



HEALTH CONSUMERS'  
COUNCIL  
YOUR VOICE ON HEALTH

## Diversity Dialogues

### Summary report

#### Topic

**Difficult conversations: Delivering health information for people from  
Culturally and Linguistically Diverse Backgrounds**

**16 October 2018  
Department of Health Seminars 3 and 4  
189 Royal Street, East Perth, WA**

#### **Acknowledgements**

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## Overview

The Health Consumers' Council in partnership with Department of Health's Cultural Diversity Unit and Ishar Multicultural Women's Services organised a diversity dialogue with the topic, "Delivering health information to people from CALD background. The scope covered delivering health information through print materials and face to face communication. The session aims to explore what makes a good and effective way of delivering health information with consideration of the cultural and language barriers that people from CALD background have.

The session had two parts, a panel discussion, and a workshop.

The panel speakers represented both consumers' and service providers' view. Their experience and knowledge working with their own communities and people from CALD backgrounds provided valuable insights to the discussion.

The speakers were:

- Champo Ngweshe  
Champo is a Health Promotion Officer at Ishar Multicultural Women's Services based at Mirrabooka. She delivers health education sessions for their clients and she also triages family and domestic violence clients.
- Habiba Asim  
Habiba is a young person from CALD background and an active peer educator under a Youth Affairs Council WA project.
- Louise Ford  
Louise has a comprehensive experience working with people from CALD backgrounds which includes teaching people from non-English speaking backgrounds and working in organisations that focus on people from CALD background. With her previous work with the HCC, she led the development of a Going to Hospital booklet aimed for people from non-English speaking background.
- Majok Wutchok  
Majok is a committed community advocate, especially for the South Sudanese community. He has a background in Public Health and used to work with WA health department.

Some highlights of the discussion were the following:

- People who struggle with the English language does not mean that they are intellectually poor, but they may struggle in understanding and expressing themselves. Interpreters will be very helpful.
- Earning trust is a gateway for more meaningful conversations with a client or your audience.
- Diversity in the workplace can help provide better views in communicating with people from different cultures.
- Most people from CALD background prefer to listen or watch rather than read.
- Health service providers coming from CALD background does not necessarily mean that they are culturally competent in providing care to a person from another CALD background. Organisations still need to provide appropriate orientation and training.
- Always use straightforward and simple information in print materials.
- Its good practice to consult communities in developing print materials and pre-test them.
- Time can be a challenge in the consultation process, but it is worth doing.

Two groups were formed for the workshop. One group discussed the things to consider in conducting health education sessions and the other on developing health education materials.

On delivering health education sessions, a topic on healthy eating was chosen as an example.

- Planning
  - Room/equipment/group size
  - Language/interpreters/English competency
  - Health literacy/education level
  - Where from? Country/refugee camps/journey to Australia
  - What are traditional foods/ways of cooking
  - Cooking skills
  - Income
  - Where do they get their information on healthy eating from? (Family/friends/GP/internet/social media/adverts/TV)
- Implementation
  - Hands on activities work best
  - If power point – include lots of pictures.
  - Flexible – may need to adapt activities
  - Lots of pictures/food models/food packets – take care you are not promoting expensive products
  - Cooking is good as it gives participants a chance to try new foods
  - Supermarket tour – they can ask questions about foods they see
  - Talk about where traditional foods can be found. (If possible, go with the client so they can explain their food culture – it will make them feel empowered.)
  - Speak clearly but not too slow or too loud
  - Try and keep the interpreter on track – sometimes they will try and follow their own agenda
- Evaluation
  - Always be appreciative
  - Group evaluation vs individual
  - Can test their knowledge in the next session to see what they remember
  - Often the side comment is what they remember – try and keep your message clear
  - Often tell you what they think they you want to hear.

On developing print materials

- Planning
  - Identify your primary target audience, don't just say "general community."
  - Identify stakeholders who will be part of the process. Create a reference group.
  - Consult with community leaders and be prepared to revise your plan after consultation
  - Identify the best way to reach people/audience.
  - Identify the reason for none adherence to a healthy practice or behaviour e.g. why don't they bring their children for immunisation, why don't they practice hand washing
  - Consider beliefs, languages, other service provision issues

## Implement

- Consider using different channels depending on your demographics
- When handing out health materials such as brochures, it should include walking through the client onto the material.
- Promote the brochure to health services providers who are working with target clients. It also includes having relevant materials in childcare, GP waiting rooms, newsletters, libraries, English classes

## Evaluate

- The reference group can provide feedback after implementation. Review the materials and make necessary changes.

There were 22 attendees coming from a mix of health service providers and community members.

## Recommendations

Recommendations from this forum were:

- Establish trust when communicating face to face with people from CALD background
- Always use simple language
- Avoid putting too much information in a health material
- Picture and illustrations are helpful both for face to face communication and print material

## Evaluation

Eighty five percent of the evaluation respondents agreed that their knowledge and understanding about the topic has improved. This also includes their ability to develop better strategies in delivering health information.

Responses to specific questions are as follows:

Part of the forum that is most interesting

- The sharing of actual case histories by the panel and the group highlighted the need for a thoughtful dialogue
- The panel discussion
- Hearing tips, stories, and experiences from panel members and attendees
- The workshop discussions
- The written hand-outs and the partnership of organisations
- The 4 panel members who brought up some aspects I hadn't considered previously

Other areas of interest for future forums

- Diversity and disability
- Delivering health information to people with disabilities
- Men's mental health
- Would be interesting to explore just how is a genuine feedback offered

Other comments

- I was heartened to meet such a committed group at the forum. It encouraged me not to lose hope
- Continue to engage and build networks to inform strategies
- Could be longer time
- I will discuss the learnings with my team and look at strategies for our unit