all focus areas.

The Implementation Plan builds upon the previous SESLHD plans and recent achievements, as summarised in Appendix 4.

Development of the Implementation Plan was led by the Priority Populations Unit. We would like to acknowledge the contribution of a wide range of internal and external partners and consumer representatives in the development of the plan. Consultations were held with representatives from:

Population and Community Health; Mental Health Service; Clinical Governance Unit; Planning Unit; Garrawarra Centre; Prince of Wales Hospital; Royal Hospital for Women; St George Hospital; Sutherland Hospital; Sydney and Sydney Eye Hospital; War Memorial Hospital; Calvary Hospital Kogarah; Priority Populations Unit and Diversity Health staff across the district; Sydney Health Care Interpreter Service; Central and Eastern Sydney PHN; SESLHD Multicultural Health Stakeholder Advisory Committee (including consumer representatives; local councils and key community multicultural organisations).



2. Snapshot of our culturally and linguistically diverse communities

- **More than 35%** of SESLHD residents speak a language other than English at home, with **6%** of SESLHD residents reporting that they do not speak English well or at all!¹
- The top ten languages other than English (LOTE) spoken in SESLHD are: Mandarin; Cantonese; Greek; Arabic; Spanish; Italian; Nepali; Indonesian; Macedonian; and Russian.
- The top ten mainly non-English speaking countries of birth² of SESLHD residents are: China; Indonesia; Greece; Nepal; Philippines; Hong Kong; India; Italy; Malaysia; and Thailand.
- The fastest growing and new and emerging communities include people from: Mongolia, Oman, Brazil, Nepal, and Nigeria.
- The top five ageing communities by country of birth are: Greece, Italy, Egypt, North Macedonia, and Lebanon.
- The number of newly arrived humanitarian entrants to SESLHD is relatively small compared with other metropolitan LHDs (<50 per year in the last few years). However, SESLHD is home to some of the highest number of post-World War II refugees settled with Australia and this group have specific refugee related health needs associated with ageing.



¹Australian Bureau of Statistics, Census of Population and Housing 2016.

²English speaking countries include: Australia, New Zealand, United Kingdom, Ireland, Canada, USA, South Africa and Zimbabwe.

3. Snapshot of service provision to culturally & linguistically diverse communities

- In 2019-2020, health care interpreters from Sydney Health Care Interpreter Service (SHCIS) were used for nearly **20,000** appointments across community health and hospital services. In addition, interpreters from TIS and ATIS were used for around an additional **8,300** appointments.
- Each year around **12,000** clients who have a preferred language other than English (LOTE) are seen through SESLHD community health services.
- Each year around **22,000 – 24,000** patients who have a preferred LOTE (approximately 13% of all patients) are discharged from SESLHD hospitals (excluding dialysis).
- The top 10 languages other than English of our patients in last 12 months were: Greek; Mandarin; Arabic; Cantonese; Macedonian; Spanish; Italian; Russian; Portuguese; and Nepali, with significant variations between hospitals. St George Hospital discharges the highest number of patients who speak a LOTE per year (around 11, 000) while Sydney/Sydney Eye Hospital discharges the highest proportion of patients who speak a LOTE per year (approximately 23%).
- **Around 2,900 women** who were born outside Australia in a predominantly non-English speaking country give birth in SESLHD hospitals each year.
- Analysis of routinely collected patient safety and quality data indicates that patients who speak a LOTE are significantly more likely to experience healthcare acquired complications (e.g. hospital acquired infections), be readmitted to hospital within 28 days, die in hospital, or not meet the emergency treatment performance within 4 hours. Patients who speak a LOTE are significantly less likely to be discharged against medical advice.

A more comprehensive picture of our culturally and linguistically diverse communities and their service utilisation is available in the appendices.



4. Implementation plan 2020-21 to 2023-24

FOCUS AREA 1: LEADERSHIP, POLICY AND PLANNING				
Objectives	Current and planned initiatives include:	Responsibility	Measure	Milestone
To embed cultural responsiveness into leadership, policy development and planning to improve access, experience of care and health outcomes for culturally and linguistically diverse communities	SESLHD Diversity and Inclusion Policy	People and Culture	Policy under consideration	December 2023
	Design and deliver Addressing Racism Strategy	Director PaCH, with support from Multicultural Health Service, Aboriginal Health Unit, People and Culture, Media and Communications	Strategy delivered; training program evaluated	December 2023
	Coordinate Multicultural Health Stakeholder Advisory Committee (MHSAC) – key consultative forum for multicultural communities within SESLHD	Multicultural Health Service	MHSAC meetings held quarterly; committee reviewed annually	December 2023
	Develop and disseminate SESLHD Translations Policy	Multicultural Health Service	Policy disseminated across SESLHD	Achieved – December 2020
To enhance responsiveness to emerging health issues/ needs	Develop and disseminate translated and in-language public health messaging and community engagement re. COVID-19; in response to identified community needs and dynamic environment	Multicultural Health Service in consultation with the Public Health Unit	Range of messages delivered and community engagement initiatives completed	December 2023
	Conduct needs and assets assessment of the Mongolian community	Multicultural Health Service	Report compiled and approved by Director PaCH; disseminated to stakeholders	June 2022
	Initiate projects to address immediate needs of the Mongolian community including mental health and early childhood translated resources	Multicultural Health Service, Mental Health Service, Child Youth and Family Service	Key community resources translated into Mongolian	December 2023

4. Implementation plan 2020-21 to 2023-24 (continued)

FOCUS AREA 2: QUALITY AND SAFETY OF CARE				
Objectives	Current and planned initiatives include:	Responsibility	Measure	Milestone
To improve quality and safety of care provided to people from culturally and linguistically diverse backgrounds	Deliver targeted culturally responsive models of care including:			
	a) School based health screening of newly arrived refugee and migrant young people	Multicultural Health Service	TBC – on hold due to COVID-19 pandemic	TBC
	b) Women's Health Clinics	Women's Health Program	% women from vulnerable populations attending the clinics	90% of women attending clinics from vulnerable populations achieved annually
	c) Rockdale Children and Families Hub	Child Youth and Family Service	Decrease by 10% the proportion of children enrolling in Rockdale Public School with undetected or under-managed developmental concerns	December 2023
	e) Mindfulness Interventions for CALD Communities Program – including additional resources for Nepali community and new resources for additional communities	Multicultural Health Service	As per Master Services Agreement with CESP HN	June 2022
	Explore the use of quality and safety indicators for patients from CALD backgrounds	Multicultural Health Service; Prince of Wales Hospital	Explore whether the current data collection and storage systems can support the routine reporting of quality and safety indicators for CALD inpatients.	December 2023
	Implement CALD Assist Communication App	Multicultural Health Service; Diversity Health	Implement across all SESLHD facilities	December 2022
	Conduct biennial audits of use of professional interpreters for hospital patients	Diversity Health	Audits conducted and reports tabled with Facility Executives	Biennial for each facility up to June 2023
	Support integration of interpreters into telehealth initiatives	Multicultural Health Service; Diversity Health	Interpreter information integrated into staff resource and education	December 2022
	Participate in SHCIS Partnership Group	Multicultural Health Service; Diversity Health	Quarterly meetings with SLHD; MoU renewed	MoU renewed by December 2022

4. Implementation plan 2020-21 to 2023-24 (continued)

FOCUS AREA 3: HEALTH LITERACY AND HEALTH PROMOTION				
Objectives	Current and planned initiatives include:	Responsibility	Measure	Milestone
To improve individual and organisational health literacy through co-design and community participation and improved uptake of health promotion programs and behaviours	Deliver targeted culturally responsive health promotion programs including:			
	a) Shisha No Thanks project	Multicultural Health Service	As per MOU with CINSW	Achieved – June 2021
	b) Healthy Hurstville Program	Health Promotion Service	Increased collaboration with SESLHD services, Georges River council and NGOs to increase dissemination of health information for culturally diverse families in Hurstville area	December 2023
	c) Chinese Get Healthy Program	Health Promotion Service	To promote state-wide Get Healthy project to local Chinese community and clinicians	December 2023
	d) Chinese Young People Project for healthy eating and physical activity	Health Promotion Service, Youth Health	As per agreement of grant with the Commonwealth Department of Health	December 2023
	e) Stepping On Program – multicultural groups	Health Promotion Service	Stepping On Program to continue to target groups from culturally and linguistically diverse communities and to increase the capacity of the program to deliver programs in community languages	December 2023
	f) International Students Project	HARP	To increase the reach of testing for blood borne viruses and sexually transmitted infections with international students	December 2023
	g) Hepatitis B Project	HARP	To increase the access to testing and information for Hepatitis B for culturally and linguistically diverse communities	December 2023
	Conduct forums and capacity building activities for community workers including: <ul style="list-style-type: none"> Shisha No Thanks online training module and webinars Multicultural communities and COVID-19 initiatives Community health worker forums – topics to align with District and PaCH priorities 	Multicultural Health Service	As per Multicultural Health Service annual work plans	December 2023
	Coordinate the delivery of the Accessing Health Care Community Education sessions for newly arrived migrants and refugees	Multicultural Health Service	TBC – on hold due to COVID-19 pandemic	TBC
	Manage the SESLHD component of the Cultural Support Program including promotion and providing support to SESLHD services and programs	Multicultural Health Service	As advised by SLHD on hold due to COVID-19 pandemic	TBC
	Conduct hospital tours for newly arrived migrants and refugees and international students	Diversity Health	As per Diversity Health annual work plans for each facility	December 2023
	Provide consultation re. translations to SESLHD programs and services	Multicultural Health Service	As per Multicultural Health Service annual work plans	December 2023

4. Implementation plan 2020-21 to 2023-24 (continued)

FOCUS AREA 4: WORKFORCE CAPABILITY				
Objectives	Current and planned initiatives include:	Responsibility	Measure	Milestone
To increase capability of LHD staff to deliver culturally responsive services and programs	Conduct Research to Practice Forums <ul style="list-style-type: none"> Addressing racism Raising awareness of waterpipe smoking 	Multicultural Health Service	As per Multicultural Health Service annual work plans	December 2023
	Develop and deliver bystander intervention training, train the trainer sessions and Q&A sessions as part of the Addressing Racism Strategy	Multicultural Health Service	As per Addressing Racism strategy	December 2023
	Develop and deliver a range of training modules, including cultural responsiveness, health beliefs, culturally responsive mental health (including for refugees)	Multicultural Health Service	As per Multicultural Health Service annual work plans	December 2023
	Deliver health literacy training			
	a) Hospital staff	Diversity Health	As per Diversity Health annual work plans for each facility	December 2023
	b) PaCH and Mental Health Staff	Multicultural Health Service	As per Multicultural Health Service annual work plans	December 2023
	Deliver training on working with interpreters:			
	a) Hospital staff	Diversity Health	As per Diversity Health annual work plans for each facility	December 2023
	b) PaCH and Mental Health Staff	Multicultural Health Service	As per Multicultural Health Service annual work plans	December 2023

4. Implementation plan 2020-21 to 2023-24 (continued)

FOCUS AREA 5: RESEARCH AND INNOVATION				
Objectives	Current and planned initiatives include:	Responsibility	Measure	Milestone
To improve the use of data, research and innovation to improve access, experience of care and health outcomes for culturally and linguistically diverse communities	Deliver research, innovation and evaluation projects with key partners including: <ul style="list-style-type: none"> Public health messaging and COVID-19 Use of translation apps in clinic care Extended caregiving arrangements in families from Chinese backgrounds research project Framework for preferred practices in conducting culturally competent health research in a multicultural society 	Priority Populations Unit	No. projects completed and reports and/or publications disseminated	December 2023

FOCUS AREA 6: REFUGEES AND ASYLUM SEEKERS				
Objectives	Current and planned initiatives include:	Responsibility	Measure	Milestone
To ensure that the health needs of refugees and asylum seekers are integrated into all focus areas	Ensure the inclusion of refugee and asylum seekers within targeted culturally responsive models of care; targeted culturally responsive health promotion programs; community education and the development of in-language and translated health information	Multicultural Health Service	Reviewed annually	December 2023
	Develop and deliver refugee specific cultural competency training modules	Multicultural Health Service	As per Multicultural Health Service annual work plans	December TBC – on hold due to COVID-19 pandemic 2023

5. Appendix 1: Policy framework

This framework was used to develop the SESLHD Implementation Plan for Healthy Culturally Diverse Communities

Domains of Action	Link to NSW Health Plan for Healthy Culturally and Linguistically Diverse Communities 2019-2023 Outcomes	Link to National Safety and Quality Health Service Standards	Link to NSW Refugee Health Plan 2020-2025	Link to Multicultural NSW Multicultural Policies and Services Program (MPSP) Framework Outcomes
1. Leadership, policy and planning	Outcome 1: NSW Health has strategies in place to improve access and quality of care for all people from culturally and linguistically diverse backgrounds, particularly people with vulnerabilities Outcome 3: The NSW Health workforce is responsive to people's individual needs, language and culture	Standard 1. Clinical Governance Standard 2. Partnering with Consumers	Goal 1: People have timely access to culturally responsive and trauma-informed healthcare services Goal 3: NSW Health responds flexibly and collaboratively to meet new and emerging healthcare needs, regardless of where people are resettled	Outcome 1. Mainstream services deliver for everyone Outcome 4. Strong plans to deliver services Outcome: 5. Evidence Driven Planning Outcome: 6. Demonstrated leadership in culturally inclusive practices Outcome 7. Increased recognition of the value of cultural diversity
2. Quality and safety of care	Outcome 1: as above Outcome 2: NSW Health supports people from culturally and linguistically diverse backgrounds to build their health literacy so they can be actively involved in decisions about their health Outcome 4: NSW Health understands the needs, experiences and identities of culturally and linguistically diverse communities in NSW	Standard 1. As above Standard 2. As above Standard 6. Communicating for Safety	Goal 2: People are at the centre of their own care Goal 3: as above	Outcome 1. As above Outcome 2. Targeted programs fill the gaps Outcome 8. Collaboration with diverse communities
3. Health literacy and health promotion	Outcome 2: as above	Standard 2. As above Standard 6. As above	Goal 1: as above Goal 2: as above	Outcome 3. People from culturally diverse backgrounds are aware of NSW Government services, programs and functions Outcome 8. As above
4. Workforce capability	Outcome 3: as above	Standard 1. As above Standard 2. As above Partnering with Consumers	Goal 1: as above	Outcome 7. As above
5. Research and innovation	Outcome 4: as above	Standard 1. As above Standard 2. As above Standard 6. As above		Outcome: 5. As above Outcome 9. Understanding the needs of people from diverse backgrounds
6. Refugees and asylum seekers			Goals 1, 2 and 3: as above	

6. Appendix 2: Achievements 2018-2020

Leadership, policy and planning

COVID-19 Response 2020

The Multicultural Health Service and Health Promotion Service worked collaboratively to support culturally and linguistically diverse communities around COVID-19, particularly in providing translated information and encouraging people from these communities to present for testing.

Key initiatives have included:

- Three social media campaigns developed in 15 languages to encourage people to present for testing and to address concerns around clinic safety and costs of testing. These campaigns were widely disseminated on social media and shared with the Ministry of Health where they were translated into additional languages for use across NSW.
- Coordinating regular online meetings with community organisations to provide information to community workers on COVID-19 and changes to SESLHD services.
- Development and distribution of a fortnightly e-newsletter to provide information about the latest translated information about COVID-19, links to further information, and responding to questions from community workers about specific issues for multicultural communities.
- Development and distribution of translated resources including multilingual symptom posters, screening questions for clinic entrances, and visitor policy posters in 20 languages.
- Development of resources and training for staff to access interpreters via telehealth.



Quality and safety of care

Cross Cultural Workers in Maternity and Child, Youth and Family Services

Cross cultural workers in Maternity and Child, Youth and Family Services were recruited to assist women from culturally and linguistically diverse communities through their pregnancy, and support to families through early parenting. Based in the Royal Women's and St George Hospitals, the workers provide support to women and families by building their health literacy and provide assistance in navigating and accessing maternity, child and family health services. Preliminary evaluation of the program has indicated that 98% of women being very satisfied/satisfied with the program and 100% reported an increased understanding of pregnancy, birth and parenting.

Effective and Efficient Use of Professional Interpreters in Clinical Care Project

This collaborative project involved all Directorates and Facilities to provide updated facility specific instructional posters on booking interpreters. Other strategies targeted staff to raise awareness of interpreters including updated training programs, training video for junior doctors and staff resources such as lanyards. Additional strategies focused on patients, carers and families with promotional posters and banners distributed to all facilities providing messaging about interpreter availability and emphasising these services were free and confidential. The project won the SESLHD District Directorate Achievement and Excellence Award in 2018 in the category of Innovation and Continuous Improvement, and was a finalist in the NSW Multicultural Health Awards in the Patient Safety Category in 2019.

Patient Safety and Quality Indicators for Hospital Patients from Diverse Backgrounds

Prince of Wales and Sydney/Sydney Eye Hospitals conducted a project to identify quality and safety indicators for culturally and linguistically diverse patients.

6. Appendix 2: Achievements 2018-2020 (continued)

Health literacy and health promotion

Shisha No Thanks

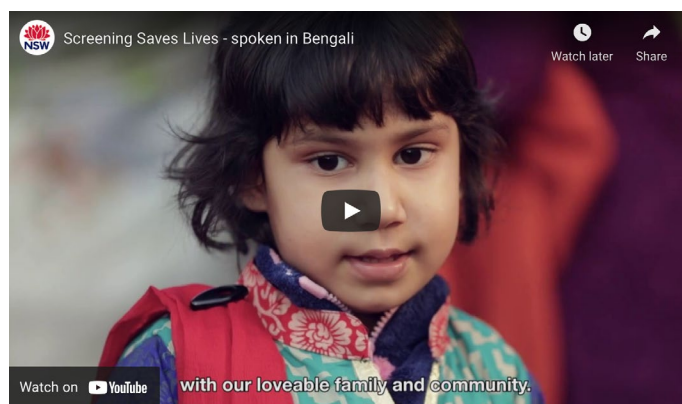
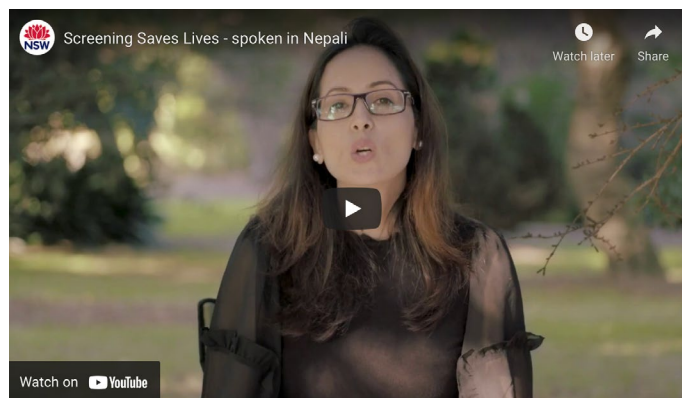


Funded by the Cancer Institute NSW (CINSW) 2018-2020, the Shisha No Thanks project aimed to raise the awareness of the harms of waterpipe smoking in young people of Arabic speaking backgrounds through community engagement and social marketing. Project resources included the development of a broadcast quality promotional video co-written and performed by community members and viewed over 350 000 times. Other resources included a website, social media channels on Facebook, Instagram and YouTube, 12 additional videos, radio advertisements on six Arabic radio stations, four fact sheets, and promotional marketing collateral. Project evaluation demonstrated a significant increase in the awareness of the harms of waterpipe smoking in the target population. SESLHD project partners included the Multicultural Health Service (lead), Health Promotion Service, and the Multicultural Health Communication Service. Other partners included the Lebanese Muslim Association (LMA), CINSW, SLHD, SWSLHD and the South Eastern Research Hub (SEARCH) at UNSW. The project was the winner of the Keeping People Healthy category in the SESLHD NSW Health Awards in 2020, and also won the CommBank Business Campaign of the Year at the NSW Premier's Multicultural Communications Awards in 2020. Due to the success of the project, additional funding was provided in the 2020-2021 financial year to extend the project to young people from other culturally and linguistically diverse communities.



Screening Saves Lives

The Screening Saves Lives project aimed to increase cervical cancer screening in Nepalese and Bangladeshi women and was funded by the CINSW. The project was co-designed with women from the target communities and developed videos, posters and fact sheets to promote women's health screening. Due to the success of the project with the Nepali and Bangla women, the fact sheets were translated into 12 languages and distributed via 149 GP practices across the Central and Eastern Sydney PHN. The video resources were in Bangla, Nepali and English and have collectively been viewed more than 54 000 times on the SESLHD YouTube channel. A follow up project, also funded by the CINSW, promoted women's health screening in the antenatal period and developed more translated audio and poster resources in 13 languages. The Screening Saves Lives project was the winner of the NSW Multicultural Health Award for Keeping People Healthy in 2019.



6. Appendix 2: Achievements 2018-2020 (continued)

Workforce capability

Culturally Responsive Refugee Mental Health Care Train the Trainer Program

In 2019, the Multicultural Health Service was commissioned by the Ministry of Health to develop and deliver a train the trainer program to build the capacity of health care staff across NSW to meet the needs of newly arrived people of refugee and asylum seeker background. In partnership with the Mental Health Service and NSW Refugee Health Service, six one hour training modules were developed including five new video resources, training manuals and settlement and refugee data. The program was delivered over two days to staff from seven LHDs.

Research and Innovation

Use of Translation Apps and Websites in Clinical Care

The Multicultural Health Service partnered with the Health and Social Policy Branch, Ministry of Health to commission a research project with the South Eastern Research Hub (SEARCH) at UNSW on the use of translation apps and websites in clinical care. Staff from five LHDs were surveyed, and follow up qualitative interviews were also conducted to investigate the use of translation apps in clinical settings. This research was the first of its kind in Australia, and findings indicated that more than a third of clinical staff surveyed had used a translation app or website in a clinical encounter. Project partners included the NSW Multicultural Health Communication Service, SLHD, SWSLHD, HNELHD and WSLHD.

Refugees and asylum seekers

IEC Healthy Lifestyle Project

Newly arrived refugee and migrant adolescents enrolled in the Beverly Hills Intensive English Centre are screened by school based nurses to identify and intervene in health issues likely to impact on learning. The Healthy Lifestyle Project was an extension of this program and aimed to address the issue of overweight and obesity in students. A co-designed range of school wide interventions were implemented to promote increased healthy behaviours and knowledge among the school community supported by individualised health coaching from the nurses for students identified as being above a healthy weight. Evaluation demonstrated positive shifts in student behaviour with higher consumption of healthy foods and increased physical activity.



7. Appendix 3: Service utilisation data

Interpreter services

SHCIS Appointments 2019-2020:

19,981 SHCIS appointments in SESLHD (↓ 8.71% from last year)

St George Hospital (6,939); Prince of Wales Hospital (4,116); Sydney Eye Hospital (2,648); Royal Hospital For Women (1,222); Mental Health SESLHD (1,157); War Memorial (909); Sutherland Hospital (735); Calvary Health Care Sydney (691); Oral Health SESLHD (462); Sydney Hospital (336); Primary Integrated Community Health SESLHD (PICH Directorate) (220); Planning Population Health & Equity (PPH&E Directorate) (218); Early childhood SESLHD (212); SESLHD (78); St George Health Centre (31); Darlinghurst Health Centre (5); Garrawarra Centre (1); Rockdale Health Centre (1).

SHCIS appointments by top 20 language groups

Mandarin (4,726); Cantonese (2,545); Greek (2,015); Arabic (1,596); Russian (1,040); Spanish (1,012); Macedonian (948); Vietnamese (793); Thai (564); Mongolian (553); Bengali (408); Italian (376); Indonesian (367); Korean (359); Portuguese (357); Turkish (294); Croatian (258); Serbian (226); Auslan (190); Nepali (169).



Translating and Interpreting Service (TIS) and Automated Telephone Interpreting Service (ATIS) use by SESLHD 2019-2020

8,258 total TIS and ATIS appointments in SESLHD in 2019-20 (7% increase from 2018-19).

7,254 TIS appointments (onsite and phone)

St George Hospital (3,427); Prince of Wales Hospital (1,332); Sydney/Sydney Eye Hospital (1,151); Sydney Sexual Health Centre (404); The Sutherland Hospital (252); Royal Hospital for Women (242); Oral Health (166); St George Community Mental Health (99); Multicultural Health Service (45); War Memorial Hospital (42); Public Health Unit (42); Calvary Community Health (29); Calvary Hospital (13); Kirketon Road Centre (7) and The Langton Centre (3).

1,004 ATIS appointments

Sydney Sexual Health Centre (871); Sydney/Sydney Eye Hospital (120) and Prince of Wales Hospital (13).

Top 20 languages for TIS appointments (onsite and phone)

Mandarin (2,430); Cantonese (1,061); Arabic (592); Greek (389); Russian (293); Vietnamese (283); Spanish (281); Thai (279); Macedonian (249); Portuguese (189); Korean (174); Japanese (91); Indonesian (81); Italian (80); Mongolian (80); Bengali (75); Farsi (72); Turkish (64); Serbian (64) and Croatian (60).

Top 5 languages for ATIS appointments

Mandarin (591); Thai (146); Japanese (60); Spanish (41) and Korean (40).

7. Appendix 3: Service utilisation data (continued)

Maternity services

Women Birthing in SESLHD 2019 by Country of Birth (Non-English speaking countries)

COB	Royal Hospital for Women	St George Hospital	Sutherland Hospital	Grand Total
China (excludes SARs and Taiwan)	113	245	31	389
Nepal	11	278	14	303
Philippines	83	78	22	183
Bangladesh	46	102	3	151
Indonesia	107	28	9	144
Brazil	93	28	17	138
India	44	77	12	133
Mongolia	42	53	-	95
France	74	7	7	88
Thailand	48	22	15	85
Lebanon	7	66	7	80
Vietnam	26	27	7	60
Russian Federation	30	16	6	52
Colombia	26	18	5	49
Japan	26	16	6	48
Hong Kong (SAR of China)	21	22	1	44
Malaysia	25	14	4	43
Poland	22	9	12	43
Germany	25	9	5	39
Korea, Republic of (South)	30	6	3	39

8. Appendix 4: Demographic context

South Eastern Sydney Local Health District

SESLHD'S population is highly culturally and linguistically diverse. Health needs of people from CALD backgrounds may be related to: settling in a new country; speaking a language other than English; cultural practices and health beliefs; and a limited understanding of how the Australian health system works.

SESLHD has a large population who were born overseas. At the time of the 2016 Census, close to 40% of residents were born overseas, with 30% born in a mainly non-English speaking country.^{3,4,5}

More than 35% of our residents speak a language other than English at home, with 6% of total SESLHD residents reporting that they do not speak English well or at all.^{2,6}

44% of SESLHD residents born in a mainly non-English speaking country live in Georges River LGA (formerly Hurstville and Kogarah LGAs) and Bayside LGA (formerly Rockdale and Botany Bay LGAs).²

Top 20 Mainly Non-English Speaking Countries of Birth

The top 20 mainly non-English speaking countries of birth of SELSHD residents are: China, Indonesia, Greece, Nepal, Philippines, Hong Kong, India, Italy, Malaysia, Thailand, Lebanon, Former Yugoslav Republic of Macedonia, Brazil, Egypt, Bangladesh, Vietnam, Germany, Republic of South Korea, France and Russian Federation.²

Language Diversity

The top 20 languages other than English spoken in SESLHD are: Mandarin, Cantonese, Greek, Arabic, Spanish, Italian, Nepali, Indonesian, Macedonian, Russian, Portuguese, French, Thai, Bengali, Vietnamese, Tagalog, Hindi, German, Korean, and Croatian.²

Between the 2011 and 2016 Census, there has been a marked increase of over 1,000% in the number of people from Mongolia residing in the District.

Health staff from across the District are also reporting that the number of patients they are seeing from a Mongolian background is increasing, particularly in the maternity setting. An analysis of 2016-2017 interpreter utilisation data shows Mongolian as the 19th largest language group for total number of appointments across the District.

Eastern Suburbs

The Eastern Suburbs area is culturally and linguistically diverse with 31% of the population born in a mainly non-English speaking country⁷ and 33% speaking a language other than English at home.^{1,8}

The top 10 non-English speaking countries of birth² for residents of the Eastern Suburbs area are: China (20%); Indonesia (6%); Thailand (4%); India (3.5%); Hong Kong (3%); Malaysia (3%); Philippines (3%); Brazil (3%); Italy (3%) and France (3%).^{1,3}

The top 10 languages other than English spoken by residents of the eastern suburbs are: Mandarin (22%); Greek (11%); Cantonese (9%); Spanish (7%); Indonesian (6%); Italian (6%); Russian (5%); French (5%); Arabic (4%) and Portuguese (4%).^{1,3}

Many residents of the eastern suburbs area within SELSHD experience language barriers and communication issues when accessing healthcare services with 14% of those speaking languages other than English indicating low levels of English language proficiency.⁹

New arrivals and emerging communities

Nearly two thirds (63.2%) of new arrivals to the District settle in the Eastern Suburbs area.^{10,11} New arrivals arrive from many countries with the largest proportions coming from China (20%), India (5%), Indonesia (3%), France (3%) and the Philippines (2%).

³Australian Bureau of Statistics, Census of Population and Housing 2016. ⁴Excludes not stated and inadequately described.

⁵English speaking countries include: Australia, New Zealand, United Kingdom, Ireland, Canada, USA, South Africa and Zimbabwe.

⁶Excludes not stated and inadequately described. ⁷English speaking countries include: Australia, New Zealand, United Kingdom, Ireland, Canada, USA, South Africa and Zimbabwe. ⁸Excludes not stated and inadequately described. ⁹Speaks English 'Not well' or 'Not at all' and excludes not stated.

¹⁰DIAC Settlement Reporting Facility from the Settlement Database. ¹¹Arrivals from 1 July 2012 to 30 June 2017.

8. Appendix 4: Demographic context (continued)

St George

The St George area comprises Georges River and Rockdale LGAs and is home to 29% of the District's residents.¹²

This area is the most culturally and linguistically diverse within the District with 44% of the population born in a mainly non-English speaking country and 58% speaking a language other than English at home.¹⁴

The top 10 non-English speaking countries of birth² for residents of the St George area are:

China (30%); Nepal (8%); Greece (5%); Hong Kong (4%); Former Yugoslavian Republic of Macedonia (FYROM) (4%); Lebanon (4%); Philippines (4%); India (4%); Bangladesh (3%) and Egypt (3%).¹³

The top 10 languages other than English spoken by St George residents are: Mandarin (21%); Cantonese (14%); Greek (12%); Arabic (10%); Nepali (6%); Macedonian (6%); Spanish (3%); Italian (3%); Bengali (2%) and Indonesian (2%).¹³

Many residents of the St George area experience language barriers and communication issues when accessing healthcare services with 19% of those speaking languages other than English indicating low levels of English language proficiency.¹⁵

New arrivals and emerging communities

Approximately a third (31.3%) of new arrivals to the District settle in the St George area.^{16,17} New arrivals arrive from many countries with the largest proportions coming from China (37%), Nepal (16%), India (7%), Philippines (5%) and Bangladesh (5%).

Sutherland

More than a quarter (25.9%) of the District's population resides in the Sutherland Shire, with 11.2% of its population born in a mainly non-English speaking country.^{18,19}

The top 10 non-English speaking countries of birth² for residents of Sutherland LGA are: China (13%); Philippines (5%); Italy (5%); India (5%); Greece (4%); Egypt (4%); Germany (4%); Hong Kong (3%); Lebanon (3%) and Former Yugoslav Republic of Macedonia (FYROM) (3%).^{1,20}

The top 10 languages other than English spoken by residents in the Sutherland Shire are: Greek (15%); Mandarin (11%); Cantonese (8%); Arabic (7%); Italian (6%); Spanish (6%); Macedonian (4%); Russian (4%); German (3%); and Portuguese (2%).^{1,3}

Many residents of the Sutherland Shire experience language barriers and communication issues when accessing healthcare services with 11.7% of those speaking languages other than English indicating low levels of English language proficiency.²¹

New arrivals and emerging communities

Six percent (6%) of new arrivals to the District settle in the Sutherland Shire.^{22,23} New arrivals arrive from many countries with the largest proportions coming from China (16%), India (6%), Philippines (5%) and Brazil (3%).

¹²Australian Bureau of Statistics, Census of Population and Housing 2016. ¹³English speaking countries include: Australia, New Zealand, United Kingdom, Ireland, Canada, USA, South Africa and Zimbabwe. ¹⁴Excludes not stated and inadequately described. ¹⁵Speaks English 'Not well' or 'Not at all' and excludes not stated. ¹⁶DIAC Settlement Reporting Facility from the Settlement Database. ¹⁷Arrivals from 1 July 2012 to 30 June 2017. ¹⁸Australian Bureau of Statistics, Census of Population and Housing 2016. ¹⁹English speaking countries include: Australia, New Zealand, United Kingdom, Ireland, Canada, USA, South Africa and Zimbabwe. ²⁰Excludes not stated and inadequately described. ²¹Speaks English 'Not well' or 'Not at all' and excludes not stated and inadequately described. ²²DIAC Settlement Reporting Facility from the Settlement Database. ²³Arrivals from 1 July 2012 to 30 June 2017.

SESLHD Implementation Plan for Healthy Culturally Diverse
Communities and Refugee Health Plan **2021-2023**

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