CLUB DE MADRID

The Shared Societies Project:
Leadership for Dialogue, Diversity and Social Cohesion

Building a world safe for difference

Replicable example of practice

Commitment IV

Ensure the legal framework protects the rights of the individual

Suggested Approach

Introduce programmes of affirmative action that include the equipping of members of groups disadvantaged and discriminated against, with the skills necessary to function confidently in work and other social and economic contexts.

Auckland's Primary Health Interpreting Services (PHIS)

Country: New Zealand

Background

- In Auckland, a city with 37% diversity, the 4.1% non-English speaking population can be easily overlooked.
- Language proficiency is a well known barrier to accessing and receiving primary health care.
- Communicating across cultural differences can also challenge non-English speaking newcomers when it comes to seeking services and conveying symptoms to practitioners.

Goals

- To provide a free service for non-English speaking clients and their health care providers in order to better serve the primary health care needs of diverse communities.
- To improve settlement outcomes while improving migrant health.

Method

- PHIS adapted an existing service model by adding telephone interpreting services and extending the service to primary care. The original model, Interpreting Service Providers, was developed by the District Health Boards (DHB) to provide face-to-face interpreting services in secondary care settings and proved so successful it quickly generated interest among primary care service providers.
- PHIS is available 5 days a week to a wide range of primary health services, from general practice to pharmacy services, laboratory services, palliative care services, family planning and well child services. The PHI service offers:
    - Telephone interpreting
    - On site interpreting
    - Appointment confirmation

    - Telephone assignment (this service checks that clients are taking medications and following instructions for prescribed treatments).
- PHIS implementation is supported with rigorous and on-going education and training of health care professionals, including the all important gatekeepers – frontline reception staff.
- To promote institutional and attitudinal shift essential for systematic change, primary health service providers who register to use PHIS are encouraged to complete two online accredited training courses: Culture and Cultural Competency and Working with Interpreters. The courses increase the cultural proficiency of primary health staff working with culturally and linguistically diverse clients and improve skills in utilizing interpreters to get maximum benefit from the interpreted consultation.

Impact

- An evaluation of the Auckland DHB Refugee Health Collaborative conducted in 2012 showed a more than 50% increase in the use of interpreters over a 2 year period (2010-2012).
- Since PHIS was introduced in 2008, significant change has occurred in the health sector, with a continuing and growing emphasis in favour of primary care.

Enabling conditions

- PHIS were launched in November 2008, as a signature project of the Auckland Regional Settlement Strategy (ARSS) Migrant Health Action Plan.
- There was an existing service model which could be adapted for the new initiative.
- Managed regionally by the Northern DHB Support Agency (NDSA), PHIS is delivered locally through the three Auckland region DHBs: Waitemata, Auckland and Counties Manukau.

Obstacles

- Although interpreting services in primary care is not new, research shows that these services are not well used by general practitioners. Common reasons cited are:
    - General practitioners preferred to use family members as interpreters rather than professional interpreters as doctors' perceptions were that interpreted visits take longer.
    - Practices were unaware that PHIS were available.
    - Where practices were aware of PHIS, reception staff attitudes to the use of interpreters was a critical factor in their use or non-use.

References

- Northern DHB Support Agency (NDSA): http://www.ndsa.co.nz/

For more information contact:

Annette Mortensen

Project Manager: Auckland Regional Settlement Strategy, Asian, Migrant and Refugee Health Action Plan

Northern DHB Support Agency

Level 2, 650 Great South Rd, Penrose

E-mail: annette.mortensen@ndsa.co.nz

PH: 589 3900 X 9825

DDI: (09) 589 3925

MOB: 0212217126