

**MULTICULTURAL HIV AND HEPATITIS SERVICE**  
**CULTURAL SUPPORT WORKER STAFF MEETING**  
**WEDNESDAY 5 SEPTEMBER 2018**

**CHAIR:** Gai Stackpool

**MINUTES:** Riza Yaman

**PRESENT:** Yuliana Ada, Tsehay Adegeh, Jean Marie Bishop, Phillip Camargo, Tim Chen, Magno Da Silva, Jeff Dabbhadatta, Andi Dwipasatya, Deni Fukunishi, Jason Gao, Nevine Gayed, Kim Trang Ha, Derya Han, Amneh Harb, Tichaona Jaricha, Bea Kocak, Kim Low, Belinda Marchesiello, Lucy Mukoko, Han Ann Nguyen, Hanh Thi Van Nguyen, Thuy Ngoc Nguyen, Yuna Park, Rocio Pizarro Marroquin, Tutie Putra, Gula Saphari, Natali Smud, Faten Solaqa, Tanni Summers, Jim Tan, Kanyarat Tresise, Grazyna Wilczak, Bing Wong, Insang Yu, Surinee Record, Donatella Cifali, Gai Stackpool, Sonam Paljor, Denise Voros, Riza Yaman, Ally Kerr, Dash Gray.

**APOLOGIES:** Ashraf Sedrak, Gustinia Dauner, Layla Naji, Nancy Tam, Jim Tan, Ghalib Al Bakri, Florrie K. Hessari, Jean Burke, Marella Di Ruocco, Jian Ling Gong, Lily Guo, Adrian Pedra, Daniel Tha Nya, Cemal Yavas, Barbara Luisi, Wa'el Sabri,

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**MANAGER'S REPORT – Gai**

Gai announced apologies and welcomed all CSWs (Cultural Support Workers) and staff to the meeting and mentioned that Barbara couldn't attend the meeting because of another activity she needed to attend.

Gai informed staff about the changes happening for the Service. Population Health is currently experiencing a restructure and is now sitting under *SLHD Clinical Services Integration and Population Health*. Renee Moreton is the Acting General Manager for Population Health.

Services within *Population Health* include the MHAHS, SLHD Health Promotion Unit, SLHD HARP Unit, SLHD HARP Health Promotion, Pozhet – the statewide HIV heterosexual service as well as the new SLHD Diversity Programs and Strategy Hub.

Barbara Luisi is the Interim Manager for the new Hub. Services in the Hub include the MHAHS, SLHD Multicultural Health Service, SLHD Cultural Support Program and the Sydney Health Care Interpreter Service. Denise Voros is the Acting Coordinator for the SLHD Cultural Support Program.

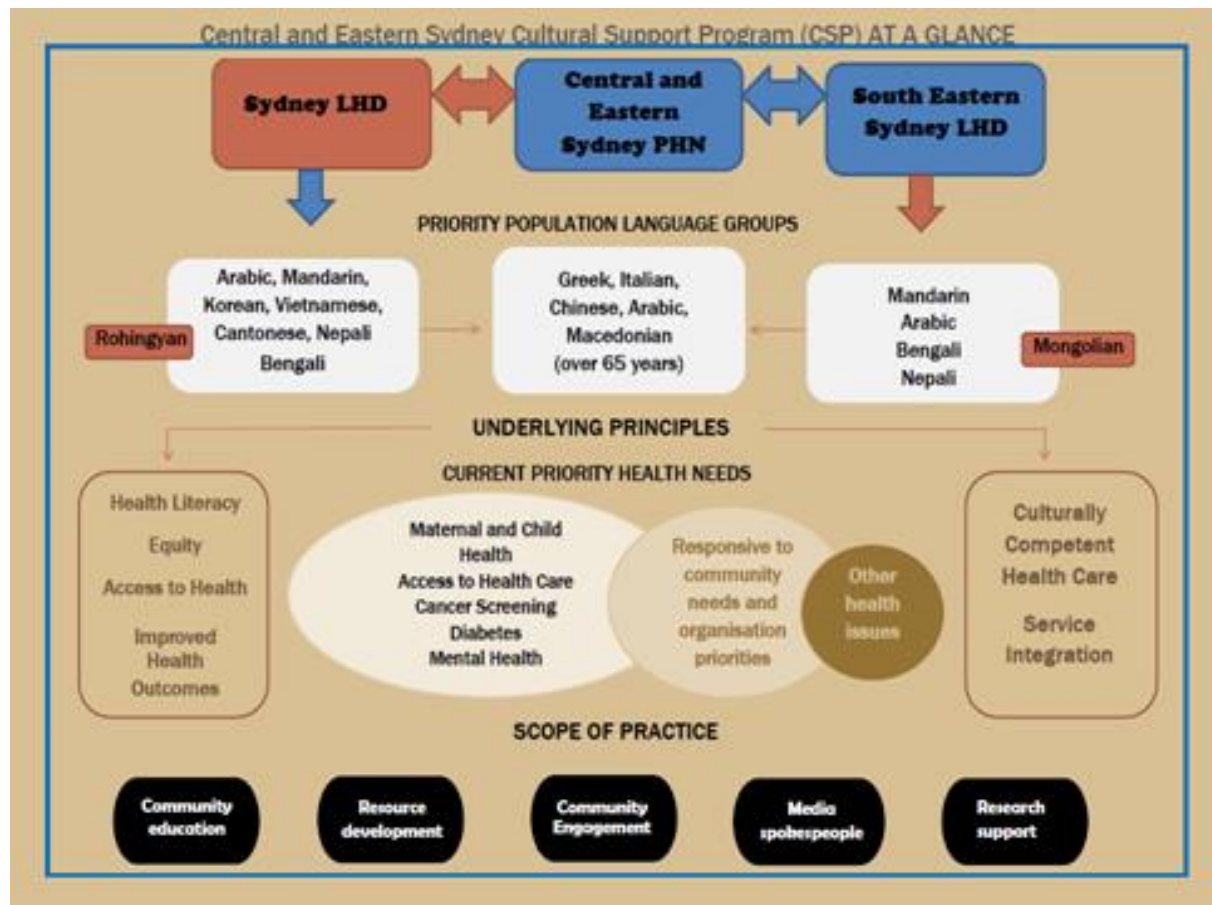
It is believed that this new structure will provide MHAHS with new opportunities.

## SLHD CULTURAL SUPPORT PROGRAM (CSP) - Denise

This is a new program that is part of the 'Hub'. Some of you will be aware of the CSP because you have been involved in a number of activities.

This program is funded for 3 years with the possibility of extension.

This is how the program currently looks. It is new and evolving.



The CSP is modelled on the MHAHS and how we work with CALD communities. The difference is that there is no Client Support Program in the CSP. However, the CSP work is across a broader range of health issues.

The CSP will focus on these health issues in the first year:

- Maternal and child health
- Access to health care
- Cancer screening
- Diabetes
- Mental Health

There is scope to expand and include other health issues over the next 3 years.

One example of where the CSP is involved is in the **Cultural Adaptation of the Healthy Beginnings project**. This is a project being implemented by SLHD Health Promotion Unit which is about reducing childhood obesity:

Arabic-speaking CSWs have been recruited for:

- checking the translation of booklets / survey tools, SMS messages
- providing cultural and linguistic feedback on the booklets
- conducting surveys by phone
- recruiting Arabic-speaking pregnant women at various hospitals within SLHD.

Another example is **Bowel Cancer Screening project for the Chinese community.**

Some of our Chinese CSWs attended an information session about the importance of bowel screening for the older Chinese population. Further information sessions have been scheduled later in the year with more language groups and also will include breast screening.

The CSP has also been approached by the **SLHD Demand Management** Unit to explore why the older CALD population are not taking up services at **Balmain Hospital**, focussing on the Greek, Italian, Chinese and Arabic communities. So the CSP will be working with multicultural agencies to organise interviews with CALD communities about their perceptions around accessing Balmain Hospital.

### **What is different to your current role at MHAHS?**

- ▶ No client support
- ▶ Only work within Central and Eastern Sydney
- ▶ More opportunities for work
- ▶ Opportunities to work in other areas of health (as well as HIV and viral hepatitis)

You will receive an invitation to be part of this program. However it is voluntary and will not affect your work with the MHAH.

Recruiting of new cultural support workers for the CSP and MHAHS will be done at a later date. After recruitment, orientation and training will be provided.

### **HIV TESTING WEEK CAMPAIGN – Sonam**

The aim of the campaign, *Never tested for HIV? Get Tested Today*, was to increase awareness of HIV testing options such as Dried Blood Spot HIV testing among culturally and linguistically diverse communities.

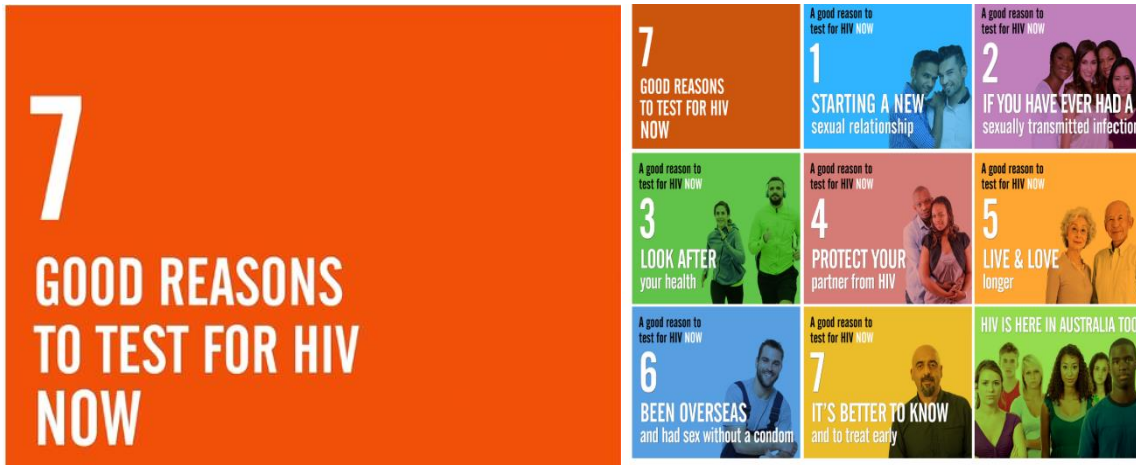
This year, we partnered with Positive Life NSW and Pozhet to promote a new resource called *7 Good Reasons to Test for HIV Now*.

Our campaign targeted media outlets from 8 communities. We placed editorials in selected community publications and also generated a series of ads, including videos, to promote our new resource and Dried Blood Spot HIV testing on social media.

Communities included:

- Sub-Saharan African
- Arabic
- Chinese
- Indonesian
- Portuguese
- Spanish
- Thai

- Vietnamese



Outcomes: Ethnic media

	Radio	Print
Total	2	11

Outcomes: Social media

	People reached	Post engagements/views
Total	23,799	6,568

Post engagements include the total number of clicks, comments, reactions and shares on your boosted post or promotion.

## LIVE FREE OF HEPATITIS C CAMPAIGN – AIIy

- **Multilingual HEPATITIS C campaign for CALD communities**
  - Posters, Wallet Cards and Banners
  - Videos
  - Social & ethnic media
- **Campaign materials in 3 languages:**
  - Arabic
  - Chinese
  - Vietnamese
- **Campaign launched Wednesday 18<sup>th</sup> July**



### Short Videos - Are you living with hepatitis C? A cure is available

- **Developed three short videos in Arabic, Vietnamese and Mandarin**
  - Full length (website) and short versions for social media
- **Personal stories of people who lived with Hepatitis C**
- **Messages focus on:**
  - Modes of transmission
  - Testing for hepatitis C
  - A cure is now available – treatment is easy!

Thank you to all the Cultural Support Workers who have been involved in this campaign.

All campaign materials are on the MHAHS website – [www.mhahs.org.au](http://www.mhahs.org.au)

### MY HEALTH RECORD – Dr Peter Del Fante, Senior Clinical Reference Lead, Australian Digital Health Agency

#### Overview:

- Foundations for Digital Health
- My Health Record:
  - What is it and what's in it?
  - Benefits for Consumers & Healthcare Providers
  - My Health Record Expansion
  - Secondary Use
  - Legislation & System Security
  - Consent & Privacy
  - Access Controls
  - Authorised & Nominated Representatives; Children
- Questions

#### Issues with the current system

- 17% pathology and radiology tests are duplicated
- 230,000 admissions from medication errors costing \$1.2 billion annually
- 17% pathology and radiology tests are duplicated
- 20% of medical errors are due to incomplete patient administration / admission information

- 50% of nurses' working hours are spent on basic administration and paper work

These statistics indicate how wasteful our current health system is and the dangers to patient safety that current practices pose.

### **My Health Record Access: Consumer**

National Consumer Portal (NCP): authentication and setup via MyGov.

Also via a Smartphone authorized app: authentication using MyGov.

The My Health Records Act outlines the protections for use of the system, in alliance with the Privacy Act and other existing privacy legislation.

Once information is downloaded into a local system, the organisations privacy policy and the Privacy Act govern the storage, access and use.

### **My Health Record**

An electronic summary of an individual's health information that **can be shared securely online** between the individual and registered healthcare providers involved in their care to support improved decision making and continuity of care.

My Health Record has many benefits for clients and healthcare providers but it is not a "single source of truth" – healthcare providers should apply the same standards of care in interpreting data as they do now, that is checking accuracy and currency of available information and talking directly to the individual patient and other health providers involved in the individual's health care.

1. My Health Record includes information that providers might not have been able to access e.g. allergies, medications, immunisations as well as their patient's own health notes.
2. The My Health Record is part of a national system – an individual's My Health Record travels with them wherever they are and no matter which registered healthcare provider they are seeing.

My parents were Italian. They did speak and understand English but medical terms and drug names stumped them. So when they travelled, there was no way in the world that they could tell healthcare providers what medications they were taking, any adverse reactions they had experienced or their diagnosed medical conditions. MHR would be an invaluable tool as it speaks for the person who can't.

3. Personally controlled – Hopefully this will improve health literacy which as we know is somewhat lacking in certain parts of Australia. As a Diabetes Educator I know how much better diabetes is managed when the person with diabetes takes control of their day to day life. However the mixture of advice regarding of amount and type of food and amount and type of exercise and emotional wellbeing balanced with medications that they are taking can become overwhelming and confusing for the person. MHR becomes their journal, their reminder of what was said to them and what they want to say to their healthcare providers. It is personally controlled – the individual has a say in what gets uploaded, what stays in their record and who can see their record.

4. My Health Record is accessible at all times, including at the point of care. It can be viewed and added to by the individual, their authorised representative(s) and healthcare providers involved in their care.

5. Information is protected by legislation and bank strength security mechanisms.

**Your health record in your hands**

**What is 'My Health Record'?**

My Health Record is an online summary of your key health information. More than 1 in 5 Australians already have one. Over time, My Health Record will bring together health information such as medical conditions, medicines, allergies and test results in one place. This means safer and more efficient care for you and your family.

**Personally controlled**

It's your choice who sees your My Health Record and what's in it. You can choose to share your information with the healthcare providers involved in your care. By allowing them to upload, view and share documents in your My Health Record, they will have a more detailed picture with which to make decisions, diagnose and provide treatment.

**A secure system**

My Health Record has various safeguards in place to protect your information, including secure login, firewalls and encryption.

**What do I have to do?**

You don't have to do anything. A secure My Health Record will be created for you by the end of 2018 if you have a Medicare or Department of Veterans' Affairs card. However, if you don't want a My Health Record, let us know by **15 October 2018** by visiting our website or calling our Help line.

**This year, you will get a My Health Record unless you tell us you don't want one**

For more information go to:  
**MyHealthRecord.gov.au**  
Help line 1800 723 471

Authorised by the Australian Government, Canberra.

### If an individual does not want a My Health Record

During the Opt Out period, eligible individuals (or dependents under their care) will have the opportunity to request **not to have** a My Health Record created. Opt Out confirmation may be received via Email or SMS.

#### FOR NSW & QLD ONLY:

To meet the expected demand, the online Opt Out Portal used during the Opt Out Trial has been enhanced to **scale up**, improve **customer experience**, and adapt on **mobile devices**.

The My Health Records Act outlines the protections for use of the system, in alliance with the Privacy Act and other existing privacy legislation. Once information is downloaded into a local system, the organisations privacy policy and the Privacy Act govern the storage, access and use.

## **My Health Record – System Security**

The Agency, as the system operator, is responsible for the security of the My Health Record system.

It has in place a comprehensive set of people, processes, and technology controls to protect health records from a cyber-attack.

The system has a high level of security which ensures information is stored and accessed by only trusted connected health systems, software to detect and prevent fraudulent activities as well as transaction logins and audit trails.

The system complies with the Australian Government requirements for storing and processing protected information, and is regularly tested and audited to confirm that these requirements are met.

## **Managing a My Health Record**

Individuals can:

- View their health summary (Shared Health Summary)
- View clinical documents uploaded to their My Health Record
- View their medications information
- Manage access to their record by setting a Record Access Code (RAC)
- Manage access to their clinical documents by setting a Limited Document Access Code (LDAC)
- View a list of those who have accessed their record
- Set notification settings
- Set Medicare information settings

## **How to Contact Australian Digital Health Agency**

Help Centre 1300 901 001

8am–6pm Monday to Friday AEDT

Email [help@digitalhealth.gov.au](mailto:help@digitalhealth.gov.au)

Website [www.digitalhealth.gov.au](http://www.digitalhealth.gov.au)

Twitter <https://twitter.com/AuDigitalHealth>

**Next meeting: 6 - 8pm, Thursday 6 December 2018**  
**KPEC Auditorium 4.1 RPA**