



Multicultural Women's Health Access and Navigation

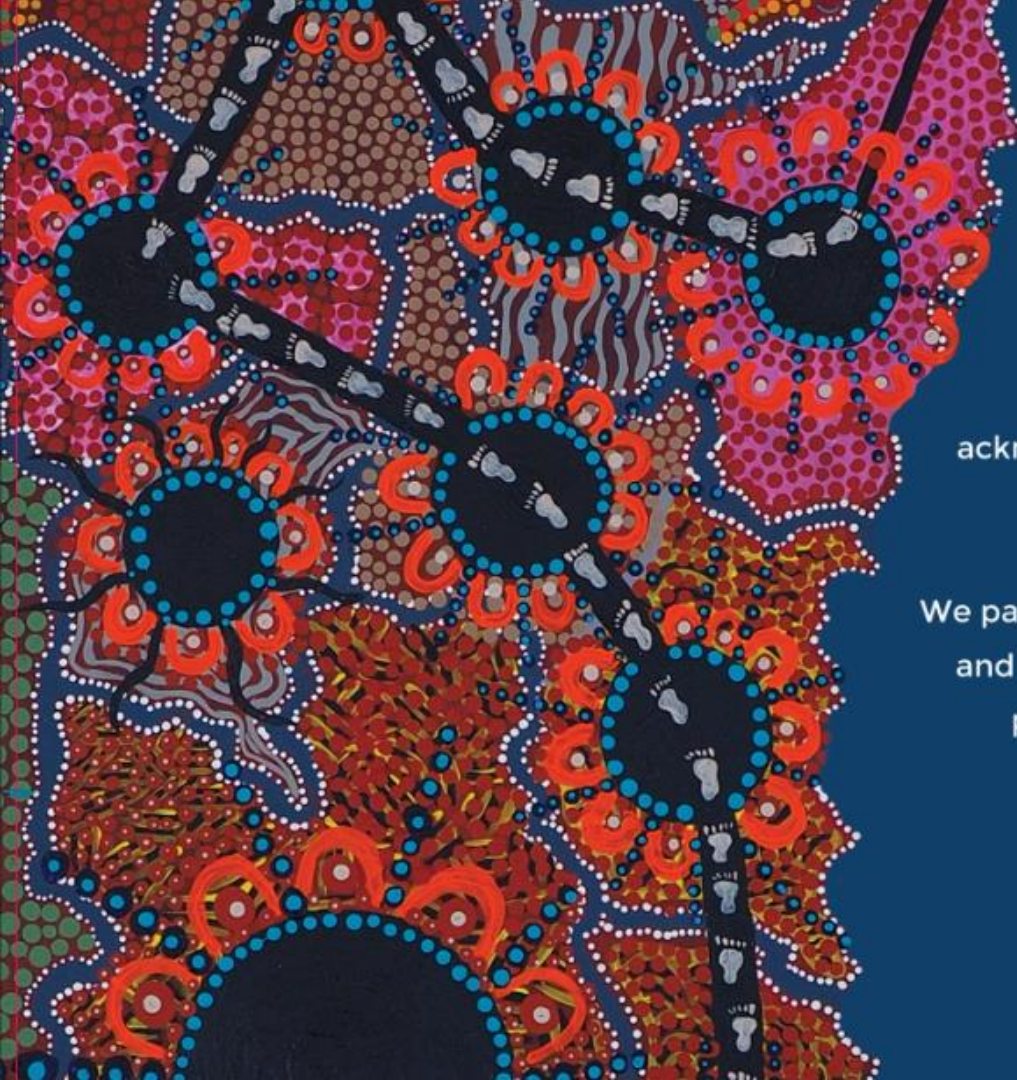
Industry Briefing and Q&As

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COORDINARE - South Eastern NSW Primary Health Network



COORDINARE - South Eastern NSW PHN
acknowledges the Traditional Owners and Custodians
of the lands across which we live and work.

We pay our respects to Elders past, present and emerging,
and acknowledge Aboriginal and Torres Strait Islander
peoples' continuing connection - both physical
and spiritual - to land, sea and sky.



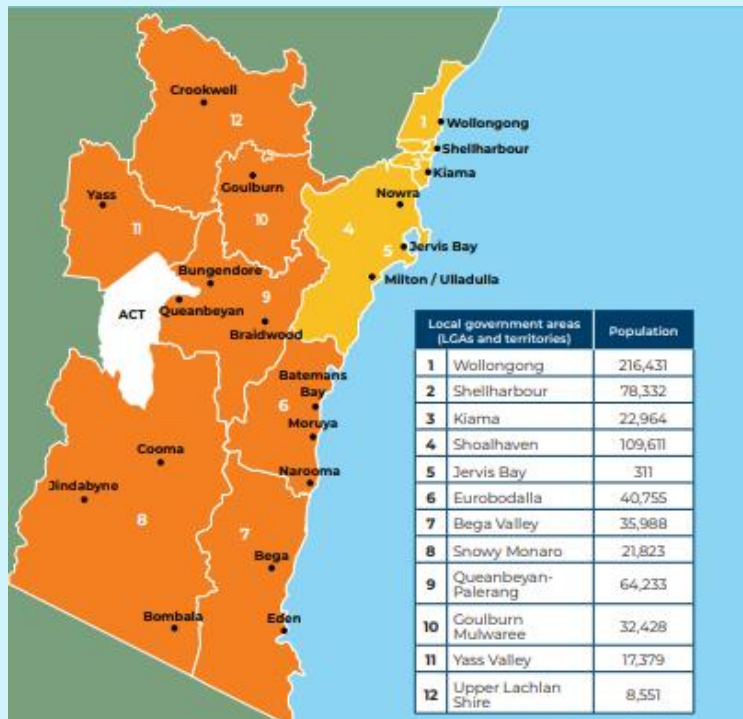
phn
SOUTH EASTERN NSW
An Australian Government Initiative

Housekeeping



- All participants will be kept on mute throughout today's presentation
- Questions can be submitted through the Q&A section at anytime throughout the presentation
- All questions will be addressed at the end of today's presentation
- All questions and answers, as well as a recording of today's session will be uploaded onto Tenderlink and [COORDINARE website](#).

COORDINARE – South Eastern NSW Primary Health Network (SENSW PHN)



Population

648,806
total population

21.6%
aged over 65 years



> 33,180 (5.2%)
people identify as Aboriginal and Torres Strait Islander



Region is home to **3.4%** of Australia's Aboriginal population, and **9.8%** of the total Aboriginal population in NSW



62,349 (9.7%)
culturally and linguistically diverse people

Top 3 non-English speaking countries of birth

1. India
2. North Macedonia
3. Italy



10.4%
non-English speaking at home

Top 3 non-English languages spoken at home

1. Macedonian
2. Italian
3. Arabic



12.3% projected population growth between 2020-2030

Who are we and who do we work with?



- We are one of the 31 Primary Health Network (PHNs) established throughout Australia
- We work directly with GPs, other primary care providers, secondary care providers, and hospitals to bring improved outcomes for patients
- We aim to address local health needs, as well as national health priorities, particularly in chronic diseases, preventable hospitalisations, mental health, drug and alcohol, Aboriginal health, after-hours services and healthy ageing
- Commissioning is central to COORDINARE's ability to achieve these objectives and address local and national priorities

Background and Regional Context



Healthcare Barriers for CALD Communities

CALD communities face barriers like language differences, low health literacy, and lack of cultural sensitivity in healthcare access.



Service Disparities for Migrant Women

Migrant women, including refugees and international students, experience disparities in accessing services such as sexual and reproductive health, preventative health screening and cancer screening services including cervical and breast screening. This may also include lack of familiarity of existing resources and health information such as family planning, pelvic pain, endometriosis, menopause etc.



Addressing Service Gaps

The initiative aims to close gaps in multicultural women's health through culturally responsive education and service navigation.



Purpose of the Funding

Multicultural Women's Health Access and Navigation



- Enhance health literacy and awareness among women from multicultural backgrounds.
- Improve access to culturally appropriate health education and services.
- Increase engagement with primary health care and preventative health services; create a culturally safe space for women to access health education activities.
- Address barriers such as language, cultural beliefs, and health system navigation.
- Increase awareness and uptake of pre-existing preventive health services.
- Build capacity of primary care providers to deliver culturally competent care.



Who can apply and target communities



Eligible organisations:

- Non-government organisations, including charities and not for profit organisations, community health organisations,
- State government agencies with established multicultural services,
- Individual providers and/or organisations working in consortia or partnerships, with one lead agency nominated as the legal entity
- General practices and other primary care providers

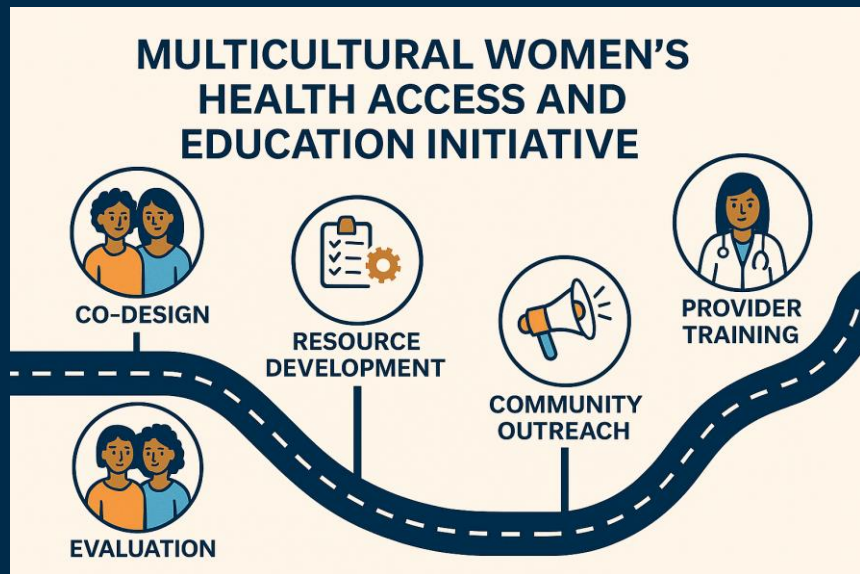
Must have:

- Demonstrated experience in health promotion or community engagement,
- Cultural competence and experience in working effectively (achieving desired outcomes) with multicultural communities,
- Existing networks and relationship with key stakeholder to support implementation within limited time frame

Target group:

- Women from Culturally and linguistically diverse communities

Activities in Scope



Co-Design (Mandatory)

Activities involve co-design with multicultural women, community leaders, and health providers within the SENSW PHN catchment. This will be supported by COORDINARE by engaging with a co-design mentor.

Care Coordination or Navigation (Mandatory)

Coordinating care or assisting consumers to navigate primary care services.

Priority Health Topics

Program targets reproductive health, cancer screening, menopause, and maternal health as key focus areas.

Multilingual Outreach

Development of multilingual resources and promoting interpreter use enhance accessibility for diverse populations.

Program Evaluation and Mentoring

Evaluation, feedback collection, and mandatory co-design mentoring tailored to the successful organisation's capacity ensure program success.

Funding & Timelines



- Within SENSW Catchment/ supporting SENSW community
 - Applications focused on a specific geographic area/s will be considered where rationale/evidence provided
- **\$154,000 ex GST** is available up to 30 June 2026 (no guarantee of continued funding)
 - Full fund applications are strongly preferred
- The program/service is intended to be co-designed from approximately October 2025 through to December/January
- The program will then be piloted up to 30 June 2026
- Documentation of the co-design process and proposed program model along with evaluation may help inform future roll-out (funding dependent)

*Please read the exclusion criteria and ineligibility criteria carefully in the RFP

Contracting requirements



- Data collection will be required to support reporting on program activity
 - De-identified unit record data uploaded to secure site
- KPIs will be negotiated with successful provider
 - Indicative KPIs have been provided however may be subject to change based on proposals
- Outcome and experience measures – examples only
 - Appropriate Patient Reported Outcome Measures (PROMs)
 - Measuring outcomes related to funding purpose e.g. improved access, improved health literacy
 - Net Promoter Score (experience)
 - Narrative synthesis/case studies and reports will be required

Developing your application



- Applications to be submitted via Tenderlink.
- Address the selection criteria outlined on the application form
- Please stipulate N/A where any required response is not relevant to your service or organisation
- Complete the budget template to indicate the funds being applied for, and proposed expenditure
- Any further questions outside of this session, submit via Tenderlink
- Applications due **Tuesday 9th September 10 am**
- Anticipating contracts commence Oct 2025.

Thank you



QUESTIONS?

Final questions in
Tenderlink
4th Sept 2025

Applications close
Tuesday 9th Sept
10am