



# BRINGING THE PIECES TOGETHER: BEST PRACTICE IN HEALTH PROMOTION FOR CALD COMMUNITIES SYMPOSIUM

## RECOMMENDATIONS FROM DELEGATES

1. That appropriate organizations take steps to address the emerging consensus that health professionals' training does not recognize the importance of religion & spiritual value to the wellness of many communities.
2. Would like to see genuine partnerships amongst different CALD communities.
3. More funding to support CALD communities in health promotion to introduce "creative" program / culturally appropriate.
4. Study / Exploration of cost in health care industry of not using an interpreter.
5. Resources to be allocated for health promotion to encourage partnerships between specialist providers, MRC's, ethnic agencies and other multicultural providers. Funds to go directly to agencies not through PCPs
6. Need to go beyond pilot programs to develop sustainable programs with focus on CALD health prevention.
7. Evaluation of services such as:
  - a. health
  - b. aged care
  - c. employment
  - d. housingto ensure that these respond to needs of CALD.
8. Cultural planning tools required of DHS, HACC funded positions, should be broadened to all service provision
9. Always acknowledge & give priority to hands-on or experiential learning when it comes to devising information strategies.
10. Information dissemination strategy – not just having material translated but having a plan to disseminate to workers & community – using various methods including ethnic radio, public libraries. Ensuring sustainability & quality control of Health Translations Directory
11. Need to be opportunistic & flexible in engaging people – not putting barriers eg. Having to move from a known person to an unknown one. Need for advocacy, support, enablers
12. Need for long term goals and strategies combined with flexibility in programs & services – find out 'what people want' rather than what we offer.
13. Cultural action plans to encompass all areas not just HACC.
14. High level management support.

15. Adequate resources.
16. Other ideas for experiential learning for specific CALD communities
17. Nutritional information is often based around western eating habits eg. Weight Watchers, Lite & Easy, etc. Nutritional information needs to [be] delivered with CLD foods & eating habits taken into consideration.
18. Development of a website devoted to shared learnings / experiences/ tools shared be developed.
19. More flexible funding for CALD HP programs – because often the program (i.e.: it's strategies etc.) are developed & evolve along the way and submitting a discrete, planned out program for \$\$ may not be appropriate both for the comm[unitie]s in need or the funding bodies
20. Statewide CALD HP Network / Alliance
21. For organizations to be genuine in their attempt of partnership, rather than it be a 'tokenistic' gesture. Communities need to be valued & respected throughout the involvement.
22. Clear policy & procedure in relation to communication – translation of brochures, use of interpreters – possibly more evaluation or research into appropriate communication.
23. Greater involvement of the consumer to help us to help them.
24. Improve health awareness of new CALD arrivals to Australia sooner rather than later to help prevent prevalence of disease / illness as a primary focus NOT a secondary focus.
25. To establish a coordinating mechanism of health promotion for CALD individuals & populations.