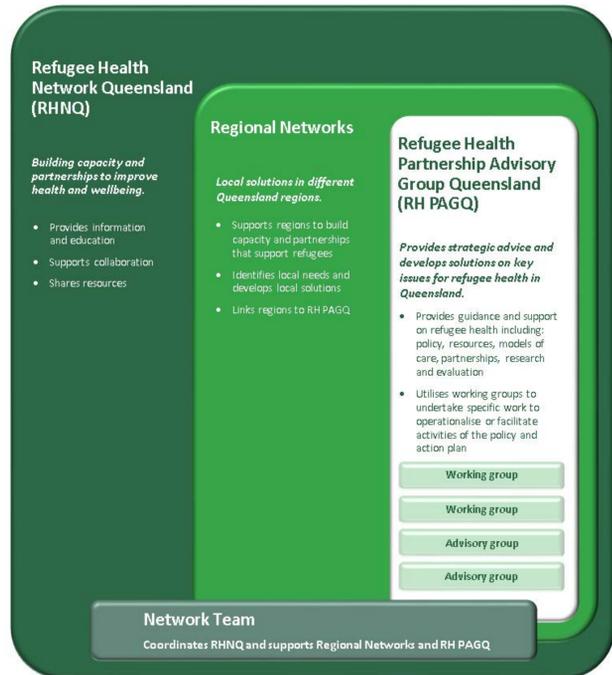


Refugee Health and Wellbeing Policy & Action Plan: Baseline Evaluation Findings

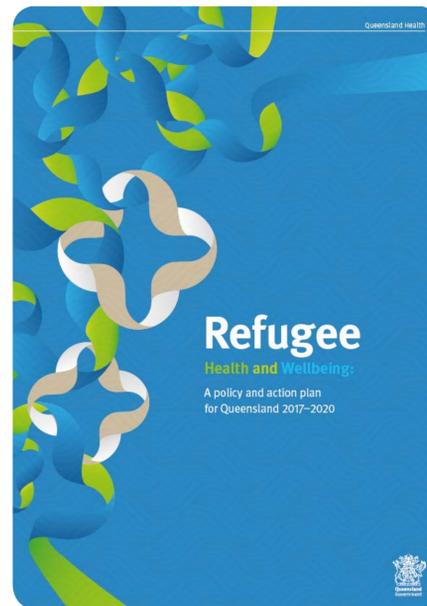
Background Context

Strong partnerships had existed between services which enabled the development of cohesive patient centred services. However, the partners identified that despite goodwill, there were still service gaps, risk of duplication or unsustainable services, ongoing siloed systems across the state. In 2016 the existing South East Qld Partnership Advisory Group developed the Refugee Health and Wellbeing Strategic Framework for Queensland outlining the need for a state-wide policy and network. In 2017 the Refugee Health and Wellbeing: A Policy and Action Plan was launched alongside the Refugee Health Network Queensland.

A visual guide to Refugee Health Network Queensland



Refugee Health and Wellbeing: A policy an Action Plan for Qld



The five key principles which underpin the Policy

Collaboration and Partnerships

Cultural Responsiveness

Consumer and Community voice

Continuous Improvement

Clinical Excellence

About the Evaluation

EVALUATION OBJECTIVES

The primary objective was to describe the impact of the 'Refugee Health and Wellbeing: A policy and action plan for Queensland 2017 – 2020' on the healthcare experience of people from refugee backgrounds settling in Queensland. Additional objectives were:

- To identify the barriers and enablers to access health services for people from refugee backgrounds; and
- To develop recommendations for future policy development and services improvement

METHODOLOGY

A mixed-methods evaluation with a pre-post design involving the collection of data through:

- Quantitative survey tool with recently arrived refugee background participants (Patient experience survey)
- Semi-structured qualitative interviews with refugee background families (Patient experience qualitative interview)
- Survey with stakeholders (Services and stakeholders experience survey)

RESEARCH PARTICIPANTS

Adults from refugee backgrounds (who arrived between 1 and 5 years ago) and live in the Brisbane, Toowoomba or Cairns. Services and other stakeholders located in Queensland that work with refugee background individuals, families and communities.

Ethics approval was obtained from the Mater Misericordiae Human Research Ethics Committee (HREC/17/MHS/143). Data will be collected again in 2020 for the final evaluation.



Peer researchers representing communities from Afghanistan, Burundi, Iraq, Eritrea, Liberia, Syria, Somalia, Myanmar, South Sudan and Nepal, living in Brisbane, Toowoomba and Cairns, received training from QUT.

Findings

Key findings related to policy principles

COLLABORATION AND PARTNERSHIPS - Good levels of collaboration and partnerships, and moderate to high levels of involvement with RHNQ activities. A high number of refugee background respondents report having a preferred or regular GP who coordinates their care.

CULTURAL RESPONSIVENESS - Access to professional interpreter services varies across health care settings and is particularly limited when visiting pharmacies, hospital emergency departments, private dentists, and some general practices. Family members are commonly used as interpreters in some settings. Most services collect data on country of birth, preferred language and interpreter requirements, with a lower number of services collecting data on ethnicity and date of arrival.

CONSUMER AND COMMUNITY VOICE - Moderate to high levels of engagement of refugee background consumers/communities in service planning, development and/or evaluation. Engagement is moderate among healthcare services.

CONTINUOUS IMPROVEMENT - Attendance at training/education sessions on refugee health and wellbeing among services and stakeholders is low. However, access to RHNQ resources is high and these resources are valued by respondents.

CLINICAL EXCELLENCE - High levels of satisfaction with the quality of the healthcare services available in Queensland. Respondents particularly value the caring and respectful attitude of healthcare staff, the thoroughness of health assessments, and the provision of clear and useful health information and advice. Of concern are the barriers some patients from refugee backgrounds face when accessing prescribed medications, dental services, and medical specialists due to costs and/or long waiting times.

Key findings from surveys/interviews with refugee background participants

- The overwhelming majority of respondents had visited a GP in the past 6 months (96%)
- 86% of respondents had a preferred GP
- Over half of the respondents had seen a dentist
- 44% had visited a medical specialist
- Approximately one in five had been in a hospital emergency department
- One in five had been admitted to hospital.

While most reported positive experiences the most common negative issues reported were:

- language barriers and unavailability of interpreters
- particular issues with lack of interpreters in pharmacies and the impact on the quality of care
- lack of formal health check-up on arrival
- limited preventative advice provided by the GP
- difficulties developing trust with health services following past experiences
- challenges learning how to navigate the Australian healthcare system.

Further Information

The Refugee Health Network Queensland is auspiced by the Mater and supported by the Queensland Department of Health. The Evaluation was funded by Queensland Department of Health and conducted by QUT.

The Executive Summary of the evaluation is available here: www.refugeehealthnetworkqld.org.au/publications
This poster was developed in March, 2019.