



North Richmond Community Health Centre



Annual Report

2007 - 2008

Mission

To work in partnership with culturally and socially diverse communities to promote and improve:
equity, health, and well being.

Vision

To be an innovative organisation, responsive to and supportive of community needs and aspirations:
open to change and challenges.

STATEMENT OF PURPOSES

1. The name of the incorporated association is North Richmond Community Health Centre Incorporated.
2. The area served by the Centre is the area declared by the Chief General Manager under Section 45 of the Health Services Act 1988.
3. The purposes for which the incorporated association is established is:
 - a. To provide culturally appropriate, high quality health and social services to residents, workers and visitors to the City of Yarra by offering:
 - A range of primary health and social services based on identified priorities of the community's health needs;
 - Services based on individually assessed health and social needs with positive discrimination for disadvantaged individuals and groups;
 - Health and community education which will enable people to make useful decisions about their own lives;
 - Preventative treatment, rehabilitation and maintenance of an optimal level of individual and community well being;
 - Health and community services, and community developments to groups with special needs.
 - b. To develop a team concept of health and community services by:
 - Regular staff meetings designed to promote better inter-disciplinary effectiveness of health care roles for the dissemination of information;
 - Providing for the continuing education of board members, staff and community;
 - Involvement of board members, staff and the community in an on-going assessment of the Centre's effectiveness;
 - Employing strategies, which enhance the flow of ideas and strengthen the relationships between members of the staff, Board of Management and the community.
 - c. To promote the health and general physical, mental and social well-being of the community by providing a service that is curative where necessary but works towards the prevention of ill-health, the active promotion of wellness and education in life-coping skills.
 - d. To enable research to be undertaken into social, occupational and environmental factors which affect the health of the community.
 - e. To actively invite and encourage community participation at all levels of decision making in the management of the Centre and in the delivery of health and social services.
 - f. Provide field experience and supervision of students in training and to be a resource agency for others.



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WELCOME

North Richmond Community Health Centre (NRCHC) welcomes you to our Annual Report for the financial year 2007–2008. This report is designed to inform clients, staff and stakeholders of the important developments that have occurred throughout the previous financial year.

It has been a busy year for the centre, with many changes and developments taking place. Our Annual Report will take you through each of the centre's programs and detail the major developments for the year.

For information regarding quality, safety and community participation, please review our *Quality of Care Report 2007-2008*.



This report has been put together by all of our dedicated Program and Executive Managers and Coordinators alongside NRCHC's Communications Officer. We would like to thank everyone for their contributions.

**President Stephen Kerr
and CEO Demos Krouskos**

MEDICAL PROGRAM

Program Manager – Gloria Moscattini

Overview

The Medical team is committed to providing the highest standard of care to all patients (including non-English speaking patients who require interpreters). Access to GP services is available 6 days a week, until 8pm at night weekdays (except Fridays, when the service is open until 5pm) and on Saturday mornings.

In addition to general medical care we provide specialist services in mental health, women's health and drug and alcohol care. In all of these areas we work closely with the teams at the community health centre. In addition we provide training to medical students (first and final years from Melbourne University) and have occasional visitors from interstate or overseas who are interested to see the way the practice runs. Recently we were visited by Dr Walter Cullen from University College, Dublin.

2007-2008

The medical program continues to provide a full range of general practice care to the community served by the health centre. Currently 8 part-time GPs work within the medical service. Over the last year we were fortunate to have been joined by Dr Jessica Kneebone, Simon Bridge and Teng Liaw all of whom have brought new ideas and energy to the practice.

Dr Tung Nguyen (consultant psychiatrist) and Dr Gehan Roberts (Paediatrician) continue to provide specialist services to the community on a sessional basis. The child health team is complemented by Dr Sing-Jill Chow working on outreach based at the Royal Children's Hospital.

As a practice we are committed to providing high quality care. In addition to maintaining individual, and practice based quality accreditation we also participate in research. This last year, in conjunction with The Department of General Practice at the University of Melbourne we have been involved in a diabetes study (testing whether regular telephone calls from Kuan, the clinic nurse, can help patients improve the control of their diabetes) and a depression study (this study aimed to provide much needed insight into the experiences of people from culturally and linguistically diverse communities as they seek help for stress, worries and life troubles, a perspective often missing from mainstream research about depression).

Future Direction

Dr Jessica Kneebone will be returning to the Northern Territory in 2009. At that time we will be joined by Dr Kate Derbyshire who is completing her advanced GP training with us. This is a great asset to the practice and the community to have young training doctors working at the health centre.



ORAL HEALTH PROGRAM



Program Manager – Dr Martin Hall

Overview

Yarra Oral Health operates over three sites located at 23 Lennox Street, Richmond; 75 Brunswick Street, Fitzroy; and 87 Latje Road Robinvale.

The current dental team is made up of dentists, dental therapists, dental prosthetists and dental assistants, supported by administration and reception staff, and work together to provide general and emergency dental care to clients. Within the team there is some specialisation such as referring those clients assessed for dentures to our dental prosthetists and younger clients to our dental therapists. A full range of dental care is provided, including those clients in need of oral surgical procedures who are referred in-house to a dentist experienced in such procedures hence reducing the reliance on specialist services at Royal Melbourne Dental Hospital (RMDH). Limited private practice is also available to full fee paying clients.

The eligibility criteria for access to dental services are set by Dental Health Services of Victoria (DHSV) and require a client to possess or be the dependant of someone possessing a current concession card. With demand outstripping ability to service this demand we unfortunately have to accept waiting lists for general courses of care. Clients who are in urgent need are seen within 24 hours or within three months for urgent dentures.

2007-2008

The Yarra Oral Health Program has continued to expand its general services to the community as well as maintaining a compassionate approach to those of our community in most need.

This year we provided dental care at three separate sites through the following programs:

- Community Dental Program – 18 years and over.
- Youth Dental Program/Teen – 12 – 17 years.
- Early Childhood Oral Health Program – 0 - 5 years
- Special Needs Programs
- Homeless Dental Program (Fitzroy)
- Drug & Alcohol Program (Fitzroy)
- Robinvale Aboriginal Oral Health Program (Robinvale)
- Mental Health
- Oral Surgery Program (Fitzroy)
- Family Focussed Oral Health Program - Refugee & Asylum Seeker Families (Richmond)
- Private Practice – full fee paying (Richmond)
- Medicare Enhance Primary Care – referred from GP; with a chronic disease.

This year was the second as the merged Richmond and Fitzroy oral health programs and with the completion of the essential change management we now have a standardised program across all sites. This enabled a greater focus on the special needs programs which complement general services and waiting lists management. This year the program managed to reduce the waiting times for new dentures from over two years to less than six months, this was at some expense to the conservative waiting list which increased from 12 months



There were increased clients attending from both the homeless and drug and alcohol programs and a Monday morning drop-in clinic continued at Fitzroy dedicated to clients in the special need category. Many of these clients also had greater access to care under special disability courses of care.

This year also saw further development of the Robinvale Aboriginal Oral Health Program (ROHP) with regular monthly visits of three days hosted by Murray Valley Aboriginal Cooperative (MVAC) and supported by DHSV through Indigenous courses of care. During the year a situational analysis and evaluation of the program was conducted by Ms Deepa Dhital (PhD student, Latrobe) and supported by Ms Roonie Lai.

The Aboriginal program has expanded into a contribution to the health of the local Aboriginal community through the health promotion *BillabongBreakfast*, run by North Yarra Community Health (NYCH). A representative of our program attends most Tuesday mornings and facilitates interested people back to the clinic for dental care.

29,474 items of dental care were provided on 6,418 clients during 2007-2008 including 222 Aboriginal and Torres Strait Islander people. This program has in the past attracted clients from diverse backgrounds and locations and this continues to be the case with only 50% of these clients living in the City of Yarra; 55% speaking English and with 33% over 60 years of age.

Future Direction

Yarra Oral Health will continue to advocate for and provide dental care for the most vulnerable members of our community.

The coming year will see:

- Negotiations with the University of Melbourne, Dental School for the hosting of undergraduate dental students starting second semester 2008.
- Further expansion of the RAOHP with separate budget and increasing visits to twice per month.
- Greater focus on Youth and Early Childhood programs across all sites.
- Negotiation with additional dental therapist sessions to provide this care.

Acknowledgements

The Oral Health Program would like to thank DHSV (main funder); MVAC (partner in RAOHP); NYCH (Fitzroy); and RMDH (partner in Outreach Oral Surgery Program).



NURSING & ALLIED HEALTH PROGRAM

Program Manager - Fiona Beale

Overview

The Nursing and Allied Health Team is made up of a team of six. Fiona Beale works as a Community Midwife / Women's Health Nurse; Kuan Chen works as a Clinic Nurse; Roger Lindenmayer works as a Diabetes Nurse Educator; Louise Philpott is our Speech Pathologist; Kathy Luckas is a RN who runs a 'Water Exercise Program'; and Lucinda Riches has recently resigned as our Dietician and we hope to welcome our new Dietician very soon.

2007-2008

Community Midwife / Women's Health Nurse

The Community Midwife continues to work with 'The Royal Women's Hospital' and 'The Mercy Hospital' providing shared care as an antenatal option, she also provides social and emotional support for women and their families on the Richmond Housing Estate.

The Community Midwife has had an increase in the numbers of "Horn of African" clients, mainly from Sudan. There has been an increase in collaborative work between the hospitals, the primary schools, the kindergarten, IMPAC and the City of Yarra Family Support Services.

There has also been an increase in collaborative work and referrals with the 'Refugee Nurses Group' in providing better care and screening for these families. Links have been made with the *Royal Children's Immigration Clinic* (RCH) and we have been working with them to provide screening and health care for these families on the estate.

The Mammogram Screening for Vietnamese and other culturally and linguistically diverse groups at St Vincent's continues,

providing assistance in accessing these services, appointments are made, and support and transport to St Vincent's is provided.

Nurses Clinic

Kuan Chen coordinates and works in the Nurses Clinic. Kuan has become very involved in the 'General Practice Nurse Network' and the PEACH Program.

We have continued to provide support and services to both students and staff at the local primary schools. We have been providing lice checks and education to both staff and parents in different community languages. We have also provided staff at the local primary school with 'Fluvax' vaccinations.

Diabetes Education

Progressive increase in demand for the Diabetes Education service has continued over the past year, with over eighty new referrals received for individual clients, mostly from GPs at NRCHC, the nearby North Yarra Community Health Service or GPs in private practice in the city of Yarra. In addition, a large number of previous or continuing clients attend occasionally for specific issues. Client demographics are diverse, but recently have included a number of hearing-impaired people requiring Auslan interpreters. These clients have previously found their disability a major barrier to accessing specialty health services such as diabetes self-management education and have found our quality service with interpreter support valuable.



Group education activities continue in partnership with North Yarra Community Health Service. Six 'Living with Diabetes Education Days' for Mandarin, Cantonese, Hakka, Vietnamese and English speaking participants over the past year were very well attended. A monthly diabetes support group for Vietnamese speakers continues at NRCHC with up to 30 people attending regularly.

HACC and Community Dietician

The Home and Community Care (HACC) funding targets home-based adults who are nutritionally at risk. This includes frail older people, younger adults with intellectual, psychiatric or physical disability, and adults who are financially disadvantaged and living in alternative accommodation.

Lucinda Riches continues to see primarily community members for individual counselling. The most common reasons for people presenting to the Dietician are for weight management, dietary management of cardiac risk factors, such as high cholesterol or high blood pressure, and for diabetes management.

Food insecurity is a major issue for many City of Yarra residents. NRCHC continues to refer clients to the City of Yarra subsidised *Café Meals Program*, which has a large waiting list. Lucinda assists these people with advice on optimising food choices on a limited budget and ideas on improving food access.

Lucinda has recently made links with Richmond West Primary School to provide parent education on healthy food choices for children, and runs monthly nutrition talks with a Chinese group on the estate. She also participates in the *Yarra Healthy Weight* steering group, coordinated by North Yarra Community Health, and is currently working with Roger to help develop culturally sensitive visual educational resources for Arabic speakers with diabetes.

Lucinda has also chaired and run the 'City of Yarra Breastfeeding Group'. This group is made up of City of Yarra Maternal and Child Health Nurses, GP's, and Lactation Consultants from both The Royal Women's Hospital and The Mercy Hospital. The main objective of this group is to explore the reasons for low breast feeding rates of breastfeeding initiation and duration on the Yarra public housing estates by consulting with community groups and partnership agencies.

Speech Pathology

The Speech Pathology service offers assessment, diagnosis and intervention for children at a pre-prep level to a maximum of six years of age, with a range of communication difficulties. These may include:

- Delayed receptive and expressive language development,
- Difficulties with social language skills,
- Difficulties with speech sound production,
- Stuttering and voice disorders.

Clients are generally referred by paediatricians, GPs, kindergarten teachers, maternal and child health nurses or parents. Anyone can make a referral with the parents consent by filling out a referral form or contacting the Speech Pathologist. Clients identified with more complex or a variety of difficulties may be referred on elsewhere, such as early intervention services, should it become apparent this is the more appropriate service provider at the time of referral or following assessment.



Once a referral has been made, clients are placed on the waiting list. There is currently approximately a 4 – 6 month wait for an assessment. Following assessment, a client may be offered:

- intervention if the need is apparent,
- advice and home program ideas for support,
- periodical reviews,
- referral elsewhere, or
- discharged (if within normal limits (WNL)).

Intervention can be provided on an individual or small group basis. A block of 6 – 10 weekly intervention sessions are usually conducted, with a break then provided prior to reviewing the child's progress.

The Speech Pathology program is run in liaison with the North Yarra Community Health service. The service provision is for clients based primarily in the City of Yarra. The majority of the sessions are conducted at the relevant Community Health Centre however preschool visits may also be conducted and occasionally home visits are also made. Information sessions are held for groups such as *early motherhood groups*, with maternal and child health nurses and other allied health and educational staff.

Water Exercise Group

This group remains very popular with older clients within the City of Yarra. Kathy Lucas continues on as the Activity Coordinator. The group meets Monday and Wednesday mornings at the Epworth Hydrotherapy Pool. This group is largely made up of older clients with chronic illness and the aim is to promote wellness and mobility, to reduce morbidity and to maintain social-connectedness. The Wednesday group is joined by Milparinka Clients.



INNER MELBOURNE POST ACUTE CARE PROGRAM (IMPAC)



Program Manager - Sue Senewiratne

Overview

The post acute care (PAC) service aims to assist clients to recuperate at home following discharge from a public hospital by providing short term community based supports in order to facilitate their return to independence or transition to longer term care.

Post acute care aims to support those clients considered vulnerable due to age and frailty; disability or social disadvantage (such as homelessness or newly arrived migrants) and also to support hospitals to manage bed demand by ensuring that people who no longer need hospital care are able to return home with appropriate supports. It achieves this by assessing the clients needs; developing care plans and purchasing a range of health and welfare services; coordinating care and ensuring clients with longer term needs are referred to the appropriate agencies.

Post acute care is a state wide service and Inner Melbourne PAC provides services to clients living within the local government areas of:

- Boroondara
- Southern suburbs of Darebin (Thornbury, Northcote, Fairfield and Alphington)
- Melbourne
- Yarra

Post acute care operates on a flexible funding model so can purchase a broad range of services tailored to meet a client's individual needs. Some of the common types of services funded are home nursing, physiotherapy, home care, industrial cleaning, shopping

assistance, personal care, in home respite care, assistance with children, food vouchers and respite or crisis accommodation.

IMPAC can be contacted Monday - Friday from 8am to 4.30pm on 9420 1357.

Contact details for other post acute care programs are available on the DHS website: <http://www.health.vic.gov.au/pac>

2007-2008 Challenges

The major challenge for the program over the last 12 months has been meeting the requirements of DHS mandated *Victorian Non Admitted Hospital* data set (VINAH). This has involved significant changes to our client management system and internal work processes. We are now capturing a wide range of data items related to our direct client contacts as well as those of brokered services. We commenced transmitting data electronically to DHS in August and these have been successful to date.

Successes

The IMPAC team produced our first newsletter this year to provide regular information about the PAC service and updates to key community and referring agencies.

IMPAC has a close working relationship with St Vincent's HARP programs and this year has seen the joining of our advisory groups to form the Inner Melbourne Partnership Group.



2007-08 Activity	
Completed Episodes	
Post Acute Care (DHS target 1400)	1,441
Veterans Affairs	13
Fee for service (St Vincent's HARP & HITH)	131
Total	1,689
Average Length of stay (PAC)	27 days
Longest episode of care	185 days

Episode outcome (PAC/DHS funding only)	2007-08
Referred to another agency for ongoing services	36.2%
Deceased	1.7%
Refused support or additional services	2.6%
Family Assistance	3.2%
Unplanned readmission to hospital	10.5%
Returned to previous level of service	1.4%
No longer required PAC service	35.9%

Future Direction

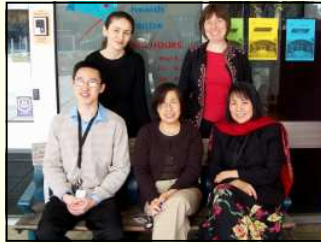
DHS direction is towards realignment and a more integrated approach for its Health Independence Programs which includes post acute care (PAC), Hospital admission risk programs (HARP) and subacute ambulatory care services. Generic guidelines for all programs have recently been released and an implementation plan by health services is due in February 2009.

Acknowledgements

The IMPAC Program would like to thank the IMPAC team for their support, effort and patience throughout the year as we worked through the many changes involved in implementing VINAH. The staff has continued to provide a responsive and flexible service to our clients and referrers with professionalism and good humour. Thanks also go out to the colleagues at NRCHC and the Continuing Care team at DHS for their ongoing support.



COUNSELLING & CASEWORK PROGRAM



Program Manager - Sally Mitchell

Overview

The counselling and casework team provides a range of services which are available to all members of the community. Additional services provide support to parts of the community. The duty service which operates each day from 1.00pm to 3.00pm is an easy access point for all services and will refer to other services within the centre and in the local area when appropriate. The team is managed by Sally Mitchell and consists of:

- Community health funded counsellors: Mary McGowan (Senior Social Worker), Etervina Groenen, Isabel Tan, Lan Vuong and Cigdem Yilan
- Psychiatric Disability Rehabilitation Support Service (Learning Things): Lesa Waltrowicz and Gaylene Ford
- City of Yarra funded youth worker: Carol Fatouros St Vincent's Hospital funded HARP worker (ALERT team): Michael Woolard.

The counselling and casework team provides support to community members with individual, family and relationship difficulties; problems with settling in a new community; immigration/residency concerns; legal matters; social isolation; housing difficulties; income and financial problems; mental health; and general counselling. Our bilingual workers can assist people who speak Vietnamese, Cantonese, Mandarin, Hakka, Tetum and Turkish. All staff are willing to use in-house or telephone interpreters when required.

The counselling and casework team facilitate a number of recreational and social groups including exercise groups in different languages and activities for young people.

In order to provide a quality service to our clients, the counselling and casework team participate in a number of local issues based networks including Yarra Mental Health Alliance, Richmond Estate Action Group, Richmond Estate Services Network, Northern Integrated Family Violence Network, Yarra Family Violence Network, Yarra Rooming House Issues Group and the Yarra Youth Network.

The duty service can:

Provide information and advice to find the right service; help with unexpected problems or crises; provide support and counselling for people feeling stuck in a situation, or needing help to make important decisions. In addition to individual work, the counselling and casework team provide recreational and social groups for people to meet others and/or enjoy activities together. The duty worker can discuss the appropriate group for the clients needs. The duty service is available from Monday to Friday from 1.00pm to 3.00pm appointments can be made by contacting reception on 9429 5477.

The youth worker provides individual work and recreational activities for young people aged between 12 and 25 years.



The Learning Things Program is a living skills based program for people living in City of Yarra with a psychiatric illness and aged between 16 to 65 years. It aims to:

- Improve independent living,
- Increase confidence and self esteem,
- Increase decision making skills.

The ALERT worker provides coordinated care for patients who have or are at risk of frequent presentation to the Emergency Department at St Vincent's Hospital with complex social and medical needs (i.e. substance abuse, ageing, homelessness, disability and/or mental health issues). The ALERT program is a case management service which works intensively over a short period of time to link these clients with health and welfare services which will have an ongoing role in addressing their needs.

2007-2008

The introduction of the duty service has provided a prompt response to community and individual needs. Appointments are generally available within 48 hours. Community members no longer need to know which worker or service to request as the duty worker can direct and refer them to the most appropriate worker for any ongoing support.

Acknowledgements

The Counselling & Casework Program would like to thank the Department of Human Services, City of Yarra, St Vincent's Hospital, Victorian Multicultural Commission for funding the program.

A number of volunteers assist with the organisation and activities of groups each week and we thank them all for their assistance.



DRUG SAFETY PROGRAM



Acting Program Manager – Sally Mitchell

Overview

The Drug Safety Program (DSP) provides a range of community education, support and practical services to drug users and the local community. The program aims to promote and implement the principles of harm reduction through culturally sensitive and innovative practice, supporting improved health and social wellbeing through a broad range of service responses, alliances, advocacy and health promotion.

The DSP provides a range of services to the drug using community and their families, these include:

- Outreach services which also provide harm minimisation education as well as brief intervention counselling and referral to drug services and a mobile overdose response;
- Alcohol and other drug counselling;
- Community education including CPR training;
- Support to families;
- A needle and syringe program (NSP) which provides clean injecting equipment and harm minimisation education to injecting drug users;



- Syringe retrieval for inappropriately disposed syringes on the estate and in the immediate area; and
- Participates in local networks to ensure that the Drug Safety Program responds to local community concerns.

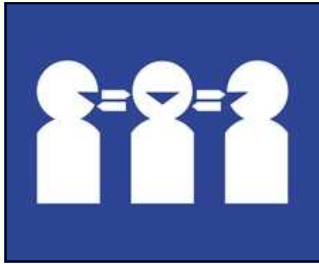
2007-2008

Colin Coxhead resigned from the Centre in July to move to Geneva after managing the Drug Safety Program for a number of years while the program experienced significant growth. North Richmond Community Health Centre thanks him for his guidance in the development of this service. He leaves behind a cohesive team which works well collaboratively to address the needs of drug users and the concerns of the local community.

The Current DSP team –

Manager: Colin Coxhead until July 2008
Senior AOD Counsellor: Monika Schwarz
Counsellor: Emily Pegg
Outreach workers: John Anderson, Kasey Elmore
CLV (Cambodian, Laotian, Vietnamese)
Outreach workers: Thuy Bui, Minh Vo
Harm minimisation workers: Yasmin Elmore, Gaylene Ford, Toni Pantelidis

LANGUAGE SERVICES PROGRAM



Program Coordinator – Rena Bahdus

Overview

The Language Services Program provides a wide variety of functions to assist the North Richmond Community Health Centre (NRCHC) in the delivery of services to community members and clients who have a low level of written and/or spoken English.

In particular the Language Services Program provides assistance to clients who require support communicating with Service Providers at NRCHC.

Examples of areas where language support is provided include:

- Medical
- Welfare
- Health promotion activities and groups
- Legal
- Financial
- Social
- Psychology
- Sight translation of letters from government departments, businesses, etc.

The Language Services Program also provides the following:

- In-house and external professional interpreters.
- Basic in house translation in Chinese, Turkish and Vietnamese.
- Outsourcing of translations for other languages via external interpreter and translator agencies.
- Cultural consultation to staff in order to provide culturally appropriate programs and services; and
- Orientation, education, information dissemination and reporting.

Where in-house interpreters are not available or the language required is not one of the languages provided internally by NRCHC, the Program books interpreters from external agencies.

2007-2008

A major challenge for NRCHC Language Services Program in the year 2006 was the change implemented by the Department of Human Services in relation to funding and credit line usage for external interpreters and translators. On-Call Interpreters and Translators Agency won the tender from the Department of Human Services (DHS) for the interpreter provision contract. The transition from one Interpreter Agency to another occurred in October 2006. The Language Services Program of NRCHC adapted these changes quickly and with minimal disruption to clients and staff.

NRCHC received direct funding from the DHS as opposed to the credit line allocation due to the high volume and demand for interpreter requirements at NRCHC. The Language Services Program has continued to work successfully with the new system since 2006 and we have not experienced any major problems.



There has been rapid growth in the interpreter booking volume since the year 2006. The top three languages still remain to be Hakka-Timorese, Turkish and Vietnamese for 2007-2008 financial year. We also had an increase in the Horn of African languages and dialects.

Future Direction

The Language Services program aims for the continuation of Language Services provision to the clients, community and staff of NRCHC with high quality, professional and culturally appropriate language services.

Acknowledgements

The Language Services program would like to sincerely thank everyone who has played a part, major or minor, in the success of the program. Without a team effort the program would not be such a success year after year. Most importantly, appreciation goes out to the DHS for providing the Centre with the funding that has made a positive impact on the success and continuance of the Program this year.

Language Services looks forward to continuing our excellent working relationships with all the interpreter/ translator agencies and our contractor interpreters.



HEALTH PROMOTION PROGRAM



Program Manager – Penny Francis

Overview

North Richmond Community Health Centre has an innovative and dynamic health promotion program. The approach to health promotion is guided by the following vision:

North Richmond Community Health Centre is a health-promoting agency where health promotion is integrated and owned across the organisation. Our aim is to improve health and wellbeing by working in partnership with community and relevant stakeholders. Our approach to health promotion is driven by a social model of health and reflects the cultural and social diversity of our community.

The health promotion priorities are:

- Healthy eating;
- Physical activity;
- Public housing setting – including community engagement

In working towards improving health, The Health Promotion programs coordinate many group activities including walking groups, dancing groups and english classes. The aim of these activities is to promote healthy living while engaging with the community and enabling social-connectedness among community members.

2007-2008

2007-2008 has been a busy and successful year for the Health Promotion Team. The team underwent a restructure, appointing a Health Promotion Manager to oversee the Volunteer Coordinator, Community Café Manager and Health Promotion Officers.

Throughout this period, team achievements include:

Health Promotion

- attendances for five groups during 2007-2008
- Social Connectedness Through English Conversation - 700 contacts
- Walking Group - 350 contacts
- Homework Group - 530 contacts
- Dancing Groups - 1000 contacts
- Living Longer Living Stronger Group - 650 contacts
- Review of Health Promotion Plan 2007-2008
- Preparation of Health Promotion Plan 2008-2009
- Participation in various networks including:
 - Richmond Estate Action Group, Richmond,
 - Healthy Weight Steering Group,
 - North Central Metro Primary Care Partnership,
 - Municipal Public
 - Health Plan Reference Group.
- The establishment of the Richmond Estate Services Network which aims to improve coordination of service delivery to newly arriving African community members on the estate.



Volunteer Coordination Program (VCP)

Coordinated by Salma Sali

- The retention of approximately 55 volunteers
- Implementation of a review of the VCP which includes an assessment on the cultural appropriateness of the program
- Participation in Yarra Volunteer Support Program Steering Committee.
- Expansion of VCP which includes:
 - Five High Community Café Volunteers,
 - Increase in younger Volunteers,
 - Increase in project based Volunteer Roles requiring specific skills.
- Continued support for volunteers in established Programs.

It is estimated that volunteer time and expertise contributes a minimum of \$101, 400 to local programs and services (this figure includes volunteers undertaking more than one role).

This figure was calculated by using the following equation: 1.5 hours per week x 84 volunteers (average per year) x \$20 per hour x 40 weeks per year = \$101,400

Community Café

Run by Nora Hassan Simkin

- Employment of a Café Manager
- Approximately 38 trainees have completed training in Certificate II in Hospitality, Kitchen Operations and Coffee Making Provision of catering for service providers.



Future Direction

The Health Promotion team aims to continue to provide the services currently running, with the hope of attracting more volunteers and seeing The Five High Community Café flourish in the community.

ARTS & CULTURE PROGRAM



Program Manager – Jane Price

Overview

The Arts and Culture program's work and activities range over many community arts and cultural development forms including festivals, visual arts, performance, film and multimedia. Leading collaborative artists work with young people, children, and adults of all ages from communities in public housing and from Vietnamese, Timorese, Chinese-speaking and African backgrounds.

The program has a very high profile and is strongly valued by the community and stakeholders. The primary target group of the program is culturally and linguistically diverse (CALD) communities and public housing residents.

2007-2008

In 2007-2008 the Arts and Culture program delivered two festivals, Tet and Moon Lantern. The Tet celebration marks the beginning of Chinese and Vietnamese lunar New Year and is a significant cultural celebration for the Richmond Housing Estate community. The celebration attracted over 1500 residents and brought together families from all cultural backgrounds to feast and to wish each other good luck and prosperity for the coming year. The Moon Lantern festival celebrated children and the reunion of family, as hundreds joined together beneath the full moon at mid-harvest time in a spectacular parade of lanterns. The lanterns are handmade by the children during the months leading up to this special night. The colourful candle lit lanterns show the

simple shapes of circles and stars, as well as some more impressive shapes of animals, birds, boats and fish. The Moon Lantern festival attracted up to 6000 people.



The program has also established *Border Crossing*, an exciting new youth focussed project. The Border Crossing Project works to develop leadership, awareness and the potential of young people through the powerful language of contemporary performance. Young people explore the relationship between the global phenomena of Hip Hop and the experience of being a young Australian from a CALD background.

The ongoing programs *Solid Ground* and *Building Bridges* have also continued in 07-08. SolidGround has grown through a partnership with Tigers in the Community (Richmond Football Club), who now coordinate the program with support from NRCHC. SolidGround works with children of primary school age and provides an after school program on Tuesdays providing varied activities (sporting and arts and craft).

The Building Bridges project engaged local community members from the newly emerging West Papuan and African (Sudanese) communities with more established CALD communities on the North Richmond Housing Estate. The project decreased social barriers between resident ethnic groups and between the estate and the broader community through the establishment of craft sessions for these communities. The project resulted in an exhibition of the craft work developed through this project by participants.

In this past year, the program has relocated to office space on the ground floor of the 106 Elizabeth Street site, next to the community facility. This new site is proving to be very accessible to the estate community and encourages greater connection to the community by the program.

Major achievements

- Engagement of young people in the Border Crossing project – 36 young people attended intensive weekend workshops;
- The successful performance result of the Border Crossing project - singing, rapping, beat-boxing, several styles of break dance, krumping (another street dance style), turn-tablism (DJing) and drumming;
- Art and craft exhibition from participants in the Building Bridges project;
- Delivery of two very high profile and successful festivals (Tet and Moon Lantern).

Major challenges

- Insecure funding sources;
- Ensuring interconnection between the program and other programs at NRCHC.

Future Direction

A focus on the core elements of the program into 08-09 with improved connections to other NRCHC programs, particularly the Health Promotion program.

Acknowledgements

Thank you to the hard working staff, Liss Gabb and Mary Quinsicara. Also thank you for the ongoing support from City of Yarra, Office of Housing and Victorian Multicultural Commission. In addition we would like to thank RE Ross Trust for supporting Moon Lantern; and Scanlon Foundation and VicHealth for the financial support for the Border Crossing project.



CENTRE FOR CULTURE ETHNICITY & HEALTH

Executive Manager - Michal Morris

The Centre for Culture Ethnicity & Health (CEH) is a statewide organisation of NRCHC.

The three CEH programs -

- *Multicultural Health and Support Service;*
- *Victorian Multicultural Gambler's Help Program and;*
- *Health Sector Development*

assist individuals and agencies to work effectively and in a sustainable way to improve the health and wellbeing of people from refugee and migrant communities.

It does this through integrated professional support services, including:

- Education and training
- Consultancy
- Information Services
- Community education and capacity building
- Client support

In 2006 - 2007 CEH has successfully responded to the challenges of sustainable change and expansion across a number of service sectors, enhancing its reputation as the centre of innovation and training for culturally responsive change.



HEALTH SECTOR DEVELOPMENT



Program Manager - Pamela Rodriguez

Overview

The Health Sector Development (HSD) program aims to improve the health outcomes of culturally and linguistically diverse (CALD) communities in Victoria by increasing the capacity of health and community services to plan and deliver services that are appropriate and responsive to the needs of this group. HSD achieves this through a number of programs and projects including training, innovative projects and consultancy work.

The Health Sector Development program is based at the Carlton site of NRCHC and is part of the Centre for Culture, Ethnicity and Health.

The Health Sector Development program delivers a number of projects in the following areas:

- Education and training
- Information services
- Specialist projects

2007-2008

Education & Training:

Ten professional development workshops were delivered in the reporting period as part of the annual Training Calendar with 247 participants attending. Immediate impact evaluations conducted directly after the workshops indicated that participants had gained an increase in skill and knowledge. Showcase sessions were also introduced to the training calendar.

These consisted of presentations by service external providers on initiatives undertaken in relation to the training topic. Ninety-nine participants attended these sessions. In response from the sector and as an adjunct to our professional learning calendar CEH also delivered three workshops on Consumer Feedback Mechanisms and one on Conducting Focus Groups for CALD Communities. A total of 64 participants attended these sessions.

Organisational training requests have been constant over the 2007-2008 year. Training proposals were developed and training provided to a range of organisations including: City of Yarra, Department of Human Services, Royal Eye and Ear Hospital, Royal Dental Hospital, Diabetes Australia, Department of Health and Human Services (Tasmania), Council on the Aging, La Trobe City Council, and Cancer Council.

Information Services:

The CEH Information Service provides health services and other interested stakeholders with information about culture, ethnicity and health. The library collection focuses on information about culturally and linguistically diverse communities and issues that can arise regarding health and well being and health service delivery.

The collection includes books, audiovisual materials, journal articles and project reports. In 2007-2008 CEH responded to 93 library inquires from staff working in health and community sectors. We also had approximately 70 membership applications with approximately 120 staff members listed as CEH library members. Information regarding these resources is disseminated to the health sector through a quarterly new acquisitions list as well as through CEH's quarterly newsletter.

Specialist Projects:

During the 2009-2008 year, Health Sector Development undertook a number of projects with the health and community sector. These included:

- *Community Radio Messages Project*
- with funding received from the Office for Children, Department of Education and Early Childhood Development we have been developing a range of key messages for community radio around child and maternal health, early childhood development and parenting. The messages target the Chinese (Mandarin and Cantonese) and Arabic speaking communities. The messages will be aired on community radio in the second half of 2008.
- *Food Access Project* – for the last two years, the New Hope Foundation, City of Maribyrnong and Western Region Health Centre, have run a weekly food shopping program for local refugee women titled 'The New Hope Food Access Project.' HSD documented the project for its inception to current day and provided recommendations for the program's future development.
- *Bilingual Worker Research Project* – the Victorian Multicultural Commission funded the Health Sector Development program to develop a set of guidelines to assist Victorian government departments and funded agencies in the recruitment and employment of bilingual staff.

The findings of this research and the recommendations developed are available in the project report (www.ceh.org.au/resources).

- *Caring for Your Community: A Career in Aged Care for Bilingual Staff* - funded by Victorian Multicultural Commission and completed in partnership with the Ethnic Communities' Council of Victoria, this booklet aims to address the growing need for bilingual workers in aged care. The booklet has lots of practical information that covers:
 - training providers (TAFE and private providers),
 - entry requirements,
 - costs,
 - career pathways,
 - employment opportunities.

The booklet was launched in December. Demand has been so great the booklet is now in its second print run. If you would like to access an electronic copy of the booklet go to: <http://www.ceh.org.au/resources/resbyceh.html>

Future Direction

Cultural Competency

The Health Sector Development Program has adapted a cultural competency assessment framework for the community health sector to enable it to be used in the Victorian context. We will use this framework to examine the cultural competency levels of services provided by Western Region Community Health in the 2008 – 2009 year.



Regional Victoria

The emergence of a Sudanese community in the Gippsland area has generated a need for support and training of local health and community providers. The region now has over 300 Sudanese refugees and humanitarian entrants residing mainly in the towns of Morwell, Moe and Tarralgon. The Health Sector Development program will undertake some work in the Gippsland region over the coming financial year. Preliminary meetings with La Trobe Community Health Service, Gippsland Multicultural Service, Central West Gippsland Division of General Practice and La Trobe City Council have been held in order to ascertain the needs and develop a response. All CEH program areas will work together in 2008-2009 to coordinate our activities in the region.

Acknowledgements

The Health Sector Development Program would like to thank the Department of Human Services, the Department of Education and Early Childhood Development and the Victoria Multicultural Commission for their support.

We would also like to acknowledge the many individuals that have attend our workshops, seminars and other events and the organisations that have supported us by participating in our projects.



MULTICULTURAL HEALTH & SUPPORT SERVICES



Program Manager - Naomi Ngo

Overview

Multicultural Health and Support Service (MHSS) aims to achieve better health outcomes for CALD communities in relation to highly complex and culturally sensitive issues regarding HIV/AIDS, hepatitis and sexually transmissible infections (STI). MHSS currently works with individuals, families and communities from East Africa and Southeast Asia. MHSS also works with mainstream service providers and multicultural organisations in relation to access and culturally sensitive service provision.

MHSS works through a partnership and capacity building approach that incorporates three key programs:

- *Outreach support* that is provided to individuals and families to assist them to access information, testing and services relating to blood borne viruses (BBV) and STI;
- *Community education* that is largely provided to the targeted CALD communities on BBV and STI; and
- *Community action* which aims to raise awareness and provide more effective responses to meeting the needs of CALD communities in relation to BBV and STI.

2007-2008

MHSS has become very effective in the way it reaches ethnic communities and works with relevant organisations to raise awareness and support individuals and families on issues relating to BBV and STI. This year, MHSS has implemented over 90 community education sessions

with at least 1500 participants from the targeted CALD communities and conducted 9 training/presentations for service providers on working with CALD communities on BBV/STI issues. It is worth mentioning that MHSS has successfully engaged with the newly arrived Burmese communities and has conducted 9 community education sessions to over 100 Burmese on BBV and STI. During *Hepatitis Awareness Week* in May 2008, MHSS worked in partnership with Hepatitis C Victoria and the following ethnic radio programs to promote the event and information on hepatitis: SBS Arabic, SBS Vietnamese, SBS Somali, 3ZZZ Cambodian, and 3CR (English, Arabic and Amharic).

MHSS workers have also attended numerous ethnic community events and festivals to promote the service and information on BBV and STI. Aside from MHSS' health promotion work, MHSS workers have supported 60 clients in this financial year to access testing, treatment and relevant health services. The majority of these clients experience drug and alcohol issues and are particularly marginalised.



MHSS has also implemented the following projects in 2007-2008:

- Africans in Regional Victoria - The aim of this project was to work with relevant organisations and African communities in regional Victoria (Geelong, Colac and Ballarat) to:

- Improve the African communities' understanding of BBV and STI, and their access to testing and treatment services. Educate the relevant local health and settlement services to better respond to the needs of the local African communities in relation to BBV and STI issues.

The *Africans in Regional Victoria* project brought together relevant stakeholders and created linkages, dialogue and opportunities. This project was well supported by local agencies, with very strong support from *Diversitat* and the *Ballarat Community Health Centre*. This support was key to the success of the project that included:

- The establishment of Working Groups in Geelong and Ballarat made up of relevant stakeholders to provide advice and support to MHSS on the development and implementation of the project.
- The identification and improvement of referral pathways for members of the African communities to access testing, treatment and relevant services.
- The organisation of community education and training sessions:
 - Eight sessions for the African communities (that included separate sessions for men, women and young people) and one separate session organised at the Colac meat works targeting male workers during working hours.
 - Two workshops for African community leaders in Geelong and Colac on working with and responding to the Australian media.

- Two training sessions for GPs and three training sessions for settlement and local mainstream service providers on working with CALD communities on BBV and STI issues.

- Published articles in *Barwon Health's newsletter* and the *Ballarat African Association Newsletter* regarding the project and BBV and STI in African communities.

Bridging Differences, Enhancing Understanding – A health promotions partnership project aimed at working with east African and middle-eastern families that involved the organisation of two camps to:

- Provide culturally appropriate education on BBV/STI;
- Offer parenting strategies to build protective factors;
- Build communication and relationship skills;
- Provide opportunities to talk about health and wellbeing.

The Bridging Differences, Enhancing Understanding project organised two camps - one in Melbourne for Iraqi families from Shepparton and the other in Malmsbury for the Eritrean and Somali families from Melbourne. Ten families participated in each camp which contained a range of activities that included education and information sessions, as well as social and recreational activities for families to socialise and relax.



Hip Hop and Health – A partnership project with the Anti-Racism Action Band (A.R.A.B.), a program of Victorian Arabic Social Services, aimed at reducing the risk of transmission of HIV and STI among African and Arabic-speaking young people by increasing their knowledge of these conditions and promoting preventative behaviours. This aim was achieved through the provision of interactive workshops and outreach support work.

An independent evaluation on the *Hip Hop and Health* project found that 13 workshops were conducted to 395 young people from Sudanese, Somali, Eritrean, Ethiopian, Iraqi and Afghani backgrounds. It was confirmed that young people were much more receptive to the health education messages when the messages were validated and promoted by a performance medium they clearly loved and performed by other young people they respected and idealised. It is worth pointing out that the project was particularly successful in engaging Sudanese young people.



Future Direction

MHSS' success has largely been possible because of its unique understanding of its target groups, its experience of cultural diversity, as well as its service model. As a result MHSS has received further funding to continue the *Africans in Regional Victoria* project, this time focussing on the Gippsland region. The *Hip Hop and Health* project also received additional funding to develop the capacity of 10 to 20 CALD young people who are currently involved in a hip hop project run by North Richmond Community Health Centre.

Furthermore, MHSS will develop a strategy to better engage with young women in outreach work since the Hip Hop and Health evaluation found the project was particularly successful in engaging young men, while young women were under-represented in this area.

The recent increase in MHSS' core funding will enable MHSS to consolidate its three key programs and increase its capacity to enhance its partnership work with ethnic communities, relevant mainstream service providers and multicultural agencies. This will include:

- Increasing MHSS' partnership work with the HIV sector;
- Increasing MHSS' partnerships with regional and rural service providers, as well as ethnic communities, in addressing issues relating to HIV in CALD communities;
- Identifying and addressing the needs of CALD men who have sex with men (MSM), in partnership with relevant service providers;
- Increasing the capacity of the CALD service sector to respond to the needs of CALD communities in relation to HIV issues; and
- Facilitating collaborative ventures between members of MHSS' Multicultural BBV/STI Working Group to improve the support available to CALD communities with HIV issues.

Acknowledgements

The MHSS team would like to thank the BBV/STI Program of DHS for their ongoing support of the service, particularly Bronwyn Kaaden for her passion and enthusiasm.



VICTORIAN MULTICULTURAL GAMBLER'S HELP PROGRAM



Program Manager - Mary Gavranic

Overview

The Victorian Multicultural Gambler's Help Program (VMGHP) works with the Gambler's Help sector and community organisations to raise awareness of gambling related harm in ethnic communities, improve access to services and support culturally appropriate, equitable and responsive services. This occurs through capacity building partnership projects, training and workforce development, facilitating links between Gambler's Help and the ethnic service sectors, research and consultation, information dissemination and resource development.

2007-2008

The VMGHP undertakes partnership projects with Gambler's Help services and migrant service organisations to develop culturally appropriate and tailored problem gambling early intervention and prevention strategies for targeted communities. In 2007, the VMGHP concluded successful partnership projects in the western metropolitan region and Gippsland. In late 2007, VMGHP commenced a new project in the northern region with Gambler's Help Northern and the Meadow Heights Turkish Women's Association. Partnership activities included community education sessions and workshops, capacity building and training for community leaders, raising awareness through ethnic media, development of posters, wide-spread dissemination of in-language resources and community consultations and research.

Workforce development initiatives included training workshops for Gambler's Help providers on cultural competency and language services, a seminar on cross-cultural counselling and a number of information and training sessions on problem gambling and CALD communities targeting the ethno-specific and multicultural service sectors.

To help raise community awareness of services and the issue of problem gambling, the VMGHP produced in-language brochures tailored to the information needs of different communities. Brochures are available in Arabic, Tigrinya, Dinka, Somali, Chin Lai and Liberian (see www.ceh.org.au/gamblershelp/index.html). Information packs were also distributed at several major community festivals and events throughout the year.

In 2007, the VMGHP undertook research projects on problem gambling in newly arrived refugee communities focusing on the Liberian, Iraqi, Somali, Sudanese Dinka and Eritrean communities. The studies found that the current low level of gambling literacy, the financial burdens of settling in a new country and the fast rate of acculturation by these communities place them at significant risk of developing problem gambling - highlighting the need for appropriate and timely early intervention and prevention work.



The VMGHP has also supported the Gambler's Help sector in ensuring CALD community needs and issues are effectively incorporated into service planning and delivery. This will continue to occur through information sharing, policy advice, input into service guidelines, the development of planning tools and culturally responsive problem gambling intake and assessment training modules and resources.

Future Direction

Building on the research findings, the VMGHP in partnership with Gambler's Help services and the Iraqi and Somali communities, developed statewide community education campaigns to raise awareness of problem gambling and available services. The campaigns are to be implemented throughout 2008-09 and planning for an Eritrean community campaign will commence shortly (to order a copy of the research report, contact Mary Gavranic on 9342 9719 or go to www.ceh./gamblershelp/index.html).



Acknowledgements

The VMGHP thanks our funding body, the Department of Justice, our partner Gambler's Help services, Australian Croatian Community Services, Filipino Community Council of Victoria, Gippsland Multicultural Services, Meadow Heights Turkish Women's Association and the many service providers and dedicated community members who provided assistance and volunteered their time and efforts into projects and research activities.



CENTRE INFORMATION

Site 1

23 Lennox Street
North Richmond 3121
Phone: 9429-5477



Opening Hours

Monday - Thursday: 9.00am – 8.00pm
Friday: 9.00am – 5.00pm
Saturday: 9.00am – 11.00pm



Site 2

Centre for Culture Ethnicity and
Health
81-85 Barry Street Carlton 3053
Phone: 9342-9700
Fax: 9342-9799

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