Responding to the needs of all Queenslanders

*The refugee health and wellbeing journey*

A review of partnerships, community engagement, models of care and policy implementation

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Responding to the needs of all Queenslanders

- The refugee context
- Why focus on refugee health?
- Responses:
  - Partnerships
  - Integrated models of care e.g. Refugee Health Connect
  - Community Engagement
  - RHNQ
  - Policy
- Where to next?
The refugee context

• Highest levels of forced migration since WWII
• 2016 estimated 65.6 million people displaced
• Since Federation Australia has resettled 800,000 refugees, 150,000 in past 10yrs
• Australian Humanitarian Program: 18,750 people/pa by 2018/19
• Queensland resettles 13% of new arrivals
• All are permanent residents
Qld settlement - 2016

Refugee Health in the Regions

Humanitarian Settlement - Queensland

Settlement numbers by Region (Jan - Dec 2016)

Top countries of birth settled in Queensland (2016)
Why focus on refugee health

- All have physical and psychological hardship and 25% have experienced torture and trauma
- UNHCR recommends that all refugees have a health assessment soon after arrival

http://www.unhcr.org/4f6b6f956.html
Why focus on refugee health

Barriers to accessing care:
- language and cultural barriers
- trust
- low health literacy
- unfamiliarity with the Australian health system
- cost of care
- health professionals’ inexperience with refugee health

Presenting health issues:
- infectious and parasitic disease
- nutritional deficiencies
- chronic diseases
- poor oral health
- low levels of immunisation
- torture and trauma – mental health issues
Guiding principles

1. Partnerships
2. Community engagement
3. Integrated care
4. Patient centeredness
5. Local medical home
6. Policy, research and evaluation
Responses: Qld Refugee Health journey

1994 - QPA.STT established
1996 - QTMHC established
1998 - QIRCH established
2000 - Regional Spokes established (early networks)
2002 - QIRCH transferred auspice to Mater
2006 - High Court decisions
2008 - TPV abolished
2010 - TPV reintroduced
2012 - Offshore detention reopened
2014 - Border Force Act 2013
2016 - Refugee Health Network Qld established
2018 - Refugee Health and Wellbeing Policy and Action Plan released

Queensland Health state department
HHS structures established 2012 - now
Divisions of General Practice 1992 - 2011
IHSS 2000 - 2011
Medicare Locals 2011 - 2015
Primary health networks 2013 - now
HSP 2017
Refugee Health Partnership Advisory Group Qld (RH PAGQ)

- **RH PAGQ (previously SEQ PAG 2012-17)** is a state wide partnership established in 2017
- 28 key stakeholders meet quarterly and guide the work of the Refugee Health Network Qld (RHNQ) and the implementation of the Refugee Health Policy and Action Plan (2017-20)
- Working/Advisory groups:
  - Oral health
  - Clinical Advisory Group
  - Policy and evaluation
  - Mental Health
  - G11

RH PAGQ members 2017
RH PAGQ – Member organisation
Diverse partners with a common goal

Access Community Services Ltd
MDA Ltd
Townsville Multicultural Support Group Inc
Centacare Multicultural Services
Australian Red Cross
Metro South Health and Hospital Service
Metro North Health and Hospital Service
Mater Health Services
Cairns & Hinterland Health and Hospital Service
Townsville Health and Hospital Service
Darling Downs Health and Hospital Service
Ipswich West Moreton Health and Hospital Service
Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT)
Queensland Health: Mental Health Alcohol and Other Drugs Branch
Queensland Health: Oral Health Service
Queensland Health: Public Health Communicable Diseases Unit
Brisbane South PHN
Brisbane North PHN
Darling Downs & West Moreton PHN
Gold Coast PHN
Far North Qld PHN
Department of Social Services (DSS)
Queensland Health: Strategic Policy Unit
Queensland Health: Children’s Health Qld
St Vincent’s Private Hospital
Australian Medical Association
QUT - Faculty of Health
Qld Minister for Health and Ambulance Services Representative
Integrated models of care

- Partnership approach
- Right care, right time, right place
- Medical home
- Primary and tertiary care integration
- Community led
Models of care – Refugee Health Connect

1. One point of contact & clear referral pathways - Refugee Health Connect (RHC)
2. Effective transfer of clinical information between general practices
3. Colocation of refugee health nurses in primary care
4. Coordinated capacity building initiatives – clinical leads
5. Integrated with settlement services
Community engagement – the G11 journey

- Prioritising community engagement
- Core group established from small project funding (2012)
- Evolved into 11 individuals from different backgrounds
- St Vincent and Mater funded partnership
- G11 supported by:
  - coordinator/s
  - educational opportunities
  - peer research training
  - Mater executive levels
- Acts as “bridge” between their communities and health system
- Resource to the health system
Community engagement

G11 members from Eritrea, Burundi, Sth Sudan, Burma, Liberia, Afghanistan, Rwanda, Somalia, Iraq and Syria

Women’s health – community education event

G11 on panel – Mental Health education event

- Inaugural policy by the policy working group reports to RHPAGQ (inclusive of QH, communities, PHNs and service providers)
- 65 Action items
- Focus on right care, right time, right place
- Emphasis on “modifying usual practice”
- Strong primary and tertiary integration
- Community engagement
Refugee Health Network Qld

- Launched April 2017 with the Policy and Action Plan
- Funding secured from QH – small network team
- Strong focus on building “network of networks”
- Advocacy and policy development
- National links with Refugee Health Network Australia (RHeaNA)
Refugee Health Network Qld – Aim

- Build capacity, partnerships, and facilitate coordination of care across health, settlement agencies, communities, government and non-government sectors.
- Long-term aim: improve the health and wellbeing of people of refugee backgrounds throughout Queensland.
Where to next?

- Implement the action plan and evaluate
- Build the reach and impact of RHNQ
  - website
  - E-newsletter
  - Twitter
- Support innovative models of care
- Identify gaps and strategies
- Lead on integration and patient centred care
- Research and translate into practice

http://www.refugeehealthnetworkqld.org.au
Questions

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